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

Return/Report of Employee Benefit Plan (With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code.

► See separate instructions.

OMB No. 1210-0016

This Form Is Open to Public Inspection.

For	the calendar plan year 1994 or fiscal plan year beginning	,	1994, and ending	, 19
	If A(1) through A(4), B, C, and/or D do not apply to this year's return/report,	For IRS	Use Only	
	leave the boxes unmarked. You must check either box A(5) or A(6), whichever is applicable. See instructions.	EP-ID		
Α	This return/report is:	(5) Form	5500-C filer check here lete only pages 1 and 3 through 6.	
	(1) the first return/report filed for the plan;	(Comp 6039D	filers see instructions on page 5.)	(Code section
	(2) an amended return/report;	(6) Form	5500-R filer check here	
	(3) the final return/report filed for the plan; or	(Comp before	lete only pages 1 and 2. Detach pag filing.) If you checked box (1) or (3),	jes 3 through 6 you must file a
	(4) a short plan year return/report (less than 12 months).	Form 5	5500-C. (See page 6 of the instruction	s.)
	IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT			
	RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED P.			_
В	Check here if any information reported in 1a, 2a, 2b, or 5a changed since the la			=
C D	If your plan year changed since the last return/report, check here			
	Name and address of plan sponsor (employer, if for a single-employer plan)	ich a cop	1b Employer identification n	
	(Address should include room or suite no.)		Employer identification is	difficer (Eliv)
			1c Sponsor's telephone nur	mber
			1d Business code (see instruc	ctions, page 19)
			1e CUSIP issuer number	
20	Name and address of plan administrator (if same as plan sponsor, enter "Same	//\	Ob Administrator/s FINI	
Za	Name and address of plan administrator (ii same as plan sponsor, enter same)	2b Administrator's EIN	
			2c Administrator's telephon	e number
			20 Manimistrator s telephon	o nambor
3	If you are filing this page without the preprinted historical plan information and			
	administrator has changed since the last return/report filed for this plan, enter the shand complete line 3c.	he inform	ation from the last return/report of	on lines 3a and/or
а	Sponsor		EIN Plan n	umber
	Administrator			
С	If line 3a indicates a change in the sponsor's name, address, and EIN, is this a	change i		
	instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶			
4	ENTITY CODE. (If not shown, enter applicable code from page 9 of the instruct			
5a	Name of plan ▶			o., day, yr.)
			5c Three-digit	
	All filers must complete to through to as applicable		plan number ►	
62	All filers must complete 6a through 6d, as applicable. Welfare benefit plan 6b Pension benefit plan	۱		
ua	(If the correct codes are not preprinted below, enter the applicable codes from	}		
	page 9 of the instructions in the boxes.)	,		
6с	Pension plan features. (If the correct codes are not preprinted below, enter the a	applicable		
	pension plan feature codes from page 9 of the instructions in the boxes.)			
6d	☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.			
	tion: A penalty for the late or incomplete filing of this return/report will be assessed	ed unless	reasonable cause is established.	
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have ex ments, and to the best of my knowledge and belief, it is true, correct, and complete.			ng schedules and
	nture of employer/plan sponsor ▶			
	or print name of individual signing for employer/plan sponsor			
	or print name of individual signing for plan administrator		Date ►	

