Publication EFAST-B

PART TWO

ELECTRONIC/MAGNETIC MEDIA

RECORD LAYOUTS

FOR

FORMS 5500 and 5500-EZ

(PLAN YEAR 2005)

DRAFT

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1. Overview of Part II

This is Part II of the File Specifications, Validation Criteria and Record Layouts document for EFAST (ERISA Filing Acceptance System). Part II contains the Record Layouts. Part I contains the File Specifications and Validation Criteria.

Part II of this document contains the following sections:

- Section 2 provides a list of revisions of this document.
- Section 3 explains the format of EIN, name, and address fields.
- Section 4 explains **multiple schedules** and **repeating pages**.
- Section 5 through 19 are the **Record Layouts** for all the Forms and Schedules. Each page of each Form or Schedule has its own record layout. Note that the control information is not included in these layouts. They can be found in Part I of this publication (File Specifications and Validation Criteria).

2. Revision History

Date	Section	Description of Change
9/01/05	throughout	Changed all references from plan year 2004 to plan year 2005.
	3.5.1	Updated zip codes for American Samoa and Guam.
	4.1	Removed Schedule T from Multiple Occurrences table.
	5	Form 5500, Page 3: Fields 1050, 1060, & 1070 – Not used for Plan Year 2005. Fields 1080, 1090, 1100 – renumbered form references.
	8	Schedule B, Page 1: Field 0240, Added 05 for plan year 2005. Page 3: Added new Field 1505. Removed Fields 1660, 1670, & 1680.
	17	Schedule R: Field 0250, Changed Yes to Increase, Added Decrease, and Moved No checkboxes. Changed Identification to include Decrease. New Field 0260: Moved from Field 0340 (Schedule T, Page 2).
	19	Schedule T: Removed all fields because this Schedule can no longer be filed electronically.
10/10/05	5	Form 5500, Page 1: Fields 0110 and 0340. These fields can be blank.
	7	Schedule A, Page 1: Fields 0100 and 0110. These fields can be blank.
	8	Schedule B, Page 1: Fields 0100 and 0110. These fields can be blank.
	13	Schedule G, Page 1: Fields 0100 and 0110. These fields can be blank.
	14	Schedule H, Page 1: Fields 0100 and 0110. These fields can be blank.
	15	Schedule I, Page 1: Fields 0100 and 0110. These fields can be blank.
	16	Schedule P, Page 1: Fields 0100 and 0110. These fields can be blank.

Date	Section	Description of Change
	17	Schedule R, Page 1: Fields 0100 and 0110. These fields can be blank.
	18	Schedule SSA, Page 1: Fields 0100 and 0110. These fields can be blank.

3. Special Instructions for Entering EIN, Name, and Address Fields

These instructions must be carefully followed to avoid delaying returns for error conditions. They must be included in electronic transmitters' programs as consistency tests and in the data entry instructions.

3.1 EIN Fields

The first two digits of a valid Employer Identification Number (EIN) must equal one of the **87** District Office (DO) Codes listed below:

01, 02, 03, 04, 05, 06

10, 11, 12

13, 14, 15, 16

20, 21, 22, 23, 24, 25, 26, 27

30, 31, 32

33, 34, 35, 36, 37, 38, 39

40, 41, 42, 43, 44, 45, 46, 47, 48

50, 51, 52, 53, 54, 55, 56, 57, 58, 59

60, 61, 62, 63, 64, 65, 66, 67, 68, 69

70, 71, 72, 73, 74, 75, 76, 77

80, 81, 82, 83, 84, 85, 86, 87, 88

90, 91, 92, 93, 94, 95, 96, 97, 98, 99

3.2 Name Line Fields

1. If an entry is to be made on Name Line 1, the first position of Name Line 1 must contain A-Z or 0-9. It can never be blank. The remaining positions must contain A - Z, 0 - 9, hyphen (-), ampersand (&), or blank.
2. Only one intervening blank may separate any component of a name line.
3. All apostrophes and any other punctuation characters, unless previously mentioned, must be omitted from names and the alphabetic characters shifted to the left in their place (e.g., O'Shea = OSHEA).

3.3 Street Fields

1. If an entry is to be made in Street Address, the first position may be A-Z or 0-9. The remaining positions may be A-Z, 0-9, hyphen (-), slash (/) or blank. Data may not follow two consecutive blanks.
2. Abbreviate words requiring standard abbreviations unless the word is a proper name.

Examples	Enter As
South Court Street	S COURT ST
Circle Drive	CIRCLE DR
Lane Building	LANE BLDG
Northeast Street	NORTHEAST ST
Third Street	THIRD ST
3 Ave.	3RD AVE

3. The following standard abbreviations are preferred:

WORD	ABBR.
Air Force Base	AFB
Apartment	APT
Avenue	AVE
Boulevard	BLVD
Building	BLDG
Care of, or In care of	%
Circle	CIR
Court	CT
Drive	DR
East	E
General Delivery	GEN DEL
Highway	HWY
Lane	LN
North	N
Northeast, N.E.	NE
Northwest, N.W.	NW
One-Half	1/2
Parkway	PKY
Place	PL
Post Office Box, P.O. Box	PO BOX
Route, Rte.	RT
Road	RD
R.D., Rural Delivery, RFD, R.F.D., R.R. or Rural Route	R D
South	S
Southeast, S.E.	SE
Southwest, S.W.	SW
Street	ST
Terrace	TER
West	W

4. Enter fractions using numbers and the slash (/). For example: 1/2 (no spaces). Space **before** and **after** the fraction (e.g., 566 1/2 Flower ST)
5. Enter the house number and street, route number, post office box number, or box number.
6. Plurals for street, road, avenue, apartment, etc., will be entered as STS, RDS, AVES, APTS, etc.
7. Always add st, nd, rd, or th to a numbered street or avenue. Examples: 1 = 1ST; 2 = 2ND; 3 = 3RD, etc.
8. Do not use “#” symbol, “No.”, or “Number” as a prefix to a house, apt., route, or P.O. Box.
9. Enter college, building, or post office branch as the address if no other mailing address is given.

3.4 City Fields

The City field may contain only alphabetic characters (A-Z), or blanks. "APO" and "FPO" should be entered in the city field if present. The appropriate state code should be used if "APO" and/or "FPO" are used (see Section 3.5.1). **Note: If an entry is made in city and/or state and/or zip code, then ALL THREE FIELDS MUST contain significant data.**

3.5 State and Zip Fields

State and Zip Code Fields must comply with the descriptions listed below:

State	Abbr.	Zip Code
Alabama	AL	350nn-352nn, 354nn-369nn
Alaska	AK	995nn-999nn
Arizona	AZ	850nn, 852nn-853nn, 855nn-857nn, 859nn-860nn, 863nn-865nn
Arkansas	AR	716nn-729nn, 75502
California	CA	900nn-908nn, 910nn-928nn, 930nn-961nn
Colorado	CO	800nn-816nn
Connecticut	CT	060nn-069nn
Delaware	DE	197nn-199nn
District of Columbia	DC	200nn-205nn
Florida	FL	320nn-339nn, 341nn, 342nn, 344nn, 346nn, 347nn, 349nn
Georgia	GA	300nn-319nn, 398nn, 399nn
Hawaii	HI	967nn, 968nn
Idaho	ID	832nn-838nn
Illinois	IL	600nn-629nn
Indiana	IN	460nn-479nn
Iowa	IA	500nn-528nn
Kansas	KS	660nn-679nn
Kentucky	KY	400nn-427nn, 45275
Louisiana	LA	700nn-714nn, 71749
Maine	ME	03801, 039nn-049nn
Maryland	MD	20331, 206nn-219nn
Massachusetts	MA	010nn-027nn, 055nn

