

Registration Statement of Employee Benefit Plan
 (With fewer than 100 participants)

1980
 Amended

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and section 6058 of the Internal Revenue Code, referred to as the Code.

This Form is Open to Public Inspection

For the calendar plan year 1980 or fiscal plan year beginning _____, 1980, and ending _____, 19__.

► **File this form for the plan years that Form 5500-C or Form 5500-K is not required to be filed. (See instruction B.)**

- **Type or complete this form in ink, and file the original.**
- **If any item does not apply, enter "N/A."**

Use IRS label. Otherwise, please print or type.	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 _____
	_____ _____ City or town, State and ZIP code	1 (c) Sponsor's telephone number () _____
	2 (a) Name of plan administrator (if other than plan sponsor) _____ Address (number and street) _____ City or town, State and ZIP code	1 (d) This form is filed instead of <input type="checkbox"/> 5500-C <input type="checkbox"/> 5500-K
		1 (e) If plan year changed since last return/report check here <input type="checkbox"/>
		2 (b) Administrator's employer identification no. _____
		2 (c) Administrator's telephone number () _____

3 Name, address, and employer identification number of plan sponsor and/or plan administrator as shown on the latest return/report filed for this plan, if different from 1 or 2 above: (a) Sponsor ► _____
 (b) Administrator ► _____

4 (a) Name of plan ► _____ **4 (b) Effective date of plan** ► _____
4 (c) Enter three digit plan number ► _____

- 5 Type of plan:**
- (a) Defined benefit
 - (b) Defined contribution
 - (c) Welfare benefit
 - (d) Other (specify) ► _____

6 Plan information:	Yes	No
(a) Was this plan terminated during this plan year or any prior plan year?	_____	_____
(b) If (a) is "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan?	_____	_____
(c) Was this plan amended during this plan year to reduce any participant's accrued benefits?	_____	_____
(d) If this is a defined benefit plan or a defined contribution plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans attach Schedule B (Form 5500))?	_____	_____
(e) If (d) is "Yes," have you filed Form 5330 to pay the excise tax?	_____	_____
(f) Is this plan covered under the Pension Benefit Guaranty Corporation termination insurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	_____	_____
(g) (i) If (f) is "Yes," or "Not determined," did any event requiring notice to the Pension Benefit Guaranty Corporation occur during this plan year?	_____	_____
(ii) If "Yes," indicate which event(s) (see instructions) ► _____	_____	_____
(h) Total participants:		
(i) Beginning of plan year ► _____	_____	_____
(ii) End of plan year ► _____	_____	_____
(i) If plan benefits were provided by an insurance company, insurance service or similar organization, enter the number of Schedules A (Form 5500) attached ► _____	_____	_____
(j) (i) During this plan year or the prior plan year, was any 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 ► _____	_____	_____

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 ► _____

