

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

OMB Nos. 1210-0016  
 1210-0089

**1996**

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 1996 or fiscal plan year beginning \_\_\_\_\_, 1996, 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; (2)  an amended return/report; (3)  the final return/report filed for the plan; or (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 . . . . . ▶

<b>1a</b> Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)	<b>1b</b> Employer identification number (EIN) .....
	<b>1c</b> Sponsor's telephone number .....
	<b>1d</b> Business code (see instructions, page 20) .....
	<b>1e</b> CUSIP issuer number .....
<b>2a</b> Name and address of plan administrator (if same as plan sponsor, enter "Same")	<b>2b</b> Administrator's EIN .....
	<b>2c</b> 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 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

**4 ENTITY CODE.** (If not shown, enter the applicable code from page 8 of the instructions.) ▶

<b>5a</b> Name of plan ▶ .....	<b>5b</b> Effective date of plan (mo., day, yr.) .....
	<b>5c</b> Three-digit plan number ▶

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 8 of the instructions in the boxes.)

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**6c** Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 8 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 above .....  
 Signature of plan administrator ▶ ..... Date ▶ .....  
 Type or print name of individual signing above .....

6e Check all applicable investment arrangements below (see instructions on page 9):

- (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(f)? . . . . .  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 . . . . .  Yes  No  
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 ► .....

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

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 10 of the instructions . . . . . ►

12 Enter the plan benefit arrangement code from page 10 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
<b>15a</b>	If this is a defined benefit plan subject to the minimum funding standards for this plan year, is <b>Schedule B</b> (Form 5500) required to be attached? (If this is a defined contribution plan leave blank.)		
<b>b</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>b(1)</b>	\$
(2)	Amount of contribution paid by the employer for the plan year. Enter date of last payment by employer ► Month..... Day..... Year.....	<b>b(2)</b>	\$
(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>b(3)</b>	\$
<b>16</b>	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.)	<b>16</b>	
<b>17a</b>	(1) Did the plan distribute any annuity contracts this year? (See instructions.)	<b>a(1)</b>	
	(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?	<b>a(2)</b>	
<b>b</b>	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	<b>b</b>	
<b>c</b>	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?	<b>c</b>	
<b>18</b>	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.)	<b>18</b>	
<b>19</b>	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	<b>19</b>	
<b>20</b>	Is the employer electing to compute minimum funding for the plan year using the Transition rule of Code section 412(l)(11)?	<b>20</b>	
<b>21</b>	Check if you are applying the substantiation guidelines from Revenue Procedure 93-42, in completing lines <b>21a</b> through <b>21o</b> (see instructions) <input type="checkbox"/> If you checked the box, enter the first day of the plan year for which data is being submitted ► Month.....Day.....Year.....		
<b>a</b>	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)?	<b>21a</b>	
<b>b</b>	If line <b>21a</b> 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.		
<b>c</b>	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.	<b>c</b>	
<b>d</b>	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	<b>d</b>	
<b>e</b>	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)?	<b>e</b>	
<b>f</b>	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 <b>21</b> :		
(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.		
<b>g</b>	Did any leased employee perform services for the employer at any time during the plan year?	<b>g</b>	
<b>h</b>	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	<b>h</b>	Number
<b>i</b>	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	<b>i</b>	
<b>j</b>	Enter the number of nonexcludable employees. Subtract line <b>21i</b> from line <b>21h</b>	<b>j</b>	
<b>k</b>	Do 100% of the nonexcludable employees entered on line <b>21j</b> benefit under the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If line <b>21k</b> is "Yes," do NOT complete lines <b>21l</b> through <b>21o</b> .	<b>k</b>	
<b>l</b>	Enter the number of nonexcludable employees (line <b>21j</b> ) who are highly compensated employees	<b>l</b>	
<b>m</b>	Enter the number of nonexcludable employees (line <b>21j</b> ) who benefit under the plan	<b>m</b>	
<b>n</b>	Enter the number of employees entered on line <b>21m</b> who are highly compensated employees	<b>n</b>	
<b>o</b>	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"/> <input type="text"/> %		