State	Abbr.	Zip Code
Michigan	MI	480nn-499nn
Minnesota	MN	550nn-567nn
Mississippi	MS	386nn-397nn
Missouri	MO	630nn-658nn
Montana	MT	590nn-599nn
Nebraska	NE	680nn-693nn
Nevada	NV	889nn-898nn
New Hampshire	NH	030nn-038nn
New Jersey	NJ	070nn-089nn
New Mexico	NM	870nn-884nn
New York	NY	004nn, 005nn, 06390, 100nn-149nn
North Carolina	NC	270nn-289nn
North Dakota	ND	580nn-588nn
Ohio	OH	430nn-459nn
Oklahoma	OK	730nn-732nn, 734nn-749nn
Oregon	OR	970nn-979nn
Pennsylvania	PA	150nn-196nn
Rhode Island	RI	028nn, 029nn
South Carolina	SC	290nn-299nn
South Dakota	SD	570nn-577nn
Tennessee	TN	370nn-385nn
Texas	TX	733nn, 73949, 750nn-799nn
Utah	UT	840nn-847nn
Vermont	VT	050nn-054nn, 056nn-059nn
Virginia	VA	20041, 201nn, 20301, 20370, 220nn-246nn
Washington	WA	980nn-986nn, 988nn-994nn
West Virginia	WV	247nn-268nn
Wisconsin	WI	49936, 530nn-549nn
Wyoming	WY	820nn-834nn

3.5.1 U.S. POSSESSIONS ADDRESSES

U.S. Possession	Abbr.	Zip Code
American Samoa	AS	967**99**
Guam	GU	9691n, 9692n, **9693n**
Commonwealth of the Northern Mariana Islands	MP	9695n
Puerto Rico	PR	006nn, 007nn, 009nn
U.S. Virgin Islands	VI	008nn

3.5.2 APO/FPO CITY/STATE/ZIP CODES FOR MILITARY OVERSEAS ADDRESSES

NOTE: The State codes established for use with “APO” and “FPO” are: AA (Americas), AE (Europe), or AP (Pacific).

City	Abbr.	Zip Code
APO or FPO	AA	340nn
APO or FPO	AE	090nn-098nn
APO or FPO	AP	962nn-966nn

4. Multiple Schedules and Repeating Pages

4.1 Multiple Schedules

A filer may submit multiple occurrences of certain schedules for each **filing**. Those schedules are as follows:

Schedule	**Maximum Number of Occurrences**
Schedule A	999
Schedule P	999

Please note the **Occurrence of Schedule** (the sequential order) is determined by the Schedule's place in the **filing** and NOT its place in the batch. For instance, if the first **filing** in a batch contained five Schedules A, their respective values for the Occurrence of Schedule field would be 001, 002, 003, 004, and 005. And if the next filing contained two Schedules A, their Occurrence of Schedule values would be 001 and 002 (i.e., the sequential numbering restarts for each filing).

4.2 Repeating Pages

For the machine-print paper forms, some schedules are designed with repeating pages, so that if a filer runs out of space on one page of a schedule, he or she may submit more copies of that page. For example, if a filer wished to enter more participants than page 2 of Schedule SSA could accommodate, that filer would submit multiple occurrences of Schedule SSA page 2.

The electronic filing procedure for submitting multiple pages is similar to this machine-print paper solution. An electronic filer may file up to 9,999 repeated instances of some pages of Schedules C, D, G and SSA, if that particular page of that schedule cannot hold all the filing information.

The following pages can have up to 9,999 occurrences:

Schedule	**Pages that Repeat**
Schedule A	Page 2
Schedule C	Page 2
Schedule C	Page 3
Schedule D	Page 2
Schedule D	Page 3
Schedule G	Page 2
Schedule G	Page 3
Schedule G	Page 4

Schedule	**Pages that Repeat**
Schedule SSA	Page 2

Please note the **Occurrence of Page Number** (the sequential order) is determined by the order of the page number of the Schedule's place in the **filing** and NOT its place in the batch. For instance, if the first **filing** in a batch contained five instances of page 2 of Schedule SSA, their respective values for the Occurrence of Page Number field would be 0001, 0002, 0003, 0004, and 0005. And if the next filing instances of page 2 of Schedule SSA, their Occurrence of Page Number values would be 0001 and 0002 (i.e., the sequential numbering restarts for each filing).

Notes to Sections 5 through 19:

- The character "b" is used to indicate that the entire field may be omitted from the variable-formatted filing. Fields that cannot be blank include the following:
- Form 5500, page 2: Fields 0620, 0660, and 0680;
- The record terminus character does NOT have a field number.
- Revisions are noted by bold type and gray shading.

5. Form 5500

Form 5500, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	b; Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Plan Year Ending Date	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=Month; DD=day. Must be a valid date. Blank signifies calendar year filing.
0120	Entity Type	A	1	A/N	b; 1=Multi-employer plan; 2=Single-employer plan (other than a multiple-employer plan); 3=Multiple-employer plan; 4=DFE (Direct Filing Entity).
0130	Specify Type of Direct Filing Entity	A(4)	1	A/N	b; Unsigned. Valid values = C, E, G, M, and P.
0140	Type of Filing [1 indicator]	B [1]	1	A/N	b; 1=First return/report filed for the plan.
0150	Type of Filing [2 indicator]	B [2]	1	A/N	b; 2=Amended return/report.
0160	Type of Filing [3 indicator]	B [3]	1	A/N	b; 3=Final return/report filed for the plan.
0170	Type of Filing [4 indicator]	B [4]	1	A/N	b; 4=Short plan year return/report (less than 12 months).
0180	Collectively-bargained Indicator	C	1	A/N	b; 1=Collectively-bargained plan box checked.
0190	Filing Under an Extension of Time or the DFVC Program - Check Box	D	1	A/N	b; 1=Filer indicates extension application attached.

Form 5500, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0200	Name of Plan	1a	140	A/N	Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0210	Three Digit Plan Number	1b	3	N	Unsigned. 001-999.
0220	Effective Date of Plan	1c	8	N	b; Numerics. (YYYY or YYYYMM are valid.) If present, YYYY must not be greater than the YEAR of Plan Year Ending Date. If MM (month) is present, must be a valid month. If DD (day) is present, must be a valid day.
0230	Plan Sponsor's Name	2a Name	71	A/N	Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0240	Plan Sponsor's Doing Business As (DBA) Name	2a DBA Name	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0250	Plan Sponsor's Care/Of Name	2a c/o Name	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0260	Plan Sponsor's Mailing Street Address (or Foreign Street)	2a Mailing Address	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0270	Plan Sponsor's Location Address	2a Location Address	71	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

