

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

1987

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 6039D, 6057(b) and 6058(a) of the Internal Revenue Code, referred to as the Code.

► For Paperwork Reduction Act Notice, see page 1 of the instructions.

For the calendar plan year 1987 or fiscal plan year beginning _____, 1987, 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.

If (i) through (iii) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(i) the first return/report filed for the plan; (ii) an amended return/report; or (iii) the final return/report filed for the plan.

► Welfare benefit plans, including those described in Code section 6039D, need only complete certain items—see the instructions "What To File."

► Keogh (H.R. 10) plans must check the box in item 5a(iii).

► 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.

Check this box if an extension of time to file this return is attached ►

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

| | |
|--|--|
| 2a Name of plan administrator (if same as plan sponsor, enter "Same") | 1e Business code number ► |
| Address (number and street) | 2b Administrator's employer identification no. |
| City or town, state, and ZIP code | 2c Telephone number of administrator () |

3 Is the name, address, and employer identification number (EIN) of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? Yes No. If "No," enter the information from the last return/report in a and/or b.

a Sponsor ► EIN

b Administrator ► EIN

c If a indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) Yes No

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

a Single-employer plan **c** Multiemployer plan **e** Multiple-employer plan (other)

b Plan of controlled group of corporations or common control employers **d** Multiple-employer-collectively-bargained plan **f** Group insurance arrangement (of welfare plans)

| | |
|--|---|
| 5a (i) Name of plan ► | 5b Effective date of plan |
| (ii) <input type="checkbox"/> Check if name of plan changed since last return/report | 5c Enter three-digit plan number . . . ► : : : |
| (iii) <input type="checkbox"/> Check this box if this is a Keogh (H.R. 10) plan. | |

6a Welfare benefit plan (Plan numbers 501 through 999) must complete (i) through (vii) and 6c:

(i) Health insurance (ii) Life insurance (iii) Supplemental unemployment

(iv) Other (specify) ►

(v) Code section 120 (group legal services plan) (vi) Code section 125 (cafeteria plan)

(vii) Code section 127 (educational assistance program)

If you checked (v), (vi), or (vii) check if: funded or unfunded.

b Pension benefit plan (Plan numbers 001 through 500) must complete (i) through (vii) and 6c through 6f:

(i) Defined benefit plan—(Indicate type of defined benefit plan): (A) Fixed benefit (B) Unit benefit (C) Flat benefit (D) Other (specify) ►

(ii) Defined contribution plan—(indicate type of defined contribution): (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 (Code section 414(k))

(iv) Annuity arrangement of certain exempt organizations (Code section 403(b)(1))

(v) Custodial account for regulated investment company stock (Code section 403(b)(7))

(vi) Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits

(vii) Other (specify) ►

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/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 ►

6c Other plan features: (i) Thrift-savings (ii) Participant-directed account plan (iii) Pension plan maintained outside the United States
 (iv) Master trust (see instructions) ▶
 (v) 103-12 investment entity (see instructions) ▶

d Single-employer plans enter the tax year end of the employer in which this plan year ends ▶ Month _____ Day _____ Year _____ **Yes** **No**
e Is the employer a member of an affiliated service group? **Yes** **No**
f Does this plan contain a cash or deferred arrangement described in Code section 401(k)? **Yes** **No**

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: (i) Number fully vested | a(i) | |
| (ii) Number partially vested | (ii) | |
| (iii) Number nonvested | (iii) | |
| (iv) Total | (iv) | |
| b Retired or separated participants receiving benefits | b | |
| c Retired or separated participants entitled to future benefits | c | |
| d Subtotal (add a(iv), b, and c) | d | |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | e | |
| f Total (add d and e) | f | |

g (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 to this form? **Yes** **No**
 (ii) If "Yes," enter the number of separated participants required to be reported ▶

