Form **5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

(With 100 or more participants)

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.

▶ See separate instructions

OMB No. 1210-0016

1989

This Form Is Open to Public Inspection.

For the calendar plan year 1989 or fiscal plan year beginning , 1989, and ending , 19

A If *(1)* through *(4)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

For IRS Use Only
EP–ID

(1) ☐ the first return/report filed for the plan (complete all information);
(2) ☐ an amended return/report;
(3) ☐ the final return/report filed for the plan; or
(4) ☐ a short plan year return/report (less than 12 months).

B IF YOU HAVE MADE ANY CHANGE TO THE PREPRINTED LABEL, CHECK HERE ▶ . . ☐

C If your plan year changed since the last return/report, check here ▶ . . . . ☐

Use IRS label. Otherwise, please print or type.		
	1a Name plan sponsor (employer if for a single-employer plan)	**1b** Employer identification number
	Address (number and street)	**1c** Sponsor's telephone number ( )
	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 If the name and EIN of the plan sponsor or plan administrator are different than those on the last return/report filed for this plan, 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 instruction 3c for definition of sponsorship.) (Enter "Yes" or "No.")

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

a ☐ Single-employer plan
b ☐ Plan of controlled group of corporations or common control employers
c ☐ Multiemployer plan
d ☐ Multiple-employer-collectively-bargained plan
e ☐ Multiple-employer plan (Other)
f ☐ Group insurance arrangement (of welfare plans)

5a*(i)* Name of plan ▶ ______________________

5b Effective date of plan ▶

5c Enter three-digit plan number ▶

(ii) Does this plan cover self-employed individuals? (Enter "Yes" or "No.")

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

(1) Type

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

(2) 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.

(1) ☐ Defined benefit plan

(2) ☐ Defined contribution plan—(indicate type of defined contribution): (A) ☐ Profit-sharing (B) ☐ Stock bonus (C) ☐ Target benefit (D) ☐ Other money purchase (E) ☐ Other (specify) ▶ ______________

(3) ☐ Defined benefit plan with benefits based partly on balance of separate account of participant (Code section 414(k))

(4) ☐ Annuity arrangement of certain exempt organizations (Code section 403(b)(1))

(5) ☐ Custodial account for regulated investment company stock (Code section 403(b)(7))

(6) ☐ Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits

(7) ☐ Other (specify) ▶

Be sure to include all required schedules and attachments.

▶ **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.

Signature of employer/plan sponsor ▶ ______________________ Date ▶ ____________

Signature of plan administrator ▶ Date ▶

6c Other plan features: *(1)* ☐ ESOP *(2)* ☐ Leveraged ESOP *(3)* ☐ Participant-directed account plan
(4) ☐ Pension plan maintained outside the United States *(5)* ☐ Master trust (see instructions)
(6) ☐ 103-12 investment entity (see instructions) *(7)* ☐ Common/collective trust *(8)* ☐ Pooled separate account

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

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**	

			Yes	No
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?	**g(i)**		
	(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 both 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)

			Yes	No
13a	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	**13a**		
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, subject to the minimum funding standards for this plan year, is **Schedule B** (Form 5500) required to be attached? . . . 15a

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.) . . . b

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 annual compensation of each participant taken into account under the plan been limited to $200,000? . 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 distributions made in accordance with the requirements under Code sections 411(a)(11) and 417(e)? . . 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 1989 under Code section 401(a)(9)? . . . 21

Number

22a *(1)* Number of employees, include all self-employed individuals and employees of entities aggregated with the employer under Code section 414(b), (c), (m), or (o) . . . a(1)

(2) Number of leased employees treated as employees of any of the entities described in (1) above under Code section 414(n) or (o) (see specific instructions) . . . a(2)

b Total number of employees (add lines a(1) and (2)) . . . b

c Number excluded under the plan because of (i) minimum age or years of service, (ii) employees covered under a collective bargaining agreement, and (iii) nonresident aliens who receive no earned income from United States sources. (If the plan benefits employees covered by a collective bargaining agreement, see specific instructions.) . c

d Number of employees not excluded (subtract line c from line b) . . . d

e Number of employees included on line d who are highly compensated within the meaning of Code section 414(q). (If there are none, do NOT complete lines f through l.) . . . e

f Number of employees included on line d who are not highly compensated employees within the meaning of Code section 414(q). (Subtract line e from line d. If there are none, do NOT complete lines g through m.) . . . f

g Number of employees benefiting under this plan (see specific instructions) . . . g

h Number of employees included in the number listed for line g who are highly compensated within the meaning of Code section 414(q). (If there are none, do NOT complete lines i through l.) . . . h

i Number of employees included in the number listed for line g who are not highly compensated employees within the meaning of Code section 414(q). (Subtract line h from line g.) . . . i

Ratio Percentage Test

j Divide line i by line f . . . j

k Divide line h by line e . . . k

l Divide line j by line k. (If the result is less than 0.70, complete line m and see specific instructions.) . . . l

Line of Business

m If the plan satisfies the coverage requirements of Code section 410(b) on the basis of separate lines of business or operating units, enter the total number of separate lines of business and operating units. (See specific instructions.) m

Participation Test

n Does the plan contain more than one benefit structure? . . . ☐ **Yes** ☐ **No**

o If the plan contains more than one benefit structure, does the plan benefit at least the lesser of 50 employees or 40% of the employer's employees under each current benefit structure? If "No," see specific instructions . . . ☐ **Yes** ☐ **No**

