

Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

1988

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

This form is open to public inspection.

► For Paperwork Reduction Act Notice, see page 1 of the instructions.

For the calendar plan year 1988 or fiscal plan year beginning _____, 1988, and ending _____, 19__.

If your plan year changed since the last return/report filed, check this box ►

Type or print in ink all entries on the form, schedules, and attachments. If an item does not apply, enter "N/A." File the originals.

If (i) through (iii) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(i) the first return/report filed for the plan; (ii) an amended return/report; or (iii) the final return/report filed for the plan.

► Welfare benefit plans and fringe benefit plans need only complete certain items—see the instructions "What To File."

► If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.

Use IRS label. Otherwise, please print or type.	1a Name of plan sponsor (employer if for a single-employer plan)	1b Employer identification number
	Address (number and street)	1c Telephone number of sponsor ()
	City or town, state, and ZIP code	1d Business code number
	2a Name of plan administrator (if same as plan sponsor, enter "Same")	1e CUSIP issuer number
	Address (number and street)	2b Administrator's employer identification no.
	City or town, state, and ZIP code	2c Telephone number of administrator ()

3 Are the name, address, and employer identification number (EIN) of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? Yes No. If "No," enter the information from the last return/report in a and/or b, and complete c.

a Sponsor ► EIN Plan number

b Administrator ► EIN

c If a indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) Yes No

4 Check the appropriate box to indicate the type of plan entity (check only one box):

- | | | |
|--|---|--|
| <input type="checkbox"/> a Single-employer plan | <input type="checkbox"/> c Multiemployer plan | <input type="checkbox"/> e Multiple-employer plan (other) |
| <input type="checkbox"/> b Plan of controlled group of corporations or common control employers | <input type="checkbox"/> d Multiple-employer-collectively-bargained plan | <input type="checkbox"/> f Group insurance arrangement (of welfare plans) |

5a (i) Name of plan ►	5b Effective date of plan ►
(ii) <input type="checkbox"/> Check if name of plan changed since last return/report	5c Enter three-digit plan number . . . ► : : :

6a Welfare benefit plan (plan numbers 501 through 999) must check applicable items (A) through (P) and 6c.

- | | | |
|---|---|--|
| (i) <input type="checkbox"/> Type | (F) <input type="checkbox"/> Temporary disability (accident & sickness) | (K) <input type="checkbox"/> Scholarship (funded) |
| (A) <input type="checkbox"/> Health (other than dental or vision) | (G) <input type="checkbox"/> Prepaid legal | (L) <input type="checkbox"/> Death benefits other than life insurance |
| (B) <input type="checkbox"/> Life insurance | (H) <input type="checkbox"/> Long-term disability | (M) <input type="checkbox"/> Code section 120 (group legal services plan) |
| (C) <input type="checkbox"/> Supplemental unemployment | (I) <input type="checkbox"/> Severance pay | (N) <input type="checkbox"/> Code section 125 (cafeteria plan) |
| (D) <input type="checkbox"/> Dental | (J) <input type="checkbox"/> Apprenticeship & training | (O) <input type="checkbox"/> Code section 127 (educational assistance program) |
| (E) <input type="checkbox"/> Vision | (P) <input type="checkbox"/> Other (specify) ► | |

(ii) If you checked (M), (N), or (O), check if plan is: funded or unfunded.

6b Pension benefit plan (plan numbers 001 through 500) must check applicable items in (i) through (vii) and answer 6c through 6f.

- | | | |
|---|--|---|
| (i) <input type="checkbox"/> Defined benefit plan | (A) <input type="checkbox"/> Profit-sharing | (B) <input type="checkbox"/> Stock bonus |
| (ii) <input type="checkbox"/> Defined contribution plan—(indicate type of defined contribution): | (C) <input type="checkbox"/> Target benefit | (D) <input type="checkbox"/> Other money purchase |
| (iii) <input type="checkbox"/> Defined benefit plan with benefits based partly on balance of separate account of participant (Code section 414(k)) | (E) <input type="checkbox"/> Other (specify) ► | |
| (iv) <input type="checkbox"/> Annuity arrangement of certain exempt organizations (Code section 403(b)(1)) | | |
| (v) <input type="checkbox"/> Custodial account for regulated investment company stock (Code section 403(b)(7)) | | |
| (vi) <input type="checkbox"/> Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits | | |
| (vii) <input type="checkbox"/> Other (specify) ► | | |

► Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Date ► Signature of employer/plan sponsor ►
 Date ► Signature of plan administrator ►

- 6c** Other plan features: (i) ESOP (ii) Leveraged ESOP (iii) Participant-directed account plan
 (iv) Pension plan maintained outside the United States (v) Master trust (see instructions)
 (vi) 103-12 investment entity (see instructions) (vii) Common/collective trust (viii) Pooled separate account

d Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month _____ Day _____ Year _____ **Yes** **No**
e Is the employer a member of an affiliated service group? **Yes** **No**
f Does this plan contain a cash or deferred arrangement described in Code section 401(k)? **Yes** **No**

7 Number of participants as of the end of the plan year (welfare plans complete only a(iv), b, c, and d):				
a Active participants:	(i) Number fully vested	a(i)		
	(ii) Number partially vested	(ii)		
	(iii) Number nonvested	(iii)		
	(iv) Total	(iv)		
b Retired or separated participants receiving benefits		b		
c Retired or separated participants entitled to future benefits		c		
d Subtotal (add a(iv), b, and c)		d		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		e		
f Total (add d and e)		f		

g (i) Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached to this form? **Yes** **No**
 (ii) If "Yes," enter the number of separated participants required to be reported ►

8a Were any plan amendments adopted during the plan year?	8a		
b Did any amendment result in the retroactive reduction of accrued benefits for any participant?	b		
c Enter the date the most recent amendment was adopted ► Month _____ Day _____ Year _____			
d If a is "Yes," did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of the amendment?	d		
e If d is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in d been furnished to participants and filed with the Department of Labor?	e		
9a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year ► _____	9a		
b Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	b		
c Was a resolution to terminate this plan adopted during this plan year or any prior plan year?	c		
d If a or c is "Yes," have you received a favorable determination letter from IRS for the termination?	d		
e If d is "No," has a determination letter been requested from IRS?	e		
f If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?	f		
g If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	g		
h During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?	h		
i If h is "Yes," enter the amount of tax paid with your Form 5330 ► _____			

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? Yes No
 If "Yes," identify other plan(s) **c** Employer identification number(s) **d** Plan number(s)
b Name of plan(s) ► _____
e Has Form 5310 been filed? Yes No

11 Enter the plan funding arrangement code (see instructions) **12** Enter the plan benefit arrangement code (see instructions)

13a Is this a plan established or maintained pursuant to one or more collective bargaining agreements? **Yes** **No**
b If **a** is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions):
 ► (i) _____ (ii) _____ (iii) _____
14 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "0-." ► _____