<b>Welfare Plans Go To Line 25 On This Page.</b>		<b>Yes</b>	<b>No</b>
<b>22a</b>	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete lines <b>22b</b> and <b>22c</b> .		
<b>b</b>	Enter the date of the most recent IRS determination letter . . . . . ► Month . . . . . Year . . . . .		
<b>c</b>	Is a determination letter request pending with the IRS? . . . . .		
<b>23a</b>	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 <b>23b</b> ) (See instructions) . . . . .		
<b>b</b>	Were all the assets referred to in line <b>23a</b> valued for the 1996 plan year by an independent third-party appraiser? . . . . .		
<b>c</b>	If line <b>23b</b> is "No," enter the value of the assets that were not valued by an independent third-party appraiser for the 1996 plan year. ► _____		
<b>d</b>	Enter the most recent date the assets on line <b>23c</b> 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 <b>23e</b> blank and go to line <b>24</b> .)		
<b>e</b>	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 . . . . .   <b>23e</b>		
<b>24</b>	Does the employer/sponsor listed on line <b>1a</b> of this form maintain other qualified pension benefit plans? . . . . . If "Yes," enter the total number of plans, including this plan ►		
<b>25a</b>	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 <b>Schedule C</b> (Form 5500).		
<b>b</b>	Did the plan have any trustees who must be listed in Part II of <b>Schedule C</b> (Form 5500)? . . . . .		
<b>c</b>	Has there been a termination in the appointment of any person listed on line <b>25d</b> below? . . . . .		
<b>d</b>	If line <b>25c</b> is "Yes," check the appropriate box(es), answer lines <b>25e</b> and <b>25f</b> , and complete Part III of <b>Schedule C</b> (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		
<b>e</b>	Have there been any outstanding material disputes or matters of disagreement concerning the above termination? . . . . .		
<b>f</b>	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 <b>Schedule C</b> (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to the DOL? . . . . .		
<b>g</b>	Enter the number of <b>Schedules C</b> (Form 5500) that are attached. If none, enter -0- ►		
<b>26a</b>	Is this plan exempt from the requirement to engage an independent qualified public accountant? (see instructions).		
<b>b</b>	If line <b>26a</b> 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) _____ _____ _____		
<b>c</b>	If line <b>26a</b> 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?		
<b>d</b>	If line <b>26c</b> is "Yes," provide the total amount involved in such disclosure ►		
<b>27</b>	If line <b>26a</b> is "No," complete the following questions. (You may NOT use "N/A" in response to lines <b>27a</b> through <b>27i</b> ): If line <b>27a</b> , <b>27b</b> , <b>27c</b> , <b>27d</b> , <b>27e</b> , or <b>27f</b> is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report. <b>Schedule G</b> (Form 5500) may be used as specified in the instructions. During the plan year:		
<b>a</b>	Did the plan have assets held for investment? . . . . .		
<b>b</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</b>	Were any leases to which the plan was a party in default or classified during the year as uncollectible? . . . . .		
<b>d</b>	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? . . . . .		
<b>e</b>	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest? . . . . .		
<b>f</b>	Did the plan engage in any nonexempt transactions with parties-in-interest not reported on line <b>27e</b> ? . . . . .		
<b>g</b>	Did the plan hold qualifying employer securities that are not publicly traded? . . . . .		
<b>h</b>	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? . . . . .		
<b>i</b>	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? . . . . .		

