

Annual Return/Report 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 6057(b) and 6058(a) of the Internal Revenue Code, referred to as the Code.

For the calendar plan year 1979 or fiscal plan year beginning _____, 1979 and ending _____, 19 _____.

File original of this form, including schedules and attachments, completed in ink or type. If any item does not apply, enter "N/A."

- ▶ 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.
- ▶ Governmental plans and church plans (not electing coverage under section 410(d) of the Code). **Do not file this form.** File Form 5500-G instead.
- ▶ 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.
- ▶ Certain welfare benefit plans are not required to file this form—see instructions.
- ▶ Welfare benefit plans required to file this form do not complete items 7(a), 7(c), 17, 18, 20 and 22.
- ▶ Plan number—Your 3 digit plan number must be entered in item 5(c); see instruction 5(c) for explanation of "plan number."

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) If plan year changed since last return/report check here ▶ <input type="checkbox"/>
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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 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: (a) Sponsor ▶ _____
 (b) Administrator ▶ _____

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

5 (a) (i) Name of plan ▶ _____ _____ (ii) <input type="checkbox"/> Check if name of plan changed since the last Form 5500-C return/report.	5 (b) Effective date of plan _____ 5 (c) Enter three digit plan number ▶
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- 6 Type of plan:** (a) Defined benefit (b) Defined contribution (c) Welfare benefit
 (d) Participant-directed account plan (e) Other (specify) ▶ _____

7 (a) Active participants: (i) Fully vested (ii) Partially vested (iii) Nonvested (iv) Total ▶ _____
(b) Total participants: (i) Beginning of plan year ▶ (ii) End of plan year ▶ _____
(c) (i) During the plan year or a prior plan year, was any pension benefit plan 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 ▶ _____

8 Was this plan amended in this plan year?

9 Plan termination information: (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) If item 22(a) is to be checked "Yes" and 9(a) is "Yes," has a notice of intent to terminate been filed with PBGC?

10 (a) In this plan year, was this plan merged or consolidated into another plan or were assets or liabilities transferred to another plan? If "Yes," identify other plan(s): (b) Name of plan(s) ▶ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> (c) Employer identification number(s) (d) Plan number(s)	Yes	No	/	/						
Yes	No										
/	/										
(e) Has Form 5310 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No											

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 ▶ _____

11 Indicate funding arrangement:

- (a) Trust (b) Fully insured (c) Combination (d) Other (specify) ▶
- (e) If (b) or (c) are checked enter number of Schedule A's (Form 5500) which are attached ▶

12 Single employer plans enter the taxable year end of the employer ▶ Month Day Year

13 Plan assets and liabilities at the beginning and the end of the current 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 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 nearest dollar. If you have no assets to report enter zero on line 13(g).

Assets	Beginning of year		End of year	
	a. Party-in-interest	b. Total	c. Party-in-interest	d. Total
(a) Cash				
(b) Receivables				
(c) Investments—(i) Government securities				
(ii) Pooled funds/mutual funds				
(iii) Corporate (debt and equity instruments)				
(iv) Real estate and mortgages				
(v) Other				
(d) Buildings and other depreciable property				
(e) Unallocated insurance contracts				
(f) Other assets				
(g) Total assets, sum of (a) through (f)				
Liabilities and Net Assets				
(h) Payables				
(i) Acquisition indebtedness				
(j) Other liabilities				
(k) Total liabilities, sum of (h) through (j)				
(l) Net assets, (g) minus (k)				

14 Plan income, expenses and changes in net assets during 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.

	a. Amount	b. Total
(a) Contributions received or receivable in cash from—		
(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) Earnings from investments (interest, dividends, rents, royalties)		
(d) Net realized gain (loss) on sale or exchange of assets		
(e) Other income (specify) ▶		
(f) Total income, sum of (a) through (e)		
(g) 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 (including prepaid medical plans)		
(iii) To other organizations or individuals providing welfare benefits		
(h) Interest expense		
(i) Administrative expenses (salaries, fees, commissions, insurance premiums)		
(j) Other expenses (specify) ▶		
(k) Total expenses, sum of (g) through (j)		
(l) Net income, (f) minus (k)		
(m) Changes in net assets—(i) Unrealized appreciation (depreciation) of assets		
(ii) Other changes (specify) ▶		
(n) Net increase (decrease) in net assets for the year (l) plus (m)		
(o) Net assets at beginning of year (line 13(l), column b)		
(p) Net assets at end of year, (n) plus (o) (equals line 13(l), column d)		

