

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. **Caution: There is a penalty for late filing of this return/report.**

1981

**This Form is Open
to Public Inspection**

For the calendar plan year 1981 or fiscal plan year beginning _____, 1981, 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.

This return/report is: (i) the return/report filed for the plan's first plan year; (ii) an amended return/report; or (iii) the final return/report filed for the plan.

- ▶ File this form for 1981 if the last digit of the plan sponsor's employer identification number is 4, 5, or 6. This form should also be filed for the initial plan year and for the final plan year (sponsors with other EIN's, see instructions).
- ▶ 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.
- ▶ Pension benefit plans, unless otherwise excepted, complete all items. Annuity and custodial account 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(b), 12, 14 and 24 through 28.
- ▶ 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.

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

2 (a) Name of plan administrator (if same as plan sponsor enter "Same")	1 (e) Business code number
Address (number and street)	2 (b) Administrator's employer identification no.
City or town, State and ZIP code	2 (c) 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: **(a)** Sponsor ▶ **(b)** Administrator ▶

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

5 (a) (i) Name of plan ▶	5 (b) Effective date of plan
(ii) <input type="checkbox"/> Check if name of plan changed since the last return/report.	5 (c) Enter three digit plan number ▶

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 (Code section 414(k))

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

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

(vi) Trust treated as an individual retirement account (Code section 408(c))

(vii) 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 ▶

- 6 (c) Other plan features:** (i) Thrift-savings (ii) Keogh (H.R. 10) plan
 (iii) Pension plans maintained outside the United States (see instructions) (iv) Participant-directed account plan
 (v) Master trust (see instructions) ▶

(d) Single employer plans enter the tax year end of the employer in which this plan year ends ▶ Month _____ Day _____ Year _____
 (e) Is this a plan of an affiliated service group? Yes No

- 7 (a)** Total participants (i) Beginning of plan year ▶ (ii) End of plan year ▶
(b) (i) During this plan year or the 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 required to be reported . . . ▶

- 8 Plan amendment information (welfare plans do NOT complete (b)(ii)):**
(a) Were any plan amendments to this plan adopted since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan?
(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 changes been sent to participants?
 (B) Have summary descriptions of the changes been filed with DOL?
 (ii) Does any such amendment result in the reduction of the accrued benefit of any participant under the plan?
(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?
 (ii) If (i) is "Yes," what was the employer identification number and the plan number used to identify it?
 Employer identification number ▶ _____ Plan number ▶ _____

- 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 12 is to be checked "Yes," and 9(a) is "Yes," has a notice of intent to terminate been filed with PBGC?

- 10 (a)** Was this plan merged or consolidated into another plan, or were assets or liabilities transferred to another plan since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan?
 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? Yes No

- 11 Indicate funding arrangement:**
(a) Trust **(b)** Fully insured **(c)** Combination **(d)** Other (specify) ▶ _____
(e) If (b) or (c) is checked, enter the number of Schedules A (Form 5500) which are attached ▶

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

- 13 Complete both (a) and (b):**
(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?

- 14 (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 defined contribution plan, i.e., money purchase or target benefit, is it 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 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.) . . . \$ _____

15 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 "-0-" on line 15(g).

Assets	a. Beginning of year	b. End of year
(a) Cash—		
(i) Interest bearing		
(ii) Non-interest bearing		
(b) Receivables		
(c) Investments—		
(i) Government securities		
(ii) Pooled funds/mutual funds		
(iii) Corporate (debt and equity instruments)		
(iv) Value of interest in master trust		
(v) Real estate and mortgages		
(vi) Other		
(d) Buildings and other depreciable property used in plan operation		
(e) Unallocated insurance contracts		
(f) Other assets		
(g) Total assets (add (a) through (f))		
Liabilities and Net assets		
(h) Payables		
(i) Acquisition indebtedness		
(j) Other liabilities		
(k) Total liabilities (add (h) through (j))		
(l) Net assets (subtract (k) from (g))		