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

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

**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.*

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable from:			
<b>(A)</b> Employers . . . . .	a(1)(A)		
<b>(B)</b> Participants . . . . .	(B)		
<b>(C)</b> Others . . . . .	(C)		
(2) Noncash contributions . . . . .	(2)		
(3) Total contributions. Add lines <b>32a(1)(A), (B), (C)</b> and line <b>32a(2)</b> . . . . . ▶	(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market funds) . . . . .	b(1)(A)		
<b>(B)</b> Certificates of deposit . . . . .	(B)		
<b>(C)</b> U.S. Government securities . . . . .	(C)		
<b>(D)</b> Corporate debt instruments . . . . .	(D)		
<b>(E)</b> Mortgage loans . . . . .	(E)		
<b>(F)</b> Other loans . . . . .	(F)		
<b>(G)</b> Other interest . . . . .	(G)		
<b>(H)</b> Total interest. Add lines <b>32b(1)(A)</b> through <b>(G)</b> . . . . . ▶	(H)		
(2) Dividends: <b>(A)</b> Preferred stock . . . . .	b(2)(A)		
<b>(B)</b> Common stock . . . . .	(B)		
<b>(C)</b> Total dividends. Add lines <b>32b(2)(A)</b> and <b>(B)</b> . . . . . ▶	(C)		
(3) Rents . . . . .	(3)		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds . . . . .	(4)(A)		
<b>(B)</b> Aggregate carrying amount (see instructions) . . . . .	(B)		
<b>(C)</b> Subtract <b>(B)</b> from <b>(A)</b> 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>(b)</b> and enter total . . . . . ▶	d		
<b>Expenses</b>			
<b>e Benefit payment and payments to provide benefits:</b>			
(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 <b>32e(1)</b> through <b>32e(3)</b> . . . . . ▶	(4)		
f Interest expense . . . . .	f		
<b>g Administrative expenses: (1) Salaries and allowances</b>			
(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 <b>32g(1)</b> through <b>32g(9)</b> . . . . .	(9)		
(10) Total administrative expenses. Add lines <b>32g(1)</b> through <b>32g(9)</b> . . . . .	(10)		
h Total expenses. Add lines <b>32e(4), 32f,</b> and <b>32g(10)</b> . . . . . ▶	h		
i Net income (loss). Subtract line <b>32h</b> from line <b>32d</b> . . . . . ▶	i		
j Transfers to (from) the plan (see instructions) . . . . .	j		
k Net assets at beginning of year (line <b>31i</b> , column <b>(a)</b> ) . . . . .	k		
l Net assets at end of year (line <b>31i</b> , column <b>(b)</b> ) . . . . . ▶	l		

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

**1996**

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

For calendar plan year 1996 or fiscal plan year beginning \_\_\_\_\_, 1996, 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.**

<b>A</b> Name of employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ	<b>B</b> Employer identification number
<b>C</b> Name of plan	<b>D</b> Three-digit plan number ▶
<b>E</b> Type of plan: (1) <input type="checkbox"/> Single employer (2) <input type="checkbox"/> Multiemployer (3) <input type="checkbox"/> Multiple employer	<b>F</b> <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>b(1)</b>
(2) Actuarial value of assets for funding standard account . . . . .	<b>b(2)</b>

**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 . . . . .	<b>c(2)(a)</b>
(b) Accrued liability under entry age normal method . . . . .	<b>c(2)(b)</b>
(c) Normal cost under entry age normal method . . . . .	<b>c(2)(c)</b>

**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 . . . . .	<b>d(2)(a)</b>
(b) Expected increase in current liability due to benefits accruing during the plan year . . . . .	<b>d(2)(b)</b>
(c) Current liability computed at highest allowable interest rate (see instructions) . . . . .	<b>d(2)(c)</b>
(d) Expected release from "RPA '94" current liability for the plan year . . . . .	<b>d(2)(d)</b>

(3) "OBRA '87" information:

(a) Current liability . . . . .	<b>d(3)(a)</b>
(b) Expected increase in current liability due to benefits accruing during the plan year . . . . .	<b>d(3)(b)</b>
(c) Expected release from "OBRA '87" current liability for the plan year . . . . .	<b>d(3)(c)</b>

(4) Expected plan disbursements for the plan year . . . . . **d(4)**

**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	<b>G</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Firm name	Most recent enrollment number
Address of the firm	Telephone number (including area code)

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of the assets (see instructions)				<b>2a</b>	
<b>b</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					
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage				<b>2c</b>	

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
<b>3 Totals</b>			<b>(b)</b>	<b>(c)</b>	

**4** Quarterly contributions and liquidity shortfall(s):

<b>a</b> Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)						<b>4a</b>						%
<b>b</b> If line 4a is less than 100%, see instructions, and complete the following table as applicable:												

Liquidity shortfall as of end of Quarter of this plan year							
(1)	1st	(2)	2nd	(3)	3rd	(4)	4th

**5** Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a**  Attained age normal      **b**  Entry age normal      **c**  Accrued benefit (unit credit)
- d**  Aggregate      **e**  Frozen initial liability      **f**  Individual level premium
- g**  Individual aggregate      **h**  Other (specify) ▶ .....
- i** Has a change been made in funding method for this plan year?       Yes       No
- j** If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51?       Yes       No
- k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method      Month      Day      Year

