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Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules;* and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.*

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

			Application for Determination for Terminating Plan	OMB No. 1545-0202
<	Rev 1/96	>	(Under section 401(a) of the Internal Revenue Code)	For IRS Use Only
	rtment of the Treasury nal Revenue Service		You must attach user fee and Schedule Q to this application. (See What To File.)	

You must file the original copy of page 1 printed in special red ink and the duplicate page 1 of this application. The page 1 printed in red ink is read by the computer and all the information filled in must be typed in either 10 pitch type, Elite type, Courier 12 type, or Titan 12 type. If you wish to computer generate this form, contact your key district office for more information.

	•	uirements on page 6 before subm	- · · ·		_
1a	Name of plan sponsor (emplo	yer if single-employer plan)		Employer identification number	
	<	n or suite no. (If a P.O. box, see page 2 of tl	he instructions »	Employer's tax year and N/A or (MM)	>
		Tor suite no. (if a F.O. box, see page 2 of th	· · · · · · · · · · · · · · · · · · ·	Employer's tax year ends—N/A or (MM)	
	<	State	ZIP code 1d	Telephone number	
	<				
2	•	prmation is needed. (See instructions, Disclo	· /		
-	blank.) (Complete even if Pow		suc request by furpayers.) (if suffic as		
	Name				
	<				>
	Address (number and street)				
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	City	State	ZIP code	Telephone number	
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3a	•	(as defined in Treasury Regulations	section 1.7476-1) been given the		
	required notification of th			Yes < > No < >	>
b		te of notification (MMDDYY)		Date <	>
С		etermination letter, or, if this plan is a s	•	Yes < > No < >	
	• • • •	an opinion, or notification letter? If "Ye		Yes < > No < >	1
a		an been amended since the last let ent(s) in addition to a copy of the p		Yes < > No < >	>
•		ash or deferred arrangement (section			
c	contributions (section 4			Yes < > No < >	>
4a		me may not exceed 66 characters.			
	<	-	·	>	>
	< > b	Enter plan number (3 digits)	d En	ter year plan originally effective	
		Enter date plan year ends (MMDD)		ter number of participants in plan	n
5a		efit plan, enter the appropriate num	nber at left.		
		Enter 1 for unit benefit	Enter 3 for flat benefit		
		Enter 2 for fixed benefit	Enter 4 for other (specify)		
b		ribution plan, enter the appropriate			
		Enter 1 for profit sharing	Enter 4 for target benefit		
		Enter 2 for stock bonus Enter 3 for money purchase	Enter 5 for ESOP Enter 6 for other (specify)		
6a		ber of an affiliated service group?	Enter o for other (specify)		
		Enter 1 if "Yes"	Enter 2 if "No" Er	nter 3 if "Not Certain"	
b		er of a controlled group of corporation			
	< >	Enter 1 if "Yes"	Enter 2 if "No"		
7	Enter type of plan:				
	< >	Enter 1 if governmental plan	Enter 2 if nonelecting church p	olan	
		Enter 3 if multiple employer plan (de	scribed in section 413(c)). Enter nur	mber of participating	
		employers			
•		Enter 4 if section 412(i) plan	Enter 5 if other		
8	·	Is of all actions taken to terminate			
		termination (MMDDYY) <	>	Yes < > No < >	5
a D	Will any funds be or have	d as soon as administratively feasi any funds been, returned to the emplo	over? (See specific instructions)	Yes < > No < 2 Yes < > No < 2	5
Ŭ	If "Yes," enter the estim				
Unde		that I have examined this application, include		best of my knowledge and belief it is true	e,
				Data N	
	ture ►			Date ► Form 5310 (Rev. 1-96	_
LOL	-aperwork Reduction Act	Notice, see page 1 of the instruction	Lat. No. 11840Y	FORM 33 IU (Rev 1-96	01

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	rtment of the Treasury al Revenue Service		You must attach user fee and Schedule Q to this application. (See What To File.)	

