

Annual Return/Report of Employee Benefit Plan
 (With 100 or more participants)

1995

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 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 1995 or fiscal plan year beginning _____, 1995, and ending _____, 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only

EP-ID

- A** This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; or
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B** Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ▶
C If your plan year changed since the last return/report, check here ▶
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ▶

1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)	1b Employer identification number (EIN) : : : 1c Sponsor's telephone number 1d Business code (see instructions, page 23) 1e CUSIP issuer number
2a Name and address of plan administrator (if same as plan sponsor, enter "Same")	2b Administrator's EIN : : : 2c Administrator's telephone number

- 3** If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line **3a** and/or line **3b** and complete line **3c**.
- a** Sponsor EIN Plan number.....
b Administrator EIN
- c** If line **3a** indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line **3c** on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) ▶

5a Name of plan ▶	5b Effective date of plan (mo., day, yr.) 5c Three-digit plan number ▶ <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

All filers must complete 6a through 6d, as applicable.

6a Welfare benefit plan **6b** Pension benefit plan }
 (If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

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6d Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 ▶

Type or print name of individual signing for the employer/plan sponsor

Signature of plan administrator ▶ Date ▶

Type or print name of individual signing for the plan administrator

6e Check all applicable investment arrangements below (see instructions on page 10):

- (1) Master trust
- (2) 103-12 investment entity
- (3) Common/collective trust
- (4) Pooled separate account

f Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month Day Year

g Is any part of this plan funded by an insurance contract described in Code section 412(i)? Yes No

h If line 6g is "Yes," was the part subject to the minimum funding standards for either of the prior 2 plan years? Yes No

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a(4), 7b, 7c, and 7d):

a Active participants:	(1) Number fully vested	a(1)	
	(2) Number partially vested	a(2)	
	(3) Number nonvested	a(3)	
	(4) Total	a(4)	
b Retired or separated participants receiving benefits		b	
c Retired or separated participants entitled to future benefits		c	
d Subtotal. Add lines 7a(4), 7b, and 7c		d	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		e	
f Total. Add lines 7d and 7e		f	
g Number of participants with account balances. (Defined benefit plans do not complete this line item.)		g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.		h	

i (1) Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached? (See instructions.)		Yes	No
(2) If "Yes," enter the number of separated participants required to be reported ►	i(1)		

8a Was this plan ever amended since its effective date? If "Yes," complete line 8b. If the amendment was adopted in this plan year, complete lines 8c through 8e.

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

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

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If "Yes," complete lines 10b through 10e. Yes No

If "Yes," identify the other plan(s)	c Employer identification number(s)	d Plan number(s)
b Name of plan(s) ►		
e If required, has a Form 5310-A been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

11 Enter the plan funding arrangement code from page 11 of the instructions ►

12 Enter the plan benefit arrangement code from page 11 of the instructions ►

13a Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	13a	Yes	No
b If line 13a is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions):			
(1) (2) (3)			

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, attached. If none, enter "-0-." ►

Welfare Plans Do Not Complete Lines 15 Through 24. Go To Line 25 On Page 4.