Concentration Percentage

p Divide line f by line d . . . p

		Line	Yes	No
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		
c	If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans enter the amount of the dividends used to make the payments . . . 24c			
25	Does the plan provide for permitted disparity? See Code sections 401(a)(5) and 401(l)	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 regional prototype plan, indicate which type by checking the appropriate box: **a** ☐ Master **b** ☐ Prototype **c** ☐ Regional prototype			
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).	28a		
b	Did the plan have any trustees who must be listed in Part II of Schedule C (Form 5500)?	b		
c	Has there been a termination in the appointment of any person listed in **d** below?	c		
d	If **c** is "Yes," check the appropriate box(es), answer **e** and **f**, and complete Part III of Schedule C (Form 5500): *(1)* ☐ Accountant *(2)* ☐ Enrolled actuary *(3)* ☐ Insurance carrier *(4)* ☐ Custodian *(5)* ☐ Administrator *(6)* ☐ Investment manager *(7)* ☐ Trustee			
e	Have there been any outstanding material disputes or matters of disagreement concerning the above termination?	e		
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?	f		
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?	29a		
b	If **a** is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is: *(1)* ☐ Unqualified *(2)* ☐ Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d) *(3)* ☐ Qualified/disclaimer other *(4)* ☐ Adverse *(5)* ☐ 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?	c		
d	If **c** is "Yes," provide the total amount involved in such disclosure ▶			
30	If **29a** is "No," complete the following questions. (You may NOT use "N/A" in response to item 30): During the plan year:			
a	Did the plan have assets held for investment?	30a		
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?	b		
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	c		
d	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	d		
e	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?	e		
f	Did the plan engage in any nonexempt transactions with parties-in-interest not reported in **e**?	f		
g	Did the plan hold qualifying employer securities that are not publicly traded?	g		
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?	h		
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.	i		
31	Did the plan acquire individual whole life insurance contracts during the plan year?	31		

			Yes	No
32	During the plan year:			
a	*(i)* Was this plan covered by a fidelity bond?	32a		
	(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?	b		
	(ii) If *(i)* is "Yes," enter amount of loss ▶			

33a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ Yes ☐ No ☐ 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: *(i)* Employer contributions	b(i)		
(ii) Participant contributions	(ii)		
(iii) Income	(iii)		
(iv) Other	(iv)		
(v) Less allowance for doubtful accounts	(v)		
(vi) Total (add (i) through (iv) less (v))	(vi)		
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: (A) Preferred	(iv)(A)		
(B) All other	(iv)(B)		
(v) Corporate Stocks: (A) Preferred	(v)(A)		
(B) Common	(v)(B)		
(vi) Partnership/joint venture interests	(vi)		
(vii) Real estate: (A) Income-producing	(vii)(A)		
(B) Nonincome-producing	(vii)(B)		
(viii) Loans (other than to participants) secured by mortgages: (A) Residential	(viii)(A)		
(B) Commercial	(viii)(B)		
(ix) Loans to participants: (A) Mortgages	(ix)(A)		
(B) Other	(ix)(B)		
(x) Other loans	(x)		
(xi) Value of interest in common/collective trust(s)	(xi)		
(xii) Value of interest in pooled separate accounts	(xii)		
(xiii) Value of interest in master trusts	(xiii)		
(xiv) Value of interest in 103-12 investment entities	(xiv)		
(xv) Value of interest in registered investment companies	(xv)		
(xvi) Total value of interest in (xi) through (xv)	(xvi)		
(xvii) Value of funds held in insurance company general account (unallocated contracts)	(xvii)		
(xviii) Other	(xviii)		
(xix) Total (add (i) through (x) and (xvi) through (xviii))	(xix)		
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)* Received or receivable from:			
(A) Employers	a(i)(A)		
(B) Participants	(B)		
(C) Others	(C)		
(ii) Noncash contributions	(ii)		
b Earnings on investments: *(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)		
(ii) Dividends: (A) Preferred stock	b(ii)(A)		
(B) Common stock	(B)		
(iii) Rents	(iii)		
(iv) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(iv)(A)		
(B) Aggregate carrying amount (see instructions)	(B)		
(v) Unrealized appreciation (depreciation) of assets	(v)		
(vi) Net investment gain (loss) from common/collective trusts	(vi)		
(vii) Net investment gain (loss) from pooled separate accounts	(vii)		
(viii) Net investment gain (loss) from master trusts	(viii)		
(ix) Net investment gain (loss) from 103-12 investment entities	(ix)		
(x) Net investment gain (loss) from registered investment companies	(x)		
(xi) Total net investment gain (loss) (add (vi) through (x))	(xi)		
c Other income	c		
d Total income (add **a**, **b**, and **c**)	d		
Expenses			
e Benefit payment and payments to provide benefits: *(i)* Directly to participants or beneficiaries	e(i)		
(ii) To insurance carriers for the provision of benefits	(ii)		
(iii) Other	(iii)		
f Interest expense	f		
g Administrative expenses: *(i)* Salaries and allowances	g(i)		
(ii) Accounting fees	(ii)		
(iii) Actuarial fees	(iii)		
(iv) Contract administrator fees	(iv)		
(v) Investment advisory and management fees	(v)		
(vi) Legal fees	(vi)		
(vii) Valuation/appraisal fees	(vii)		
(viii) Trustees fees/expenses (including travel, seminars, meetings, etc.)	(viii)		
(ix) 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 **34l**, column (a))	k		
l Net assets at end of year (line **34l**, column (b))	l		

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