Form **5500-C/R**

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 Nos. 1210-0016
1210-0089

1997

This Form Is Open to Public Inspection.

For the calendar plan year 1997 or fiscal plan year beginning , 1997, and ending , 19

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

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

A This return/report is:

(1) ☐ the first return/report filed for the plan;

(2) ☐ an amended return/report;

(3) ☐ the final return/report filed for the plan; or

(4) ☐ a short plan year return/report (less than 12 months).

For IRS Use Only

EP–ID

(5) **Form 5500-C filer check here** . . . . . ☐
(Complete only pages 1 and 3 through 6.) (Code section 6039D filers see instructions on page 5.)

(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. (See page 6 of the instructions.)

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

B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan . . . . . ► ☐

C If your plan year changed since the last return/report, check here . . . . . ► ☐

D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension . . . . . ► ☐

1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)

1b Employer identification number (EIN)

1c Sponsor's telephone number

1d Business code (see instructions, page 17)

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter ''Same'')

2b Administrator's EIN

2c Administrator's telephone number

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report on lines **3a** and/or **3b** and complete line **3c.**

a Sponsor ..... EIN ..... Plan number .....

b Administrator ..... EIN .....

c If line **3a** indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line **3c** on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ►

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

5a Name of plan ► .....

5b Effective date of plan (mo., day, yr.)

5c Three-digit plan number ►

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

6a ☐ Welfare benefit plan **6b** ☐ Pension benefit plan

(If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)

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

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

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

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

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

Type or print name of individual signing above .....

Signature of plan administrator ► ..... Date ► .....

Type or print name of individual signing above

			Yes	No
6e	Check investment arrangement(s): **(1)** ☐ Master trust **(2)** ☐ Common/Collective trust **(3)** ☐ Pooled separate account			
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 (defined benefit plans do not complete this item) ►			
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? (See instructions.)	**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 line **8a** 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	**(1)** Were any plan amendments adopted during this plan year?	**11a(1)**		
	(2) Enter the date the most recent amendment was adopted ► Month ..... Day ..... Year			
b	If line **11a** is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant? . .	**11b**		
c	If line **11a** 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 line **11c** is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to on line **11c** been furnished to participants? (see instructions)	**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? (See instructions.).	**12a**		
b	If line **12a** is "Yes," have you filed Form 5330 to pay the excise tax?	**12b**		
c	Is the plan administrator making an election under section 412(c)(8) for an amendment adopted after the end of the plan year? (See instructions.)	**12c**		
d	If a change in the actuarial funding method was made for the plan year pursuant to a Revenue Procedure providing automatic approval for the change, indicate whether the plan sponsor/administrator agrees to the change	**12d**		
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) (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 dollar amount in the amount column. **During this plan year:**		Yes	No	Amount
a	Was this plan covered by a fidelity bond?	**15a**			
b	If line **15a** is "Yes," 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	Were any participant contributions transmitted to the plan more than 31 days after receipt or withholding by the employer?	**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 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? ☐ Yes ☐ No ☐ Not determined
b If line **16a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
Employer identification number ► Plan number ►

6e Check all applicable investment arrangements below. (See instructions on page 12.):

(1) ☐ Master trust **(2)** ☐ 103-12 investment entity

(3) ☐ Common/collective trust **(4)** ☐ Pooled separate account

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

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

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

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. (Defined benefits plans do not complete this item.) ► _____

c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ► _____

		Yes	No
d (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?	**7d(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 _____			
c 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 summary description of modifications available at the time of amendment?	**8d**		
e If line **8d** is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to on line **8d** been furnished to participants? (see instructions)	**8e**		
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 line **9a** or line **9c** is "Yes," have you received a favorable determination letter from the IRS for the termination? . .	**9d**		
e If line **9d** is "No," has a determination letter been requested from the IRS?	**9e**		
f If line **9a** or line **9c** is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?	**9f**		
g If line **9a** is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	**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 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**		

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

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

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

			Yes	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 Lines 15 Through 25. Skip To Line 26 on page 5.

