

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

**1977**

**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 1977 or fiscal plan year beginning \_\_\_\_\_, 1977 and ending \_\_\_\_\_, 19

**File original of this form, including schedules and attachments, completed in ink or type.**

- ▶ Keogh (H.R. 10) plans with fewer than 100 participants and with at least one owner-employee participant **do not file this form.** File Form 5500-K instead.
- ▶ Other pension benefit plans and certain welfare benefit plans with fewer than 100 participants **do not file this form.** File Form 5500-C instead.
- ▶ Welfare benefit plans with 100 or more participants complete only items 1 through 16 and item 22.
- ▶ Pension benefit plans, unless otherwise excepted, complete all items. Annuity arrangements of certain exempt organizations and individual retirement account trusts of employers complete only items 1 through 6, 9 and 10.
- ▶ Government plans and church plans (not electing coverage under section 410(d) of the Code) complete only items 1 through 7, 9, 10(a), (b), (c), (d), 11 and 17.
- ▶ Plan number—Your 3 digit plan number must be entered in item 5(c); see instruction 5(c) for explanation of "plan number."
- ▶ If any item does not apply, enter "N/A."

<b>1 (a)</b> Name of plan sponsor (employer if for a single employer plan)  Address (number and street)  City or town, State and ZIP code	<b>1 (b)</b> Employer identification number _____ <b>1 (c)</b> Telephone number of sponsor (     ) <b>1 (d)</b> Employer taxable year ends Month                      Day                      Year <u>19</u>
<b>2 (a)</b> Name of plan administrator (if other than plan sponsor)  Address (number and street)  City or town, State and ZIP code	<b>1 (e)</b> Business code number _____ <b>2 (b)</b> Administrator's employer identification no. _____ <b>2 (c)</b> 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 ▶

- 4** Check appropriate box to indicate the type of plan entity (check only one box):
- |  |   |  |
|--|---|--|
| <b>(a)</b> <input type="checkbox"/> Single-employer plan   | <b>(c)</b> <input type="checkbox"/> Multiemployer plan                            | <b>(e)</b> <input type="checkbox"/> Multiple-employer plan (other)                 |
| <b>(b)</b> <input type="checkbox"/> Plan of controlled group of corporations or common control employers | <b>(d)</b> <input type="checkbox"/> Multiple-employer-collectively-bargained plan | <b>(f)</b> <input type="checkbox"/> Group insurance arrangement (of welfare plans) |

<b>5 (a) (i)</b> Name of plan  _____ (ii) <input type="checkbox"/> Check if changed since last return/report	<b>5 (b)</b> Effective date of plan _____ <b>5 (c)</b> Enter three digit plan number ▶
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- 6** Check at least one item in (a) or (b) and applicable items in (c). Item (d) on page 2 must be completed:
- (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 (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)  Employee stock ownership plan not part of a qualified plan (section 301(d) of the Tax Reduction Act of 1975)
  - (viii)  Other (specify) ▶

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 ▶ \_\_\_\_\_

- (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)

(d) Is this a defined benefit plan covered under the Pension Benefit Guaranty Corporation termination insurance program?  Yes  No  Not determined

**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 (employed or carried as active)	(i) Number fully vested		
	(ii) Number partially vested		
	(iii) Number nonvested		
	(iv) Total		
(b) Retired or separated participants receiving benefits			
(c) Retired or separated participants entitled to future benefits			
(d) Subtotal, sum of (a), (b) and (c)			
(e) Deceased participants whose beneficiaries are receiving or are entitled to receive benefits			
(f) Total, (d) plus (e)			

(g) During the plan year, was any participant(s) separated from service with a deferred vested benefit?  Yes  No  
If "Yes," see instructions.

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

(a) Was any amendment to this plan adopted in this plan year?		
(b) If "Yes," (i) And if a material modification, has a summary description of this modification—		
(A) Been sent to plan participants?		
(B) Been filed with DOL?		
(ii) Does any such amendment result in the reduction of the accrued benefit of any participant under the plan?		
(iii) Will amendment result in a reduction of current or future benefits?		
(iv) Has a determination letter been requested from IRS with respect to such amendment?		
(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 this plan year or any prior plan year?		
(b) If "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan?		
(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?		

**10** (a) In this plan year, was this plan merged or consolidated into another plan or were assets or liabilities transferred to another plan?  Yes  No

If "Yes," identify other plan(s):

(b) Name of plan(s) ▶	(c) Employer identification number(s)	(d) Plan number(s)

(e) Has Form 5310 been filed with IRS?  Yes  No

**11** Indicate funding arrangement:

- (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 the number of Schedule A's (Form 5500) which are attached ▶

**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 code (see instructions)







**23** Complete this item only if you answered "Yes," to Item 6(d)

Did one or more of the reportable events or other events requiring notice to the Pension Benefit Guaranty Corporation occur during this plan year? . . . . .

Yes	No

If "Yes," complete (a) through (h) below.

(a) Notification by the Internal Revenue Service that the plan has ceased to be a plan as described in Section 4021(a)(2) of ERISA or a determination by the Secretary of Labor of non-compliance with Title I of ERISA . . . . .


(b) A decrease in active participants to the extent specified in the instructions . . . . .

(c) A determination by the Internal Revenue Service that there has been a termination or partial termination of the plan within the meaning of Section 411(d)(3) of the Code . . . . .


(d) An inability to pay benefits when due . . . . .

(e) A distribution to a Substantial Owner to the extent specified in the instructions . . . . .

(f) An alternative method of compliance has been prescribed for this plan by the Secretary of Labor under Section 110 of ERISA . . . . .


(g) A cessation of operations at a facility to the extent specified in the instructions . . . . .

(h) A withdrawal of a substantial employer . . . . .


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