Form	5500-C/R (1994) Form 5500-R filers, complete pages 1 and 2 only. Form 5500-C filers, complete page 1, skip page 2, a	and com	plete page	3 throug	gh 6. P	'age 2
6 e	Check investment arrangement(s): (1) Master trust (2) Common/Collective trust (3) Pooled	separat	e account	:	Yes	No
7a	Total participants: (1) At the beginning of plan year ▶					
b	Enter number of participants with account balances at the end of the plan year (defined benefit plans do not complete this					
С	(1) Were any participants in the pension benefit plan separated from service with a deferred vested be school of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan separated from service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by School of the pension benefit plan service with a deferred vested by					
	Schedule SSA (Form 5500) is required to be attached? (See instructions.)			. 7c(1)		
				8a		
8a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year			. 8b		
b c	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the If line 8a is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and page 1.					
·	the end of the plan year in which assets are distributed or brought under the control of PBGC?			8c		
9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?.			9		
10	If any benefits are provided by an insurance company, insurance service, or similar organization, ent Schedules A (Form 5500), Insurance Information, that are attached. If none, enter -0 ▶	er the	number o	f		
11a	(1) Were any plan amendments adopted during this plan year?			. 11a(1)		
	(2) Enter the date the most recent amendment was adopted ▶ MonthDay	Year		-		
b	If line 11a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any page	rticipar	nt?	11b		<u> </u>
С	If line $11a$ is "Yes," did any amendment change the information contained in the latest summary place.					
_	summary description of modifications available at the time of the amendment?			11c		
	If line 11c is "Yes," has a summary plan description or summary description of modifications that amendments referred to on line 11c been both furnished to participants and filed with the Department	of Lab	or?	11d		
12a	If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a floor this plan year? (See instructions)					
b	for this plan year? (See instructions.)			12a 12b		
				120		
13a b	Total plan assets as of the beginning and end Total liabilities as of the beginning and end					
c			plan year			
14	For this plan year, enter: a Plan income			_		
	b Expenses e Total benefits paid			-		
	c Net income (loss) (subtract 14b from 14a) ▶					
15	You may NOT use N/A in response to lines 15a through 15o. If you check "Yes," you must enter a		Yes No		mour	ıt
	dollar amount in the amount column.					
_	During this plan year:	15a				
a b	Was this plan covered by a fidelity bond?	- Ju				
C	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	15c				
d	Was there any sale, exchange, or lease of any property between the plan and the employer, any					
u	fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15d				
е	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five					
-	most highly paid employees of the employer, any owner of a 10% or more interest in the employer,					
	or relatives of any such persons?	15e				
f	Did the plan acquire or hold any employer security or employer real property?	15f				
g	Has the plan granted an extension on any delinquent loan owed to the plan?	15g				
h	Has the employer owed contributions to the plan that are more than 3 months overdue?	15h				
i	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in	15i				
	default as of the close of the plan year?					
j	Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	15j				
k	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel					
	of real estate, or partnership/joint venture interests?	15k				
I	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	15I				
m	Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?	15m				
n	Were there any purchases of nonpublicly traded securities by the plan the value of which was set					
	without an appraisal by an independent third party?	15n				
0	Has the plan reduced or failed to provide any benefit when due under the plan because of insufficient assets?	15o				
16a	Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?		No !		deterr	nined
b	If line 16a is "Yes" or "Not determined," enter the employer identification number and the plan number Employer identification number ▶ Plan number ▶	used	to identify	It.		
	Employer identification number • Plan number •					

orm	5500-C/R (1994) Complete page 1, and pages 3 through 6 only, if you are filing Form 5500-C. (See instructions on	page 1:	3.) F	⊃age 3	
6 e	Check all applicable investment arrangements below. (See instructions on page 13.):				
	(1) Master trust (2) 103-12 investment entity				
	(3) Common/collective trust (4) Pooled separate account				
£	Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month Day				
ı g	Is any part of this plan funded by an insurance contract described in Code section 412(i)?				
_	If line 6g is "Yes," was the part subject to the minimum funding standards for either of the prior 2 plan years?				
7a	Total participants: (1) At the beginning of plan year ▶				
b	Enter number of participants with account balances at the end of the plan year. (Defined benefits plans do	not co	mplet	e this	
	item.) ▶				
С	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vo	ested >			
		ſ	Yes	No	
d	(1) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which	7d(1)	103	140	
	a Schedule SSA (Form 5500) is required to be attached?	74(1)			
	(2) If "Yes," enter the number of separated participants required to be reported ▶				
8a	Was this plan ever amended since its effective date? If "Yes," complete line 8b and, if the amendment was adopted in				
	this plan year, complete lines 8c through 8e	8a			
b	If line 8a is "Yes," enter the date the most recent amendment was adopted ▶ Month Day Year				
С	Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participant?	8c			
d	During this plan year, did any amendment change the information contained in the latest summary plan description or	8d			
_	summary description of modifications available at the time of amendment?	ou			
·	amendments referred to on line 8d been both furnished to participants and filed with the Department of Labor?	8e			
9a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ▶	9a			
	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the				
	control of PBGC?	9b			
С	Was a resolution to terminate this plan adopted during this plan year or any prior plan year?	9c 9d			
d	d If line 9a or line 9c is "Yes," have you received a favorable determination letter from the IRS for the termination?				
	If line 9d is "No," has a determination letter been requested from the IRS?	9e			
ī	termination?	9f			
а	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				
J	until the end of the plan year in which assets are distributed or brought under the control of PBGC?	9g			
h	During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due? .	9h			
	If line Oh is "Was " antenths arround of tou noist with Form F320 b.				
i	If line 9h is "Yes," enter the amount of tax paid with Form 5330 ▶ \$				
10a	Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the plan year covered by the last return/report Form 5500 or 5500-C that was filed for this plan (or during				
	this plan year if this is the first return/report)? If "Yes," complete lines 10b through 10e	10a			
		Plan n	umbe	r(s)	
b	Name of plan(s) ►				
^	If required, has a Form 5210 A boon filed?			1 N/a	
	If required, has a Form 5310-A been filed?	∐ Ye	o] No	
11	Enter the plan funding arrangement code from page 14 of the instructions ► 12 Enter the plan benefit arrangement code from page 14 of the instructions ►		Yes	No	
13	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	13			
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, that are attached. If none, enter -0 ▶				