			Yes	No
15a	If this is a defined benefit plan subject to the minimum funding standards for this plan year, is Schedule B (Form 5500) required to be attached? (If this is a defined contribution plan, leave blank.) If "Yes," attach Schedule B (Form 5500).	15a		
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	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 -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)		
	(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 or loans to married participants and beneficiaries without the required consent of the participant's spouse?	17b		
c	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	17c		
18	Is the plan administrator making an election under section 412(c)(8) for an amendment adopted after the end of the plan year? (See instructions.)	18		
19	If a change in the actuarial funding method was made for the plan year pursuant to a Revenue Procedure providing automatic approval for the change, indicate whether the plan sponsor/administrator agrees to the change	19		
20	Is the employer electing to compute minimum funding for this plan year or either of the two immediately preceeding plan years using the transition rule of Code section 412(l)(11)?	20		
21	Check if you are applying the substantiation guidelines from Revenue Procedure 93-42, in completing lines **21a** through **21o** (see instructions) ☐			
	If you checked the box, enter the first day of the plan year for which data is being submitted ► Month ___ Day ___ Year ___			
a	Does the employer apply the separate line of business rules of Code section 414(r) when testing this plan for the coverage and discrimination tests 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.			
c	Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)–7(c)? If "Yes," see instructions for additional information to attach	21c		
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?	21d		
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)?	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		
			Number	
h	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals	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		

		Number	
j	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? ☐ **Yes** ☐ **No** If line **21k** is "Yes," DO NOT complete lines **21l** through **21o.**		
l	Enter the number of nonexcludable employees (line **21j**) who are highly compensated employees	**21l**	
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**	
o	This plan satisfies the coverage requirements on the basis of (check one): **(1)** ☐ The average benefits test **(2)** ☐ The ratio percentage test—enter percentage ► ____.__ %		

			Yes	No
22a	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete lines **22b** and **22c**	**22a**		
b	Enter the date of the most recent IRS determination letter ► Month _____ Year _____			
c	Is a determination letter request pending with the IRS?	**22c**		
23a	Does the plan hold any assets that have a fair market value that is not readily determinable on an established market? (If "Yes," complete line **23b**.) (See instructions.)	**23a**		
b	Were all the assets referred to on line **23a** valued for the 1997 plan year by an independent third-party appraiser?	**23b**		
c	If line **23b** is "No," enter the value of the assets that were not valued by an independent third-party appraiser for the 1997 plan year ► **23c**			
d	Enter the most recent date the assets on line **23c** were valued by an independent third-party appraiser. (If more than one asset, see instructions.) ► Month _____ Day _____ Year _____ (If this plan has NO ESOP features, leave line **23e** blank and go to line **24.**)			
e	If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans, enter the amount of the dividends used to make the payments ► **23e**			
24	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ►	**24**		

25a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ **Yes** ☐ **No** ☐ **Not determined**

b If line **25a** is "Yes" or "Not determined," enter the EIN and the plan number used to identify it.
EIN ► Plan number ►

			Yes	No	Amount
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. **During this plan year:**				
a	Was this plan covered by a fidelity bond?	**26a**			
b	If line **26a** is "Yes," enter the name of the surety company ►				
c	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	**26c**			
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?	**26d**			
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?	**26e**			
f	Did the plan acquire or hold any employer security or employer real property?	**26f**			
g	Has the plan granted an extension on any delinquent loan owed to the plan?	**26g**			
h	Were any participant contributions transmitted to the plan more than 31 days after receipt or withholding by the employer?	**26h**			
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?	**26i**			
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?	**26j**			
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?	**26k**			
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?	**26l**			
m	Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?	**26m**			
n	Were there any purchases of nonpublicly traded securities by the plan whose value was set without an appraisal by an independent third party?	**26n**			
o	Has the plan reduced or failed to provide any benefit when due under the terms of the plan because of insufficient assets?	**26o**			

27 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.**

		(a) Beginning of year	(b) End of year
	Assets		
a	Cash	27a	
b	Receivables	27b	
c	Investments:		
	(1) U.S. Government securities	27c(1)	
	(2) Corporate debt and equity instruments	27c(2)	
	(3) Real estate and mortgages (other than to participants)	27c(3)	
	(4) Loans to participants:		
	A Mortgages	(4)A	
	B Other	(4)B	
	(5) Other	27c(5)	
	(6) Total investments. Add lines 27c(1) through 27c(5) ►	27c(6)	
d	Buildings and other property used in plan operations	27d	
e	Other assets	27e	
f	Total assets. Add lines 27a, 27b, 27c(6), 27d, and 27e ►	27f	
	Liabilities		
g	Payables	27g	
h	Acquisition indebtedness	27h	
i	Other liabilities	27i	
j	Total liabilities. Add lines 27g through 27i ►	27j	
k	Net assets. Subtract line 27j from line 27f ►	27k	

28 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.**

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