

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

OMB No. 1210-0016

**1992**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 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 1992 or fiscal plan year beginning \_\_\_\_\_, 1992, and ending \_\_\_\_\_, 19

- A** If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:
- |   |  |
|---|--|
| <p>(1) <input type="checkbox"/> the first return/report filed for the plan;</p> <p>(2) <input type="checkbox"/> an amended return/report;</p> | <p><b>For IRS Use Only</b><br/>EP-ID</p> <p>(3) <input type="checkbox"/> the final return/report filed for the plan; or</p> <p>(4) <input type="checkbox"/> a short plan year return/report (less than 12 months).</p> |
|---|--|

**If the preprinted information in 1a through 6d is incorrect, please correct it; if any information is missing, please add it. Be sure to include this page with your completed return/report.**

- B** IF YOU CORRECT ANY OF THE PREPRINTED INFORMATION OR ADD MISSING INFORMATION IN 1a THROUGH 6d, CHECK HERE . . . . . ▶
- 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 . . . . . ▶

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

- 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 **3a** and/or **3b** and complete **3c**.
- a** Sponsor ..... EIN ..... Plan number.....
- b** Administrator ..... EIN .....
- c** If **3a** indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See instruction 3c on page 9 for the definition of sponsorship.) Enter "Yes" or "No." ▶ .....

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

<p><b>5a</b> Name of plan ▶ .....</p>	<p><b>5b</b> Effective date of plan (mo., day, yr.)</p> <hr/> <p><b>5c</b> Three-digit plan number ▶</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>								

- 6** All filers must complete 6a through 6d, as applicable.
- a**  Welfare benefit plan    **b**  Pension benefit plan
- (If the correct codes are not preprinted below, enter the applicable codes from page 9 and 10 of the instructions in the boxes.)

- c** Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 10 of the instructions in the boxes.)
- |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ ..... Date ▶ .....

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

Signature of plan administrator ▶ ..... Date ▶ .....

Type or print name of individual signing for the plan administrator .....

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

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

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

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

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

7 Number of participants as of the end of the plan year (welfare plans complete only 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 7a(4), 7b, and 7c) . . . . .		d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .		e
f Total (add 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 ►			

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

b If 8a is "Yes," enter the date the most recent amendment was adopted ► Month ..... Day ..... Year .....

c Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participants?

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? . . . . .

e If 8d is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 8d been both furnished to participants and filed with the Department of Labor? . . . . .

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? . . . . .

c Was a resolution to terminate this plan adopted during this plan year or any prior plan year? . . . . .

d If 9a or 9c is "Yes," have you received a favorable determination letter from the IRS for the termination? . . . . .

e If 9d is "No," has a determination letter been requested from the IRS? . . . . .

f If 9a or 9c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?

g If 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? . . . . .

h During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?

i If 9h is "Yes," enter the amount of tax paid with Form 5330 ► \$

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If "Yes," complete 10b through 10e, and see the instructions for 9a to complete item 9 if the plan was terminated  Yes  No

If "Yes," identify the other plan(s)

c Employer identification number(s)	d Plan number(s)
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b Name of plan(s) ► .....

e If required, has a Form 5310-A been filed? . . . . .  Yes  No

11 Enter the plan funding arrangement code from page 12 of the instructions . . . . . ►	12 Enter the plan benefit arrangement code from page 12 of the instructions ►	Yes	No
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13a Is this a plan established or maintained pursuant to one or more collective bargaining agreements? . . . . .

b If 13a is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions):

(1)	(2)	(3)
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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 Items 15 Through 24. Go To Item 25.**

		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 to \$228,860?	<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 to participants or spouses 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)? . . . . .	<b>b</b>	
<b>c</b>	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse? . . . . .	<b>c</b>	
<b>d</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>d</b>	
<b>18</b>	Were distributions, if any, made in accordance with the requirements under Code sections 411(a)(11) and 417(e)? . . . . .	<b>18</b>	
<b>19</b>	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? . . . . .	<b>19</b>	
<b>20</b>	Has the plan made the required distributions in 1992 under Code section 401(a)(9)? (See instructions.) . . . . .	<b>20</b>	
<b>21</b>	Check if you are applying either of the following in completing items <b>21a</b> through <b>21o</b> (see instructions): (i) <input type="checkbox"/> Reasonable, good faith interpretation of the nondiscrimination provisions. (ii) <input type="checkbox"/> Substantiation guidelines. If you checked 21(ii), 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 <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) minimum hours of service/last day rule . . . . .	<b>i</b>	
<b>j</b>	Enter the number of nonexcludable employees (subtract line 21i from line 21h) . . . . .	<b>j</b>	
<b>k</b>	Do 100% of the nonexcludable employees entered on line 21j 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>l</b>	Enter the number of nonexcludable employees (line 21j) who are highly compensated employees . . . . .	<b>l</b>	
<b>m</b>	Enter the number of nonexcludable employees (line 21j) 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 value ►		

