

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 sections 6039D and 6058 of the Internal Revenue Code.

1987

Amended

This Form is Open to Public Inspection

For the calendar plan year 1987 or fiscal plan year beginning _____, 1987, and ending _____, 19____.

One-participant plans file Form 5500EZ for 1987 (see page 1 of the instructions).

Plans described in Code section 6039D, complete the applicable box 5e, 5f, or 5g, and see the instructions.

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 A.)

Check this box if an extension of time to file this return is attached

▶ 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. Other- wise, please print | 1a Name of plan sponsor (employer, if for a single employer plan) | 1b Employer identification number |
| | Address (number and street) | 1c Sponsor's telephone number () |
| | City or town, state, and ZIP code | 1d If plan year changed since last |



| | | Yes | No |
|----------|--|--------------|----|
| 6 | Plan information: (continued) | | |
| 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) 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) If "Yes," enter the number of separated participants required to be reported. ▶ | | |
| j | 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? | j | |
| 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? | a | |
| 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? | b | |
| c | Did the plan receive any non-cash contributions? | c | |
| d | Has any employer owed the plan contributions which were more than 3 months past due under the terms of the plan? | d | |
| 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 uncollectible? | e | |
| f | Were any leases to which the plan was a party in default or classified as uncollectible? | f | |
| g | Party-in-interest information: | | |
| | (i) Did the plan lend assets to, borrow from, or guarantee any indebtedness of a party-in-interest? | g(i) | |
| | (ii) Has the plan purchased any assets from or sold any assets to a party-in-interest? | (ii) | |
| | (iii) Has the plan leased property to or from a party-in-interest? | (iii) | |