Form **5500-R**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefit Programs

Pension Benefit Guaranty Corporation

Registration Statement of Employee Benefit Plan

(With fewer than 100 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 and 6058 of the Internal Revenue Code.

OMB No. 1210-0016

1985

Amended ☐

This Form is Open to Public Inspection

For the calendar plan year 1985 or fiscal plan year beginning , 1985, and ending , 19 .

Caution: A penalty of $25 a day for the late filing of this return/report will be assessed unless reasonable cause is established—see General Instruction E.

One participant plans should file this form for 1985.

Plans described in Code sections 120, 125, and 127, complete the applicable box 5e, 5f, or 5g and see the instructions.

All filers should see page 1 of the instructions for new filing locations.

Except for one participant plans, do NOT file this form for the plan's first year or for the plan's final return/report. Instead file Form 5500-C. (See instruction B.)

▶ **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.**

▶ **Type or complete in ink and file the original. If any item does not apply, enter "N/A."**

1a Name of plan sponsor (employer, if for a single employer plan)	1b Employer identification number

[redacted]

d ☐ Other (specify) ▶ ☐ funded or ☐ unfunded.

6 Plan information:

		Yes	No
a	Was this plan terminated during this plan year or any prior plan year?		
b	If 6a is "Yes," were all trust assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		
c	Was this plan amended during this plan year to reduce any participant's accrued benefits?		
d	If this is a defined benefit plan or a defined contribution plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans, attach Schedule B (Form 5500))?		
e	If d is "Yes," have you filed Form 5330 to pay the excise tax?		

f Is this plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ Yes ☐ No ☐ Not determined

g Total participants *(i)* Beginning of plan year ▶ _____ *(ii)* End of plan year ▶ _____

See back of form for additional questions.

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 ▶

For Paperwork Reduction Act Notice, see page 1 of Form 5500-C instructions.

	Yes	No
6 Plan information: (continued)		
h If plan benefits were provided by an insurance company, insurance service or similar organization, enter the number of Schedules A (Form 5500) attached . . . . . ▶ _____		
i *(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?		
(ii) If "Yes," enter the number of separated participants required to be reported . . ▶ _____		
j If 6a 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?		
7 Fiduciary information during this plan year:		
a Did any plan fiduciary who is an officer or 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 Did the plan receive any non-cash contributions?		
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 the plan made or fixed income obligations due the plan in default as of the end 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?		
g Party-in-interest information:		
(i) Did the plan lend assets to, borrow from, or guarantee any indebtedness of a party-in-interest?		
(ii) Has the plan purchased any assets from or sold any assets to a party-in-interest?		
(iii) Has the plan leased property to or from a party-in-interest?		