Form 5500, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0280	Sponsor's Foreign Routing Code (Zip Code)	2a Zip	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0290	Sponsor's Foreign Mailing Country	2a Foreign Country	22	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0300	Plan Sponsor's City (or Foreign City)	2a City	22	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0310	Plan Sponsor's State	2a State	2	A/N	b; For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.
0320	Plan Sponsor's Zip Code	2a Zip	12	N	b; For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled. Leading zeroes must be retained.
0330	Employer Identification Number	2b	9	N	Unsigned.
0340	Sponsor Telephone Number	2c	10	N	**b;** Unsigned. Numerics only.
0350	Business Code	2d	6	N	b; Unsigned.
0360	Plan Administrator Typed Signature	Typed Signature	35	A/N	
0370	Plan Sponsor Typed Signature	Typed Signature	35	A/N	
	Terminus Character	NA	1		Value = "#"

Form 5500, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0390	Administrator Name	3a Name	71	A/N	b; Name of Plan Administrator or "SAME" if Plan Sponsor is Plan Administrator. Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0400	Plan Administrator's Care/Of Name	3a c/o Name	35	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0410	Administrator Street Address (or Foreign Street)	3a Street Address	35	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0420	Administrator's Foreign Routing Code	3a foreign code	15	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0430	Administrator's Foreign Mailing Country	3a Foreign Country	22	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

Form 5500, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0440	Administrator City (or Foreign City)	3a City	22	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0450	Administrator State	3a State	2	A/N	b; Blank if Administrator's Name entry (3a name) is "SAME." For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.
0460	Administrator Zip Code	3a Zip	12	N	b; Unsigned. Blank if Administrator's Name entry (3a name) is "SAME." For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled. Leading zeroes must be retained.
0470	Administrator EIN	3b	9	N	b; Unsigned. Blank if Administrator's Name entry (3a name) is "SAME."
0480	Administrator Telephone Number	3c	10	N	Unsigned. Blank if Administrator's Name entry (3a name) is "SAME." Numerics only.
0490	Sponsor Name From Last Return/Report	4a	70	A/N	
0500	Sponsor EIN From Last Return/Report	4b	9	N	Unsigned.
0510	Sponsor Plan Number From Last Return/Report	4c	3	N	Unsigned.
0520	Preparer Name 1	5a Name 1	35	A/N	
0530	Preparer Name 2	5a Name 2	35	A/N	
0540	Preparer Street Address (or Foreign Street)	5a Address	35	A/N	
0550	Preparer Foreign Routing Code	5a Foreign Code	15	A/N	
0560	Preparer Foreign Mailing Country	5a Foreign Country	22	A/N	
0570	Preparer City (or Foreign City)	5a City	22	A/N	

Form 5500, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0580	Preparer State	5a State	2	A/N	For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.
0590	Preparer Zip Code	5a Zip	12	N	Unsigned.
0600	Preparer EIN	5b	9	N	Unsigned.
0610	Preparer Telephone Number	5c	10	N	b; Unsigned. Numerics only.
0620	Number of Participants Covered Under Plan	6	8	N	Unsigned
0630	Active Participants	7a	8	N	b; Unsigned
0640	Retired or Separated Participants Receiving Benefits	7b	8	N	b; Unsigned
0650	Other Retired or Separated Vested Participants	7c	8	N	b; Unsigned
0660	Subtotal of 7a, 7b, and 7c	7d	8	N	Unsigned
0670	Deceased Participants Whose Beneficiaries are Receiving/Entitled to Benefits	7e	8	N	b; Unsigned
0680	Total of 7d and 7e	7f	8	N	Unsigned
0690	Number of Participants With Account Balances	7g	8	N	b; Unsigned
0700	Participants That Terminated Employment With Accrued Pension Benefits	7h	8	N	b; Unsigned
0710	Number of Separated Participants Required to be Reported On Schedule SSA	7i	8	N	b; Unsigned
0720	Pension Benefit Box	8a check box	1	A/N	b; 1=Box checked; must be 1 if the fields for 8a 1st box through 10th box contain any codes.
0730	Pension Benefit Codes [1st box indicator]	8a 1st box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.

Form 5500, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0740	Pension Benefit Codes [2nd box indicator]	8a 2nd box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0750	Pension Benefit Codes [3rd box indicator]	8a 3rd box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0760	Pension Benefit Codes [4th box indicator]	8a 4th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0770	Pension Benefit Codes [5th box indicator]	8a 5th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0780	Pension Benefit Codes [6th box indicator]	8a 6th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.

Form 5500, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0790	Pension Benefit Codes [7th box indicator]	8a 7th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0800	Pension Benefit Codes [8th box indicator]	8a 8th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0810	Pension Benefit Codes [9th box indicator]	8a 9th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0820	Pension Benefit Codes [10th box indicator]	8a 10th box	2	A/N	b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 1I; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H; 3I, 3J. Each code can appear only once for 8a 1st box through 8a 10th box.
0830	Welfare Benefit Box	8b check box	1	A/N	b; 1=Box checked; must be 1 if the fields for 8b 1st box through 10th box contain any codes.
0840	Welfare Benefit Codes [1st box indicator]	8b 1st box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.

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no.	Identification	Form_Ref	Length	Type	Description
0850	Welfare Benefit Codes [2nd box indicator]	8b 2nd box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0860	Welfare Benefit Codes [3rd box indicator]	8b 3rd box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0870	Welfare Benefit Codes [4th box indicator]	8b 4th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0880	Welfare Benefit Codes [5th box indicator]	8b 5th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0890	Welfare Benefit Codes [6th box indicator]	8b 6th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0900	Welfare Benefit Codes [7th box indicator]	8b 7th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0910	Welfare Benefit Codes [8th box indicator]	8b 8th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0920	Welfare Benefit Codes [9th box indicator]	8b 9th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.

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no.	Identification	Form_Ref	Length	Type	Description
0930	Welfare Benefit Codes [10th box indicator]	8b 10th box	2	A/N	b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S; 4T; 4U. Each code can occur only once for 8b 1st box through 8b 10th box.
0940	Reserved		1		
0950	Plan Funding Arrangement [1 indicator]	9a [1]	1	A/N	b; 1=Insurance
0960	Plan Funding Arrangement [2 indicator]	9a [2]	1	A/N	b; 2=Section 412(i) insurance contracts
0970	Plan Funding Arrangement [3 indicator]	9a [3]	1	A/N	b; 3=Trust
0980	Plan Funding Arrangement [4 indicator]	9a [4]	1	A/N	b; 4=General assets of the sponsor
0990	Plan Benefit Arrangement [1 indicator]	9b [1]	1	A/N	b; 1=Insurance
1000	Plan Benefit Arrangement [2 indicator]	9b [2]	1	A/N	b; 2=Section 412(i) insurance contracts
1010	Plan Benefit Arrangement [3 indicator]	9b [3]	1	A/N	b; 3=Trust
1020	Plan Benefit Arrangement [4 indicator]	9b [4]	1	A/N	b; 4=General assets of the sponsor
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
1040	Schedule R Attached Indicator	10a (1)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule R.
1050	**Reserved**		1		**Not Used for Plan Year 2005.**
1060	**Reserved**		3		**Not Used for Plan Year 2005.**
1070	**Reserved**		4		**Not Used for Plan Year 2005.**
1080	Schedule B Attached Indicator	10a (**2**)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule B.
1090	Schedule E Attached Indicator	10a (**3**)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule E.
1100	Schedule SSA Attached Indicator	10a (**4**)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule SSA.
1110	Schedule H Attached Indicator	10b (1)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule H.
1120	Schedule I Attached Indicator	10b (2)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule I.
1130	Schedule A Attached Indicator	10b (3)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule A.
1140	Schedule A Count	10b (3 count)	3	N	b; Unsigned. Valid range: 001-999.
1150	Schedule C Attached Indicator	10b (4)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule C.
1160	Schedule D Attached Indicator	10b (5)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule D.
1170	Schedule G Attached Indicator	10b (6)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule G.
1180	Schedule P Attached Indicator	10b (7)	1	A/N	b; 1=Box checked; must be 1 if filing contains Schedule P.
1190	Schedule P Count	10b (7 count)	3	N	b; Unsigned. Valid range: 001-999.
1200	Reserved		1		
	Terminus Character	NA	1		Value = “#”

