Form **5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210 – 0110
1210 – 0089

2000

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2000 or fiscal plan year beginning , and ending ,

A This return/report is for:
- **(1)** ☐ a multiemployer plan;
- **(2)** ☐ a single-employer plan (other than a multiple-employer plan);
- **(3)** ☐ a multiple-employer plan; or
- **(4)** ☐ a DFE (specify) ________

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

C If the plan is a collectively-bargained plan, check here . . . . . . ▶ ☐

D If you filed for an extension of time to file, check the box and attach a copy of the extension application . . . . . . ▶ ☐

Part II Basic Plan Information — enter all requested information.

1a Name of plan

1b Three-digit plan number (PN) ▶

1c Effective date of plan (mo., day, yr.)

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

2b Employer Identification Number (EIN)

2c Sponsor's telephone number

2d Business code (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, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator	Date	Typed or printed name of individual signing as plan administrator
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6	Total number of participants at the beginning of the plan year	**6**	
7	Number of participants as of the end of the plan year (welfare plans complete only lines **7a, 7b, 7c,** and **7d**)		
a	Active participants	**7a**	
b	Retired or separated participants receiving benefits	**7b**	
c	Other retired or separated participants entitled to future benefits	**7c**	
d	Subtotal. Add lines **7a, 7b,** and **7c**	**7d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**7e**	
f	Total. Add lines **7d** and **7e**	**7f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**7g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**7h**	
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	**7i**	

8 Benefits provided under the plan (complete **8a** through **8c,** as applicable)

a ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

b ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

c ☐ Fringe benefits (check this box if the plan provides fringe benefits)

9a Plan funding arrangement (check all that apply)

(1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

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10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a **Pension Benefit Schedules**

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ _____ **T** (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year . . . . ▶ _______

(3) ☐ **B** (Actuarial Information)

(4) ☐ **E** (ESOP Annual Information)

(5) ☐ **SSA** (Separated Vested Participant Information)

b **Financial Schedules**

(1) ☐ **H** (Financial Information)

(2) ☐ **I** (Financial Information -- Small Plan)

(3) ☐ _____ **A** (Insurance Information)

(4) ☐ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

(7) ☐ _____ **P** (Trust Fiduciary Information)

c **Fringe Benefit Schedule**

☐ **F** (Fringe Benefit Plan Annual Information)