8 Plan information—You must complete a, c, d **a** Was any amendment to this plan adopted in this plan year? **8a** **Yes** **No**
b If "Yes," (i) And if any amendments have resulted in a change in the information contained in a summary plan description or previously furnished summary description of modifications—
 (A) Have summary descriptions of the change(s) been sent to participants? **b(i)A** **Yes** **No**
 (B) Have summary descriptions of the change(s) been filed with DOL? **(i)B** **Yes** **No**
 (ii) Does any amendment result in the reduction of the accrued benefit of any participant under the plan? **(ii)** **Yes** **No**
c Enter the date the most recent amendment was adopted ▶ Month _____ Day _____ Year _____
d (i) Has a summary plan description been filed with DOL for this plan? **d** **Yes** **No**
 (ii) If (i) is "Yes," what was the employer identification number and the plan number used to identify it?
 Employer identification number ▶ _____ Plan number ▶ _____

9a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ▶ _____ **9a** **Yes** **No**
b Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC? **b** **Yes** **No**
c Was a resolution to terminate this plan adopted during this plan year or any prior plan year? **c** **Yes** **No**
d If a or c is "Yes," have you received a favorable determination letter from IRS for the termination? **d** **Yes** **No**
e If d is "No," has a determination letter been requested from IRS? **e** **Yes** **No**
f If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination? **f** **Yes** **No**
g If a 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? **g** **Yes** **No**
h During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due? **h** **Yes** **No**
i If h is "Yes," enter the amount of section 4980 tax paid with your Form 5330 ▶ _____

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? **10a** **Yes** **No**
 If "Yes," identify other plan(s): _____ **c** Employer identification number(s) _____ **d** Plan number(s) _____
b Name of plan(s) ▶ _____
e Has Form 5310 been filed? **Yes** **No**

11 Indicate a funding arrangement in **a** through **e** and complete **f** if applicable: **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 Code section 401(f) and not included in **c** above
e Other (specify) ▶
f If **b** or **c** is checked, enter the number of Schedules A (Form 5500) which are attached ▶ _____

12a Has the plan used the services of a contract administrator (see instructions)? **Yes** **No**
 If "Yes," you must complete line (1) of the schedule below.
b Did any other 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 starting on line (2):

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan | (f) Fees and commissions paid by plan | (g) Nature of service code (see instructions) |
|----------|---|----------------------------|--|---|---------------------------------------|---|
| (1) | | Contract admin. | | | | 13 |
| (2) | | | | | | |
| (3) | | | | | | |

13 Plan assets and liabilities at the beginning and the end of the 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 the rest of 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 the nearest dollar. Trusts with no assets at the beginning and the end of the plan year enter zero on line 13h.