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rates for:											
(1) "RPA '94" current liability	<b>a(1)</b>									%	
(2) "OBRA '87" current liability	<b>a(2)</b>									%	
<b>b</b> Weighted average retirement age	<b>6b</b>										
<b>c</b> Rates specified in insurance or annuity contracts	Pre-retirement					Post-retirement					
	<b>6c</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<b>d</b> Mortality table code for valuation purposes:											
	<b>d(1)</b>										
(2) Females	<b>d(2)</b>										
<b>e</b> Valuation liability interest rate	<b>6e</b>									%	
<b>f</b> Expense loading	<b>6f</b>									%	
<b>g</b> Annual withdrawal rates:	Male					Female					
	(1) Age 25	<b>g(1)</b>									%
	(2) Age 40	<b>g(2)</b>								%	
	(3) Age 55	<b>g(3)</b>								%	
<b>h</b> Salary scale	<b>6h</b>									%	
<b>i</b> Estimated investment return on actuarial value of assets for the year ending on the valuation date	<b>6i</b>									%	



**7** New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 ▶ \_\_\_\_\_
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) . . . . .  Yes  No  
If "Yes," attach schedule.

**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 . . . . . ▶ (\$_____ )		<b>c(1)</b> _____
(2)	Funding waivers . . . . . ▶ (\$_____ )		<b>c(2)</b> _____
- 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 from Part II, line 12u, if applicable . . . . . **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 3 . . . . . **9i** \_\_\_\_\_
- 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) . . . . . <b>l(1)</b>		
(2)	"OBRA '87" FFL (150% current liability FFL) . . . . . <b>l(2)</b>		
(3)	"RPA '94" override (90% current liability FFL) . . . . . <b>l(3)</b>		
(4)	FFL credit before reflecting "OBRA '87" FFL . . . . . <b>l(4)</b>		
(5)	Additional credit due to "OBRA '87" FFL . . . . . <b>l(5)</b>		
- 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** \_\_\_\_\_

**Reconciliation account:**

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

(1)	Due to additional funding charges as of the beginning of the plan year . . . . . <b>q(1)</b>														
(2)	Due to additional interest charges as of the beginning of the plan year . . . . . <b>q(2)</b>														
(3)	Due to waived funding deficiencies: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 55%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>(a)</td> <td>Reconciliation outstanding balance as of valuation date . . . . . <b>q(3)(a)</b></td> <td></td> <td></td> </tr> <tr> <td>(b)</td> <td>Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) . . . . . <b>q(3)(b)</b></td> <td></td> <td></td> </tr> </table>					(a)	Reconciliation outstanding balance as of valuation date . . . . . <b>q(3)(a)</b>			(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) . . . . . <b>q(3)(b)</b>				
(a)	Reconciliation outstanding balance as of valuation date . . . . . <b>q(3)(a)</b>														
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) . . . . . <b>q(3)(b)</b>														
(4)	Total as of valuation date. . . . . ▶ <b>q(4)</b>														

**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

**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** | | | . | | %

**12b** | | | | |

**12c** | | | | |

**12d** | | | . | | | %

**12e** | | | | |

**12f** | | | | |

**12g** | | | | |

**12h** | | | | |

**12i** | | | . | | | %

**12j** | | | | |

**12k** | | | | |

**12l** | | | | |

- b** "RPA '94" current liability. Enter line 1d(2)(a) . . . . .
- c** Adjusted value of assets (see instructions) . . . . .
- d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100 . . . . .
- e** Unfunded current liability. Subtract line 12c from line 12b . . . . .
- f** Liability attributable to any unpredictable contingent event benefit . . . . .
- g** Outstanding balance of unfunded old liability . . . . .
- h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative . . . . .
- i** Unfunded new liability amount ( | | | . | | | ) % of line 12h) . . . . .
- j** Unfunded old liability amount. . . . .
- k** Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) . . . . .
- l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero . . . . .

**m Unpredictable contingent event amount:**

- (1) Benefits paid during year attributable to unpredictable contingent event
- (2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% . . . . .
- (3) Transition percentage . . . . .
- (4) Enter the product of lines 12m(1), 12m(2), and 12m(3) . . . . .
- (5) Amortization of all unpredictable contingent event liabilities . . . . .
- (6) "RPA '94" additional amount (see instructions) . . . . .
- (7) Enter the greatest of lines 12m(4), 12m(5), or 12m(6) . . . . .

<b>m(1)</b>					
<b>m(2)</b>					%
<b>m(3)</b>	5	0	.	0	0 %
<b>m(4)</b>					
<b>m(5)</b>					
<b>m(6)</b>					

**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 . . . . .
- o** Contributions needed to increase current liability percentage to 100% (see instructions) . . . . .
- p** Enter the lesser of line 12n or 12o. Also, enter the result on line 12t if the employer did not elect for 1995 to use the Optional rule under Code section 412(l)(3)(E) and does not elect for 1996 to use the Transition rule under Code section 412(l)(11) . . . . .