		Yes	No
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 this is a defined contribution plan leave blank.) (See instructions.)		
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 this is a defined benefit plan, leave blank.) If "Yes," complete (1), (2), and (3) below:		
	(1) Amount of employer contribution required for the plan year under Code section 412	b(1)	\$
	(2) Amount of contribution paid by the employer for the plan year. Enter date of last payment by employer ► Month..... Day..... Year.....	b(2)	\$
	(3) If (1) is greater than (2), subtract (2) from (1) and enter the funding deficiency here; otherwise, enter -0-. (If you have a funding deficiency, file Form 5330.)	b(3)	\$
16	Has the annual compensation of each participant taken into account under the current plan year been limited as required by section 401(a)(17)? (See instructions.)		
17a	(1) Did the plan distribute any annuity contracts this year? (See instructions.)	a(1)	
	(2) If (1) is "Yes," 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?	a(2)	
b	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	b	
c	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?	c	
18	Is the plan administrator making an election under section 412(c)(8) for an amendment adopted after the end of the plan year? (See instructions.)	18	
19	If a change in the actuarial funding method was made for the plan year pursuant to a Revenue Procedure providing automatic approval for the change, indicate whether the plan sponsor agrees to the change	19	
20a	For purposes of the minimum funding requirements is the employer making an irrevocable election to compute the additional unfunded old liability using the Optional rule of Code section 412(l)(3)(E)?	20a	
b	Is the employer electing to compute minimum funding for the plan year using the Transition rule of Code section 412(l)(11)?	b	
21	Check if you are applying either of the following in completing lines 21a through 21o (see instructions): (i) <input type="checkbox"/> Reasonable, good-faith interpretation of the nondiscrimination provisions. (ii) <input type="checkbox"/> Substantiation guidelines. If you checked box 21(ii), enter the first day of the plan year for which data is being submitted ► Month Day Year		
a	Does the employer apply the separate line of business rules of Code section 414(r) when testing this plan for the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	21a	
b	If line 21a is "Yes," enter the total number of separate lines of business claimed by the employer ► If more than one separate line of business, see instructions for additional information to attach.		
c	Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)? If "Yes," see instructions for additional information to attach.	c	
d	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	d	
e	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	e	
f	If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question 21 : (1) <input type="checkbox"/> No highly compensated employee benefited under the plan at any time during the plan year; (2) <input type="checkbox"/> This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.		
g	Did any leased employee perform services for the employer at any time during the plan year?	g	
h	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals	h	Number
i	Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) 500 hours of service/last day rule	i	
j	Enter the number of nonexcludable employees. Subtract line 21i from line 21h	j	
k	Do 100% of the nonexcludable employees entered on line 21j benefit under the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If line 21k is "Yes," do NOT complete lines 21l through 21o .		
l	Enter the number of nonexcludable employees (line 21j) who are highly compensated employees	l	
m	Enter the number of nonexcludable employees (line 21j) who benefit under the plan	m	
n	Enter the number of employees entered on line 21m who are highly compensated employees	n	
o	This plan satisfies the coverage requirements on the basis of (check one): (1) <input type="checkbox"/> The average benefits test (2) <input type="checkbox"/> The ratio percentage test—Enter percentage ► <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %		

Welfare Plans Go To Line 25 On This Page.		Yes	No
22a	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete lines 22b and 22c .	22a	
b	Enter the date of the most recent IRS determination letter ► Month Year		
c	Is a determination letter request pending with the IRS?	c	
23a	Does the plan hold any assets that have a fair market value that is not readily determinable on an established market? (If "Yes," complete line 23b) (See instructions)	23a	
b	Were all the assets referred to in line 23a valued for the 1995 plan year by an independent third-party appraiser?	b	
c	If line 23b is "No," enter the value of the assets that were not valued by an independent third-party appraiser for the 1995 plan year. ► _____		
d	Enter the most recent date the assets on line 23c were valued by an independent third-party appraiser. (If more than one asset, see instructions.) ► Month Day Year (If this plan does not have ESOP features leave line 23e blank and go to line 24 .)		
e	If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans, enter the amount of the dividends used to make the payments 23e		
24	Does the employer/sponsor listed on line 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ►	24	
25a	Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)? If "Yes," complete Part I of Schedule C (Form 5500).	25a	
b	Did the plan have any trustees who must be listed in Part II of Schedule C (Form 5500)?	b	
c	Has there been a termination in the appointment of any person listed on line 25d below?	c	
d	If line 25c is "Yes," check the appropriate box(es), answer lines 25e and 25f , and complete Part III of Schedule C (Form 5500): (1) <input type="checkbox"/> Accountant (2) <input type="checkbox"/> Enrolled actuary (3) <input type="checkbox"/> Insurance carrier (4) <input type="checkbox"/> Custodian (5) <input type="checkbox"/> Administrator (6) <input type="checkbox"/> Investment manager (7) <input type="checkbox"/> Trustee		
e	Have there been any outstanding material disputes or matters of disagreement concerning the above termination?	e	
f	If an accountant or enrolled actuary has been terminated during the plan year, has the terminated accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to the DOL?	f	
g	Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- ►		
26a	Is this plan exempt from the requirement to engage an independent qualified public accountant? (see instructions).	26a	
b	If line 26a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is: (1) <input type="checkbox"/> Unqualified (2) <input type="checkbox"/> Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d) (3) <input type="checkbox"/> Qualified/disclaimer other (4) <input type="checkbox"/> Adverse (5) <input type="checkbox"/> Other (explain) _____ _____		
c	If line 26a is "No," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report disclose (1) errors or irregularities; (2) illegal acts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or a liability incurred; (5) significant real estate or other transactions in which the plan and (A) the sponsor, (B) the plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (6) that the plan has participated in any related party transactions; or (7) any unusual or infrequent events or transactions occurring subsequent to the plan year end that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?	c	
d	If line 26c is "Yes," provide the total amount involved in such disclosure ►		
27	If line 26a is "No," complete the following questions. (You may NOT use "N/A" in response to lines 27a through 27i): If line 27a , 27b , 27c , 27d , 27e , or 27f is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report. Schedule G (Form 5500) may be used as specified in the instructions. During the plan year:		
a	Did the plan have assets held for investment?	27a	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?	b	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	c	
d	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	d	
e	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?	e	
f	Did the plan engage in any nonexempt transactions with parties-in-interest not reported on line 27e ?	f	
g	Did the plan hold qualifying employer securities that are not publicly traded?	g	
h	Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?	h	
i	Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan?	i	

