

2a Employer's name and address (Address should include room or suite no.)

1) Name
Name Continued

2) Doing Business As (DBA) Name
C / O Name

3) Mailing Street Address (or Foreign Street)

4) Location Address
Location Address Continued

5) Foreign Routing Code (Zip Code)

6) Foreign Mailing Country

7) City (or Foreign City)

8) State Zip Code

2b Employer Identification Number (EIN)
(Do not enter your Social Security Number)

2c Employer's telephone number

2d Business code
(see instructions)

3a Plan administrator's name and address (if same as employer, enter "Same")

1) Name
Name Continued

2) Street Address (or Foreign Street)

3) Foreign Routing Code (Zip Code)

4) Foreign Mailing Country

5) City (or Foreign City)

6) State Zip Code

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return below:

a Employer's name

b EIN - c PN



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5 Preparer information (optional)

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

1) Name

Name Continued

2) Street Address (or Foreign Street)

3) Foreign Routing Code

4) Foreign Mailing Country

5) City (or Foreign City)

6) State Zip Code

b EIN -

c Telephone number - -

- 6 Type of plan:
- (a) Defined benefit pension plan (attach Schedule B (Form 5500))
 - (b) Money purchase pension plan (see instructions)
 - (c) Profit-sharing plan
 - (d) Stock bonus plan
 - (e) ESOP plan (attach Schedule E (Form 5500))

7a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number

b Check if this plan covers:

- (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan)

b Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)

	Number
9 Enter the number of participants in each category listed below:	
a Under age 59 1/2 at the end of the plan year	<input type="text"/>
b Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan year	<input type="text"/>
c Age 70 1/2 or older at the beginning of the plan year	<input type="text"/>



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10a (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? ▶ Yes No
 If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.
 (2) If 10a(1) is "Yes," are the insurance contracts held: ▶ (1) under a trust (2) with no trust

10b Cash contributions received by the plan for this plan year00

c Noncash contributions received by the plan for this plan year00

d Total plan distributions to participants or beneficiaries (see instructions)00

e Total nontaxable plan distributions to participants or beneficiaries00

f Transfers to other plans00

g Amounts received by the plan other than from contributions00

h Plan expenses other than distributions00

	(a) Beginning of Year	(b) End of Year
11a Total plan assets	<input type="text"/> .00	<input type="text"/> .00
b Total plan liabilities	<input type="text"/> .00	<input type="text"/> .00

12 Specific Assets: If the plan held any assets in one or more of the following specific categories, check "Yes" and enter the current value as of the end of the plan year. Otherwise, check "No."

	Yes	No	Amount
a Partnership/joint venture interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
b Employer real property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
c Real estate (other than employer real property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00

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