

Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the ERISA Filing Acceptance System (EFAS), electronic filing, approved software vendors, and telephone assistance.

**For the calendar plan year 2000
or fiscal plan year beginning**

and ending

- A** This return is:
- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| (1) ☐ | the first return filed for the plan; | (3) ☐ | the final return filed for the plan; |
| (2) ☐ | an amended return; | (4) ☐ | a short plan year return (less than 12 months). |

B If you filed for an extension of time to file, check the box and attach a copy of the extension application

1a Name of plan

1b Three-digit plan number (PN) ▶

1c Date plan first became effective

Caution: A penalty for the late or incomplete filing of this return 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, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer or plan administrator

Date _____

Typed or printed name of individual signing as employer or plan administrator

2a Employer's name and address (Address should include room or suite no.)

1)	Name
	Name Continued
2)	Doing Business As (DBA) Name
	C / O Name
3)	Mailing Street Address (or Foreign Street)
	Location Address
4)	Location Address Continued
	Foreign Routing Code (Zip Code)
5)	Foreign Mailing Country
6)	City (or Foreign City)
7)	State Zip Code
8)	

2b Employer Identification Number (EIN)
(Do not enter your Social Security Number)

2c Employer's telephone number

2d Business code
(see instructions)

3a Plan administrator's name and address (If same as employer, enter "Same")

1)	Name
	Name Continued
	C / O Name
2)	Street Address (or Foreign Street)
	Foreign Routing Code (Zip Code)
3)	Foreign Mailing Country
4)	City (or Foreign City)
5)	State Zip Code
6)	

3b Administrator's EIN

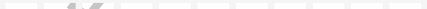
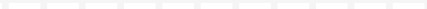
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3c Administrator's telephone number

		-			-				
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4 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return below:

a Employer's name

b EIN  **c** PN 



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

[illegible]

6 Type of plan: **(a)** ☒ Defined benefit pension plan (attach Schedule B (Form 5500))

(b) Money purchase pension plan (see instructions)

(d) ☐ Stock bonus plan

(c) Profit-sharing plan

(e) ESOP plan (attach Schedule E (Form 5500))

7a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number

b Check if this plan covers:

(1) Self-employed individuals,

(2) Partner(s) in a partnership, or

(3) ☐ 100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan)

b Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)

9 Enter the number of participants in each category listed below:

a Under age 59 1/2 at the end of the plan year

b Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan year

c Age 70 1/2 or older at the beginning of the plan year

Number



10a (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? ►

Yes	No
under a trust	with no trust

If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.

(2) If 10a(1) is "Yes," are the insurance contracts held: ► (1)

b Cash contributions received by the plan for this plan year

c Noncash contributions received by the plan for this plan year

00

d Total plan distributions to participants or beneficiaries (see instructions)

9

e Total nontaxable plan distributions to participants or beneficiaries

00

f Transfers to other plans

g Amounts received by the plan other than from contributions

h Plan expenses other than distributions

(a) Beginning of Year

(b) End of Year

11a Total plan assets

b Total plan liabilities

12 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Otherwise, check "No."

Yes

No

Amount

a Partnership/joint venture interests

b Employer real property

c Real estate (other than employer real property)

0 3 0 0 0 0 0 4 0 7



	Yes	No	Amount
d Employer securities	☐	☐	00
e Participant loans (see instructions)	☐	☐	00
f Loans (other than to participants)	☐	☐	00
g Tangible personal property	☐	☐	00

13 Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."

	Yes	No	Amount
a Sale, exchange, or lease of property	☐	☐	00
b Payment by the plan for services	☐	☐	00
c Acquisition or holding of employer securities	☐	☐	00
d Loan or extension of credit	☐	☐	00

If 14a is "No," do not complete line 14b and line 14c. See the specific instructions for line 14b and line 14c.

14a Does your business have any employees other than you and your spouse (and your partners and their spouses)? ▶ ☐ Yes ☐ No

b Total number of employees (including you and your spouse and your partners and their spouses) ▶

c Does this plan meet the coverage requirements of Code section 410(b)? ▶ ☐ Yes ☐ No

15a Did the plan distribute any annuity contracts this plan year? ▶ ☐ Yes ☐ No

b During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant? ▶ ☐ Yes ☐ No

c During this plan year, did the plan make loans to married participants? ▶ ☐ Yes ☐ No

0 3 0 0 0 0 0 5 0 8