		Yes	No
<b>22a</b>	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete <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," answer <b>23b</b> ). . . . .		
<b>b</b>	Were all the assets referred to in <b>23a</b> valued during the 1992 plan year by an independent third-party appraiser? . . . . .		
<b>c</b>	If <b>23b</b> is "No," enter the value of the assets that were not valued by an independent third-party appraiser during the 1992 plan year. ► _____		
<b>d</b>	Enter the date the assets in <b>23c</b> were valued by an independent third-party appraiser. (If more than one date, enter the earliest date.) ► _____ (If this plan does not have ESOP features leave <b>23e</b> blank and go to item 24.)		
<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 in <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 in <b>25d</b> below? . . . . .		
<b>d</b>	If <b>25c</b> is "Yes," check the appropriate box(es), answer <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 <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 <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) 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 <b>26c</b> is "Yes," provide the total amount involved in such disclosure ► _____		
<b>27</b>	If <b>26a</b> is "No," complete the following questions. (You may NOT use "N/A" in response to item 27): If <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. Schedule G (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 in <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 (1)</b>	Was this plan covered by a fidelity bond? If "Yes," complete 29a(2) and 29a(3) . . . . .	<b>29a(1)</b>	
<b>(2)</b>	Enter amount of bond ▶ \$ .....		
<b>(3)</b>	Enter the name of the surety company ▶ .....		
<b>b (1)</b>	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? . . . . .	<b>b(1)</b>	
<b>(2)</b>	If <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 **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 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.** 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: <b>(1)</b> Employer contributions . . . . .	<b>b(1)</b>	
	<b>(2)</b> Participant contributions . . . . .	<b>(2)</b>	
	<b>(3)</b> Income . . . . .	<b>(3)</b>	
	<b>(4)</b> Other . . . . .	<b>(4)</b>	
	<b>(5)</b> Less allowance for doubtful accounts . . . . .	<b>(5)</b>	
	<b>(6)</b> Total. Add b(1) through (4) and subtract (5) ▶	<b>(6)</b>	
<b>c</b>	General Investments: <b>(1)</b> Interest-bearing cash (including money market funds) . . . . .	<b>c(1)</b>	
	<b>(2)</b> Certificates of deposit . . . . .	<b>(2)</b>	
	<b>(3)</b> U.S. Government securities . . . . .	<b>(3)</b>	
	<b>(4)</b> Corporate debt instruments: <b>(A)</b> Preferred . . . . .	<b>(4)(A)</b>	
	<b>(B)</b> All other . . . . .	<b>(4)(B)</b>	
	<b>(5)</b> Corporate stocks: <b>(A)</b> Preferred . . . . .	<b>(5)(A)</b>	
	<b>(B)</b> Common . . . . .	<b>(5)(B)</b>	
	<b>(6)</b> Partnership/joint venture interests . . . . .	<b>(6)</b>	
	<b>(7)</b> Real estate: <b>(A)</b> Income-producing . . . . .	<b>(7)(A)</b>	
	<b>(B)</b> Nonincome-producing . . . . .	<b>(7)(B)</b>	
	<b>(8)</b> Loans (other than to participants) secured by mortgages: <b>(A)</b> Residential . . . . .	<b>(8)(A)</b>	
	<b>(B)</b> Commercial . . . . .	<b>(8)(B)</b>	
	<b>(9)</b> Loans to participants: <b>(A)</b> Mortgages . . . . .	<b>(9)(A)</b>	
	<b>(B)</b> Other . . . . .	<b>(9)(B)</b>	
	<b>(10)</b> Other loans . . . . .	<b>(10)</b>	
	<b>(11)</b> Value of interest in common/collective trusts . . . . .	<b>(11)</b>	
	<b>(12)</b> Value of interest in pooled separate accounts . . . . .	<b>(12)</b>	
	<b>(13)</b> Value of interest in master trusts . . . . .	<b>(13)</b>	
	<b>(14)</b> Value of interest in 103-12 investment entities . . . . .	<b>(14)</b>	
	<b>(15)</b> Value of interest in registered investment companies . . . . .	<b>(15)</b>	
	<b>(16)</b> Value of funds held in insurance company general account (unallocated contracts) . . . . .	<b>(16)</b>	
	<b>(17)</b> Other ▶ .....	<b>(17)</b>	
	<b>(18)</b> Total. Add c(1) through c(17) ▶	<b>(18)</b>	
<b>d</b>	Employer-related investments: <b>(1)</b> Employer securities . . . . .	<b>d(1)</b>	
	<b>(2)</b> 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</b> assets. Add a, b(6), c(18), d(1), d(2), and e ▶	<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</b> liabilities. Add g through j ▶	<b>k</b>	
<b>Net Assets</b>			
<b>l</b>	Line f minus line k ▶	<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 a(1)(A), (B), (C) and a(2) . . . . . ▶	(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 b(1)(A) through (G) . . . . . ▶	(H)		
(2) Dividends: <b>(A)</b> Preferred stock . . . . .	b(2)(A)		
<b>(B)</b> Common stock . . . . .	(B)		
<b>(C)</b> Total dividends. Add b(2)(A) and (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) from (A) and enter result . . . . .	(C)		
(5) Unrealized appreciation (depreciation) of assets . . . . .	(5)		
(6) Net investment gain (loss) from common/collective trusts . . . . .	(6)		
(7) Net investment gain (loss) from pooled separate accounts . . . . .	(7)		
(8) Net investment gain (loss) from master trusts . . . . .	(8)		
(9) Net investment gain (loss) from 103-12 investment entities . . . . .	(9)		
(10) Net investment gain (loss) from registered investment companies . . . . .	(10)		
c Other income . . . . .	c		
d Total income. Add all amounts in column (b) and enter total . . . . . ▶	d		
<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 e(1) through (3) . . . . . ▶	(4)		
f Interest expense . . . . .	f		
<b>g Administrative expenses: (1) Salaries and allowances . . . . .</b>			
(2) Accounting fees . . . . .	(2)		
(3) Actuarial fees . . . . .	(3)		
(4) Contract administrator fees . . . . .	(4)		
(5) Investment advisory and management fees . . . . .	(5)		
(6) Legal fees . . . . .	(6)		
(7) Valuation/appraisal fees . . . . .	(7)		
(8) Trustees fees/expenses (including travel, seminars, meetings, etc.) . . . . .	(8)		
(9) Other . . . . .	(9)		
(10) Total administrative expenses. Add g(1) through (9) . . . . .	(10)		
h Total expenses. Add e(4), f, and g(10) . . . . . ▶	h		
i Net income (loss). Subtract h from d . . . . . ▶	i		
j Transfers to (from) the plan (see instructions) . . . . .	j		
k Net assets at beginning of year (Item 31, line I, column (a)) . . . . .	k		
l Net assets at end of year (Item 31, line I, column (b)) . . . . . ▶	l		