Assets

| | (a) Beginning of year | (b) End of year |
|--|-----------------------|-----------------|
| a Cash: (i) On hand | a(i) | |
| (ii) In bank: (A) Certificates of deposit | (ii)(A) | |
| (B) Other interest bearing | (ii)(B) | |
| (C) Noninterest bearing | (ii)(C) | |
| (iii) Total cash (add (i) and (ii)) | (iii) | |
| b Receivables: (i) Employer contributions | b(i) | |
| (ii) Employee contributions | (ii) | |
| (iii) Other | (iii) | |
| (iv) Reserve for doubtful accounts | (iv) | |
| (v) Net receivables (subtract (iv) from the total of (i), (ii), and (iii)) | (v) | |
| c General investments other than party-in-interest investments: | | |
| (i) U.S. Government securities: (A) Long term | c(i)(A) | |
| (B) Short term | (i)(B) | |
| (ii) State and municipal securities | (ii) | |
| (iii) Corporate debt instruments: (A) Long term | (iii)(A) | |
| (B) Short term | (iii)(B) | |
| (iv) Corporate stocks: (A) Preferred | (iv)(A) | |
| (B) Common | (iv)(B) | |
| (v) Shares of a registered investment company | (v) | |
| (vi) Real estate | (vi) | |
| (vii) Mortgages | (vii) | |
| (viii) Loans other than mortgages | (viii) | |
| (ix) Value of interest in pooled fund(s) | (ix) | |
| (x) Value of interest in master trust | (x) | |
| (xi) Value of interest in 103-12 investment entities | (xi) | |
| (xii) Other investments | (xii) | |
| (xiii) Total general investments (add (i) through (xii)) | (xiii) | |
| d Party-in-interest investments: | | |
| (i) Corporate debt instruments | d(i) | |
| (ii) Corporate stocks: (A) Preferred | (ii)(A) | |
| (B) Common | (ii)(B) | |
| (iii) Real estate | (iii) | |
| (iv) Mortgages | (iv) | |
| (v) Loans other than mortgages | (v) | |
| (vi) Other investments | (vi) | |
| (vii) Total party-in-interest investments (add (i) through (vi)) | (vii) | |
| e Buildings and other depreciable property used in plan operation | e | |
| f Value of unallocated insurance contracts (other than pooled separate accounts): | | |
| (i) Separate accounts | f(i) | |
| (ii) Other | (ii) | |
| (iii) Total (add (i) and (ii)) | (iii) | |
| g Other assets | g | |
| h Total assets (add a(iii), b(v), c(xiii), d(vii), e, f(iii), and g) | h | |
| Liabilities | | |
| i Payables: (i) Plan claims | i(i) | |
| (ii) Other payables | (ii) | |
| (iii) Total payables (add (i) and (ii)) | (iii) | |
| j Acquisition indebtedness | j | |
| k Other liabilities | k | |
| l Total liabilities (add i, j, and k) | l | |
| m Net assets (subtract l from h) | m | |
| n During the plan year what were the: | | |
| (i) Total costs of acquisitions of common stock? | | n(i) |
| (ii) Total proceeds from dispositions of common stock? | | (ii) |

14 Plan income, expenses and changes in net assets for the plan year.

Note: Include all income and expenses of a trust(s) or separately maintained fund(s) including any payments made for allocated insurance contracts. Round off amounts to nearest dollar.

| Income | | (a) Amount | (b) Total |
|-----------------|--|--------------|-----------|
| a | Contributions received or receivable in cash from— | | |
| | (i) Employer(s) (including contributions on behalf of self-employed individuals) | a(i) | |
| | (ii) Employees | (ii) | |
| | (iii) Others | (iii) | |
| b | Noncash contributions (specify nature and by whom made) ▶ | b | |
| c | Total contributions (add total of a(iii) and b) | c | |
| d | Earnings from investments— | | |
| | (i) Interest | d(i) | |
| | (ii) Dividends | (ii) | |
| | (iii) Rents | (iii) | |
| | (iv) Royalties | (iv) | |
| e | Net realized gain (loss) on sale or exchange of assets— | | |
| | (i) Aggregate proceeds | e(i) | |
| | (ii) Aggregate costs | (ii) | |
| f | Other income (specify) ▶ | f | |
| g | Total income (add c through f) | g | |
| Expenses | | (a) Amount | (b) Total |
| h | Distribution of benefits and payments to provide benefits— | | |
| | (i) Directly to participants or their beneficiaries | h(i) | |
| | (ii) To insurance carrier or similar organization for provision of benefits | (ii) | |
| | (iii) To other organizations or individuals providing welfare benefits | (iii) | |
| i | Interest expense | i | |
| j | Administrative expenses— | | |
| | (i) Salaries and allowances | j(i) | |
| | (ii) Fees and commissions | (ii) | |
| | (iii) Insurance premiums for Pension Benefit Guaranty Corporation | (iii) | |
| | (iv) Insurance premiums for fiduciary insurance other than bonding | (iv) | |
| | (v) Other administrative expenses | (v) | |
| k | Other expenses (specify) ▶ | k | |
| l | Total expenses (add h through k) | l | |
| m | Net income (expenses) (subtract l from g) | m | |
| n | Changes in net assets — | (a) Amount | (b) Total |
| | (i) Unrealized appreciation (depreciation) of assets | n(i) | |
| | (ii) Net investment gain (loss) from all master trust investment accounts | (ii) | |
| | (iii) Net investment gain (loss) from all 103-12 investment entities | (iii) | |
| | (iv) Other changes (specify) ▶ | (iv) | |
| o | Net increase (decrease) in net assets for the year (add m and n) | o | |
| p | Net assets at beginning of year (line 13m, column (a)) | p | |
| q | Net assets at end of year (add o and p) (equals line 13m, column (b)) | q | |

