



**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	2b Employer Identification Number (EIN) <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/>
5)	State	Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6)	Foreign Routing Code	2c Sponsor's telephone number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>
7)	Foreign Country	2d Business code (see instructions) <input type="text"/> <input type="text"/> <input type="text"/>
8)	D/B/A	
9)	Location Address if different than Street	
	Location Address City/State/Zip if different than 4) or 5)	

**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	
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

0 1 0 5 A A 0 2 0 S



## 5 Preparer information (optional)

a Name (including firm name, if applicable) and address

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

b EIN  -

c Telephone number  -   -

6 Total number of participants at the beginning of the plan year .....

    

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 .....

    

b Retired or separated participants receiving benefits .....

    

c Other retired or separated participants entitled to future benefits .....

    

d Subtotal. Add lines 7a, 7b, and 7c .....

    

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....

    

f Total. Add lines 7d and 7e .....

    

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....

    

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....

    

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) .....

    

0 1 0 5 A A 0 3 0 T



## 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):

<input type="checkbox"/>									
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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):

<input type="checkbox"/>									
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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) 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 A (Insurance Information)
- 4)  C (Service Provider Information)
- 5)  D (DFE/Participating Plan Information)
- 6)  G (Financial Transaction Schedules)
- 7) 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 P (Trust Fiduciary Information)

0 1 0 5 A A 0 4 0 U