WELFARE PLANS DO NOT COMPLETE ITEMS 15 THROUGH 27. GO TO ITEM 28

		Yes	No
15a	If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? If "Yes," attach Schedule B (Form 5500).		
b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards? (If a waiver was granted, see instructions.) If "Yes," complete (i), (ii), and (iii) below:		
	(i) Amount of employer contribution required for the plan year under Code section 412	b(i)	\$
	(ii) Amount of contribution paid by the employer for the plan year.	b(ii)	\$
	Enter date of last payment by employer ► Month _____ Day _____ Year _____		
	(iii) If (i) is greater than (ii), subtract (ii) from (i) and enter the funding deficiency here; otherwise, enter zero. (If you have a funding deficiency, file Form 5330.)	b(iii)	\$
16	Has the plan been top-heavy at any time beginning with the 1984 plan year?	16	
17	Has the plan accepted any transfers or rollovers with respect to a participant who had attained age 70½?	17	
18a	If the plan distributed any annuity contracts this year, did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	18a	
b	Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b	
c	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	c	
d	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d	
19	Were the spousal consent requirements for distributions under Code section 417(e) complied with?	19	
20	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20	
21	Has the plan made the required distributions in 1988 under Code section 401(a)(9)?	21	
22a	Does the plan satisfy the percentage test of Code section 410(b)(1)(A)? If a is "Yes," complete b through i. If "No," complete only b and c below and see specific instructions.	22a	Number
b	(i) Number of employees who are aggregated with employees of the employer as a result of the employer being aggregated with any employer covered by this plan under Code section 414(b), (c), or (m)	b(i)	
	(ii) Number of individuals who performed services as leased employees under Code section 414(n) including leased employees of employers in (i).	b(ii)	
c	Total number of employees (including any employees aggregated in b)	c	
d	Number of employees excluded under the plan because of (i) minimum age or years of service, (ii) employees on whose behalf retirement benefits were the subject of collective bargaining, or (iii) nonresident aliens who receive no earned income from United States sources	d	
e	Total number of employees not excluded (subtract d from c)	e	
f	Employees ineligible (specify reason) ► _____	f	
g	Employees eligible to participate (subtract f from e)	g	
h	Employees eligible but not participating	h	
i	Employees participating (subtract h from g)	i	
23a	Is it intended that this plan qualify under Code section 401(a)? If "Yes," complete b and c.	23a	
b	Enter the date of the most recent IRS determination letter Month _____ Year _____		
c	Is a determination letter request pending with IRS?	c	
24a	If this is a plan with Employee Stock Ownership features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report?	24a	
b	If a is "Yes," was the appraisal made by an unrelated third party?	b	
25	Is this plan integrated with social security or railroad retirement?	25	
26	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ► _____	26	
27	If this plan is an adoption of a master, prototype, or uniform plan, indicate which type by checking the appropriate box: a <input type="checkbox"/> Master b <input type="checkbox"/> Prototype c <input type="checkbox"/> Uniform		

	Yes	No
28a Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)? If "Yes," complete Part I of Schedule C (Form 5500).		
b Did the plan have any trustees who must be listed in Part II of Schedule C (Form 5500)?		
c Has there been a termination in the appointment of any person listed in d below?		
d If c is "Yes," check the appropriate box(es), answer e and f , and complete Part III of Schedule C (Form 5500): (i) <input type="checkbox"/> Accountant (ii) <input type="checkbox"/> Enrolled actuary (iii) <input type="checkbox"/> Insurance carrier (iv) <input type="checkbox"/> Custodian (v) <input type="checkbox"/> Administrator (vi) <input type="checkbox"/> Investment manager (vii) <input type="checkbox"/> Trustee		
e Have there been any outstanding material disputes or matters of disagreement concerning the above termination?		
f If an accountant or enrolled actuary has been terminated during the plan year, has the terminated accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to DOL?		
g Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- ▶		
29a Is this plan exempt from the requirement to engage an independent qualified public accountant?		
b If a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is: (i) <input type="checkbox"/> Unqualified (ii) <input type="checkbox"/> Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d) (iii) <input type="checkbox"/> Qualified/disclaimer other (iv) <input type="checkbox"/> Adverse (v) <input type="checkbox"/> Other (explain)		
c If a is "No," do the financial statements or notes to the financial statements attached to this return/report disclose (i) a loss contingency indicating that assets are impaired or liability incurred; (ii) significant real estate or other transactions in which the plan and (A) the sponsor, (B) plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (iii) that the plan has participated in any related party transactions; or, (iv) any unusual or infrequent events or transactions occurring subsequent to the plan year-end that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?		
d If c is "Yes," provide the total amount involved in such disclosure ▶		
30 If 29a is "No," during the plan year:		
a Did the plan have assets held for investment?		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		
d Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?		
e Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?		
f Did the plan engage in any nonexempt transactions with parties-in-interest not reported in e ?		
g Did the plan hold qualifying employer securities that are not publicly traded?		
h Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?		
i Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan? If a , b , c , d , e , or f is checked "Yes," schedules of those items in the format set forth in the instructions are required to be attached to this return/report.		
31 Did the plan acquire individual whole life insurance contracts during the plan year?		
32 During the plan year:		
a (i) Was this plan covered by a fidelity bond? (ii) If (i) is "Yes," enter amount of bond ▶		
b (i) Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? (ii) If (i) is "Yes," enter amount of loss ▶		
33a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined		
b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it. Employer identification number ▶ Plan number ▶		

34 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** Plans with no assets at the beginning and the end of the plan year, enter zero on line 34f.