15 All plans complete a, b, and c. Plans funded with insurance policies or annuity contracts also complete d and e:

| | Yes | No |
|---|-----|----|
| a During this plan year, was there a termination in the appointment of any person listed in b below? | | |
| b If a is "Yes," check the appropriate box(es) and provide the name, position, address, and telephone number of the person(s) whose appointment has been terminated and an explanation for the termination: (i) <input type="checkbox"/> Trustee (ii) <input type="checkbox"/> Accountant (iii) <input type="checkbox"/> Insurance carrier (iv) <input type="checkbox"/> Enrolled actuary (v) <input type="checkbox"/> Administrator (vi) <input type="checkbox"/> Investment manager (vii) <input type="checkbox"/> Custodian ▶ | | |
| c Have there been any outstanding material disputes or matters of disagreement concerning the above termination? See instructions | | |
| d Have any insurance policies or annuities been replaced during this plan year? If "Yes," explain the reason for the replacement ▶ | | |
| e At any time during the plan year was the plan funded with: (i) <input type="checkbox"/> Individual policies or annuities, (ii) <input type="checkbox"/> Group policies or annuities, or (iii) <input type="checkbox"/> Both. | | |

16 Bonding:

- a** Was the plan insured by a fidelity bond against losses through fraud or dishonesty?
If "Yes," complete b through f; if "No," complete only g.
- b** Indicate the number of plans covered by this bond ▶
- c** Enter the maximum amount of loss recoverable ▶
- d** Enter the name of the surety company ▶
- e** 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?
- 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 any other person handling funds of the plan?
If "Yes," see specific instructions.
- g** If the plan is not insured by a fidelity bond, explain why not ▶

| | Yes | No |
|----------|-----|----|
| a | | |
| e | | |
| f | | |
| a | | |

17 Information about employees of employer at end of the plan year:

- a** Does the plan satisfy the percentage tests of Code section 410(b)(1)(A)? If "No," complete only b below and see Specific Instructions
- b** Total number of employees
- c** Number of employees excluded under the plan because of:
 - (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) Total excluded (add (i), (ii), and (iii))
- d** Total number of employees not excluded (subtract c(iv) from b)
- e** Employees ineligible (specify reason) ▶
- f** Employees eligible to participate (subtract e from d)
- g** Employees eligible but not participating
- h** Employees participating (subtract g from f)

| | |
|--------------|--|
| b | |
| c(i) | |
| (ii) | |
| (iii) | |
| (iv) | |
| d | |
| e | |
| f | |
| g | |
| h | |

18 Is this plan an adoption of any of the plans below? (If "Yes," check appropriate box and enter IRS serial number):

- a** Master/prototype plan, or **b** Uniform plan
- Enter the eight-character IRS letter serial number (see instructions) ▶

| | Yes | No |
|-----------|-----|----|
| 18 | | |

- 19 a** Is it intended that this plan qualify under Code section 401(a)?
- b** Have you requested or received a determination letter from the IRS for this plan?
- c (i)** Is this a plan with Employee Stock Ownership Plan features?
- (ii)** If "Yes," were all valuations of employer stock, for the plan year covered by this return/report, made by an independent appraiser?

| | | |
|-------------|--|--|
| a | | |
| b | | |
| c(i) | | |
| (ii) | | |

- 20 a** If plan is integrated, check appropriate box:
 - (i) Social security
 - (ii) Railroad retirement
 - (iii) Other
- b** Does the employer/sponsor listed in item 1a of this form maintain other qualified pension benefit plans?
If "Yes," list the number of plans including this plan ▶

| | | |
|----------|--|--|
| b | | |
|----------|--|--|

- 21 a** If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year?
If "Yes," attach Schedule B (Form 5500).
- b** If this is a money purchase or target benefit plan, is it subject to the minimum funding standards? (If a waiver was granted, see instructions.)