		Yes	No
28	Did the plan acquire individual whole life insurance contracts during the plan year?	28	
29	During the plan year:		
a	(1) Was this plan covered by a fidelity bond? If "Yes," complete lines 29a(2) and 29a(3)	29a(1)	
	(2) Enter amount of bond ▶ \$		
	(3) Enter the name of the surety company ▶		
b	(1) Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	29b(1)	
	(2) If line 29b(1) is "Yes," enter amount of loss ▶ \$		

30a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?
 Yes **No** **Not determined**

b If line **30a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
 Employer identification number ▶ _____ Plan number ▶ _____

31 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 that portion of an insurance contract that guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar; any other amounts are subject to rejection.** Plans with no assets at the beginning and the end of the plan year, enter -0- on line **31f**.

Assets		(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash	a	
b	Receivables: (1) Employer contributions	b(1)	
	(2) Participant contributions	(2)	
	(3) Income	(3)	
	(4) Other	(4)	
	(5) Less allowance for doubtful accounts	(5)	
	(6) Total. Add lines 31b(1) through 31b(4) and subtract line 31b(5) ▶	(6)	
c	General Investments: (1) Interest-bearing cash (including money market funds)	c(1)	
	(2) Certificates of deposit	(2)	
	(3) U.S. Government securities	(3)	
	(4) Corporate debt instruments: (A) Preferred	(4)(A)	
	(B) All other	(4)(B)	
	(5) Corporate stocks: (A) Preferred	(5)(A)	
	(B) Common	(5)(B)	
	(6) Partnership/joint venture interests	(6)	
	(7) Real estate: (A) Income-producing	(7)(A)	
	(B) Nonincome-producing	(7)(B)	
	(8) Loans (other than to participants) secured by mortgages: (A) Residential	(8)(A)	
	(B) Commercial	(8)(B)	
	(9) Loans to participants: (A) Mortgages	(9)(A)	
	(B) Other	(9)(B)	
	(10) Other loans	(10)	
	(11) Value of interest in common/collective trusts	(11)	
	(12) Value of interest in pooled separate accounts	(12)	
	(13) Value of interest in master trusts	(13)	
	(14) Value of interest in 103-12 investment entities	(14)	
	(15) Value of interest in registered investment companies	(15)	
	(16) Value of funds held in insurance company general account (unallocated contracts)	(16)	
	(17) Other	(17)	
	(18) Total. Add lines 31c(1) through 31c(17) ▶	(18)	
d	Employer-related investments: (1) Employer securities	d(1)	
	(2) Employer real property	(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets. Add lines 31a , 31b(6) , 31c(18) , 31d(1) , 31d(2) , and 31e ▶	f	
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities. Add lines 31g through 31j ▶	k	
Net Assets			
l	Subtract line 31k from line 31f ▶	l	

32 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 any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar; any other amounts are subject to rejection.*

