

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, referred to as the Code.

▶ See separate instructions.

1990

This Form Is Open to Public Inspection.

For the calendar plan year 1990 or fiscal plan year beginning _____, 1990, and ending _____, 19

You must check either box (5) or (6), whichever is applicable. See instructions.

- A** If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:
- (1) the first return/report filed for the plan (complete all information);
 - (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).

For IRS Use Only

EP-ID _____

- (5) **Form 5500-C filer check here.**
(Complete only pages 1 and 3 through 6.)
- (6) **Form 5500-R filer check here.**
(Complete only pages 1 and 2. Detach pages 3 through 6 before filing.) If you checked box (1) or (3), you must file a Form 5500-C.

Information in 1a through 6b is used to identify your employee benefit plan. Check it for accuracy and make any necessary corrections. Also complete any incomplete items in 1a through 6b. This page must accompany your completed return/report.

- B** IF YOU MADE ANY CHANGES TO THE PREPRINTED INFORMATION OR FILLED IN ANY INCOMPLETE INFORMATION IN 1a THROUGH 6b BELOW, CHECK HERE
- C** If your plan year changed since the last return/report, check this box

<p>1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)</p>	<p>1b Employer identification number</p>
	<p>1c Sponsor's telephone number</p>
	<p>1d Business code (see instructions, page 18)</p>
	<p>1e CUSIP issuer number</p>
<p>2a Name and address of plan administrator (if same as plan sponsor, enter "Same")</p>	<p>2b Administrator's employer identification no.</p>
	<p>2c Administrator's telephone number</p>

- 3** If you are not filing a page one with the historical plan information preprinted and the name, address, and EIN of the plan sponsor or plan administrator is different than that on the last return/report filed for this plan, enter the information from the last return/report in a and/or b and complete c.
- a Sponsor _____ EIN _____ Plan number _____
 - b Administrator _____ EIN _____
 - c If a indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See instruction 3c for definition of sponsorship.) Enter "Yes" or "No."

4 Plan entity code. (Enter only one code from the instructions for line 4 on page 8.) ▶ _____

<p>5a(1) Name of plan ▶ _____</p>	<p>5b Effective date of plan (mo., day, yr.)</p>
<p>(2) Does this plan cover self-employed individuals? (Enter "Yes" or "No.") ▶ _____</p>	<p>5c Enter three-digit plan number ▶ _____</p>

6a(1) Welfare benefit plan. (Enter the applicable codes from page 8 of the instructions in the boxes.)									
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- (2)** If you entered a code M, N, or O, is the plan funded? Yes No
- 6b** Pension benefit plan. (Enter the applicable pension codes from page 9 of the instructions.) ▶ _____

Be sure to include all required schedules and attachments. This page must accompany your completed return/report.

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 employer/plan sponsor _____	
Signature of plan administrator ▶ _____	Date ▶ _____
Type or print name of individual signing for plan administrator _____	

6c Other plan features: (1) <input type="checkbox"/> Master trust (2) <input type="checkbox"/> Common/Collective trust (3) <input type="checkbox"/> Pooled separate account (4) <input type="checkbox"/> ESOP		Yes	No
7a Total participants: (1) At the beginning of plan year (2) At the end of plan year			
b Enter number of participants with account balances at the end of the plan year			
c(1) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?		7c(1)	
(2) If "Yes," enter the number of separated participants required to be reported ▶			
8a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year		8a	
b Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		8b	
c If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?		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, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. (If none, enter "-0-") ▶			
11a Were any plan amendments adopted during the plan year?		11a	
b If a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?		11b	
c If a is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?		11c	
d If c is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in c been both furnished to participants and filed with the Department of Labor?		11d	
12a If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans must answer this question and attach Schedule B (Form 5500))?		12a	
b If a is "Yes," have you filed Form 5330 to pay the excise tax?		12b	
13a Total plan assets as of the beginning and end of the plan year			
b Total liabilities as of the beginning and end of the plan year			
c Net assets as of the beginning and end of the plan year			
14 For this plan year, enter: a Plan income d Plan contributions			
b Expenses e Total benefits paid			
c Net income (loss)			
15 The following applies to item 15: (i) you may NOT use N/A in response to any line item, and (ii) if "Yes" is checked, you must enter a dollar amount in the amount column.		Yes	No
During this plan year:			Amount
a Was this plan covered by a fidelity bond?		15a	
b Enter the name of the surety company			
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 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	
e 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 which 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 default as of the close of the plan year?		15i	
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	
l 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?		15l	
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	
o Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?		15o	
16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined			
b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it. Employer identification number ▶ Plan number ▶			