15 All plans complete (a). Plans funded with insurance policies or annuity contracts also complete (b) and (c).

(a) Since the end of the plan year covered by the last return/report has there been a termination in the appointment of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment manager or custodian? If "Yes," explain and include the name, position, address and telephone number of the person whose appointment has been terminated ▶

Table with 2 columns: Yes, No. Rows 1-5 are shaded.

(b) Have any insurance policies or annuities been replaced during the plan year? If "Yes," explain the reason for the replacement ▶

(c) At any time during the plan year was the plan funded with: (i) Individual policies or annuities, (ii) Group policies or annuities, or (iii) Both.

16 (a) Is the plan insured by a fidelity bond?

(i) If "Yes," enter name of surety company ▶ (ii) Amount of bond coverage ▶

(b) Was any loss discovered since the last return/report Form 5500, 5500-C or 5500-K was filed for this plan?

Table with 2 columns: Yes, No. Rows 6-7 are shaded.

17 Information about employees of the employer at end of the plan year. (Plans not purporting to satisfy the percentage tests of section 410(b)(1)(A) of the Code complete only (a) below and see instructions):

- (a) Total number of employees
(b) 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, 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)

Table with 2 columns: Yes, No. Rows 8-13 are shaded.

18 Is this plan an adoption of a:

(a) Master/prototype, (b) Field prototype, (c) Pattern, (d) Model plan, or (e) Bond purchase plan? If "Yes," enter the four or eight digit IRS serial number (see instructions) . . . ▶

Table with 2 columns: Yes, No. Row 14 is shaded.

19 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.

Table with 2 columns: Yes, No. Row 15 is shaded.

20 (a) Is this a defined benefit plan subject to the minimum funding standards for this plan year? 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 a waiver was granted see instructions)? 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 \$
Enter date of last payment by employer ▶ Month..... Day..... Year.....
(iii) If (i) is larger than (ii) subtract (ii) from (i) and enter the funding deficiency here. Otherwise enter zero. (If you have a funding deficiency file Form 5330.) . . . \$

Table with 2 columns: Yes, No. Rows 16-18 are shaded.

21 (a) Did any non-exempt transaction, involving plan assets, involve a person known to be a party-in-interest? If (a) is "Yes," attach a list of such transactions in the same format as is shown in the instructions.

(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 as uncollectable during the plan year?

Table with 2 columns: Yes, No. Rows 19-21 are shaded.

22 (a) Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? Yes No Not determined
 If "Yes," list employer identification number and/or plan number used in any filing with PBGC if the number was different than the numbers listed in item 1(b) or 5(c) ▶ _____

(b) If (a) is "Yes," did one or more reportable events or other events requiring notice to PBGC occur since the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan?	Yes	No
(c) If (b) is "Yes," check the applicable box(es) in (i) through (x) below:	Check (✓)	
(i) 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		
(ii) A decrease in active participants to the extent specified in the instructions		
(iii) 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		
(iv) An inability to pay benefits when due		
(v) A distribution to a substantial owner to the extent specified in the instructions		
(vi) An alternative method of compliance has been prescribed for this plan by the Secretary of Labor under section 110 of ERISA		
(vii) A cessation of operations at a facility to the extent specified in the instructions		
(viii) A withdrawal of a substantial employer		
(ix) An amendment to the plan that will result in the reduction of the current or future benefits under the plan		
(x) Other (see instructions)		

23 Is this a plan with Employee Stock Ownership Plan (ESOP) features?	Yes	No
(a) If "Yes," was a current appraisal of the value of the stock made immediately prior to the contribution of the stock or the purchase of the stock by the trust?		
(b) If (a) is "Yes," was the appraisal made by an unrelated third party?		
(c) If (b) is "No," was the appraisal made in accordance with the provisions of Revenue Ruling 59-60?		

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