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blank.) (Complet	te even if Po	wer of Attorney is attac	:hed):									
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		(as defined in Tre						<u> </u>)			
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		ate of notification (Date				•
		determination letter,										
•		an opinion, or notifi		•			51	Yes	<	>	No <	<
d If 3c is "Yes,"	" has the p	blan been amended	d since th	ne last let	ter was red	ceived? If "Ye	es," attach					
a copy of the	e amendn	nent(s) in addition	to a cop	y of the I	plan docur	ments		Yes	<	>	No <	<
		cash or deferred ar										
contributions								Yes	<	>	No <	<
	n (Pian na	ime may not exce	ed 66 ch	aracters.								
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5310 (Rev. 1-96) If more space is needed for any item, attach additional sheets the same size as this form. Identify each sheet with the plan sponsor's name and EIN and identify each item.		F	Page 2
	Yes	No	N/A
If the plan has never received a determination or notification/opinion letter from IRS, attach a copy of the executed original plan document or joinder/adoption agreement, all plan amendments, trust agreement, group annuity contracts and custodial agreements. Do not complete 9b through 9d .			
Since the last letter, have any of the amendments altered the plan's vesting provisions?			<u> </u>
Since the last letter, have any of the amendments (including the termination) decreased plan benefits for any participant?			
	′Y) ►		
Reason for termination. Check only one box to indicate primary reason for termination. □ Change in ownership by merger □ Liquidation or dissolution of employer □ Change in ownership by sale or transfer □ Adverse business conditions (see instructions and attach explanation) □ Adoption of new plan (see instructions and attach explanation) □ Other (specify) ▶			
 Trust (benefits provided in whole from trust funds) Insurance contract plan described in Code section 412(i) 	ontrac	ts nc	ot
Name(s) of trustee(s) or custodian(s) b Telephone nu () ()	mber		
Address (number and street)			
City or town, state, and ZIP code			
Coverage (see instructions): Certain collectively bargained plans do not complete 13a (see instructions).			
Complete the following for the two plan years immediately pre- coding the proposed year of plan termination (current year):	reced	ing y	ear
		No)
	If the plan has never received a determination or notification/opinion letter from IRS, attach a copy of the executed original plan document or joinder/adoption agreement, all plan amendments, trust agreement, group annuity contracts and custodial agreements. Do not complete 9b through 9d. Since the last letter, have any of the amendments altered the plan's vesting provisions?	If the plan has never received a determination or notification/opinion letter from IRS, attach a copy of the executed original plan document or joinder/adoption agreement, all plan amendments, trust agreement, all plan amendments, trust agreement, all plan amendments, trust agreement, all plan astering provisions? Since the last letter, have any of the amendments altered the plan's vesting provisions?	If the plan has never received a determination or notification/opinion letter from IRS, attach a copy of the executed original plan document or joinder/adoption agreement, all plan amendments, trust agreement, group annuity contracts and custodial agreements. Do not complete 9b through 9d. Since the last letter, have any of the amendments altered the plan's vesting provisions?

- If the plan did not satisfy the ratio percentage test for either of the specified years, explain on a separate attachment how the plan met the minimum coverage requirements of section 410(b).
- b Enter the total number of participants employed at any time during the current plan year and each of the 5 prior plan years on the schedule below. If all such participants were fully vested at all times during such period, do not complete lines 13b(1) through 13b(5) and enter -0- in each column next to line 13b(6).

							Current year
		19	19	19	19	19	19
(1)	Number at beginning of plan year						
(2)	Number added during the plan year.						
(3)	Total (add lines (1) and (2)).						
(4)	Number dropped during the plan year.						
(5)	Number at end of plan year (subtract (4) from (3))						
(6)	Total number of participants in this plan separated from vesting service during the plan year without full vesting						
	· · · · · · · · · · · · · · · · · · ·			1		1	

