Form **5500**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security 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 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

2005

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2005 or fiscal plan year beginning MM / DD / YYYY **and ending** MM / DD / YYYY

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 filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ..... ▶ ☐

Part II Basic Plan Information -- enter all requested information.

1a Name of plan

1b Three-digit plan number (PN) ▶

1c Effective date of plan MM / DD / YYYY

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, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

SIGN HERE ▶ Date MM / DD / YYYY

Type or print name of individual signing as plan administrator

a

Signature of employer/plan sponsor/DFE

SIGN HERE ▶ Date MM / DD / YYYY

Type or print name of individual signing as employer, plan sponsor or DFE

b

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13500F Form **5500** (2005)

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