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

**SCHEDULE B  
(Form 5500)**

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

**Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

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

OMB No. 1210-0016

**1992**

**This Form Is Open  
to Public Inspection**

For calendar plan year 1992 or fiscal plan year beginning \_\_\_\_\_, 1992, and ending \_\_\_\_\_, 19

- ▶ **Read the specific instructions** before attempting to complete this form.
- ▶ **Please complete every item on this form. 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.

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500EZ \_\_\_\_\_  
Employer identification number \_\_\_\_\_

Name of plan \_\_\_\_\_  
Enter three-digit plan number ▶ \_\_\_\_\_ Yes No

- 1 Has a waiver of a funding deficiency for this plan year been approved by the IRS? . . . . .  
If "Yes," attach a copy of the IRS approval letter. / /
- 2 Is a waived funding deficiency of a prior plan year being amortized in this plan year? . . . . .
- 3 Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by IRS?  
If "Yes," attach a copy of the IRS approval letter. / /
- 4a Was the shortfall funding method the basis for this plan year's funding standard account computations? . . .
- b Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? . . . . .  
If "Yes," you are required to attach the information described in the instructions. / /
- 5 Has a change been made in funding method for this plan year? . . . . .  
If "Yes," attach either a copy of the letter showing IRS approval or state the applicable Revenue Procedure authorizing approval if used. / /

- 6 Operational information:
  - a Enter the most recent actuarial valuation date ▶ \_\_\_\_\_
  - b Has any pre-participation service been excluded in current liability calculations? . . . . .  Yes  No
  - c Current value of the assets accumulated in the plan as of the beginning of this plan year . . . . .