14	Summary of participants or claimants by category:	Total number	Amount of the mos			
a	Retirees and beneficiaries (including disability retirees) receiving benefits					
	Active participants eligible for normal retirement					
	Active participants eligible for early (but not normal) retirement					
	Active participants vested before termination (other than normal or early retirement)					
Δ	All other active participants					
f	Participants separated from service with deferred vested benefits					
g	Total (Add lines 14a through 14f).					
15	Miscellaneous:			Yes	Na	Not
а	As a result of the termination, are accrued benefits or account balances nonforfeitable section 411(d)(3)?			ies	NO	Applicable
b	If annuity contracts are distributed on plan termination, are the applicable consent, pro and other rights and benefits protected by sections 401(a)(11) and 417 included in the	esent value, v	vaiver			
С	Do the accrued benefits for each participant upon termination include the subsidize participant may become entitled to receive subsequent to the termination? (See ins					
	Were any funds contributed in the form of, or invested in, obligations or property of any controlled group of corporations or group of trades or businesses under comm Will distribution include property other than cash?	on control?				
	If a defined benefit or money purchase plan, do you estimate there will be an acc deficiency as of the end of the plan year during which the proposed termination additional plan contributions are made and no additional funding waiver is granted? If "Yes," complete the following:	cumulated fu date occurs	nding if no		_	
	(1) Estimated accumulated funding deficiency \$					
	(2) Was a Form 5330 filed?					
	(3) Was a funding waiver granted?		•••			
	(4) Have you attached a copy of Form 5330 or a waiver ruling?					
g	(1) If there are unallocated funds which can be reallocated to participants with limitations of section 415, have these funds been reallocated to participants?	out exceedin	g the			
	(2) If 15g(1) is "Yes," did the plan originally contain a provision allowing this reallo					
	(3) If 15g(2) is "No," was the plan amended to provide for this reallocation?					
h	If any funds will be or have been returned to the employer, complete 15h(1) through 1 ! if applicable.	5 h(10) below,				
	(1) Has the terminating plan been involved in a spinoff or other transfer of assets o to Code section 414(I), within 60 months preceding the proposed date of term attach a list and an explanation of the transaction(s) involved	mination? If "	'Yes,"			
	(2) Was proper notice filed with the IRS on Form 5310-A?					
	(3) Was the only transaction in 15h(1) above, a transfer of assets before any employe	r reversions?				
	(4) If 15h(1) is "Yes," answer (A) and (B):					
	(A) Are the accrued benefits of all participants, in the other plan(s) included in and nonforfeitable as of the date of this plan termination? (See instruction)			tin		

(Continued on page 4.)

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5	5310 (F		90) 			Page Not
5	(CON	'	Have cash distributions or guaranteed annuity contracts been provided for all accrued	Yes	No	Applicab
		.,	benefits, as of the date of this plan termination, of all participants in the other plan(s) included in 15h(1) ? (See instructions.).			
	Note	: Dis	tributions generally may not be made to employed participants in nonterminating plans.			
	(5)		e cash distributions or guaranteed annuity contracts been provided for all accrued benefits Il participants in this plan?			
	(6)		ch a statement providing the dates and amounts of these cash distributions or purchases of uity contracts.			
	(7)		is is a defined benefit plan, is it intended, or is it a fact, that any or all of the participants in terminating plan will be covered by a new or existing defined benefit plan of the employer?			
	(8)		'es," does the new plan give full prior service credit for vesting and entitlement purposes?			
	(9)		5h(1) or 15h(7) is "Yes," then—			
		(A)	Has a Form 5300 been submitted for a determination letter for the other plan(s) involved? If "Yes," attach plan numbers.			
		(B)	Has the IRS granted approval for a change in funding method in connection with this termination for the other plan(s) involved? If "Yes," attach a copy of the approval letter(s)			
	(10)		the employer previously receive a reversion of assets upon termination of a defined benefit in the past 15 years? If "Yes," attach explanation.			
i	pend Corp	ling I orati	In or trust currently under examination or is any issue relating to this plan or trust currently before the Internal Revenue Service, the Department of Labor, the Pension Benefit Guaranty on or any court? If "Yes," attach a statement naming the agency(s) and/or court and briefly the issues			
j	distri com	butic bany es," s	lan participant during the current plan year or in the 5 prior plan years, receive a single-sum in (see instructions) or have an annuity contract purchased by the plan from an insurance on his or her behalf?			
k	(1)		s the value of plan assets at termination exceed the present value of a plan's liabilities within meaning of section 401(a)(2)?			
	(2)		e answer to 15k(1) is "Yes," is the excess value the result of a change in the plan provisions er than the mere termination of the plan?			
I			h has been top-heavy, have top-heavy minimum benefits accrued or minimum contributions le for non-key employees?			
6	For c		ed contribution plans enter the information for the current plan year and the 5 prior plan years c	n the		
	50110		19 19 19 19 19	-		rent year
а	Fmp	over	contributions			
	Forfe	•				
7	Indic	ate h	ow distributions will be made on termination (check applicable box(es)):			
			-sum distribution b \Box Participating annuity contract(s) c \Box Non-participating annuity cor		(s)	

- a □ Single-sum distribution b □ Participating anr d □ Transfer of assets and liabilities to another plan
- **c** \square Non-participating **e** \square Other (specify) \blacktriangleright ιy

18 Statement of net assets available to pay benefits as of the proposed date of plan termination. All "Other" items must be fully explained in an attachment.

