

Return/Report of Employee Benefit Plan

(With fewer than 100 participants)

1980
 Amended
This Form is Open to Public Inspection

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

For the calendar plan year 1980 or fiscal plan year beginning _____, 1980 and ending _____, 19__.

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.

- ▶ File this form for 1980 if the last digit of the plan sponsor's employer identification number is 1, 2, or 3. This form should also be filed for the initial plan year and for the final plan year (see instructions).
- ▶ Do not file this form for Keogh (H.R. 10) plans with fewer than 100 participants and with at least one owner-employee participant. File Form 5500-K instead.
- ▶ Church plans (not electing coverage under section 410(d) of the Code) and governmental plans **do not file this form**. File Form 5500-G instead.
- ▶ Pension benefit plans, unless otherwise excepted, complete all items. Annuity and custodial account arrangements of certain exempt organizations, and individual retirement account trusts of employers complete only items 1 through 6, 9, and 10.
- ▶ Certain welfare benefit plans are not required to file this form—see instructions.
 Welfare benefit plans required to file this form do not complete items 7(b), 12, 14 and 24 through 28.
- ▶ Plan number—Your 3 digit plan number must be entered in item 5(c); see instruction 5(c) for explanation of "plan number."

Use IRS label. Otherwise, please print or type.	1 (a) Name of plan sponsor (employer if for a single employer plan)	1 (b) Employer identification number
	Address (number and street)	1 (c) Telephone number of sponsor ()
	City or town, State and ZIP code	1 (d) If plan year changed since last return/report check here ▶ <input type="checkbox"/>

2 (a) Name of plan administrator (if other than plan sponsor)	1 (e) Business code number
Address (number and street)	2 (b) Administrator's employer identification no.
City or town, State and ZIP code	2 (c) Telephone number of administrator ()

3 Name, address and identification number of plan sponsor and/or plan administrator as they appeared on the last return/report filed for this plan if not the same as in 1 or 2 above: **(a)** Sponsor ▶
(b) Administrator ▶

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

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

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

6 Check at least one item in (a) or (b) and applicable items in (c): **(a)** Welfare benefit plan:

(ii) <input type="checkbox"/> Life insurance	(iii) <input type="checkbox"/> Supplemental unemployment	(i) <input type="checkbox"/> Health insurance	(iv) <input type="checkbox"/> Other (specify) ▶
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(b) Pension benefit plan:

(A) <input type="checkbox"/> Fixed benefit	(B) <input type="checkbox"/> Unit benefit	(C) <input type="checkbox"/> Flat benefit	(D) <input type="checkbox"/> Other (specify) ▶
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(ii) Defined contribution plan—(Indicate type of defined contribution plan below):

(A) <input type="checkbox"/> Profit-sharing	(B) <input type="checkbox"/> Stock bonus	(C) <input type="checkbox"/> Target benefit	(D) <input type="checkbox"/> Other money purchase
(E) <input type="checkbox"/> Other (specify) ▶			

(iii) Defined benefit plan with benefits based partly on balance of separate account of participant (section 414(k) of the Code)
(iv) Annuity arrangement of a certain exempt organization (section 403(b)(1) of the Code)
(v) Custodial account for regulated investment company stock (section 403(b)(7) of the Code)
(vi) Trust treated as an individual retirement account (section 408(c) of the Code)
(vii) Other (specify) ▶

(c) Other plan features:

(i) <input type="checkbox"/> Thrift-savings	(ii) <input type="checkbox"/> Keogh (H.R. 10) plan
(iii) <input type="checkbox"/> Pension plans maintained outside the United States (see instructions)	
(iv) <input type="checkbox"/> Participant-directed account plan	

(d) Single employer plans enter the taxable year end of the employer in which this plan year ends ▶ Month Day Year

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/plan sponsor ▶

Date ▶ Signature of plan administrator ▶

15 Plan assets and liabilities at the beginning and the end of the current plan year (list all assets and liabilities at current value). A fully insured welfare plan or a pension plan with no trust and which is funded entirely by allocated insurance contracts which fully guarantee the amount of benefit payments should check the box and not complete this item

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 all insurance values except for the value of that portion of an allocated insurance contract which fully guarantees the amount of benefit payments. Round off amounts to nearest dollar. If you have no assets to report enter "-0-" on line 15(g).