6c Other plan features (if you check box (1) or (2), attach Schedule E (Form 5500)): (1) <input type="checkbox"/> ESOP							
(2) <input type="checkbox"/> Leveraged ESOP	(3) <input type="checkbox"/> Participant-directed account plan	Yes				No	
(4) <input type="checkbox"/> Pension plan maintained outside the United States	(5) <input type="checkbox"/> Master trust (see instructions)						
(6) <input type="checkbox"/> 103-12 investment entity (see instructions)	(7) <input type="checkbox"/> Common/collective trust						
(8) <input type="checkbox"/> Pooled separate account							

d Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month _____ Day _____ Year _____							
e Is the employer a member of an affiliated service group?			6e				
f Does this plan contain a cash or deferred arrangement described in Code section 401(k)?			6f				
7a Total participants: (1) At the beginning of plan year _____ (2) At the end of plan year _____							
b Enter number of participants with account balances at the end of the plan year _____							
c (1) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?			7c(1)				
(2) If "Yes," enter the number of separated participants required to be reported ► _____							
8a Was this plan amended in this plan year or any prior plan year?			8a				
b If a is "Yes," enter the date the most recent amendment was adopted ► Month _____ Day _____ Year _____ If the date in b is in the plan year for which this return/report is filed, complete c through f .							
c Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participant?			8c				
d Did any amendment during the current plan year provide former employees with an additional allocation or accrual this year?			8d				
e During this plan year, did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of amendment?			8e				
f If e is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in e been both furnished to participants and filed with the Department of Labor?			8f				
9a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ► _____			9a				
b Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?			9b				
c Was a resolution to terminate this plan adopted during this plan year or any prior plan year?			9c				
d If a or c is "Yes," have you received a favorable determination letter from IRS for the termination?			9d				
e If d is "No," has a determination letter been requested from IRS?			9e				
f If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?			9f				
g If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?			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				
i If h is "Yes," enter the amount of tax paid with your 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 which was filed for this plan (or during this plan year if this is the first return/report)?			10a				
If "Yes," identify the other plan(s):			c Employer identification number(s)	d Plan number(s)			
b Name of plan(s) ► _____							
e Has Form 5310 been filed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
11 Enter the plan funding arrangement code from page 13 of the instructions ►	12 Enter the plan benefit arrangement code from page 13 of the instructions ►						
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-" ►							

Welfare Plans Do Not Complete Items 15 Through 28. Skip To Item 29. Fringe Benefit Plans Complete 22h and 22m.

		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 "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 "Yes," complete (1), (2), and (3) below:		
	(1) Amount of employer contribution required for the plan year under Code section 412	15b(1)	\$
	(2) Amount of contribution paid by the employer for the plan year	15b(2)	\$
	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 zero. (If you have a funding deficiency, file Form 5330.)	15b(3)	\$
16	Has the plan been top-heavy at any time beginning with the 1984 plan year?	16	
17	Has the annual compensation of each participant taken into account under the plan been limited to \$200,000 (as adjusted for cost of living)?	17	
18a	If the plan distributed any annuity contracts this year, 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?	18a	
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 qualified preretirement survivor annuity (exclude deferred annuity contracts)?	18b	
c	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	18c	
d	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?	18d	
19	Were distributions made in accordance with the requirements of Code sections 411(a)(11) and 417(e)? (see instructions)	19	
20	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20	
21	Has the plan made the required distributions in 1990 under Code section 401(a)(9)?	21	
22a	Does the employer apply the separate line of business rules of Code section 414(r) in testing whether this plan satisfies the coverage requirements of Code section 410(b)?	22a	
b	If a is "Yes," enter the total number of separate lines of business claimed by the employer ▶ _____		
c	Does the plan consist of more than one part that is mandatorily disaggregated under Proposed Income Tax Regulations 1.410(b)-7(c)?	22c	
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?	22d	
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)?	22e	
	IF YOU ANSWERED a, c, d, or e "YES," DO NOT COMPLETE THE REST OF QUESTION 22 AND SEE INSTRUCTIONS FOR INFORMATION TO BE FURNISHED.		
f	If you meet either one of the following exceptions; check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:		
	(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 employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		
g	Did any leased employee perform services for the employer at any time during the plan year?	22g	
		Number	
h	Total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals	22h	
i	What is the total number of employees excludable under the plan because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule?	22i	
j	Enter the number of nonexcludable employees (subtract line i from line h)	22j	
k	Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If line k is "Yes," do NOT complete lines 22l through 22o.		
l	What is the number of nonexcludable employees (line j) who are highly compensated employees?	22l	
m	What is the number of nonexcludable employees who benefit under the plan?	22m	
n	What is the number of employees entered on line m who are highly compensated employees?	22n	
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 value ▶ _____		

