

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

1975

This Form is
Open to Public
Inspection

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, referred to as the Code.

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 _____

- ▶ All pension benefit plans with 100 or more participants file one copy of this form with the Department of Labor (DOL) and one copy with the Internal Revenue Service (IRS). File a separate form for each plan. Legible reproduction copies are acceptable.
- ▶ Welfare benefit plans with 100 or more participants file this form with DOL only.
- ▶ Pension benefit plans complete all items. However, annuity arrangements of certain exempt organizations and individual retirement account trusts of employers complete only items 1 through 6, 9 and 10.
- ▶ Welfare benefit plans complete only items 1 through 18 and item 24.
- ▶ **Note: 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.
 - ▶ Other pension benefit plans and certain welfare benefit plans with fewer than 100 participants. File Form 5500-C instead.
- ▶ Please complete every applicable item on this form. If an item does not apply, enter "NA."

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

3 Name, address and identification number of sponsor and/or plan administrator as they appeared on the last report filed with DOL or IRS if not the same as in 1 or 2 ▶

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

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

5 (a) Name of plan:	5 (b) Plan number:
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6 Check at least one item in (a) or (b) and applicable items in (c):

- (a) Welfare benefit plan:** (i) Health insurance (ii) Life insurance (iii) Supplemental unemployment (iv) Other (specify) ▶
- (b) Pension benefit plan:**
- (i) Defined benefit plan—(Indicate type of defined benefit plan below):
 (A) Fixed benefit (B) Unit benefit (C) Flat benefit (D) Other (specify) ▶
 - (ii) Defined contribution plan—(indicate type of defined contribution plan below):
 (A) Profit-sharing (B) Stock bonus (C) Target benefit (D) Other money purchase (E) 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 or a governmental unit (section 403(b) 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) Employee stock ownership plan not part of a qualified plan (section 301(d) of the Tax Reduction Act of 1975)
 - (viii) Other (specify) ▶
- (c) Other plan features:**
- (i) Thrift-savings (ii) Keogh (H.R. 10) plan
 - (iii) Employee stock ownership as part of a qualified plan (check only if you checked a box in (b)(ii) above)

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

7 Number of active and retired participants and beneficiaries as of the end of the plan year (welfare plans complete only (a)(iii), (b), (c) and (d)):

(a) Active participants (employed or carried as active)	(i) Number fully vested		
	(ii) Number not fully vested		
	(iii) Total		
(b) Retired participants receiving benefits			
(c) Participants separated from employment and entitled to future benefits			
(d) Subtotal, sum of (a), (b) and (c)			
(e) Beneficiaries receiving pension benefits			
(f) Total, (d) plus (e)			
(g) Has the number of active participants decreased at any time during the current year by more than 20% from the number of those participating at the beginning of the plan year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Has the number of active participants decreased at any time during the current year by more than 25% from the number of those participating at the beginning of the previous plan year?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8 Plan amendment information (welfare plans complete only (a), (b)(i) and (c)):

(a) Was the plan amended in this plan year?			
(b) If "Yes,"	(i) Has a Form EBS-1 reflecting the amendment been filed with DOL?		
	(ii) Have the accrued benefits of any participant under the plan been reduced?		
	(iii) Will amendment result in a reduction of current or future benefits?		
	(iv) Has a determination letter been requested from IRS?		
(c) Enter the date the most recent amendment was adopted	Month	Day	Year

9 Plan termination information (welfare plans complete only (a), (b), (c) and (f)):

(a) Was this plan terminated during the year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If "Yes," were all trust assets distributed?			
(c) Was a resolution to terminate this plan adopted during this plan year or any prior plan year?			
(d) If (a) or (c) is "Yes," have you received a favorable determination letter from IRS with respect to such termination?			
(e) If (d) is "No," has a determination letter been requested from IRS?			
(f) If (a) or (c) is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10 (a) In this plan year, was this plan merged or consolidated with another plan or were assets or liabilities transferred to another plan?

If "Yes," enter information about other plan(s):	(c) Employer identification number(s)	(d) Plan number(s)
(b) Name of plan(s) ▶		

(e) Has actuarial statement been filed with IRS as required for defined benefit plans? Yes No

11 Type of funding entity:

- (a) Trust (benefits provided in whole from trust funds)
- (b) Trust or arrangement providing benefits partially through insurance and/or annuity contracts
- (c) Trust or arrangement providing benefits exclusively through insurance and/or annuity contracts
- (d) Custodial account described in section 401(f) of the Code and not included in (c) above
- (e) Other (specify) ▶
- (f) If (b) or (c) is checked, enter number of insurance carriers ▶

12 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," furnish the following information:

(a) Name	(b) Official plan position	(c) Relationship to employer, employee organization or person known to be a party-in-interest	(d) Gross salary or allowances paid by plan	(e) Fees and commissions paid by plan	(f) Nature of service provided to plan

13 Assets and liabilities (list all assets and liabilities at current value except on line 13(i), 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.