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable from:			
(A) Employers	a(1)(A)		
(B) Participants	(B)		
(C) Others	(C)		
(2) Noncash contributions	(2)		
(3) Total contributions. Add lines 32a(1)(A), (B), (C) and line 32a(2) ▶	(3)		
b Earnings on investments:			
(1) Interest			
(A) Interest-bearing cash (including money market funds)	b(1)(A)		
(B) Certificates of deposit	(B)		
(C) U.S. Government securities	(C)		
(D) Corporate debt instruments	(D)		
(E) Mortgage loans	(E)		
(F) Other loans	(F)		
(G) Other interest	(G)		
(H) Total interest. Add lines 32b(1)(A) through (G) ▶	(H)		
(2) Dividends: (A) Preferred stock	b(2)(A)		
(B) Common stock	(B)		
(C) Total dividends. Add lines 32b(2)(A) and (B) ▶	(C)		
(3) Rents	(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	(4)(A)		
(B) Aggregate carrying amount (see instructions)	(B)		
(C) Subtract (B) from (A) and enter result	(C)		
(5) Unrealized appreciation (depreciation) of assets	(5)		
(6) Net investment gain (loss) from common/collective trusts	(6)		
(7) Net investment gain (loss) from pooled separate accounts	(7)		
(8) Net investment gain (loss) from master trusts	(8)		
(9) Net investment gain (loss) from 103-12 investment entities	(9)		
(10) Net investment gain (loss) from registered investment companies	(10)		
c Other income	c		
d Total income. Add all amounts in column (b) and enter total ▶	d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries	e(1)		
(2) To insurance carriers for the provision of benefits	(2)		
(3) Other	(3)		
(4) Total payments. Add lines 32e(1) through 32e(3) ▶	(4)		
f Interest expense	f		
g Administrative expenses: (1) Salaries and allowances			
(2) Accounting fees	g(1)		
(3) Actuarial fees	(2)		
(4) Contract administrator fees	(3)		
(5) Investment advisory and management fees	(4)		
(6) Legal fees	(5)		
(7) Valuation/appraisal fees	(6)		
(8) Trustees fees/expenses (including travel, seminars, meetings, etc.)	(7)		
(9) Other	(8)		
(10) Total administrative expenses. Add lines 32g(1) through 32g(9)	(9)		
(10) Total administrative expenses. Add lines 32g(1) through 32g(9)	(10)		
h Total expenses. Add lines 32e(4), 32f, and 32g(10) ▶	h		
i Net income (loss). Subtract line 32h from line 32d ▶	i		
j Transfers to (from) the plan (see instructions)	j		
k Net assets at beginning of year (line 31i , column (a))	k		
l Net assets at end of year (line 31j , column (b)) ▶	l		

33 Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported on line **32g**? Yes No

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500, 5500-C/R, or 5500-EZ if applicable.**
▶ **See separate instructions.**

OMB No. 1210-0016

1995

**This Form Is Open to
Public Inspection
(except when attached
to Form 5500-EZ)**

For calendar plan year 1995 or fiscal plan year beginning _____, 1995, and ending _____, 19

▶ **If an item does not apply, enter "N/A."** ▶ **Round off amounts to nearest dollar.**
▶ **Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**

A Name of employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ	B Employer identification number
C Name of plan	D Three-digit plan number ▶
E Type of plan: (1) <input type="checkbox"/> Single employer (2) <input type="checkbox"/> Multiemployer (3) <input type="checkbox"/> Multiple employer	F <input type="checkbox"/> 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month _____ Day _____ Year _____

b Assets:

(1) Current value of assets	b(1)
(2) Actuarial value of assets for funding standard account	b(2)

c (1) Accrued liability for plans using immediate gain methods **c(1)**

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)
(2) "RPA '94" information:	
(a) Current liability	d(2)(a)
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)
(3) "OBRA '87" information:	
(a) Current liability	d(3)(a)
(b) Expected increase in current liability due to benefits accruing during the plan year	d(3)(b)
(4) Expected plan benefit payments during the plan year	d(4)

2 Operational information as of beginning of this plan year:

a Current value of the assets as reported on Form 5500, 5500-C/R, or 5500-EZ **2a**

b "RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments			
(2) For terminated vested participants			
(3) For active participants			
(4) Total			

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage **2c** %

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying statements, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable. In the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary	Date
Print or type name of actuary	G <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

8 Miscellaneous information:

- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year
- b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶

9 Funding standard account statement for this plan year:

Charges to funding standard account:

- a** Prior year funding deficiency, if any **9a**
- b** Employer's normal cost for plan year as of valuation date **9b**
- c** Amortization charges as of valuation date: Outstanding Balance
 - (1) All bases except funding waivers ▶ (\$) **c(1)**
 - (2) Funding waivers ▶ (\$) **c(2)**
- d** Interest as applicable on lines 9a, 9b, and 9c **9d**
- e** Additional interest charge due to late quarterly contributions, if applicable. **9e**
- f** Additional funding charge for certain non-multiemployer plans with more than 100 participants, if applicable (see instructions). **9f**
- g** Total charges. Add lines 9a through 9f. **9g**