| | | |
|----------|--|--|
| a | | |
| b | | |

If "Yes," complete (i), (ii), and (iii) below:

- (i)** Amount of employer contribution required for the plan year under Code section 412
- (ii)** Amount of contribution paid by the employer for the plan year
Enter date of last payment by employer . . . ▶ Month _____ Day _____ Year _____
- (iii)** If (i) is greater than (ii), subtract (ii) from (i) and enter the funding deficiency here; otherwise enter zero. (If you have a funding deficiency, file Form 5330.)

| | |
|--------------|--|
| (i) | |
| (ii) | |
| (iii) | |

22 Answer questions a, b, and c relating to the plan year. If a(i), (ii), (iii), (iv), or (v) is checked "Yes," schedules of those items in the format set forth in the instructions are required to be attached to this form.

- a (i) Did the plan have assets held for investment?
- (ii) Did any nonexempt transaction involving plan assets involve a party known to be a party-in-interest?
- (iii) 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?
- (iv) Were any leases to which the plan was a party in default or classified during the year as uncollectable?
- (v) Were any plan transactions or series of transactions in excess of 3% of the current value of plan assets?
- b Is this plan exempt from the requirement that an accountant's opinion must be attached to this form?
- c If b is "No," attach the accountant's opinion to this form and check the appropriate box. This opinion is:
 - (i) Unqualified
 - (ii) Qualified/disclaimer per Department of Labor regulations 29 CFR 2520.103-8 and/or 2520.103-12(d)
 - (iii) Qualified/disclaimer other
 - (iv) Other (explain) ►

| | Yes | No |
|-------|-----|----|
| a(i) | | |
| (ii) | | |
| (iii) | | |
| (iv) | | |
| (v) | | |
| b | | |

d If b is "No," do the financial statements or notes to the financial statements attached to this report disclose: (i) A loss contingency indicating that assets are impaired or liability incurred; (ii) Significant real estate or other transactions in which the plan and (A) the sponsor, (B) plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (iii) That the plan has participated in any related party transactions; or, (iv) Any unusual or infrequent events or transactions occurring subsequent to the plan year-end that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?

| | Yes | No |
|---|-----|----|
| d | | |

23 a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? Yes No Not determined

b If a is "Yes," or "Not determined," enter the employer identification number and the plan number used to identify it.
 Employer identification number ► Plan number ►

| | Yes | No |
|--|-----|----|
| | | |

24 a Is this plan a top-heavy plan within the meaning of Code section 416 for this plan year?

b If a is "Yes," complete (i), (ii), and (iii) below:

- (i) Has the plan complied with the vesting requirements of Code section 416(b)?
- (ii) Has the plan complied with the minimum benefit requirements of Code section 416(c)?
- (iii) Has the plan complied with the limitation on compensation of Code section 416(d)?

| | Yes | No |
|-------|-----|----|
| a | | |
| (i) | | |
| (ii) | | |
| (iii) | | |

25 Have any individuals performed services as leased employees for any employer covered by this plan or for any other employer who is aggregated with any employer covered by this plan under section 414(b), (c), or (m)?
 If "Yes," see instructions for completing item 17.

| | Yes | No |
|----|-----|----|
| 25 | | |

26 a If the plan distributed any annuity contracts this year, did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?

b Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?

c Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?

d Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?

| | Yes | No |
|---|-----|----|
| a | | |
| b | | |
| c | | |
| d | | |

27 Were distributions made in accordance with the requirements of Code section 417(e) (see instructions)?

28 Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?

29 Has the plan made the required distributions in 1987 under Code section 401(a)(9)?

| | Yes | No |
|----|-----|----|
| 27 | | |
| 28 | | |
| 29 | | |