Assets	a. Beginning of year	b. Acquisitions	c. Dispositions	d. End of year
(a) Cash: (i) On hand				
(ii) In bank: (A) Certificates of deposit				
(B) Other interest bearing				
(C) Noninterest bearing				
(iii) Total cash				
(b) Receivables: (i) Employer contributions				
(ii) Employee contributions				
(iii) Other				
(iv) Reserve for doubtful accounts				
(v) Net receivables, sum of (i), (ii) and (iii) minus (iv)				
(c) General investments other than party-in-interest investments:				
(i) U.S. Government securities				
(ii) State and municipal securities				
(iii) Corporate debt securities				
(iv) Corporate stocks—(A) Preferred				
(B) Common				
(v) Shares of a registered investment company				
(vi) Real estate				
(vii) Mortgages				
(viii) Loans other than mortgages				
(ix) Value of interest in pooled fund(s)				
(x) Other investments				
(xi) Total general investments, sum of (i) through (x)				
(d) Party-in-interest investments:				
(i) Corporate debt securities				
(ii) Corporate stocks—(A) Preferred				
(B) Common				
(iii) Real estate				
(iv) Mortgages				
(v) Loans other than mortgages				
(vi) Value of interest in pooled fund(s)				
(vii) Other investments				
(viii) Total party-in-interest investments, sum of (i) through (vii)				
(e) Buildings and other depreciable property—net				
(f) Value of unallocated insurance contracts:				
(i) Separate accounts				
(ii) Other				
(iii) Total, (i) plus (ii)				
(g) Other assets				
(h) Total assets, sum of (a)(iii), (b)(v), (c)(xi), (d)(viii), (e), (f)(iii) and (g)				
(i) Book value of all assets				
Liabilities				
(j) Payables: (i) Plan claims				
(ii) Other payables				
(iii) Total payables, (i) plus (ii)				
(k) Acquisition indebtedness				
(l) Other liabilities				
(m) Total liabilities, sum of (j)(iii), (k) and (l)				
(n) Net assets, (h) less (m)				

Beginning assets plus or minus acquisitions and dispositions will not necessarily equal the ending balance.

14 Income, expenses and changes in net assets:

Note: Include all income and expenses of a trust(s) or separately maintained fund(s).

Income

	a. Amount	b. Total
(a) Cash contributions by—		
(i) Employer(s) (including contributions on behalf of self-employed individuals)		
(ii) Employees		
(iii) Others		
(b) Noncash contributions (specify nature and by whom made) ▶		
(c) Total contributions, sum of (a) and (b)		
(d) Earnings from investments—		
(i) Interest		
(ii) Dividends		
(iii) Rents		
(iv) Royalties		
(e) Net realized gain (loss) on sale or exchange of assets—		
(i) Aggregate proceeds		
(ii) Aggregate costs		
(f) Other income (specify) ▶		
(g) Total income, sum of (c) through (f)		

Expenses

	a. Amount	b. Total
(h) 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		
(iii) To other organizations or individuals providing welfare benefits		
(i) Interest expense		
(j) Administrative expenses—		
(i) Salaries and allowances		
(ii) Fees and commissions		
(iii) Insurance premiums for Pension Benefit Guaranty Corporation		
(iv) Insurance premiums for fiduciary insurance other than bonding		
(v) Other administrative expenses		
(k) Other expenses (specify) ▶		
(l) Total expenses, sum of (h) through (k)		
(m) Net income (expenses), (g) minus (l)		

	a. Amount	b. Total
(n) Change in net assets—		
(i) Unrealized appreciation (depreciation) of assets		
(ii) Other changes (specify) ▶		
(o) Net increase (decrease) in net assets for the year, (m) plus (n)		
(p) Net assets at beginning of year, line 13(n), column a		
(q) Net assets at end of year, (o) plus (p) (equals line 13(n), column d)		

	Yes	No
15 The following questions relate to the plan year. If (a), (b) or (c) is checked "Yes," schedules of such items that include the information set forth in the instructions are required to be attached to the copy of this form that is filed with IRS:		
(a) Did any transaction involving plan assets involve a person known to be a party-in-interest?		
(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 uncollectable?		
(c) Were any leases to which the plan was a party in default or classified during the year as uncollectable?		

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

17 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?

If "Yes," explain ▶

18 Bonding:

- (a) Was the plan insured by a fidelity bond against losses through fraud or dishonesty?
- (b) If "Yes," enter the maximum amount of loss recoverable ▶ \$
- (c) Enter the name of the surety company ▶
- (d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest, direct or indirect, in the surety company or its agents or brokers?
- (e) If the plan is not insured by a fidelity bond, explain why not ▶
- (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?
If "Yes," see specific instructions.

Yes	No

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

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

20 Is this plan a master or prototype plan?

If "Yes," enter IRS serial number ▶

Yes	No

21 (a) Is it intended that this plan qualify under section 401(a) or 405 of the Code?

(b) Have you requested or received a determination letter from the IRS for this plan?

22 If plan is integrated, check appropriate box:

- (a) Social security
- (b) Railroad retirement
- (c) Other

23 (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

Month	Day	Year

Enter date of last payment by employer, for this plan year
(iii) Funding deficiency, excess, if any, of (i) over (ii)

24 Pursuant to DOL regulations, financial statements, schedules and, in certain circumstances, an independent qualified public accountant's opinion thereon are required to be attached to the copy of this form filed with the DOL. With reference thereto, please check the appropriate boxes:

(a) The accountant's opinion is not required OR required and is—

- (i) Unqualified
- (ii) Qualified
- (iii) Adverse
- (iv) Other (explain) ▶

(b) The schedules included are—

- (i) Investments at end of plan year
- (ii) Transactions involving plan assets and a party known to be a party-in-interest
- (iii) Loans by the plan or fixed income obligations due the plan in default or classified as uncollectable
- (iv) Leases to which the plan was a party in default or classified as uncollectable
- (v) Transactions or series of transactions in excess of 3% of the current value of plan assets

Note: Failure to check a box indicates the plan has nothing to report for that item.

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