**12n** | | | | |

**12o** | | | | |

**12p** | | | | |

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

- q** If the employer elects to use the Transition rule for 1996, but did not elect for 1995 to use the Optional rule, complete line 14 and enter the lesser of line 12p or 14e here and on line 12t . . . . .
- r** If the employer elected for 1995 to use the Optional rule, but does not elect for 1996 to use the Transition rule, complete line 13 and enter the greater of line 12p or 13q here and on line 12t . . . . .
- s** If the employer elected for 1995 to use the Optional rule and elects to use the Transition rule for 1996, enter the lesser of (1) the greater of line 12p or 13q, **or** (2) line 14e. Also, enter on line 12t . . . . .
- t** Additional funding charge prior to adjustment . . . . .
- u** Adjusted additional funding charge. ( | | | | . | 0 | % of line 12t). . . . .

**12q** | | | | |

**12r** | | | | |

**12s** | | | | |

**12t** | | | | |

**12u** | | | | |

<b>13</b> Additional funding charge under prior law (see instructions):		
<b>a</b> "OBRA '87" current liability. Enter line 1d(3)(a)		<b>13a</b>
<b>b</b> Adjusted value of assets (see instructions)		<b>13b</b>
<b>c</b> Funded current liability percentage. Divide line 13b by line 13a and multiply by 100		<b>13c</b>     .       %
<b>d</b> Unfunded current liability. Subtract line 13b from line 13a		<b>13d</b>
<b>e</b> Outstanding balance of unfunded old liability		<b>13e</b>
<b>f</b> Liability attributable to any unpredictable contingent event benefit		<b>13f</b>
<b>g</b> Unfunded new liability. Subtract the total of lines 13e and 13f from line 13d		<b>13g</b>
<b>h</b> Unfunded new liability amount (     .       ) % of line 13g)		<b>13h</b>
<b>i</b> Unfunded old liability amount		<b>13i</b>
<b>j</b> Deficit reduction contribution. Add lines 13h and 13i		<b>13j</b>
<b>k</b> Net amortization charge for certain bases		<b>13k</b>
<b>l</b> Unpredictable contingent event amount:		
(1) Benefits paid during year attributable to unpredictable contingent event	<b>l(1)</b>	
(2) Unfunded current liability percentage. Subtract the percentage on line 13c from 100%	<b>l(2)</b>	.       %
(3) Transition percentage	<b>l(3)</b>	5   0   .   0   0   %
(4) Enter the product of lines 13l(1), 13l(2), and 13l(3)	<b>l(4)</b>	
(5) Amortization of all unpredictable contingent event liabilities	<b>l(5)</b>	
(6) Enter the greater of line 13l(4) or line 13l(5)	<b>l(6)</b>	
<b>m</b> Additional funding charge (excess of line 13j over line 13k (if any), plus line 13l(6)		<b>13m</b>
<b>n</b> Assets needed to increase current liability percentage to 100% (line 13d)		<b>13n</b>
<b>o</b> Smaller of line 13m or line 13n		<b>13o</b>
<b>p</b> Interest adjustment		<b>13p</b>
<b>q</b> Additional funding charge. Add lines 13o and 13p		<b>13q</b>
<b>14</b> Transition rule:		
<b>a</b> Initial funded current liability percentage. Enter the percentage from line 12d of the 1995 Schedule B here		<b>14a</b>     .       %
<b>b</b> Target percentage for transition rule (see instructions)		<b>14b</b>     .       %
<b>c</b> Target amount (see instructions)		<b>14c</b>
<b>d</b> Enter the amount from line 13q here (additional funding charge under prior law)		<b>14d</b>
<b>e</b> Additional funding charge under transition rule of Code section 412(l)(11): Enter the greater of line 14c or 14d		<b>14e</b>



**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

**1996**

**This Form is  
Open to Public  
Inspection**

For the calendar year 1996 or fiscal plan year beginning \_\_\_\_\_, 1996, and ending \_\_\_\_\_, 19

Name of plan sponsor as shown on line 1a of Form 5500	<b>Employer identification number</b> : : :
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)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
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**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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