16 Plan income, expenses and changes in net assets during the plan year. Include all income and expense 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		
(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 (add (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 (add (g) through (j))		
(l) Net income (subtract (k) from (f))		
(m) Changes in net assets—		
(i) Unrealized appreciation (depreciation) of assets		
(ii) Net investment gain (or loss) from all master trust investment accounts		
(iii) Other changes (specify) ▶		
(n) Net increase (decrease) in net assets for the year (add (l) and (m))		
(o) Net assets at beginning of year (line 15(l), column a)		
(p) Net assets at end of year (add (n) and (o)) (equals line 15(l), column b)		

17 As of the end of the plan year:

(a) What percentage of plan assets are loaned to a party-in-interest?	%
(b) What percentage of plan assets are invested in securities issued by a party-in-interest?	%
(c) What percentage of plan assets are invested in real estate which is leased by a party-in-interest?	%

18 Since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan:

Yes No

(a) 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

Yes No
[Shaded boxes for Yes/No responses]

(b) Has the plan used the services of a contract administrator?
If "Yes," enter the contract administrator's name and employer identification number (see instructions)

Yes No
[Shaded boxes for Yes/No responses]

(c) Indicate the amount of the plan's administrative expenses for the:
(i) Preceding year \$, (ii) Second preceding year \$

Yes No
[Shaded boxes for Yes/No responses]

(d) Have any insurance policies or annuities been replaced?
(e) Was the plan funded with: (i) Individual policies or annuities (ii) Group policies or annuities (iii) Both

Yes No
[Shaded boxes for Yes/No responses]

19 Since the end of the plan year covered by the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan:

Yes No

(a) Other than transactions described in the exceptions outlined in the instructions, were there any transactions, directly or indirectly, between the plan and a party-in-interest?
If "Yes," see specific instructions.

Yes No
[Shaded boxes for Yes/No responses]

(b) Has the plan granted an extension on any loan for which, prior to the granting of an extension, it has not received all the principal and interest payments due under the terms of the loan?

Yes No
[Shaded boxes for Yes/No responses]

(c) Has the plan granted an extension of time or renewal for the payment of any obligation owed to it which amounts to more than 10% of the plan assets?

Yes No
[Shaded boxes for Yes/No responses]

20 As of the end of any plan year since the end of the plan year covered by the last return/report, Form 5500, 5500-C or 5500-K which was filed for this plan:

Yes No

(a) Did the plan have investments of the type reportable under item 15(c)(iv) or (v) which in the aggregate exceeded 15% of plan assets in either category?

Yes No
[Shaded boxes for Yes/No responses]

(b) Did the plan have loans outstanding or investments in a single enterprise (other than the United States Government) which exceeded 15% of plan assets?

Yes No
[Shaded boxes for Yes/No responses]

21 During the plan year covered by this return:

Yes No

(a) Did any plan fiduciary who is an officer or an employee of the plan sponsor receive compensation from the plan for his or her services to the plan?

Yes No
[Shaded boxes for Yes/No responses]

(b) Did the plan acquire any qualifying employer security or qualifying employer real property, when immediately after such acquisition the aggregate fair market value of employer securities and employer real property held by the plan exceeded 10% of the fair market value of the plan assets?

Yes No
[Shaded boxes for Yes/No responses]

(c) Has any plan fiduciary had either a financial interest worth more than \$1,000 in any party providing services to the plan or received anything of value from any party providing services to the plan?

Yes No
[Shaded boxes for Yes/No responses]

(d) Has any employer owed the plan contributions which were more than three months past due under the terms of the plan?

Yes No
[Shaded boxes for Yes/No responses]

(e) 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 as uncollectable?

Yes No
[Shaded boxes for Yes/No responses]

(f) Were any leases to which the plan was a party in default or classified as uncollectable?

Yes No
[Shaded boxes for Yes/No responses]

22 Who is the plan's designated agent for legal process? >

Yes No

23 Give the name and address of each fiduciary (including trustees) to the plan >

Yes No

[Lined area for providing names and addresses of fiduciaries]

Yes No
[Shaded boxes for Yes/No responses]