Welf	fare Plans Do Not Complete Lines 15 Through 25. Skip To Line 26.			
15a	If this is a defined benefit plan subject to the minimum funding standards for this plan year, is Schedule B (Form 5500)		Yes	No
	required to be attached? (If this is a defined contribution plan, leave blank.) (See instructions.)	15a		
	If "Yes," attach Schedule B (Form 5500).			
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.)	15b		
	If "Yes," complete (1), (2), and (3) below:			
	(1) Amount of employer contribution required for the plan year under Code section 412			
	(2) Amount of contribution paid by the employer for the plan year			
	Enter date of last payment by employer Month Day Year			
	(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.) 15b(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.)	16		
17a	(1) Did the plan distribute any annuity contracts this year? (See instructions.)	17a(1)		
174	(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?	17a(2)		
b	Did the plan make distributions to participants or beneficiaries in a form other than a qualified joint and survivor annuity			
	(a life annuity if a single person) or a qualified preretirement survivor annuity (exclude deferred annuity contracts)?	17b		
С	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the			
	participant's spouse?	17c		
d				
	the participant may become entitled to receive subsequent to the plan amendment or termination?	17d		
18	Were distributions, if any, made in accordance with the requirements of Code sections 411(a)(11) and 417(e)? (See instructions.)	18 19		
19	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended?	19		
20	Is the plan administrator making an election under section 412(c)(8) for an amendment adopted after the plan year? (See instructions.)	20		
21	Check if you are applying either of the following in completing lines 21a through 21o (see instructions):			
	(i) Reasonable, good-faith interpretation of the nondiscrimination provisions			
	(ii) Substantiation guidelines			
	If you checked box 21(ii) , enter the first day of the plan year for which data is being submitted ▶ MonthDayYear			
а	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 requirements 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.			
С	Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)? If	0.4		
	"Yes," see instructions for additional information to attach	21c		
d	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does	21d		
	the employer aggregate plans?	Ziu		
е	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)?	21e		
f	If you meet either one 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) No highly compensated employee benefited under the plan at any time during the plan year;			
	(2) 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?	21g		
		N	umbe	er
h	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under	216		
	Code section 414(b), (c), or (m). Include leased employees and self-employed individuals	21h		
i	Enter the total number of employees excludable under the plan 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	21i		
	nom o. J. sources, and (4) sou nours or service/last day rule	\Box		