6. Form 5500-EZ

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	b; Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	b; Format: YYYYMMDD. Must be a valid date. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Type of Filing [1 indicator]	A [1]	1	A/N	b; 1=Initial
0130	Type of Filing [2 indicator]	A [2]	1	A/N	b; 2=Amended
0140	Type of Filing [3 indicator]	A [3]	1	A/N	b; 3=Final
0150	Type of Filing [4 indicator]	A [4]	1	A/N	b; 4=Short Plan
0160	Filing Under an Extension of Time or the DFVC Program - Check Box	B	1	A/N	b; 1=Box checked
0170	Name of Plan	1a	140	A/N	
0180	Three-Digit Plan Number	1b	3	N	Unsigned. Valid range: 001-999.
0190	Effective Date of Plan	1c	8	N	b; Numerics. (Format: YYYYMMDD or YYYY or YYYYMM.) If present, YYYY must not be greater than the YEAR of Tax Period End. If MM (month) is present, must be a valid month. If DD (day) is present, must be a valid day.
0200	Employer's Name	2a-Name	71	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0210	Employer's Doing Business As (DBA) Name	2a-DBA Name	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0220	Employer's Care/Of Name	2a-c/o Name	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

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no.	Identification	Form_Ref	Length	Type	Description
0230	Employer's Street Address (or Foreign Street)	2a-Street	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0240	Employer's Location Address	2a-Location Address	71	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0250	Employer's Foreign Routing Code	2a- Foreign Routing Code	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0260	Employer's Foreign Mailing Country	2a-Foreign Country	22	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0270	Employer's City (or Foreign City)	2a-City	22	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0280	Employer's State	2a-State	2	A/N	b; For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.
0290	Employer's Zip Code	2a-Zip	12	N	b; Unsigned. For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled.
0300	Employer Identification Number	2b	9	N	Unsigned.
0310	Sponsor's Telephone Number	2c	10	N	Unsigned.
0320	Business Code	2d	6	N	Unsigned.
0330	Administrator Name	3a-Name	71	A/N	Name of Plan Administrator or "SAME" if Plan Sponsor is Plan Administrator. Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

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no.	Identification	Form_Ref	Length	Type	Description
0340	Plan Administrator's Care/Of Name	3a-c/o Name	35	A/N	b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0350	Administrator Street Address (or Foreign Street)	3a-Street	35	A/N	b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0360	Administrator's Foreign Routing Code	3a- Foreign Routing Code	15	A/N	b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0370	Administrator's Foreign Mailing Country	3a-Foreign Country	22	A/N	b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0380	Administrator City (or Foreign City)	3a-City	22	A/N	Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0390	Administrator State	3a-State	2	A/N	Blank if Administrator's Name entry (Field 0330) is "SAME." For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.

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no.	Identification	Form_Ref	Length	Type	Description
0400	Administrator Zip Code	3a-Zip	12	N	b; Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned. For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left justified and zero-filled.
0410	Administrator EIN	3b	9	N	Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned.
0420	Administrator Telephone Number	3c	10	N	Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned.
0430	Employer's Name From Last Return/Report	4a-NAME	70	A/N	
0440	Employer's EIN From Last Return/Report	4b-EIN	9	N	Unsigned.
0450	Employer's Plan Number From Last Return/Report	4c-PN	3	N	Unsigned.
0460	Employer or Administrator Typed Signature	TYPED/ PRINTED NAME	35	A/N	
	Terminus Character	NA	1		Value = "#"

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0480	Preparer Name 1	5a-NAME 1	35	A/N	
0490	Preparer Name 2	5a-NAME 2	35	A/N	
0500	Preparer Street Address (or Foreign Street)	5a-STREET	35	A/N	
0510	Preparer Foreign Routing Code	5a-ROUTING CODE (FOREIGN)	15	A/N	
0520	Preparer Foreign Mailing Country	5a-COUNTRY (FOREIGN)	22	A/N	
0530	Preparer City (or Foreign City)	5a-CITY	22	A/N	
0540	Preparer State	5a-STATE	2	A/N	For foreign addresses, must be ".b". For all other addresses, must be valid State abbreviation.
0550	Preparer Zip Code	5a-ZIP	12	N	
0560	Preparer EIN	5b	9	N	Unsigned.
0570	Preparer Telephone Number	5c	10	N	
0580	Type of Plan	6	6	A/N	b; A=Defined Benefit (other than 412(i)); B=Defined Benefit 412(i); C=Money purchase; D=Profit sharing; E= Stock bonus; F=ESOP.
0590	Opinion/Notification Letter Number	7a	8	A/N	
0600	Plan Covers	7b	1	A/N	b; 1=Self-employed individuals; 2=Partner(s); 3=100% owner.
0610	Number of Qualified Pension Benefit Plans Maintained By Employer	8a	3	N	b; Unsigned.
0620	Total Assets of All Plans Are More Than $100,000	8b	1	A/N	b; 1=Box checked.
0630	Number of Participants Under Age 59 1/2 at End of Plan Year	9a	3	N	b; Unsigned.
0640	Number of Participants Age 59 1/2 or Older End of Year But Under Age 70 1/2 Beg. of Year	9b	3	N	b; Unsigned.
0650	Number of Participants 70 1/2 or Older at Beginning of Plan Year	9c	3	N	b; Unsigned.

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no.	Identification	Form_Ref	Length	Type	Description
0660	Fully Insured Plan Funded Entirely By Insurance or Annuity Contracts	10a(i)	1	A/N	b; 1=Yes; 2=No.
0670	Insurance Contracts Held Under A Trust/With No Trust	10a(ii)	1	A/N	b; 1=Under a trust; 2=With no trust.
0680	Cash Contributions Received By the Plan for This Plan Year	10b	13	N	b; Signed.
0690	Non-cash Contributions Received By the Plan for This Plan Year	10c	13	N	b; Signed.
0700	Total Plan Distributions to Participants or Beneficiaries	10d	13	N	b; Signed.
0710	Total Nontaxable Plan Distributions to Participants or Beneficiaries	10e	13	N	b; Signed.
0720	Transfers to Other Plans	10f	13	N	b; Signed.
0730	Amounts Received By the Plan Other Than From Contributions	10g	13	N	b; Signed.
0740	Plan Expenses Other Than Distributions	10h	13	N	b; Signed.
0750	Total Plan Assets At the Beginning of the Year	11a(a)	13	N	b; Signed.
0760	Total Plan Liabilities At the Beginning of the Year	11b(a)	13	N	b; Unsigned.
0770	Total Plan Assets At the End of the Year	11a(b)	13	N	b; Signed.
0780	Total Plan Liabilities At the End of the Year	11b(b)	13	N	b; Unsigned.
0790	Partnership/Joint Venture Interests	12a	1	A/N	b; 1=Yes; 2=No.
0800	Partnership/Joint Venture Interests - Amount	12a-AMOUNT	13	N	b; Signed.
0810	Employer Real Property	12b	1	A/N	b; 1=Yes; 2=No.
0820	Employer Real Property - Amount	12b-AMOUNT	13	N	b; Signed.
0830	Real Estate (Other Than Employer Real Property)	12c	1	A/N	b; 1=Yes; 2=No.

