



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

1)	Name
	Name Continued
2)	C / O
3)	Street
4)	City
5)	State Zip Code
6)	Foreign Routing Code
7)	Foreign Country
8)	D/B/A
9)	Location Address if different than Street
	Location Address City/State/Zip if different than 4) or 5)
	2c Sponsor's telephone number
	2d Business code (see instructions)
	2e Employer Identification Number (EIN)

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

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

  

<b>3b Administrator's EIN</b>		
	-	
<b>3c Administrator's telephone number</b>		
	-	-

**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

0 1 0 5 A A 0 2 0 S







**8** Benefits provided under the plan (complete **8a** and **8b**, as applicable)

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

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

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**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

**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) ☐ **B** (Actuarial Information)
- 3) ☐ **E** (ESOP Annual Information)
- 4) ☐ **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)

0 1 0 5 A A 0 4 0 U

