

Annual Return/Report of Employee Benefit Plan
(With fewer than 100 participants, none of whom is an owner-employee)
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.

1976
This Form Is
Open to Public
Inspection

Government use only ▶ **A** **B** **C** **D** **E** **F** **G** **H**

For the calendar plan year 1976 or fiscal plan year beginning _____, 19 _____ and ending _____, 19 _____

- ▶ Pension benefit plans file one copy of this form with the Department of Labor (DOL) and one copy with the Internal Revenue Service (IRS). File one form for each plan. Legible reproduction copies are acceptable.
- ▶ Welfare benefit plans which are non-insured and funded (see instructions) file one copy of this form with DOL only. Welfare benefit plans do not complete items 8, 9 or 12.
- ▶ Please complete every applicable item on this form. If an item does not apply, enter "N/A".

1 (a) Name of plan 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 of sponsor () 1 (d) Employer taxable year ends
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2 (a) Name of plan administrator (if other than plan sponsor) Address (number and street) City or town, State and ZIP code	1 (e) Business code number 2 (b) Administrator's employer identification no. 2 (c) Telephone number of administrator ()
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3 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)

4 (a) Name of plan	(b) Effective date of plan	(c) Enter three digit plan number ▶		
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5 Type of plan: (a) <input type="checkbox"/> Defined benefit (b) <input type="checkbox"/> Defined contribution	(c) <input type="checkbox"/> Welfare benefit (d) <input type="checkbox"/> Other	6 Indicate funding arrangement: (a) <input type="checkbox"/> Trust (b) <input type="checkbox"/> Fully insured	(c) <input type="checkbox"/> Combination (d) <input type="checkbox"/> Other
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7 (a) Active participants: Fully vested Partially vested Nonvested Total ▶ _____
(b) Total participants: (i) Beginning of plan year ▶ (ii) End of plan year ▶ _____
(c) During the plan year, has any participant(s) separated from service with a deferred vested benefit (if "Yes," see instructions)? Yes No

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

(a) Total number of employees	_____
(b) Number of employees excluded under the plan: (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, sum of (i), (ii) and (iii)	_____
(c) Total number of employees not excluded, (a) less (b)(iv)	_____
(d) Employees ineligible (specify reason) ▶	_____
(e) Employees eligible to participate, (c) less (d)	_____
(f) Employees eligible but not participating	_____
(g) Employees participating, (e) less (f)	_____

9 Indicate if a: **(a)** Master, **(b)** Prototype, **(c)** Pattern or **(d)** Model plan and enter IRS serial number _____

10 (a) During the plan year, was the plan terminated? Yes No; **(b)** If "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan? Yes No. **(c)** Was there a decrease of 20% or more in active participants since the beginning of the plan year? Yes No.

11 Did any transaction, involving plan assets, involve a person known to be a party-in-interest? Yes No
If "Yes," attach a list of such transactions in the same format as is shown in the instructions.

12 (a) Is this a defined benefit plan subject to the minimum funding standards (if "Yes," attach Schedule B (Form 5500))? Yes No
(b) Is this a defined contribution plan, i.e. money purchase or target benefit, subject to the minimum funding standards? Yes No
 If "Yes," complete (i), (ii) and (iii): (i) Amount of employer contribution required for the plan year _____
 (ii) Amount of contribution paid by the employer for the plan year under section 412 of the Code _____
 Enter date of last payment by employer . . . ▶ Month _____ Day _____ Year _____
 (iii) Funding deficiency, excess, if any, of (i) over (ii) _____

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 ▶ _____

13 Assets and liabilities at the beginning and the end of the plan year (list all assets and liabilities at current value except on line (h), 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. (Round off to nearest dollar)

Table with columns: Assets, Beginning of year (a. Party-in-interest, b. Total), End of year (c. Party-in-interest, d. Total). Rows include Cash, Receivables, Investments, Buildings, Unallocated insurance contracts, etc.

Table for line 14: Income, expenses and changes in net assets during the plan year. Columns: (a) Contributions received or receivable in cash from, (b) Total. Rows include Employer(s), Employees, Others, Noncash contributions, Earnings from investments, Net realized gain, etc.

15 Did any person who rendered services to the plan receive, directly or indirectly, compensation from the plan in the plan year (if "Yes," see instructions for information required)?

16 At the end of the plan year, indicate if there were in default or classified during the year as uncollectible any loans by the plan or fixed income obligations due to the plan OR leases to which the plan was a party.

17 Amount of overdue employer contributions not received by the plan by the end of the plan year

18 (a) Surety company name (b) Amount of bond coverage (c) Was any loss discovered during plan year?

19 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?

20 Was this plan amended in the plan year?

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