Assets	At propos	ed date of termination
a Total noninterest-bearing cash · · · · · · · · · · · · · · · · · · ·	а	
b Receivables:	F (1)	
(1) Employer contributions	b(1)	
(2) Participant contributions	(2)	
(3) Income	(3)	
(4) Other. (Attach a detailed explanation.).	(4)	
(5) Allowance for doubtful accounts	(5) ()
(6) Total. Add lines 18b(1) through 18b(4) and subtract 18b(5)	(6)	
c General Investments:	0(1)	
(1) Interest-bearing cash (including money market funds)	c(1) (2)	
(2) Certificates of deposit	(3)	
(3) U.S. Government securities	(3)	
(4) Corporate debt instruments:	(4)(A)	
(A) Preferred	(4)(B)	
(B) All other. (Attach a detailed explanation.).		
(5) Corporate stocks:	(5)(A)	
(A) Preferred	(5)(B)	
(B) Common	(6)	
(7) Real estate:		
(A) Income-producing	(7)(A)	
(B) Nonincome-producing	(7)(B)	
(8) Loans (other than to participants) secured by mortgages:		
(A) Residential	(8)(A)	
(B) Commercial	(8)(B)	
(9) Loans to participants:		
(A) Mortgages	(9)(A)	
(B) Other. (Attach a detailed explanation.)	(9)(B)	
(10) Other loans	(10)	
(11) Value of interest in registered investment companies	(11)	
(12) Value of funds held in insurance company general account (unallocated contracts)	(12)	
(13) Other. (Attach a detailed explanation.).	(13)	
(14) Total. Add lines 18c(1) through 18c(13)	(14)	
d Employer-related investments:	-1/(1)	
(1) Employer securities	d(1)	
(2) Employer real property	(2)	
e Buildings and other property used in plan operation	e f	
f Total assets. Add lines 18a, 18b(6), 18c(14), 18d(1), 18d(2), and 18e		
Liabilities	a	
g Benefit claims payable	g h	
h Operating payables	i	
i Acquisition indebtedness	i	
j Other liabilities	k	
Net Assets		
I Net assets. Subtract line 18k from line 18f	1	

Procedural Requirements

This list identifies certain forms and information required to process your application. These items MUST be included with your application.

- 1 Have you completed Schedule Q (Form 5300), Nondiscrimination Requirements?
- 2 Is the appropriate user fee and Form 8717, User Fee for Employee Plan Determination Letter Request, attached?
- 3 Is a copy of the plan attached?
- 4 Is a copy of the amendment(s), if any, and a statement explaining how the amendment(s) affect or change this or any other plan of the employer attached?
- 5 Is a copy of your plan's latest determination letter, if any, attached? If this plan is a standardized master or prototype or regional prototype plan, is a copy of your plan's latest opinion letter or notification letter attached?
- 6 Are both copies of page 1 of Form 5310 signed?
- 7 Is the plan sponsor's/employer's 9-digit employer identification number entered on line 1b?
- 8 Is Form 2848, Power of Attorney and Declaration of Representative, attached? (See Disclosure Request by Taxpayers, on page 1 of the separate instructions.)
- 9 Is the year the plan was originally effective entered on line 4d?
- **10** Affiliated service groups—Is the information requested in the instructions for line 6a attached if applicable?
- 11 Are copies of all records of all actions taken to terminate the plan attached?
- 12 Is Form 6088, Distributable Benefits from Employee Pension Benefit Plans, attached if required? Note: Multiple-employer plans and certain collectively bargained plans may have to attach a Form 6088 for each employer that adopts the plan.

ALL APPLICATIONS ARE SCREENED BY COMPUTER. FAILURE TO INCLUDE A REQUIRED ITEM WILL RESULT IN THE RETURN OF THIS APPLICATION TO YOU.