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
d Current liability as of beginning of plan year:			
(i) For retired participants and beneficiaries receiving payments . . . . .			
(ii) For terminated vested participants . . . . .			
(iii) For active participants . . . . .			
(iv) Total . . . . .			

e Expected current liability increase as of mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ attributable to benefits accruing during the plan year . . . . . / /

f Expected benefit payments . . . . .

**7 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>Total . . . . .</b>					

**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 \_\_\_\_\_ Most recent enrollment number \_\_\_\_\_  
-----  
Firm name and address \_\_\_\_\_ Telephone number (including area code) \_\_\_\_\_

<p><b>8 Funding standard account and other information:</b></p> <p><b>a</b> Accrued liability as determined for funding standard account as of (enter date) ▶ .....</p> <p><b>b</b> Value of assets as determined for funding standard account as of (enter date) ▶ .....</p> <p><b>c</b> Unfunded liability for spread-gain methods with bases as of (enter date) ▶ .....</p> <p><b>d</b> (i) Actuarial gains or (losses) for period ending ▶ .....</p> <p style="padding-left: 20px;">(ii) Shortfall gains or (losses) for period ending ▶ .....</p> <p><b>e</b> Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from <b>9o</b> or <b>10h</b> (or the attachment for <b>4b</b> if required). . . . .</p>	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
<p><b>9 Funding standard account statement for this plan year ending ▶ .....</b></p> <p><b>Charges to funding standard account:</b></p> <p><b>a</b> Prior year funding deficiency, if any . . . . .</p> <p><b>b</b> Employer's normal cost for plan year as of mo. .... day .... yr. ....</p> <p><b>c</b> Amortization charges: <span style="float: right;">Balance</span></p> <p style="padding-left: 20px;">(i) Funding waivers (outstanding balance as of mo. .... day .... yr. .... ▶ \$ .....</p> <p style="padding-left: 20px;">(ii) Other than waivers (outstanding balance as of mo. .... day .... yr. .... ▶ \$ .....</p> <p><b>d</b> Interest as applicable on <b>a</b>, <b>b</b>, and <b>c</b> . . . . .</p> <p><b>e</b> Additional funding charge, if applicable (see line 13, page 3) . . . . .</p> <p><b>f</b> Additional interest charge due to late quarterly contributions . . . . .</p> <p><b>g</b> Total charges (add <b>a</b> through <b>f</b>) . . . . .</p> <p><b>Credits to funding standard account:</b></p> <p><b>h</b> Prior year credit balance, if any . . . . .</p> <p><b>i</b> Employer contributions (total from column (b) of item 7) . . . . .</p> <p><b>j</b> Amortization credits (outstanding balance as of mo. .... day .... yr. .... ▶ \$ .....</p> <p><b>k</b> Interest as applicable to end of plan year on <b>h</b>, <b>i</b>, and <b>j</b>. . . . .</p> <p><b>l</b> Miscellaneous credits:</p> <p style="padding-left: 20px;">(i) FFL credit before reflecting 150% of current liability component . . . . .</p> <p style="padding-left: 20px;">(ii) Additional credit due to 150% of current liability component . . . . .</p> <p style="padding-left: 20px;">(iii) Waived funding deficiency . . . . .</p> <p style="padding-left: 20px;">(iv) Total . . . . .</p> <p><b>m</b> Total credits (add <b>h</b> through <b>l</b>) . . . . .</p> <p><b>Balance:</b></p> <p><b>n</b> Credit balance: if <b>m</b> is greater than <b>g</b>, enter the difference. . . . .</p> <p><b>o</b> Funding deficiency: if <b>g</b> is greater than <b>m</b>, enter the difference . . . . .</p> <p><b>Reconciliation:</b></p> <p><b>p</b> Current year's accumulated reconciliation account:</p> <p style="padding-left: 20px;">(i) Due to additional funding charge as of the beginning of the plan year . . . . .</p> <p style="padding-left: 20px;">(ii) Due to additional interest charges as of the beginning of the plan year . . . . .</p> <p style="padding-left: 20px;">(iii) Due to waived funding deficiency:</p> <p style="padding-left: 40px;">(a) Reconciliation outstanding balance as of mo. .... day .... yr. ....</p> <p style="padding-left: 40px;">(b) Reconciliation amount (<b>9c(i)</b> balance minus <b>9p(iii)(a)</b>) . . . . .</p> <p style="padding-left: 20px;">(iv) Total as of mo. .... day .... yr. ....</p>	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
<p><b>10 Alternative minimum funding standard account (omit if not used):</b></p> <p><b>a</b> Was the entry age normal cost method used to determine entries in line 9, above. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If "No," do not complete <b>b</b> through <b>h</b>.</p> <p><b>b</b> Prior year alternate funding deficiency, if any . . . . .</p> <p><b>c</b> Normal cost . . . . .</p> <p><b>d</b> Excess, if any, of value of accrued benefits over market value of assets . . . . .</p> <p><b>e</b> Interest on <b>b</b>, <b>c</b>, and <b>d</b>. . . . .</p> <p><b>f</b> Employer contributions (total from columns (b) of item 7) . . . . .</p> <p><b>g</b> Interest on <b>f</b> . . . . .</p> <p><b>h</b> Funding deficiency: if the sum of <b>b</b> through <b>e</b> is greater than the sum of <b>f</b> and <b>g</b>, enter difference . . . . .</p>	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>



