

Return/Report of Employee Benefit Plan
 (With fewer than 100 participants)

1989

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.
 See separate instructions.

This Form Is Open to Public Inspection.

For the calendar plan year 1989 or fiscal plan year beginning _____, 1989, and ending _____, 19__.

You must check either box (5) or (6), whichever is applicable. See instructions.

A If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(1) the first return/report filed for the plan (complete all information);

(2) an amended return/report;

(3) the final return/report filed for the plan; or

(4) a short plan year return/report (less than 12 months).

For IRS Use Only
 EP-ID _____

(5) **Form 5500-C filer check here.** _____
 (Complete only pages 1 and 3 through 6.)

(6) **Form 5500-R filer check here.** _____
 (Complete only pages 1 and 2. Detach pages 3 through 6 before filing.)

Information in 1a through 6b is used to identify your employee benefit plan. Check it for accuracy and make any necessary corrections. Also complete any incomplete items in 1a through 6b. This page must accompany your completed return/report.

B IF YOU HAVE MADE ANY CHANGE TO THE PREPRINTED INFORMATION OR FILLED IN ANY INCOMPLETE INFORMATION IN 1a THROUGH 6b BELOW, CHECK HERE ► _____

C If your plan year changed since the last return/report, check this box ►

1a Name and address of plan sponsor (employer, if for a single-employer plan)	1b Employer identification number
	1c Sponsor's telephone number
	1d Business code number
	1e CUSIP issuer number
2a Name and address of plan administrator (if same as plan sponsor, enter "Same")	2b Administrator's employer identification no.
	2c Administrator's telephone number

3 If you are not filing a page one with the historical plan information preprinted and the name and EIN of the plan sponsor or plan administrator is different than that on the last return/report filed for this plan, enter the information from the last return/report in **a** and/or **b** and complete **c**.

a Sponsor _____ EIN _____ Plan number _____

b Administrator _____ EIN _____

c If **a** indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See instruction 3c for definition of sponsorship.) Enter "Yes" or "No."

4 Plan entity code (Enter only one code—see instructions.) _____

5a(i) Name of plan ► _____	5b Effective date of plan (mo., day, yr.)
	5c Enter three-digit plan number ►

(ii) Does this plan cover self-employed individuals? (Enter "Yes" or "No.") ► _____

6a(i) Welfare benefit plan (Enter the applicable codes—see instructions.)

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(ii) If you entered a code M, N, or O is the plan funded? (Enter "Yes" or "No.") ► _____

6b Pension benefit plan (Enter the applicable code—see instructions.) ► _____

Be sure to include all required schedules and attachments.

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.

Signature of employer/plan sponsor ► _____ Date ► _____

Signature of plan administrator ► _____ Date ► _____

6c Other plan features: (1) <input type="checkbox"/> Master trust (2) <input type="checkbox"/> Common/Collective trust (3) <input type="checkbox"/> Pooled separate account		Yes	No
7a Total participants: (i) At the beginning of plan year (ii) At the end of plan year			
b (i) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?	7b(i)		
(ii) If "Yes," enter the number of separated participants required to be reported ▶			
8a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year	8a		
b Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	8b		
c If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file 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?	8c		
9 Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	9		
10 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. (If none, enter "-0-") ▶			
11a Were any plan amendments adopted during the plan year?	11a		
b If a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?	11b		
c If a is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?	11c		
d If c is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 11c been both furnished to participants and filed with the Department of Labor?	11d		
12a If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans must answer this question and attach Schedule B (Form 5500))?	12a		
b If a is "Yes," have you filed Form 5330 to pay the excise tax?	12b		
13a Total plan assets as of the beginning and end of the plan year.			
b Total liabilities as of the beginning and end of the plan year.			
c Net assets as of the beginning and end of the plan year.			
14 For this plan year, enter: a Plan income			
b Expenses			
c Net income (loss)			
d Plan contributions			
e Total benefits paid			
15 The following applies to item 15: (i) you may NOT use N/A in response to any line item and (ii) if "Yes" is checked you must enter a dollar amount in the amount column.		Yes	No
During this plan year:			Amount
a Was this plan covered by a fidelity bond?	15a		
b Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	15b		
c Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15c		
d Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15d		
e Did the plan acquire or hold any employer security or employer real property?	15e		
f Has the plan granted an extension on any delinquent loan owed to the plan?	15f		
g Has the employer owed contributions to the plan which are more than 3 months overdue?	15g		
h Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	15h		
i Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	15i		
j Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	15j		
k Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	15k		
l Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?	15l		
m Were there any purchases of nonpublicly traded securities by the plan the value of which was set without an appraisal by an independent third party?	15m		
n Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	15n		
16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 ▶			

- 6c** Other plan features: (1) ESOP (2) Leveraged ESOP (3) Participant-directed account plan
 (4) Pension plan maintained outside the United States (5) Master trust (see instructions)
 (6) 103-12 investment entity (see instructions) (7) Common/collective trust (8) Pooled separate account

	Yes	No

- d** Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month _____ Day _____ Year _____
e Is the employer a member of an affiliated service group?
f Does this plan contain a cash or deferred arrangement described in Code section 401(k)?

6e		
6f		

- 7a** Total participants: (i) At the beginning of plan year _____ (ii) At the end of plan year _____
b (i) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?
 If "Yes," enter the number of separated participants required to be reported ►

7b(i)		
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- 8a** Were any plan amendments adopted during the plan year?
b Did any amendment result in the retroactive reduction of accrued benefits for any participant?
c Enter the date the most recent amendment was adopted . . ► Month _____ Day _____ Year _____
d If **a** is "Yes," did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of the amendment?
e If **d** is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in **d** been both furnished to participants and filed with the Department of Labor?

