

Registration Statement 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 section 6058 of the Internal Revenue Code.

OMB No. 1210-0016

1984
 Amended

This Form is Open to Public Inspection

For the calendar plan year 1984 or fiscal plan year beginning _____, 1984, and ending _____, 19_____.

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 E.

Do NOT file this form for the plan's first year or for the plan's final return/report. Instead file Form 5500-C. (See instruction B.)

▶ **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.**

▶ **Type or complete 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 _____
			1 (c)	Sponsor's telephone number ()
			1 (d)	This form is filed instead of <input type="checkbox"/> 5500-C <input type="checkbox"/> 5500-K
	2 (a)	Name of plan administrator (if same as plan sponsor, enter "Same") _____ Address (number and street) _____ City or town, State and ZIP code	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 Is the name, address and identification number of the 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's name ▶ _____ EIN _____
 (b) Administrator's name ▶ _____ EIN _____
 (c) If (a) is completed, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) Yes No

4 (a)(i) Name of plan ▶ _____	4 (b) Effective date of plan ▶ _____
(ii) <input type="checkbox"/> Check if name of plan changed since last return/report.	4 (c) Enter three-digit plan number ▶ _____
(iii) <input type="checkbox"/> Check this box if this is a Keogh (H.R. 10) plan.	

5 Type of plan:
 (a) Defined benefit
 (b) Defined contribution (money purchase or profit-sharing)
 (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, transferred to another plan, or brought under the control of PBGC?		
(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		

See back of form for additional questions.

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 ▶ _____

		Yes	No
6 Plan information: (continued)			
(g) Total participants:			
<i>(i)</i> Beginning of plan year ▶			
<i>(ii)</i> End of plan year ▶			
(h) If plan benefits were provided by an insurance company, insurance service or similar organization, enter the number of Schedules A (Form 5500) attached ▶			
(i) <i>(i)</i> Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?			
<i>(ii)</i> If "Yes," enter the number of separated participants required to be reported. . ▶			
(j) If 6(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?			
7 Fiduciary information during this plan year:			
(a) Did any plan fiduciary who is an officer or employee of the plan sponsor receive compensation from the plan for his or her services to the plan?			
(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?			
(c) Did the plan receive any non-cash contributions?			
(d) Has any employer owed the plan contributions which were more than three months past due under the terms of the plan?			
(e) Were any loans the plan made or fixed income obligations due the plan in default as of the end of the plan year, or classified as uncollectable?			
(f) Were any leases to which the plan was a party in default or classified as uncollectable?			
(g) Party-in-interest information:			
<i>(i)</i> Did the plan lend assets to, borrow from, or guarantee any indebtedness of a party-in-interest?			
<i>(ii)</i> Has the plan purchased any assets from or sold any assets to a party-in-interest?			
<i>(iii)</i> Has the plan leased property to or from a party-in-interest?			