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no.	Identification	Form_Ref	Length	Type	Description
0840	Real Estate (Other Than Employer Real Property) - Amount	12c-AMOUNT	13	N	b; Signed.
0850	Employer Securities	12d	1	A/N	b; 1=Yes; 2=No.
0860	Employer Securities - Amount	12d-AMOUNT	13	N	b; Signed.
0870	Participant Loans	12e	1	A/N	b; 1=Yes; 2=No.
0880	Participant Loans - Amount	12e-AMOUNT	13	N	b; Signed.
0890	Loans (Other Than To Participants)	12f	1	A/N	b; 1=Yes; 2=No.
0900	Loans (Other Than To Participants) - Amount	12f-AMOUNT	13	N	b; Signed.
0910	Tangible Personal Property	12g	1	A/N	b; 1=Yes; 2=No.
0920	Tangible Personal Property - Amount	12g-AMOUNT	13	N	b; Signed.
	Terminus Character	NA	1		Value = “#”

Form 5500-EZ, Page 3

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0940	Sale, Exchange, or Lease of Property Transaction	13a	1	A/N	b; 1=Yes; 2=No.
0950	Sale, Exchange, or Lease of Property Amount	13a-AMOUNT	13	N	b; Signed.
0960	Payment By the Plan for Services Transaction	13b	1	A/N	b; 1=Yes; 2=No.
0970	Payment By the Plan for Services Amount	13b-AMOUNT	13	N	b; Signed.
0980	Acquisition or Holding of Employer Securities Transaction	13c	1	A/N	b; 1=Yes; 2=No.
0990	Acquisition or Holding of Employer Securities Amount	13c-AMOUNT	13	N	b; Signed.
1000	Loan or Extension of Credit Transaction	13d	1	A/N	b; 1=Yes; 2=No.
1010	Loan or Extension of Credit Amount	13d-AMOUNT	13	N	b; Signed.
1020	Business Has Any Employees Other Than You and Your Spouse	14a	1	A/N	b; 1=Yes; 2=No.
1030	Total Number of Employees	14b	5	N	b; Unsigned
1040	Plan Meet the Coverage Requirements of Code Section 410(b)	14c	1	A/N	b; 1=Yes; 2=No.
1050	Plan Distribute Any Annuity Contracts This Plan Year	15a	1	A/N	b; 1=Yes; 2=No.
1060	Plan Make Distributions to A Married Participant In A Form Other Than A Joint Annuity	15b	1	A/N	b; 1=Yes; 2=No.
1070	Plan Make Loans to Married Participants	15c	1	A/N	b; 1=Yes; 2=No.
	Terminus Character	NA	1		Value = “#”

7. Schedule A

Schedule A, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three-Digit Plan Number	B	3	N	Unsigned. Valid range: "001-999."
0130	Sponsor EIN	D	9	N	Unsigned
0140	Name of Insurance Carrier	1a	70	A/N	
0150	EIN of Insurance Carrier	1b	9	N	Unsigned
0160	NAIC Code	1c	5	N	Unsigned
0170	Contract or Identification Number	1d	15	A/N	
0180	Approximate Number of Persons Covered At End of Policy or Contract Year	1e	7	N	Unsigned
0190	Policy or Contract Year (From Date)	1f	8	A/N	b; Format: YYYYMMDD. Values = numerics or N/A or NA (Not applicable)
0200	Policy or Contract Year (To Date)	1g	8	A/N	b; Format: YYYYMMDD. Values = numerics or N/A or NA (Not applicable)
0210	Total Amount of Commissions	2	13	N	b; Signed
0220	Total Amount of Fees	2	13	N	b; Signed
	Terminus Character	NA	1		Value = "#"

Schedule A, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0240	Broker 1 Name	2a Name 1	35	A/N	
0250	Broker 1 Address	2a Address 1	35	A/N	
0260	Broker 1 City	2a City 1	22	A/N	
0270	Broker 1 State	2a State 1	2	A/N	
0280	Broker 1 Zip Code	2a Zip 1	9	N	Unsigned
0290	Amount of Commissions Paid - Broker 1	2b 1	13	N	b; Signed
0300	Fees Paid - Broker 1	2c 1	13	N	b; Signed
0310	Fees Paid - Purpose 1	2d 1	70	A/N	
0320	Type of Organization Code - Broker 1	2e 1	1	A/N	b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other.
0330	Broker 2 Name	2a Name 2	35	A/N	
0340	Broker 2 Address	2a Address 2	35	A/N	
0350	Broker 2 City	2a City 2	22	A/N	
0360	Broker 2 State	2a State 2	2	A/N	
0370	Broker 2 Zip Code	2a Zip 2	9	N	Unsigned
0380	Amount of Commissions Paid - Broker 2	2b 2	13	N	Signed
0390	Fees Paid - Broker 2	2c 2	13	N	Signed
0400	Fees Paid - Purpose 2	2d 2	70	A/N	

Schedule A, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0410	Type of Organization Code - Broker 2	2e 2	1	A/N	b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other.
0420	Broker 3 Name	2a Name 3	35	A/N	
0430	Broker 3 Address	2a Address 3	35	A/N	
0440	Broker 3 City	2a City 3	22	A/N	
0450	Broker 3 State	2a State 3	2	A/N	
0460	Broker 3 Zip Code	2a Zip 3	9	N	Unsigned
0470	Amount of Commissions Paid - Broker 3	2b 3	13	N	Signed
0480	Fees Paid - Broker 3	2c 3	13	N	Signed
0490	Fees Paid - Purpose 3	2d 3	70	A/N	
0500	Type of Organization Code - Broker 3	2e 3	1	A/N	b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0520	Current Value of Plan Interest In the General Account At Year End	3	13	N	b; Signed
0530	Current Value of Plan's Interest In Separate Accounts At Year End	4	13	N	b; Signed
0540	State the Basis of Premium Rates	5a	35	A/N	
0550	Premiums Paid To Carrier	5b	13	N	b; Signed
0560	Premiums Due But Unpaid At The End Of The Year	5c	13	N	b; Signed
0570	Carrier Incurred Any Specific Costs In Connection With The Acquisition Of The Contract	5d-AMOUNT	13	N	b; Signed
0580	Specify Nature of Costs	5d-TEXT	35	A/N	
0590	Specify Type of Allocated Contract [1 indicator]	5e [1]	1	A/N	b; 1=Individual policies.
0600	Specify Type of Allocated Contract [2 indicator]	5e [2]	1	A/N	b; 2=Group deferred annuity contracts.
0610	Specify Type of Allocated Contract [3 indicator]	5e [3]	1	A/N	b; 3=Other.
0620	Specify Other Type of Allocated Contract	5e [3]-TEXT	35	A/N	
0630	If Contract Purchased To Distribute Benefits From A Terminating Plan Check Box	5f	1	A/N	b; 1=Box checked.
0640	Type of Unallocated Contract [1 indicator]	6a[1]	1	A/N	b; 1=Deposit Administration.
0650	Type of Unallocated Contract [2 indicator]	6a[2]	1	A/N	b; 2=Immediate participation guarantee.
0660	Type of Unallocated Contract [3 indicator]	6a[3]	1	A/N	b; 3=Guaranteed investment contracts.
0670	Type of Unallocated Contract [4 indicator]	6a[4]	1	A/N	b; 4=Other.
0680	Specify Other Type of Unallocated Contract	6a[4]-TEXT	35	A/N	
0690	Balance at End of Previous Year	6b	13	N	b; Signed
0700	Contributions Deposited During The Year	6c(1)	13	N	b; Signed
0710	Dividends and Credits	6c(2)	13	N	b; Signed