11 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  Other (specify) ▶

12 Checklist of certain actuarial assumptions:

- a Rates specified in insurance or annuity contracts . . . . .
- b Mortality table code:
  - (i) Males . . . . .
  - (ii) Females . . . . .
- c Interest rate:
  - (i) Current liability . . . . . %
  - (ii) All other calculated values . . . . . %
- d Retirement age . . . . . %
- e Expense loading . . . . . %
- f Annual withdrawal rate:
  - (i) Age 25 . . . . . %
  - (ii) Age 40 . . . . . %
  - (iii) Age 55 . . . . . %
- g Ratio of salary at normal retirement to salary at:
  - (i) Age 25 . . . . . %
  - (ii) Age 40 . . . . . %
  - (iii) Age 55 . . . . . %
- h Estimated investment return on actuarial value of plan assets for the year ending on the valuation date . . . . . %

Pre-retirement		Post-retirement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	%
		%	%
		%	%
Male	Female		
%	%		
%	%		
%	%		
%	%		
%	%		
%	%		

13 Additional Required Funding Charge—Multiemployer plans or plans with NO unfunded current liability or plans with 100 or fewer participants check the box at the right and do not complete a through r below

- a Current liability as of valuation date . . . . .
- b Adjusted value of assets as of valuation date (subtract line 9h from line 8b) . . . . .
- c Funded current liability percentage (b divided by a) . . . . . %
- d Unfunded current liability as of valuation date (subtract b from a) . . . . .
- e Outstanding balance of unfunded old liability as of valuation date . . . . .
- f Liability attributable to any unpredictable contingent event benefit . . . . .
- g Unfunded new liability (subtract e and f from d) . . . . .
- h Unfunded new liability amount ( \_\_\_ % of g) . . . . .
- i Unfunded old liability amount . . . . .
- j Deficit reduction contribution (add h and i) . . . . .
- k Net amortization charge for certain bases . . . . .
- l Unpredictable contingent event amount:
  - (i) Benefits paid during year attributable to unpredictable contingent event . . . . .
  - (ii) Unfunded current liability percentage (subtract the percentage on 13c from 100%) . . . . . %
  - (iii) Transition percentage . . . . . %
  - (iv) Enter the product of lines (i), (ii), and (iii) . . . . .
  - (v) Amortization of all unpredictable contingent event liabilities . . . . .
  - (vi) Enter the greater of line iv or line v . . . . .
- m Additional funding charge as of valuation date (excess of j over k (if any) plus l(vi)) . . . . .
- n Assets needed to increase current liability percentage to 100% (line d) . . . . .
- o Lesser of m or n . . . . .
- p Interest adjustment . . . . .
- q Additional funding charge (add o and p) . . . . .
- r Adjustment for plans with more than 100 but less than 150 participants ( \_\_\_ % of q) . . . . .

%	
%	
%	

14 Has this form been prepared and signed subject to the qualification under Income Tax Regulations section 301.6059-1(d)(5)? (See instructions.) . . . . .  Yes  No