		Yes	No
23a	Is it intended that this plan qualify under Code section 401(a)? If "Yes," complete b and c .		
b	Enter the date of the most recent IRS determination letter. ▶ Month _____ Year _____		
c	Is a determination letter request pending with IRS?		
23c			
24a	If this is a plan with Employee Stock Ownership features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report?		
b	If a is "Yes," was the appraisal made by an unrelated third party?		
24b			
c	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 ▶ 24c		
24c			
25	Does the plan provide for permitted disparity (see Code sections 401(a)(5) and 401(l))?		
26	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 ▶		
26			

27 If this plan is an adoption of a master, prototype, or regional prototype plan, indicate which type by checking the appropriate box:
a Master **b** Prototype **c** Regional prototype

28a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? Yes No Not determined
b If **a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
Employer identification number ▶ _____ Plan number ▶ _____

	Yes	No	Amount
29			
The following applies to item 29: (i) you may NOT use N/A in response to any line item, and (ii) if "Yes" is checked, you must enter a dollar amount in the amount column. During this plan year:			
a			
Was this plan covered by a fidelity bond?			
29a			
b			
Enter the name of the surety company _____			
29c			
c			
Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?			
29d			
d			
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?			
29e			
e			
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?			
29f			
f			
Did the plan acquire or hold any employer security or employer real property?			
29g			
g			
Has the plan granted an extension on any delinquent loan owed to the plan?			
29h			
h			
Has the employer owed contributions to the plan which are more than 3 months overdue?			
29i			
i			
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?			
29j			
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?			
29k			
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?			
29l			
l			
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?			
29m			
m			
Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?			
29n			
n			
Were there any purchases of nonpublicly traded securities by the plan whose value was set without an appraisal by an independent third party?			
29o			
o			
Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?			

30 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 which 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.**

		(a) Beginning of year	(b) End of year
Assets			
a	Cash	30a	
b	Receivables	30b	
c	Investments:		
	(1) U.S. Government securities	30c(1)	
	(2) Corporate debt and equity instruments	30c(2)	
	(3) Real estate and mortgages (other than to participants)	30c(3)	
	(4) Loans to participants:		
	A Mortgages	(4)A	
	B Other	(4)B	
	(5) Other	30c(5)	
	(6) Total investments (add (1) through (5)) ▶	30c(6)	
d	Buildings and other property used in plan operations	30d	
e	Other assets	30e	
f	Total assets (add a, b, c(6), d, and e) ▶	30f	
Liabilities			
g	Payables	30g	
h	Acquisition indebtedness	30h	
i	Other liabilities	30i	
j	Total liabilities (add g through i) ▶	30j	
k	Net assets (f minus j) ▶	30k	

31 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 payments/receipts to/from insurance carriers. **Round off amounts to nearest dollar. Any other amounts are subject to rejection.**

		(a) Amount	(b) Total
Income			
a	Contributions received or receivable in cash from:		
	(1) Employer(s) (including contributions on behalf of self-employed individuals)	31a(1)	
	(2) Employees	31a(2)	
	(3) Others	31a(3)	
	(4) Add (1) through (3)	31a(4)	
b	Noncash contributions (enter total of a(4) and b in column (b))	31b	
c	Earnings from investments (interest, dividends, rents, royalties)	31c	
d	Net realized gain (loss) on sale or exchange of assets	31d	
e	Other income (specify) ▶	31e	
f	Total income (add b through e) ▶	31f	
Expenses			
g	Distribution of benefits and payments to provide benefits:		
	(1) Directly to participants or their beneficiaries	31g(1)	
	(2) Other	31g(2)	
h	Administrative expenses (salaries, fees, commissions, insurance premiums)	31h	
i	Other expenses (specify) ▶	31i	
j	Total expenses (add g through i) ▶	31j	
k	Net income (loss) (subtract j from f) ▶	31k	