

# 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.

# 1983

This Form is Open  
to Public Inspection

For the calendar plan year 1983 or fiscal plan year beginning \_\_\_\_\_, 1983, 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.

- ▶ **Caution:** A penalty of \$25 a day for the late filing of this return/report will be assessed unless reasonable cause is established—see General Instruction F.
- ▶ Welfare benefit plans required to file this form do not complete items 7(b), 12, 14 and 24 through 28. Certain welfare plans are not required to file this form—see instructions.
- ▶ 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.

<b>Use IRS label. Otherwise, please print or type.</b>	<b>1 (a)</b> Name of plan sponsor (employer, if for a single employer plan)	<b>1 (b)</b> Employer identification number
	Address (number and street)	<b>1 (c)</b> Telephone number of sponsor ( )
	City or town, State and ZIP code	<b>1 (d)</b> If plan year changed since last return/report, check here <input type="checkbox"/>
<b>2 (a)</b> Name of plan administrator (if same as plan sponsor enter "Same")		<b>1 (e)</b> Business code number
Address (number and street)		<b>2 (b)</b> Administrator's employer identification no.
City or town, State and ZIP code		<b>2 (c)</b> Telephone number of administrator ( )

**3** Is the name, address and identification number of 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 ▶
- (b) Administrator ▶

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

(a)  Single-employer plan

(b)  Plan of controlled group of corporations or common control employers

(c)  Multiemployer plan

(d)  Multiple-employer-collectively-bargained plan

(e)  Multiple-employer plan (other)

**5 (a) (i)** Name of plan ▶

**5 (b)** Effective date of plan

**5 (c)** Enter three-digit plan number ▶

(ii)  Check if name of plan changed since the last return/report.

**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)  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 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 pension plan 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 (a)** Total participants (i) Beginning of plan year ▶ ..... (ii) End of plan year ▶ ..... 

Yes	No
- (b) (i) 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? 

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- (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 (or during this plan year if this is the initial return/report)? 

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- (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? 

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- (B) Have summary descriptions of the changes been filed with DOL? 

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- (ii) Does any such amendment result in the reduction of the accrued benefit of any participant under the plan? 

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- (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? 

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- (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? If "Yes" enter year ▶ .....
- (b) If "Yes," were all trust assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of PBGC? 

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- (c) 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? 

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- 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 (or during this plan year if this is the initial return/report)? 

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- If "Yes," identify the 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 (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 ▶ .....

- 13 Complete both (a) and (b):**
- (a) Is the plan insured by a fidelity bond? 

Yes	No
- (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 (or during this plan year if this is the initial return/report)? 

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- 14 (a)** If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? 

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 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 is granted, see instructions)? 

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- 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 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 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 nearest dollar. If you have no assets to report enter "-0-" on line 15(g).

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

**16** Plan income, expenses and changes in net assets during the plan year. 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.

	<b>a. Amount</b>	<b>b. Total</b>
<b>(a)</b> Contributions received or receivable in cash from—		
<i>(i)</i> Employer(s) (including contributions on behalf of self-employed individuals)		
<i>(ii)</i> Employees		
<i>(iii)</i> Others		
<b>(b)</b> Noncash contributions		
<b>(c)</b> Earnings from investments (interest, dividends, rents, royalties)		
<b>(d)</b> Net realized gain (loss) on sale or exchange of assets		
<b>(e)</b> Other income (specify) ▶		
<b>(f)</b> Total income (add (a) through (e))		
<b>(g)</b> Distribution of benefits and payments to provide benefits—		
<i>(i)</i> Directly to participants or their beneficiaries		
<i>(ii)</i> To insurance carrier or similar organization for provision of benefits (including prepaid medical plans)		
<i>(iii)</i> To other organizations or individuals providing welfare benefits		
<b>(h)</b> Interest expense		
<b>(i)</b> Administrative expenses (salaries, fees, commissions, insurance premiums)		
<b>(j)</b> Other expenses (specify) ▶		
<b>(k)</b> Total expenses (add (g) through (j))		
<b>(l)</b> Net income (subtract (k) from (f))		
<b>(m)</b> Changes in net assets—		
<i>(i)</i> Unrealized appreciation (depreciation) of assets		
<i>(ii)</i> Net investment gain (or loss) from all master trust investment accounts		
<i>(iii)</i> Other changes (specify) ▶		
<b>(n)</b> Net increase (decrease) in net assets for the year (add (l) and (m))		
<b>(o)</b> Net assets at beginning of year (line 15(l), column a)		
<b>(p)</b> Net assets at end of year (add (n) and (o)) (equals line 15(l), column b).		



	Yes	No
<b>24</b> Is this plan an adoption of any of the plans below? (If "Yes," check appropriate box and enter IRS serial number):		
(a) <input type="checkbox"/> Master/prototype, (b) <input type="checkbox"/> Field prototype, (c) <input type="checkbox"/> Pattern, (d) <input type="checkbox"/> Model plan, or (e) <input type="checkbox"/> Bond purchase plan? Enter the four or eight-digit IRS serial number (see instructions) . . . . . ▶		
<b>25</b> (a) Is this plan integrated with social security? . . . . .		
(b) Is it intended that this plan qualify under Code section 401(a) or 405? . . . . .		
(c) If (b) is "Yes," have you received a determination letter from the IRS for this plan? . . . . .		
(d) Does the employer/sponsor listed in item 1(a) of this form maintain other qualified pension benefit plans? If "Yes," list the number of plans including this plan ▶		
<b>26</b> 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>27</b> Vesting (check only one box to indicate the vesting provisions of the plan):		
(a) Full and immediate vesting, or full vesting within 3 years . . . . .		
(b) No vesting in years 1 through 9, and full vesting after the 10th year of service . . . . .		
(c) For each year of employment, beginning with the 4th year, vesting equal to 40% after 4 years of service, 5% additional for the next 2 years, and 10% additional for each of the next 5 years . . . . .		
(d) 100% vesting within 5 years after contributions are made (class year plan only) . . . . .		
(e) Other vesting . . . . .		
<b>28</b> (a) Did the employer receive plan assets (including a return of contributions) since the last return/report Form 5500, 5500-C or 5500-K which was filed for this plan (or during this plan year if this is the initial return/report)? . . . . .		
(b) If this is a defined benefit plan which provides for annual, automatic increases in the maximum dollar limitations under Code section 415, does the plan provide that any such increase is effective no earlier than the calendar year for which IRS determines that increase under Code section 415(d)? . . . . .		
(c) Is this a plan with Employee Stock Ownership (ESOP) features? . . . . .		
(i) If "Yes," was a current appraisal of the value of the stock made immediately before any contribution of stock or purchase of the stock by the trust for the plan year covered by this return/report? . . . . .		
(ii) If (i) is "Yes," was the appraisal made by an unrelated third party? . . . . .		