Credits to funding standard account:

- h** Prior year credit balance, if any **9h**
- i** Employer contributions. Total from column (b) of line 3a **9i**
- Outstanding Balance
- j** Amortization credits as of valuation date ▶ (\$) **9j**
- k** Interest as applicable to end of plan year on lines 9h, 9i, and 9j **9k**
- l** Full funding limitation (FFL) and credits

(1)	ERISA FFL (accrued liability FFL)	I(1)	
(2)	"OBRA '87" FFL (150% current liability FFL)	I(2)	
(3)	"RPA '94" override (90% current liability FFL)	I(3)	
(4)	FFL credit before reflecting "OBRA '87" FFL	I(4)	
(5)	Additional credit due to "OBRA '87" FFL	I(5)	
- m** (1) Waived funding deficiency **m(1)**
- (2) Other credits. **m(2)**
- n** Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1) and 9m(2) **9n**
- o** Credit balance: If line 9n is greater than line 9g, enter the difference **9o**
- p** Funding deficiency: If line 9g is greater than line 9n, enter the difference **9p**

- q** Current year's accumulated reconciliation account:

(1)	Due to additional funding charges as of the beginning of the plan year	q(1)	
(2)	Due to additional interest charges as of the beginning of the plan year	q(2)	
(3) Due to waived funding deficiencies:			
(a)	Reconciliation outstanding balance as of valuation date	q(3)(a)	
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	
(4)	Total as of valuation date. ▶	q(4)	

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10**

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. Yes No

Note: Changes in actuarial assumptions made for prior plan years for large underfunded plans (other than multiemployer plans) may be subject to approval. See instructions for a description of changes that are subject to approval.

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please refer to **Who Must File** on page 1 of the instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12u and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, enter the appropriate plan years and condition codes and go to line 12u and enter -0-. Otherwise, go to line 12b

Plan Year	Condition Code
199__	
199__	

12a | | | | | %

--

b "RPA '94" current liability. Enter line 1d(2)(a)

12b

c Adjusted value of assets (see instructions)

12c

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100

12d | | | | | %

e Unfunded current liability. Subtract line 12c from line 12b

12e

f Liability attributable to any unpredictable contingent event benefit

12f

g (1) Outstanding balance of unfunded old liability

g(1)

(2) Additional unfunded old liability (see instructions). If the employer elected the Optional rule, subtract the sum of lines 12f and 12g(1) from line 12e. Enter -0- if negative. Otherwise, complete line 15 and enter line 15f

g(2)

(3) Add lines 12g(1) and 12g(2)

g(3)

h Unfunded new liability. Subtract the total of lines 12f and 12g(3) from line 12e. Enter -0- if negative

12h

i Unfunded new liability amount (| | | | | % of line 12h)

12i

j Unfunded old liability amount

12j

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)

12k

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero

12l

m Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event

m(1)

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100%

m(2) | | | | | %

(3) Transition percentage

m(3) 4 | 0 | | 0 | 0 | %

(4) Enter the product of lines 12m(1), 12m(2), and 12m(3)

m(4)

(5) Amortization of all unpredictable contingent event liabilities

m(5)

(6) "RPA '94" additional amount (see instructions)

m(6)

(7) Enter the greatest of line 12m(4), 12m(5), or 12m(6)

m(7)

Preliminary Calculation

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(7), adjusted to end of year with interest

12n

o Contributions needed to increase current liability percentage to 100% (see instructions)

12o

p Enter the lesser of line 12n or 12o. Also, enter the result on line 12t if the employer elected neither the Optional rule under Code section 412(l)(3)(E) nor the Transition rule under Code section 412(l)(11)

12p

Final Calculation (complete line 12q, 12r, or 12s, as applicable, and lines 12t and 12u)

q If the employer elected to use the Transition rule, but did not elect to use the Optional rule, complete line 14 and enter the lesser of line 12p or 14f here and on line 12t

12q

r If the employer elected to use the Optional rule, but did not elect to use the Transition rule, complete line 13 and enter the greater of line 12p or 13q here and on line 12t

12r

s If the employer elected to use both the Optional rule and the Transition rule, enter the lesser of (1) the greater of line 12p or 13q, or (2) line 14f. Also, enter on line 12t

12s

t Additional funding charge prior to adjustment

12t

u Adjusted additional funding charge. (| | | | | 0 | % of line 12t).

