

**Annual Return/Report of Employee Benefit Plan**  
 (With fewer than 100 participants, none of whom is an owner-employee)  
 This form is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 and section 6058(a) of the Internal Revenue Code.

**1975**  
 This Form Is  
 Open to Public  
 Inspection

Department of Labor  
 Labor-Management Services Administration

Government use only ▶ **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H**

For the calendar plan year 1975 or fiscal plan year beginning \_\_\_\_\_, 19 \_\_\_\_\_ and ending \_\_\_\_\_, 19 \_\_\_\_\_

- ▶ Pension benefit plans file one copy of this form with the Department of Labor (DOL) and one copy with the Internal Revenue Service (IRS). File one form for each plan. Legible reproduction copies are acceptable.
- ▶ Welfare benefit plans which are non-insured and funded (see instructions) file one copy of this form with DOL only. Welfare benefit plans do not complete items 8, 9 or 12.
- ▶ Please complete every applicable item on this form, if an item does not apply, enter "NA".

<b>1 (a) Name of sponsor (employer if for a single employer plan)</b>  Address (number and street)  City or town, State and ZIP code      Telephone number (      )	<b>(b) Employer identification number</b>  <b>(c) Employer taxable year ends</b>  <b>(d) Business code</b>
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<b>2 (a) Name of plan administrator (if other than sponsor)</b>  Address (number and street)  City or town, State and ZIP code	<b>(b) Administrator's employer identification number</b>   Telephone number (      )
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**3 Check appropriate box to indicate the type of plan entity (check only one box):**

<b>(a)</b> <input type="checkbox"/> Single-employer plan <b>(b)</b> <input type="checkbox"/> Plan of controlled group of corporations or common control employers	<b>(c)</b> <input type="checkbox"/> Multiemployer plan <b>(d)</b> <input type="checkbox"/> Multiple-employer-collectively-bargained plan <b>(e)</b> <input type="checkbox"/> Multiple-employer plan (other)
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<b>4 (a) Name of plan</b>	<b>(b) Plan number</b>
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<b>5 Type of plan:</b> <b>(a)</b> <input type="checkbox"/> Defined benefit <b>(c)</b> <input type="checkbox"/> Welfare benefit <b>(b)</b> <input type="checkbox"/> Defined contribution <b>(d)</b> <input type="checkbox"/> Other	<b>6 Type of funding:</b> <b>(a)</b> <input type="checkbox"/> Trust <b>(c)</b> <input type="checkbox"/> Combination <b>(b)</b> <input type="checkbox"/> Fully insured <b>(d)</b> <input type="checkbox"/> Other
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**7 (a) Participants employed or carried as active: Fully vested** ▶ \_\_\_\_\_, **Not fully vested** ▶ \_\_\_\_\_, **Total** ▶ \_\_\_\_\_  
**(b) Total participants** . . . . . \_\_\_\_\_

**8 Information about employees of the employer at end of the plan year (multiemployer plans do not complete):**

<b>(a) Total number of employees</b> . . . . . _____	
<b>(b) Number of employees excluded from plan coverage:</b>	
<b>(i) Minimum age or years of service</b> . . . . . _____	
<b>(ii) Employees on whose behalf retirement benefits were the subject of collective bargaining</b> . . . . . _____	
<b>(iii) Nonresident aliens who receive no earned income from United States sources</b> . . . . . _____	
<b>(iv) Other (see instructions)</b> . . . . . _____	
<b>(v) Total employees excluded, sum of (i) through (iv)</b> . . . . . _____	
<b>(c) Total number of employees not excluded from the plan, (a) less (b)(v)</b> . . . . . _____	
<b>(d) Total number of employees covered under the plan</b> . . . . . _____	

**9 If this is a master or prototype plan, enter the IRS serial number** . . . . . \_\_\_\_\_  
 If not a master or prototype plan, enter "NA" on above line.

<b>10 (a) Was this plan terminated or was there a decrease of 20% or more in active participants during the year?</b> . . . . . _____		<b>Yes</b>	<b>No</b>
<b>(b) If "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan?</b> . . . . . _____			

**11 Did any transaction, involving plan assets, involve a person known to be a party-in-interest?** . . . . . \_\_\_\_\_  
 If "Yes," attach a list of such transactions in the same format as is shown in the instructions.

	<b>Yes</b>	<b>No</b>

**12 (a) Is this a defined benefit plan subject to the minimum funding standards?** . . . . . \_\_\_\_\_  
 If "Yes," attach Schedule B (Form 5500).

**(b) Is this a defined contribution plan, i.e. money purchase or target benefit, subject to the minimum funding standards?** . . . . . \_\_\_\_\_  
 If "Yes," complete (i), (ii) and (iii) below.

(i) Amount of employer contribution required for the plan year . . . . . _____ (ii) Amount of contribution paid by the employer for the plan year . . . . . _____ Enter date of last payment by employer . . . . . ▶ Month _____ Day _____ Year _____	
(iii) Funding deficiency, excess, if any, of (i) over (ii) . . . . . _____	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this 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/sponsor ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_ Signature of plan administrator ▶ \_\_\_\_\_

13 Assets and liabilities (list all assets and liabilities at current value except on line (h), show book value):

Note: Include all plan assets and liabilities of a trust or separately maintained fund. If more than one trust/fund, report on a combined basis. Include unallocated insurance contracts.

Table with columns: Assets, Beginning of year (a. Party-in-interest, b. Total), End of year (c. Party-in-interest, d. Total). Rows include Cash, Receivables, Investments, Buildings, Unallocated insurance contracts, etc.

Table for line 14: Income, expenses and changes in net assets. Columns: a. Amount, b. Total. Rows include Cash contributions, Earnings from investments, Net realized gain, Interest expense, etc.

15 Did any person who rendered services to the plan receive, directly or indirectly, compensation from the plan in the plan year? Yes No

If "Yes," see instructions for information required.

16 At the end of the plan year, indicate if there were in default any loans by the plan or fixed income obligations due to the plan OR leases to which the plan was a party.

17 Amount of delinquent employer contributions not yet received by the end of the year

18 (a) Surety company name (b) Any loss discovered during plan year? Yes No

19 Has there been any change since the last report in the appointment of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment manager or custodian? Yes No

If "Yes," explain

20 Was this plan amended in the plan year? Yes No

If additional space is required for any item, attach additional sheets the same size as this form.