8a		
8b		
8d		
8e		

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

9a		
9b		
9c		
9d		
9e		
9f		
9g		
9h		

- 10a** Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the plan year covered by the last return/report Form 5500 or 5500-C which was filed for this plan (or during this plan year if this is the initial return/report)?
 If "Yes," identify the 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

10a		
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- 11** Enter the plan funding arrangement code (see instructions) ► _____
12 Enter the plan benefit arrangement code (see instructions) ► _____

- 13** Is this a plan established or maintained pursuant to one or more collective bargaining agreements?
14 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "-0-" ►

	Yes	No
13		
14		

Welfare Plans Do Not Complete Items 15 Through 28. Skip To Item 29.

- 15a** If this is a defined benefit plan subject to the minimum funding standards for this plan year, is Schedule B (Form 5500) required to be attached?
 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 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.)

15b(i)	\$	
b(ii)	\$	
b(iii)	\$	

15a		
15b		

- 16** Has the plan been top-heavy at any time beginning with the 1984 plan year?
17 Has the annual compensation of each participant taken into account under the plan been limited to \$200,000?

16		
17		

	Yes	No
18a 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 beneficiaries 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?		
19 Were distributions made in accordance with the requirements of Code sections 411(a)(11) and 417(e)? (see instructions)		
20 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?		
21 Has the plan made the required distributions in 1989 under Code section 401(a)(9)?		

	Number
22a (1) Number of employees, include all self-employed individuals and employees of entities aggregated with the employer under Code sections 414(b), (c), (m), or (o)	
(2) Number of leased employees treated as employees of any of the entities described in (1) above under Code section 414(n) or (o) (see specific instructions)	
b Total number of employees (add lines a(1) and (2))	
c Number excluded under the plan because of: (i) minimum age or years of service, (ii) employees covered under a collective bargaining agreement, and (iii) nonresident aliens who receive no earned income from United States sources. (If the plan benefits employees covered by a collective bargaining agreement, see specific instructions.)	
d Number of employees not excluded (subtract line c from line b)	
e Number of employees included in the number listed for line d who are highly compensated within the meaning of code section 414(q). (If there are none, do NOT complete lines f through l.)	
f Number of employees included in the number listed for line d who are not highly compensated employees within the meaning of Code section 414(q). (Subtract line e from line d. If there are none, do NOT complete lines g through m.)	
g Number of employees benefiting under this plan (see specific instructions).	
h Number of employees included in the number listed for line g who are highly compensated within the meaning of Code section 414(q). (If there are none, do NOT complete lines i through l.)	
i Number of employees included in the number listed for line g who are not highly compensated employees within the meaning of Code section 414(q). (Subtract line h from line g.)	

Ratio Percentage Test

j Divide line i by line f	
k Divide line h by line e	
l Divide line j by line k. (If the result is less than .70, complete line m and see specific instructions.)	

Line of Business

m If the plan satisfies the coverage requirements of Code section 410(b) on the basis of separate lines of business or operating units, enter the total number of separate lines of business and operating units. (see specific instructions)	
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Participation Test

n Does the plan contain more than one benefit structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
o If the plan contains more than one benefit structure, does the plan benefit at least the lesser of 50 employees or 40 percent of the employer's employees under each current benefit structure? If "No," see specific instructions <input type="checkbox"/> Yes <input type="checkbox"/> No	

Concentration Percentage

p Divide line f by line d	
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30 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of the portion of an insurance contract which guarantees during this plan year to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar.

Assets

- a** Cash
- b** Receivables
- c** Investments:
 - (i) U.S. Government securities
 - (ii) Corporate debt and equity instruments
 - (iii) Real estate and mortgages (other than to participants)
 - (iv) Loans to participants:
 - A** Mortgages
 - B** Other
 - (v) Other
 - (vi) Total investments (add (i) through (v))
- d** Buildings and other property used in plan operations
- e** Other assets
- f** Total assets

	(a) Beginning of year	(b) End of year
30a		
30b		
c(i)		
c(ii)		
c(iii)		
(iv)A		
(iv)B		
c(v)		
c(vi)		
30d		
30e		
30f		
30g		
30h		
30i		
30j		
30k		

Liabilities

- g** Payables
- h** Acquisition indebtedness
- i** Other liabilities
- j** Total liabilities
- k** Net assets (f minus j)

31 Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and payments/receipts to/from insurance carriers.

Income

- a** Contributions received or receivable in cash from:
 - (i) Employer(s) (including contributions on behalf of self-employed individuals)
 - (ii) Employees
 - (iii) Others
 - (iv) Add (i) through (iii)
- b** Noncash contributions (enter total of a(iv) and b in column (b))
- 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 b through e)

	(a) Amount	(b) Total
31a(i)		
a(ii)		
a(iii)		
a(iv)		
31b		
31c		
31d		
31e		
31f		

Expenses

- g** Distribution of benefits and payments to provide benefits:
 - (i) Directly to participants or their beneficiaries
 - (ii) Other
- h** Administrative expenses (salaries, fees, commissions, insurance premiums)
- i** Other expenses (specify) ▶
- j** Total expenses (add g through i)
- k** Net income (loss) (subtract j from f)

31g(i)		
g(ii)		
31h		
31i		
31j		
31k		