12u

13 Additional funding charge under prior law, for use with Optional and/or Transition rules:			
a	"OBRA '87" current liability. Enter line 1d(3)(a)	13a	
b	Adjusted value of assets (see instructions)	13b	
c	Funded current liability percentage. Divide line 13b by line 13a and multiply by 100	13c	. %
d	Unfunded current liability. Subtract line 13b from line 13a	13d	
e	Outstanding balance of unfunded old liability	13e	
f	Liability attributable to any unpredictable contingent event benefit	13f	
g	Unfunded new liability. Subtract the total of lines 13e and 13f from line 13d	13g	
h	Unfunded new liability amount (.) % of line 13g).	13h	
i	Unfunded old liability amount.	13i	
j	Deficit reduction contribution. Add lines 13h and 13i	13j	
k	Net amortization charge for certain bases	13k	
l	Unpredictable contingent event amount:		
	(1) Benefits paid during year attributable to unpredictable contingent event	I(1)	
	(2) Unfunded current liability percentage. Subtract the percentage on line 13c from 100%	I(2)	. %
	(3) Transition percentage	I(3)	4 0 . 0 0 %
	(4) Enter the product of lines 13l(1), 13l(2) and 13l(3).	I(4)	
	(5) Amortization of all unpredictable contingent event liabilities	I(5)	
	(6) Enter the greater of line 13l(4) or line 13l(5).	I(6)	
m	Additional funding charge (excess of line 13j over line 13k (if any), plus line 13l(6).	13m	
n	Assets needed to increase current liability percentage to 100% (line 13d)	13n	
o	Smaller of line 13m or line 13n	13o	
p	Interest adjustment	13p	
q	Additional funding charge. Add lines 13o and 13p.	13q	
14 Transition rule:			
a	Initial funded current liability percentage. Enter the percentage from line 12d here	14a	. %
b	Applicable percentage for transition rule (see instructions)	14b	0 . %
c	Target percentage. Add lines 14a and 14b (see instructions)	14c	. %
d	Contributions needed to increase the funded current liability percentage to the target percentage (see instructions)	14d	
e	Enter the amount from line 13q here (Additional funding charge under prior law)	14e	
f	Additional funding charge under transition rule of Code section 412(l)(11)(E): Enter the greater of line 14d or 14e	14f	
15 Additional unfunded old liability without optional rule:			
a	Interest rate used to determine current liability for the first plan year beginning after 12/31/92	15a	. %
b	Weighted average interest rate under Code section 412(b)(5)(B)(ii)(I) for the first plan year beginning after 12/31/94	15b	. %
c	Weighted average interest rate under Code section 412(b)(5)(B)(ii)(I) for the first plan year beginning after 12/31/92	15c	. %
d	"Prior interest rate." Multiply line 15a by line 15b and divide the result by line 15c	15d	. %
e	Current liability as of valuation date, valued using the prior interest rate on line 15d, and mortality assumptions used to determine current liability for the first plan year beginning after 12/31/92; all other assumptions are the same as those used for line 12b	15e	
f	Additional unfunded old liability. Subtract line 15e from line 12b. Enter -0- if negative	15f	

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Service Provider and Trustee Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

Additional Schedules C (Form 5500) may be used, if needed, to provide additional information for Parts I, II, and/or III.

OMB No. 1210-0016

1995

This Form is Open to Public Inspection

For the calendar year 1995 or fiscal plan year beginning _____, 1995, and ending _____, 19

Name of plan sponsor as shown on line 1a of Form 5500 _____ **Employer identification number** _____

Name of plan _____ **Three-digit plan number** ▶ _____

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons receiving less than \$5,000 during the plan year

1

2	(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code (see instructions)
(1)			Contract administrator				12
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
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(34)							
(35)							
(36)							
(37)							
(38)							
(39)							
(40)							

Part II Trustee Information Enter the name and address of all trustees who served during the plan year. If more space is required to supply this information, attach additional Schedules C (Form 5500).

Name	Name
Address	Address
Name	Name
Address	Address
Name	Name
Address	Address
Name	Name
Address	Address
Name	Name
Address	Address
Name	Name
Address	Address
Name	Name
Address	Address

Part III Termination Information (see instructions)

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.
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(1) Explanation:

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(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.
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(2) Explanation:

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(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.
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(3) Explanation:

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