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no.	Identification	Form_Ref	Length	Type	Description
0720	Interest Credited During the Year	6c(3)	13	N	b; Signed
0730	Transferred from Separate Accounts	6c(4)	13	N	b; Signed
0740	Specify Other Additions Amount	6c(5)-AMOUNT	13	N	b; Signed
0750	Specify Other Additions Text	6c(5)-TEXT	35	A/N	
0760	Total Additions	6c(6)	13	N	b; Signed
0770	Total of Balance and Additions	6d	13	N	b; Signed
0780	Disbursed From Fund To Pay Benefits or Purchase Annuities	6e(1)	13	N	b; Signed
0790	Administration Charge Made by Carrier	6e(2)	13	N	b; Signed
0800	Transferred to Separate Accounts	6e(3)	13	N	b; Signed
0810	Specify Other Deductions Amount	6e(4)-AMOUNT	13	N	b; Signed
0820	Specify Other Deductions Text	6e(4)-TEXT	35	A/N	
0830	Total Deductions	6e(5)	13	N	b; Signed
0840	Balance at End of Year	6f	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0860	Benefit and Contract Type [A indicator]	7 [A]	1	A/N	b; A=Health (other than dental or vision).
0870	Benefit and Contract Type [B indicator]	7 [B]	1	A/N	b; B=Dental.
0880	Benefit and Contract Type [C indicator]	7 [C]	1	A/N	b; C=Vision.
0890	Benefit and Contract Type [D indicator]	7 [D]	1	A/N	b; D=Life insurance.
0900	Benefit and Contract Type [E indicator]	7 [E]	1	A/N	b; E=Temporary disability.
0910	Benefit and Contract Type [F indicator]	7 [F]	1	A/N	b; F=Long-term disability.
0920	Benefit and Contract Type [G indicator]	7 [G]	1	A/N	b; G=Supplemental unemployment.
0930	Benefit and Contract Type [H indicator]	7 [H]	1	A/N	b; H=Prescription drug.
0940	Benefit and Contract Type [I indicator]	7 [I]	1	A/N	b; I=Stop loss.
0950	Benefit and Contract Type [J indicator]	7 [J]	1	A/N	b; J=HMO contract.
0960	Benefit and Contract Type [K indicator]	7 [K]	1	A/N	b; K=PPO contract.
0970	Benefit and Contract Type [L indicator]	7 [L]	1	A/N	b; L=Indemnity contract.
0980	Benefit and Contract Type [M indicator]	7 [M]	1	A/N	b; M=Other.
0990	Specify Other Benefit and Contract Types	7[M]-TEXT	35	A/N	
1000	Premiums Received	8a(1)	13	N	b; Signed
1010	Increase (Decrease) in Amount Due But Unpaid	8a(2)	13	N	b; Signed
1020	Increase (Decrease) in Unearned Premium Reserve	8a(3)	13	N	b; Signed
1030	Total Premiums	8a(4)	13	N	b; Signed
1040	Claims Paid	8b(1)	13	N	b; Signed
1050	Increase (Decrease) in Claim Reserves	8b(2)	13	N	b; Signed
1060	Incurred Claims	8b(3)	13	N	b; Signed
1070	Claims Charged	8b(4)	13	N	b; Signed
1080	Retention Charges - Commissions	8c(1)A	13	N	b; Signed

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no.	Identification	Form_Ref	Length	Type	Description
1090	Retention Charges - Administrative Service or Other Fees	8c(1)B	13	N	b; Signed
1100	Retention Charges - Other Specific Acquisition Costs	8c(1)C	13	N	b; Signed
1110	Retention Charges - Other Expenses	8c(1)D	13	N	b; Signed
1120	Retention Charges - Taxes	8c(1)E	13	N	b; Signed
1130	Retention Charges - Charges for Risks or Other Contingencies	8c(1)F	13	N	b; Signed
1140	Retention Charges - Other Retention Charges	8c(1)G	13	N	b; Signed
1150	Total Retention Charges	8c(1)H	13	N	b; Signed
1160	Dividends or Retroactive Rate Refunds	8c(2)-BOX	1	A/N	b; 1=Paid in cash; 2=Credited; 3=Both.
1170	Dividend or Retroactive Rate Refunds - Amount	8c(2)-AMOUNT	13	N	b; Signed
1180	Amount Held to Provide Benefits After Retirement	8d(1)	13	N	b; Signed
1190	Claim Reserves	8d(2)	13	N	b; Signed
1200	Other Reserves	8d(3)	13	N	b; Signed
1210	Dividends or Retroactive Rate Refunds Due	8e	13	N	b; Signed
1220	Total Premiums or Subscription Charges Paid to Carrier	9a	13	N	b; Signed
1230	Other Specific Costs Incurred With the Acquisition or Retention of the Contract	9b	13	N	b; Signed
1240	Specify Nature of Costs	9b-TEXT	105	A/N	
	Terminus Character	NA	1		Value = “#”

8. Schedule B

Schedule B, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned
0140	Type of Plan	E	1	A/N	b; 1=Multi-employer; 2=Single employer, 3=Multiple employer.
0150	100 or Fewer Participants In Prior Plan Year Box	F	1	A/N	b; 1=Box checked.
0160	Actuarial Valuation Date	1a	8	N	b; Format: YYYYMMDD
0170	Current Value of Assets	1b(1)	13	N	b; Signed
0180	Actuarial Value of Assets For Funding Standard Account	1b(2)	13	N	b; Signed
0190	Accrued Liability For Plans Using Immediate Gain Methods	1c(1)	13	N	b; Signed
0200	Unfunded Liability for Methods with Bases	1c(2)(a)	13	N	b; Signed
0210	Accrued Liability Under Entry Age Normal Method	1c(2)(b)	13	N	b; Signed
0220	Normal Cost Under Entry Age Normal Method	1c(2)(c)	13	N	b; Signed
0230	Print/Type Name of Actuary	TYPED NAME	35	A/N	
0240	Most Recent Enrollment Number	G	7	N	b; Must be greater than zero. First two significant digits must equal 99 for plan years 1999, 2000, and 2001; first two significant digits must equal 02 for plan years 2002, 2003, and 2004; **first two significant digits must equal 05 for plan year 2005**.
0250	Firm Name of Actuary	FIRM	35	A/N	