Assets	a. Beginning of year	b. End of year
(a) Cash—		
(i) Interest bearing		
(ii) Non-interest bearing		
(b) Receivables		
(c) Investments—		
(i) Government securities		
(ii) Pooled funds/mutual funds		
(iii) Corporate (debt and equity instruments)		
(iv) Real estate and mortgages		
(v) Other		
(d) Buildings and other depreciable property		
(e) Unallocated insurance contracts		
(f) Other assets		
(g) Total assets, sum of (a) through (f)		
Liabilities and Net assets		
(h) Payables		
(i) Acquisition indebtedness		
(j) Other liabilities		
(k) Total liabilities, sum of (h) through (j)		
(l) Net assets, (g) minus (k)		

16 Plan income, expenses and changes in net assets during the plan year. Include all income and expense of a trust(s) or separately maintained fund(s) including any payments made for allocated insurance contracts. Round amounts to nearest dollar.

	a. Amount	b. Total
(a) Contributions received or receivable in cash from—		
(i) Employer(s) (including contributions on behalf of self-employed individuals)		
(ii) Employees		
(iii) Others		
(b) Noncash contributions		
(c) Earnings from investments (interest, dividends, rents, royalties)		
(d) Net realized gain (loss) on sale or exchange of assets		
(e) Other income (specify) ▶ -----		
(f) Total income, sum of (a) through (e)		
(g) Distribution of benefits and payments to provide benefits—		
(i) Directly to participants or their beneficiaries		
(ii) To insurance carrier or similar organization for provision of benefits (including prepaid medical plans)		
(iii) To other organizations or individuals providing welfare benefits		
(h) Interest expense		
(i) Administrative expenses (salaries, fees, commissions, insurance premiums)		
(j) Other expenses (specify) ▶ -----		
(k) Total expenses, sum of (g) through (j)		
(l) Net income, (f) minus (k)		
(m) Changes in net assets—		
(i) Unrealized appreciation (depreciation) of assets		
(ii) Other changes (specify) ▶-----		
(n) Net increase (decrease) in net assets for the year, (l) plus (m)		
(o) Net assets at beginning of year (line 15(l), column a)		
(p) Net assets at end of year, (n) plus (o) (equals line 15(l), column b)		

17 As of the end of the plan year:

(a) What percentage of plan assets are loaned to a party-in-interest?	%
(b) What percentage of plan assets are invested in securities issued by a party-in-interest?	%
(c) What percentage of plan assets are invested in real estate which is leased by a party-in-interest?	%

18 Since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan:

(a) Has there been a termination in the appointment of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment manager or custodian?
If "Yes," explain and include the name, position, address and telephone number of the person whose appointment has been terminated

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 18(a) and 18(b).

(b) Has the plan used the services of a contract administrator?
If "Yes," enter the contract administrator's name and employer identification number (see instructions)

(c) Indicate the amount of the plan's administrative expenses for the:
(i) Preceding year \$, (ii) Second preceding year \$

(d) Have any insurance policies or annuities been replaced?
(e) Was the plan funded with: (i) Individual policies or annuities (ii) Group policies or annuities (iii) Both

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 18(b), 18(c), 18(d), and 18(e).

19 Since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan:

(a) Other than transactions described in the exceptions outlined in the instructions, were there any transactions, directly or indirectly, between the plan and a party-in-interest?
If "Yes," see specific instructions.

(b) Has the plan granted an extension on any loan for which prior to the granting of an extension, it has not received all the principal and interest payments due under the terms of the loan?

(c) Has the plan granted an extension of time or renewal for the payment of any obligation owed to it which amounts to more than 10% of the plan assets?

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 19(a), 19(b), and 19(c).

20 As of the end of any plan year since the end of the plan year covered by the last return/report, Form 5500, 5500-C or 5500-K which was filed for this plan:

(a) Did the plan have investments of the type reportable under item 15(c)(iv) or (v) which in the aggregate exceeded 15% of plan assets in either category?

(b) Did the plan have loans outstanding or investments in a single enterprise (other than the United States Government) which exceeded 15% of plan assets?

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 20(a) and 20(b).

21 During the plan year covered by this return:

(a) Did any plan fiduciary who is an officer or an employee of the plan sponsor receive compensation from the plan for his or her services to the plan?

(b) Did the plan acquire any qualifying employer security or qualifying employer real property, when immediately after such acquisition the aggregate fair market value of employer securities and employer real property held by the plan exceeded 10% of the fair market value of the plan assets?

(c) Has any plan fiduciary had either a financial interest worth more than \$1,000 in any party providing services to the plan or received anything of value from any party providing services to the plan?

(d) Has any employer owed the plan contributions which were more than three months past due under the terms of the plan?

(e) 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 as uncollectable?

(f) Were any leases to which the plan was a party in default or classified as uncollectable?

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 21(a), 21(b), 21(c), 21(d), 21(e), and 21(f).

22 Who is the plan's designated agent for legal process? >

23 Give the name and address of each fiduciary (including trustees) to the plan >

Table with 2 columns: Yes, No. Shaded cells for 'Yes' in rows 22 and 23.