Assets		(a) Beginning of year	(b) End of Year
a	Total noninterest-bearing cash	a	
b	Receivables (net):		
	(i) Employer contributions	b(i)	
	(ii) Participant contributions	(ii)	
	(iii) Income	(iii)	
	(iv) Other	(iv)	
	(v) Total	(v)	
c	General investments:		
	(i) Interest-bearing cash (including money market funds)	c(i)	
	(ii) Certificates of deposit	(ii)	
	(iii) U.S. Government securities	(iii)	
	(iv) Corporate debt instruments	(iv)	
	(v) Corporate stocks:		
	(A) Preferred	(v)(A)	
	(B) Common	(B)	
	(vi) Partnership/joint venture interests	(vi)	
	(vii) Real estate:		
	(A) Income-producing	(vii)(A)	
	(B) Nonincome-producing	(B)	
	(viii) Loans (other than to participants) secured by mortgages:		
	(A) Residential	(viii)(A)	
	(B) Commercial	(B)	
	(ix) Loans to participants:		
	(A) Mortgages	(ix)(A)	
	(B) Other	(B)	
	(x) Other loans	(x)	
	(xi) Value of interest in certain investment arrangements (see instructions)	(xi)	
	(xii) Value of funds held in insurance company general account (unallocated contracts)	(xii)	
	(xiii) Other	(xiii)	
	(xiv) Total	(xiv)	
d	Employer-related investments:		
	(i) Employer securities	d(i)	
	(ii) Employer real property	(ii)	
e	Buildings and other property used in plan operation	e	
f	Total assets	f	
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities	k	
Net Assets			
l	Line f minus line k	l	

35 Plan income, expenses, and changes in net assets for the plan year.
 Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s), and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

Income		(a) Amount	(b) Total
a Contributions:			
<i>(i)</i> Received or receivable from:			
(A) Employers	a(i)(A)		
(B) Participants	(B)		
(C) Others	(C)		
<i>(ii)</i> Noncash contributions	(ii)		
b Earnings on investments:			
<i>(i)</i> Interest:			
(A) Interest-bearing cash (including money market funds)	b(i)(A)		
(B) Certificates of deposit	(B)		
(C) U.S. Government securities	(C)		
(D) Corporate debt instruments	(D)		
(E) Mortgage loans	(E)		
(F) Other loans	(F)		
(G) Other	(G)		
<i>(ii)</i> Dividends:			
(A) Preferred stock	b(ii)(A)		
(B) Common stock	(B)		
<i>(iii)</i> Rents	(iii)		
<i>(iv)</i> Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	b(iv)(A)		
(B) Aggregate costs	(B)		
<i>(v)</i> Unrealized appreciation (depreciation) of assets	(v)		
<i>(vi)</i> Net investment gain (loss) from certain investment arrangements—see instructions	(vi)		
c Other income	c		
d Total income (add a , b , and c)	d		
Expenses			
e Benefit payment and payments to provide benefits:			
<i>(i)</i> Directly to participants or beneficiaries	e(i)		
<i>(ii)</i> To insurance carriers for the provision of benefits	(ii)		
<i>(iii)</i> Other	(iii)		
f Interest expense	f		
g Administrative expenses:			
<i>(i)</i> Salaries and allowances	g(i)		
<i>(ii)</i> Accounting fees	(ii)		
<i>(iii)</i> Actuarial fees	(iii)		
<i>(iv)</i> Contract administrator fees	(iv)		
<i>(v)</i> Investment advisory and management fees	(v)		
<i>(vi)</i> Legal fees	(vi)		
<i>(vii)</i> Valuation/appraisal fees	(vii)		
<i>(viii)</i> Trustees fees/expenses (including travel, seminars, meetings, etc.)	(viii)		
<i>(ix)</i> Other	(ix)		
h Total expenses (add e , f , and g)	h		
i Net income (loss) (d minus h)	i		
j Transfers to (from) the plan (see instructions)	j		
k Net assets at beginning of year (line 34I , column (a))	k		
l Net assets at end of year (line 34I , column (b))	l		

36 Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported in **35g**? Yes No