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no.	Identification	Form_Ref	Length	Type	Description
0260	Telephone Number of Actuary Firm	PHONE	10	N	b; Unsigned
0270	Address of Actuary Firm	ADDRESS	35	A/N	
0280	City of Actuary Firm	CITY	20	A/N	
0290	State of Actuary Firm	STATE	2	A/N	
0300	Zip Code of Actuary Firm	ZIP	9	N	Unsigned
0310	Actuary Not Fully Reflected Any Regulation/Ruling Promulgated Under Statute Box	BOX	1	A/N	b; 1=No ruling.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0330	Amount Excluded from Current Liability Attributable To Pre-Participation Service	1d(1)	13	N	b; Signed
0340	Current Liability - RPA 94	1d(2)(a)	13	N	b; Signed
0350	Expected Increase In Current Liability - RPA 94	1d(2)(b)	13	N	b; Signed
0360	Current Liability Computed At Highest Allowable Interest Rate - RPA 94	1d(2)(c)	13	N	b; Signed
0370	Expected Release from "RPA '94" Current Liability - RPA 94	1d(2)(d)	13	N	b; Signed
0380	Reserved				
0390	Reserved				
0400	Reserved				
0410	Expected Plan Disbursements for the Plan Year	1d(3)	13	N	b; Signed
0420	Current Value of the Assets	2a	13	N	b; Signed
0430	Retired - Number	2b(1)(1)	8	N	b; Unsigned
0440	Retired - Vested	2b(1)(2)	13	N	b; Signed
0450	Retired - Total	2b(1)(3)	13	N	b; Signed
0460	Terminated - Number	2b(2)(1)	8	N	b; Unsigned
0470	Terminated - Vested	2b(2)(2)	13	N	b; Signed
0480	Terminated - Total	2b(2)(3)	13	N	b; Signed
0490	Active - Number	2b(3)(1)	8	N	b; Unsigned
0500	Active - Vested	2b(3)(2)	13	N	b; Signed
0510	Active - Total	2b(3)(3)	13	N	b; Signed
0520	Total - Number	2b(4)(1)	8	N	b; Unsigned
0530	Total - Vested	2b(4)(2)	13	N	b; Signed
0540	Total - Total Benefits	2b(4)(3)	13	N	b; Signed
0550	Percentage Less Than 70% Test	2c	4	N	b; Unsigned; Numerics with two implied decimals.
0560	Contribution Date 1	3a-1	8	N	b; Format: YYYYMMDD
0570	Employer Contribution 1	3b-1	13	N	b; Signed
0580	Employee Contribution 1	3c-1	13	N	b; Signed
0590	Contribution Date 2	3a-2	8	N	b; Format: YYYYMMDD
0600	Employer Contribution 2	3b-2	13	N	b; Signed
0610	Employee Contribution 2	3c-2	13	N	b; Signed
0620	Contribution Date 3	3a-3	8	N	b; Format: YYYYMMDD
0630	Employer Contribution 3	3b-3	13	N	b; Signed
0640	Employee Contribution 3	3c-3	13	N	b; Signed

Schedule B, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0650	Contribution Date 4	3a-4	8	N	b; Format: YYYYMMDD
0660	Employer Contribution 4	3b-4	13	N	b; Signed
0670	Employee Contribution 4	3c-4	13	N	b; Signed
0680	Contribution Date 5	3a-5	8	N	b; Format: YYYYMMDD
0690	Employer Contribution 5	3b-5	13	N	b; Signed
0700	Employee Contribution 5	3c-5	13	N	b; Signed
0710	Contribution Date 6	3a-6	8	N	b; Format: YYYYMMDD
0720	Employer Contribution 6	3b-6	13	N	b; Signed
0730	Employee Contribution 6	3c-6	13	N	b; Signed
0740	Contribution Date 7	3a-7	8	N	b; Format: YYYYMMDD
0750	Employer Contribution 7	3b-7	13	N	b; Signed
0760	Employee Contribution 7	3c-7	13	N	b; Signed
0770	Contribution Date 8	3a-8	8	N	b; Format: YYYYMMDD
0780	Employer Contribution 8	3b-8	13	N	b; Signed
0790	Employee Contribution 8	3c-8	13	N	b; Signed
0800	Contribution Date 9	3a-9	8	N	b; Format: YYYYMMDD
0810	Employer Contribution 9	3b-9	13	N	b; Signed
0820	Employee Contribution 9	3c-9	13	N	b; Signed
0830	Contribution Date 10	3a-10	8	N	b; Format: YYYYMMDD
0840	Employer Contribution 10	3b-10	13	N	b; Signed
0850	Employee Contribution 10	3c-10	13	N	b; Signed
0860	Contribution Date 11	3a-11	8	N	b; Format: YYYYMMDD
0870	Employer Contribution 11	3b-11	13	N	b; Signed
0880	Employee Contribution 11	3c-11	13	N	b; Signed
0890	Contribution Date 12	3a-12	8	N	b; Format: YYYYMMDD
0900	Employer Contribution 12	3b-12	13	N	b; Signed
0910	Employee Contribution 12	3c-12	13	N	b; Signed
0920	Contribution Date 13	3a-13	8	N	b; Format: YYYYMMDD
0930	Employer Contribution 13	3b-13	13	N	b; Signed
0940	Employee Contribution 13	3c-13	13	N	b; Signed
0950	Contribution Date 14	3a-14	8	N	b; Format: YYYYMMDD
0960	Employer Contribution 14	3b-14	13	N	b; Signed
0970	Employee Contribution 14	3c-14	13	N	b; Signed
0980	Contribution Date 15	3a-15	8	N	b; Format: YYYYMMDD
0990	Employer Contribution 15	3b-15	13	N	b; Signed
1000	Employee Contribution 15	3c-15	13	N	b; Signed
1010	Total Employer Contributions	3b-TOTAL	13	N	b; Signed
1020	Total Employee Contributions	3c-TOTAL	13	N	b; Signed
1030	Plans Other Than Multiemployer Plans, Enter Funded Current Liability Percentage	4a	4	N	b; Unsigned. Numerics with one implied decimal.

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no.	Identification	Form_Ref	Length	Type	Description
1040	1st Quarter Liquidity Shortfall	4b(1)	13	N	b; Signed
1050	2nd Quarter Liquidity Shortfall	4b(2)	13	N	b; Signed
1060	3rd Quarter Liquidity Shortfall	4b(3)	13	N	b; Signed
1070	4th Quarter Liquidity Shortfall	4b(4)	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
1090	Actuarial Cost Method Used As Basis For Plan Year's Funding Standard Account Computation	5	1	A/N	b; A=Attained age normal; B=Entry age normal; C=Accrued benefit (unit credit); D=Aggregate; E=Frozen initial liability; F=Individual level premium; G=Individual aggregate; H=Other.
1100	Specify Other Actuarial Cost Method	5h-TEXT	35	A/N	
1110	Has A Change Been Made In Funding Method for this Plan Year	5i	1	A/N	b; 1=Yes; 2=No.
1120	Change Pursuant to Revenue Procedure 95-51	5j	1	A/N	b; 1=Yes; 2=No.
1130	Date of Ruling Letter Approving the Change in Funding Method	5k	8	N	b; Format: YYYYMMDD
1140	RPA '94 Current Liability Interest Rates	6a	4	N	b; Unsigned. Numerics with two implied decimals.
1150	RPA '94 Current Liability Interest Rates Indicator	6a-indicator	1	A/N	b; 1=Not applicable.
1160	Reserved				
1170	Reserved				
1180	Weighted Average Retirement Age	6b	2	N	b; Unsigned
1190	Weighted Average Retirement Age Indicator	6b-indicator	1	A/N	b; 1=Not applicable.
1200	Rates Specified In Insurance or Annuity Contracts - Pre-Retirement	6c-PRE	1	A/N	b; 1=Yes; 2=No; 3=Not applicable.
1210	Rates Specified In Insurance or Annuity Contracts - Post-Retirement	6c-POST	1	A/N	b; 1=Yes; 2=No; 3=Not applicable.