				N	umber	•
	Enter the number of nonexcludable employees. Subtract line 21i from line 21h			21j		
k	Do 100% of the nonexcludable employees entered on line 21j benefit under the plan?	es 🗌 N	lo			
	If line 21k is "Yes," DO NOT complete lines 21l through 21o.			211		
I	Enter the number of nonexcludable employees (line 21j) who are highly compensated employees					
m	Enter the number of nonexcludable employees who benefit under the plan			21m		
n	Enter the number of employees entered on line $21m$ who are highly compensated employees			21n		
0	This plan satisfies the coverage requirements on the basis of (check one):		\neg_{α}			
	(1) ☐ The average benefits test (2) ☐ The ratio percentage test—enter percentage ►	<u> </u>	%		Vac	Na
			ſ		Yes	No
	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete lines 2			22a		
b	Enter the date of the most recent IRS determination letter Month					
С	Is a determination letter request pending with the IRS?			22c		
23a	Does the plan hold any assets that have a fair market value that is not readily determinable on an estal (If "Yes," complete line 23b.) (See instructions.)	blished m	narket?	23a		
h	Were all the assets referred to on line 23a valued for the 1994 plan year by an independent third-party	annraiser	r?	23b		
	If line 23b is "No," enter the value of the assets that were not valued by an independent	арргаізсі	··· ·			
C	third-party appraiser for the 1994 plan year					
d	Enter the most recent date the assets on line 23c were valued by an independent third-party appraise	er. (If mor	re than			
	one asset, see instructions.) ► Month					
е	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 \(\begin{array}{c} 23e \end{array}\)					
24	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? . If "Yes," enter the total number of plans, including this plan \blacktriangleright			24		
25a	Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance					
b	program?	es 🗌 N	lo 🗀 l	Not de	termin	ed
	EIN ► Plan number ►		1 1			
26						
	You may NOT use N/A in response to any line 26 item. If you check "Yes," you must enter a dollar amount in the amount column.	Y	es No	A	mount	
			es No	A	mount	
а	amount in the amount column.	26a	es No	A	mount	
a b	amount in the amount column. During this plan year:	26a	es No	A	mount	
	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond?		es No	A	mount	
b	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶	26a	es No	A	mount	
b	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶ Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in	26a 26c	es No	A	mount	
b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶	26a	es No	A	mount	
b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶	26a 26c	es No	A	mount	
b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶	26a 26c 26d	es No	A	mount	
b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶ Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	26a 26c 26d	es No	A	mount	
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b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶ Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Did the plan acquire or hold any employer security or employer real property? Has the plan granted an extension on any delinquent loan owed to the plan?	26a 26c 26d 26e 26f 26g	es No	A	mount	
b c d	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶	26a 26c 26d 26d 26e 26f	es No	A	mount	
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b c d e f g h i	During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶ Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer or relatives of any such persons? Did the plan acquire or hold any employer security or employer real property? Has the plan granted an extension on any delinquent loan owed to the plan? Has the employer owed contributions to the plan that are more than 3 months overdue? Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year? Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the	26a 26c 26d 26e 26f 26g 26h 26i	es No	A	mount	
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b c d e f g h i k l	amount in the amount column. During this plan year: Was this plan covered by a fidelity bond? If line 26a is "Yes," enter the name of the surety company ▶ Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? Did the plan acquire or hold any employer security or employer real property? Has the plan granted an extension on any delinquent loan owed to the plan? Has the employer owed contributions to the plan that are more than 3 months overdue? Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year? Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party? Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests? Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets? Were there any noncash contributions made to the plan whose value was set without an appraisal by	26a 26c 26d 26e 26f 26g 26h 26i 26j	es No	A	mount	
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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 the 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 end of the plan year enter -0- on line 27f.

	Assets	(a) Beginning of year	(b) End of year
а	272	-	
b	071		
-	Receivables		
C	270(1)		
	(1) U.S. Government securities		
	27-(2)		
	(c)		
	(4) Loans to participants: A Mortgages (4)A		
	The mortgages		
	07-77		
	07 (0)		
	(6) Total introduction (as into 27 o(1) and agric 27 o(2)		
	Buildings and other property used in plan operations		
f	Total assets. Add lines 27a, 27b, 27c(b), 27a, and 27c		
	Liabilities		
_	Payables		
h	Acquisition indebtedness		
i	Other liabilities		
j	Total liabilities. Add lines 27g through 27i		
K	Net assets. Subtract line 27j from line 27f		
	Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to amounts are subject to rejection.	•	
	Income	(a) Amount	(b) Total
	Contributions received or receivable in cash from:		

	Income	(a) Amount	(b) Lotal
а	Contributions received or receivable in cash from:		
	(1) Employer(s) (including contributions on behalf of self-employed individuals)	(1)	
	(2) Employees	(2)	
	(3) Others	(3)	
	(4) Add lines 28a(1) through 28a(3)	(4)	
b	Noncash contributions. Enter the total of lines 28a(4) and lines 28b in column (b)	b	
С	Earnings from investments (interest, dividends, rents, royalties)	С	
	Net realized gain (loss) on sale or exchange of assets	d	
	Other income (specify) ▶	e	
f	Total income. Add lines 28b through 28e	f	
	Expenses		
g	Distribution of benefits and payments to provide benefits:		
	(1) Directly to participants or their beneficiaries	(1)	
	(2) Other	(2)	
	(3) Total distribution of benefits and payments to provide benefits	(3)	
h	Administrative expenses (salaries, fees, commissions, insurance premiums)	h	
	Other expenses (specify) ▶ 28	i	
i	Total expenses. Add lines 28g through 28i	j	
k	Net income (loss). Subtract line 28j from line 28f	k	