Form **5330**

(Rev. January 1992)

Department of the Treasury

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4971, 4972, 4973(a)(2), 4975, 4976, 4977, 4978, 4978A, 4978B, 4979, 4979A, and 4980 of the Internal Revenue Code)

OMB No. 1545-0575 Expires: 6-30-93

Internal	rievenue	GOUNCE	10.074, 10.025, 10.074, and 1000 01 the internal revenue	0 0000,				
		ar beginning	, 19 and ending		, 19			
Name	of file	r (see instructions	s on page 2)	Check applicabl	e box and see instructions.			
			Employer	identification number OR				
Number, street and room or suite no. (If a P.O. box number (see page 2 of the instructions))					curity number			
0:1		-1-1 1 7ID -	and a second	Identification	number			
City o	r town	, state, and ZIP c	ode					
Namo	and a	ddress of the plan	n sponsor (see instructions on page 2)	Employer ider	ntification number of			
Ivaille	anu a	duress of the plai	in sponsor (see instructions on page 2)	plan sponsor	itilication number of			
				•				
				Plan year end	ing			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3			
Name	Name of plan				Plan number			
Part	1	Tax on Failur	e To Meet Minimum Funding Standards (Section 4971)				
1 .	Accur							
		ctions)						
			deficiency in the plan's alternative minimum funding standard					
	speci	fic instructions)	· . · · · · . · · · · · · · · ·					
			e 1 or 10% of line 2 for plan years beginning after 12-31-88 (5 yer plans or for plan years beginning before 1-1-89). (See instr					
Part		Tax on Exces	ss Contributions to Section 403(b)(7)(A) Custodial Acc	ounts (Section	4973)			
			uted for current year, less rollovers (see instructions)					
			· · · · · · · · · · · · · · · · · · ·					
	Amount excludable from gross income under section 403(b) (see instructions)							
		or year excess contributions not previously eliminated. If zero, proceed to line 11						
		-	line 5 exceeds line 4, enter the excess; otherwise, enter zero).					
9	Total	of all prior years	s' distributions out of the account included in your gross income	under section				
			isly used to reduce excess contributions					
	-		excess contributions (line 7 less the total of lines 8 and 9) . $\;$.					
			ibutions (line 6 plus line 10)					
12	exces	ss contributions	tax—Enter the lesser of 6% of line 11 or 6% of the value of you year. Enter here and on line 22	our account as				
Part		Tax on Prohil	bited Transactions (Section 4975)	<u> </u>				
13a) Amount involved	(d) Initial tax on			
Transac numb		(a) Date of transaction (see instructions)	(b) Description of prohibited transaction	in prohibited transaction (see instructions)	prohibited transaction (5% of column (c)) (see instructions)			
(i)								
(ii)								
····								
(iii)	'							
13b	Tax d	ue—Add amour	nts in column (d). Enter here and on line 23					
Please Sign Here		Under penalties of	perjury, I declare that I have examined this return, including accompanying schedule, correct, and complete. Declaration of preparer (other than taxpayer) is based on					
		and belief, it is true	n preparer has any knowledge.					
		\\						
		Your signature		Date				
Paid		Preparer's						
Prepa	rer's	signature Date						
Use Only		Firm's name (or yours if self-employed) and address						

Cat. No. 11870M

	5330 (Rev. 1-92)	Page 2					
Par	Tax on Disqualified Benefits (Section 4976)						
14	If your welfare benefit fund has provided a disqualified benefit during your taxable year, enter the						
	amount of the disqualified benefit here and on line 24 (see instructions)						
Par							
	Did you make an election to be taxed under section 4977?						
	If "Yes," enter the calendar year in which the excess fringe benefits were paid . ▶ 19						
	If line a is "Yes," enter the excess fringe benefits on this line (see instructions)						
	Tax on Certain ESOP Dispositions (Sections 4978, 4978A and 4978B)						
	· · · · · · · · · · · · · · · · · · ·						
IDa	Enter here and on line 26a your section 4978 or 4978A tax on dispositions of employer securities by employee stock ownership plans and certain worker-owned cooperatives (see instructions). Check the						
	box to indicate which tax you are filing for \square Section 4978 \square Section 4978A						
b	Enter here and on line 26b your section 4978B tax on dispositions of employer securities to which						
	section 133 applied	<u> </u>					
Par	t VII Tax on Nondeductible Employer Contributions to Qualified Plans (Section 4972	2)					
	Total contributions for your tax year to your qualified (under section 401(a), 403(b), or 408(k)) plan.						
	Amount allowable as a deduction under section 404						
	Subtract line b from line a						
d	Enter amount of any prior year nondeductible contributions made for years						
_	beginning after 12/31/86	- {////////////////////////////////////					
е	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year or any prior tax year	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>					
f	Subtract line e from line d	- {////////////////////////////////////					
	Amount of line f carried forward and deductible in this tax year	<i></i>					
_	Subtract line g from line f						
i	Taxable excess contributions—add line c and line h						
	TAX—Enter 10% of line i here and on line 27 below						
Par	t VIII Tax on Excess Contributions to Certain Plans (Section 4979)						
18a	Enter the amount of any excess contributions under a cash or deferred arrangement that is part of						
	a plan qualified under section 401(a), 403(a), 403(b), 408(k), 501(c)(18) or excess aggregate						
b	contributions described in section 401(m)						
	Tax on Certain Prohibited Allocations of Qualified ESOP Securities (Section 49)	79A)					
19	If you owe any tax under section 4979A, enter the amount of the tax here and on line 29 below (see						
	instructions)						
Par	t X Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980)	***************************************					
	Date reversion occurred ► month day year	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>					
	If you owe any tax under section 4980, enter the amount here and on line 30 below (see instructions)						
	t XI Summary of Taxes Due						
21	Tax on failure to meet minimum funding standard (from line 3)						
22	Tax on excess contributions to section 403(b)(7)(A) custodial accounts (from line 12)						
23 24	Tax on prohibited transactions (from line 13b)	l .					
25	Tax on excess fringe benefits (from line 15d)	l .					
26a	Tax on certain ESOP dispositions (from line 16a)	l .					
b	Tax on certain ESOP dispositions (from line 16b)	l .					
27	Tax on nondeductible contributions to qualified plans (from line 17j)						
28	Tax on excess contributions to certain plans (from line 18b)						
29	Tax on certain prohibited allocations of qualified ESOP securities (from line 19)						
30	Tax on reversion of qualified plan assets to an employer (from line 20b)						
31a	Total tax (add lines 21 through 30) (see instructions)						
	Enter amount of tax paid upon filing of Form 5558, if applicable						
С	Total tax due (subtract line 31b from line 31a). Pay in full with return. (Make checks or money orders						
20	payable to Internal Revenue Service.)	1b at					
32	Are you electing to be taxed on a prohibited transaction which occurred prior to January 1, 1975, so your plan and trust will retain its exempt status? (See instructions)						
33	Have you corrected any of the prohibited transactions which you are reporting on this return? (See instruct						
	If "Yes," complete Part XIII.	, 100					

Form 5330 (Rev. 1-92) Page **3**

Part XII	Schedule of Other Participating Disqualified Persons (See instruction	ıs)	
34	(a) Name and address of disqualified person	(b) Transaction number from Part III	(c) Employer identification number or social security number
(i)			
(ii)			
(iii)			
Part XIII	Description of Correction (See line 33 instructions.)		
35 (a) Transaction number from Part III	(b) Nature of correction	(c) Date of correction	