

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.

OMB No. 1210-0016

1988

Amended

This Form is Open to Public Inspection

For the calendar plan year 1988 or fiscal plan year beginning _____, 1988, and ending _____, 19_____.

One-participant plans file Form 5500EZ (see the instructions).

Plans described in Code section 6039D, complete the applicable box 6d, 6e, or 6f, 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.

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. Otherwise, please print or type.	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 return/report, check here <input type="checkbox"/>
2a Name of plan administrator (if same as plan sponsor, enter "Same")		2b Administrator's employer identification number
Address (number and street)		2c Administrator's telephone number ()
City or town, state, and ZIP code		

3 Are 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, and complete c.

a Sponsor ▶ _____ EIN _____ Plan number _____

b Administrator ▶ _____ EIN _____

c If **a** is completed, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) Yes No

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

- | | |
|--|--|
| <input type="checkbox"/> a Single-employer plan | <input type="checkbox"/> d Multiple-employer-collectively-bargained plan |
| <input type="checkbox"/> b Plan of controlled group of corporations or common control employers | <input type="checkbox"/> e Multiple-employer plan (other) |
| <input type="checkbox"/> c Multiemployer plan | <input type="checkbox"/> f Exceptions to (b) and (e). (See instructions for line 4f.) |

5a(i) Name of plan ▶ _____	5b Effective date of plan ▶ _____
(ii) <input type="checkbox"/> Check if name of plan changed since last return/report	
(iii) <input type="checkbox"/> Check this box if this plan covers self-employed participants	5c Enter three-digit plan number . . . ▶ _____

6 Type of plan (check applicable boxes):

- | | |
|---|--|
| <input type="checkbox"/> a Defined benefit | <input type="checkbox"/> g Master trust |
| <input type="checkbox"/> b Defined contribution (money purchase or profit-sharing) | <input type="checkbox"/> h Common/collective trust |
| <input type="checkbox"/> c Welfare benefit | <input type="checkbox"/> i Pooled separate account |
| <input type="checkbox"/> d Code section 120 (group legal services plan) | <input type="checkbox"/> j Other (specify) ▶ _____ |
| <input type="checkbox"/> e Code section 125 (cafeteria plan) | k If you checked d, e, or f, check if plan is: |
| <input type="checkbox"/> f Code section 127 (educational assistance program) | <input type="checkbox"/> funded or <input type="checkbox"/> unfunded |

7a 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 deferred vested benefits for which a Schedule SSA (Form 5500) is required to be attached to this form?	7b(i)		
(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 return/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
8a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year		
b	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		
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?		
9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?		
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?		
b	If a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?		
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?		
d	Has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 11c been furnished to participants and filed with the Department of Labor?		
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))?		
b	If a is "Yes," have you filed Form 5330 to pay the excise tax?		
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		

		Yes	No	Amount
15	During this plan year:			
a	Was this plan covered by a fidelity bond?			
b	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?			
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?			
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?			
e	Did the plan acquire or hold any employer security or employer real property?			
f	Has the plan granted an extension on any delinquent loan owed to the plan?			
g	Has the employer owed contributions to the plan which are more than 3 months overdue?			
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?			
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?			
j	Did the plan hold at any time 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?			
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?			
l	Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?			
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?			
n	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?			

16a 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 ▶