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no.	Identification	Form_Ref	Length	Type	Description
1220	Mortality Males - Pre-retirement	6d(1)-PRE	7	A/N	b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.
1230	Mortality Males - Post-retirement	6d(1)-POST	7	A/N	b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.
1240	Mortality Females - Pre-retirement	6d(2)-PRE	7	A/N	b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.
1250	Mortality Females - Post-retirement	6d(2)-POST	7	A/N	b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.
1260	Valuation Liability Interest Rate - Pre-retirement	6e-PRE	4	N	b; Unsigned. Numerics with two implied decimals.

Schedule B, Page 3

no.	Identification	Form_Ref	Length	Type	Description
1270	Valuation Liability Interest Rate - Pre-retirement Indicator	6e-PRE-indicator	1	A/N	b; 1=Not applicable.
1280	Valuation Liability Interest Rate - Post-retirement	6e-POST	4	N	b; Unsigned. Numerics with two implied decimals.
1290	Valuation Liability Interest Rate - Post-retirement Indicator	6e-POST-indicator	1	A/N	b; 1=Not applicable.
1300	Expense Loading - Pre-retirement	6f-PRE	4	N	b; Unsigned. Numerics with one implied decimals.
1310	Expense Loading - Pre-retirement Indicator	6f-PRE-indicator	1	A/N	b; 1=Not applicable.
1320	Expense Loading - Post-retirement	6f-POST	4	N	b; Unsigned. Numerics with one implied decimal.
1330	Expense Loading - Post-retirement Indicator	6f-POST-indicator	1	A/N	b; 1=Not applicable.
1340	Withdrawal Age 25 - Male Rate Code	6g(1)-MALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.
1350	Withdrawal Age 25 - Male	6g(1)-MALE	4	N	b; Unsigned. Numerics with two implied decimals.
1360	Withdrawal Age 25 - Female Rate Code	6g(1)-FEMALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.
1370	Withdrawal Age 25 - Female	6g(1)-FEMALE	4	N	b; Unsigned. Numerics with two implied decimals.
1380	Withdrawal Age 40 - Male Rate Code	6g(2)-MALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.

Schedule B, Page 3

no.	Identification	Form_Ref	Length	Type	Description
1390	Withdrawal Age 40 - Male	6g(2)-MALE	4	N	b; Unsigned. Numerics with two implied decimals.
1400	Withdrawal Age 40 - Female Rate Code	6g(2)-FEMALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.
1410	Withdrawal Age 40 - Female	6g(2)-FEMALE	4	N	b; Unsigned. Numerics with two implied decimals.
1420	Withdrawal Age 55 - Male Rate Code	6g(3)-MALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.
1430	Withdrawal Age 55 - Male	6g(3)-MALE	4	N	b; Unsigned. Numerics with two implied decimals.
1440	Withdrawal Age 55 - Female Rate Code	6g(3)-FEMALE RATE CODE	1	A/N	b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service.
1450	Withdrawal Age 55 - Female	6g(3)-FEMALE	4	N	b; Unsigned. Numerics with two implied decimals.
1460	Salary Scale - Male	6h-MALE	4	N	b; Unsigned. Numerics with two implied decimals.
1470	Salary Scale - Male Indicator	6h-MALE-indicator	1	A/N	b; 1=Not applicable.
1480	Salary Scale - Female	6h-FEMALE	4	N	b; Unsigned. Numerics with two implied decimals.
1490	Salary Scale - Female Indicator	6h-FEMALE-indicator	1	A/N	b; 1=Not applicable.

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no.	Identification	Form_Ref	Length	Type	Description
1500	Estimated Investment Return On Actuarial Value of Assets for the Year Ending on the Valuation Date	6i	5	N	b; Signed. Numerics with one implied decimal.
1505	**Estimated Investment Return on Current Value of Assets for the Year Ending on the Valuation Date**	**6j**	**5**	**N**	**b; Signed. Numerics with one implied decimal.**
1510	Amortization Bases - Type of Base 1	7(1)-BASE 1	1	A/N	b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=170% current liability full funding limitation base.
1520	Amortization Bases - Initial Balance	7(2)-balance 1	13	N	b; Signed.
1530	Amortization Bases - Amortization Charge/Credit 1	7(3)-CHARGE 1	13	N	b; Signed.
1540	Amortization Bases - Type of Base 2	7(1)-BASE 2	1	A/N	b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=170% current liability full funding limitation base.

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no.	Identification	Form_Ref	Length	Type	Description
1550	Amortization Bases - Initial Balance 2	7(2)-balance 2	13	N	b; Signed.
1560	Amortization Bases - Amortization Charge/Credit 2	7(3)-charge 2	13	N	b; Signed.
1570	Amortization Bases - Type of Base 3	7(1)-BASE 3	1	A/N	b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=170% current liability full funding limitation base.
1580	Amortization Bases - Initial Balance 3	7(2)-balance 3	13	N	b; Signed.
1590	Amortization Bases - Amortization Charge/Credit 3	7(3)-charge 3	13	N	b; Signed.
1600	Amortization Bases - Type of Base 4	7(1)-BASE 4	1	A/N	b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=170% current liability full funding limitation base.
1610	Amortization Bases - Initial Balance 4	7(2)-balance 4	13	N	b; Signed.
1620	Amortization Bases - Amortization Charge/Credit 4	7(3)-charge 4	13	N	b; Signed.

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no.	Identification	Form_Ref	Length	Type	Description
1630	Amortization Bases - Type of Base 5	7(1)-BASE 5	1	A/N	b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=170% current liability full funding limitation base.
1640	Amortization Bases - Initial Balance 5	7(2)-balance 5	13	N	b; Signed.
1650	Amortization Bases - Amortization Charge/Credit 5	7(3)-charge 5	13	N	b; Signed.
1660	**Reserved**				**Not Used for Plan Year 2005**
1670	**Reserved**				**Not Used for Plan Year 2005**
1680	**Reserved**				**Not Used for Plan Year 2005**
1690	Waiver of Funding Deficiency Letter Date	8a	8	N	b; YYYYMMDD
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
1710	Alternative Method Codes	8b	1	A/N	b; 1=Shortfall method; 2=Alternative funding standard account (AFSA); 3=Shortfall method used with AFSA; 4=Plan is in reorganization status; 5=Shortfall method used when in reorganization status.
1720	Plan Required to Provide A Schedule of Active Participant Data	8c	1	A/N	b; 1=Yes; 2=No.
1730	Prior Year Funding Deficiency Amount	9a	12	N	b; Unsigned.
1740	Employer's Normal Cost for Plan Year as of Valuation Date	9b	13	N	b; Signed.
1750	All Bases Except Funding Waivers - Outstanding Balance	9c(1)-balance	13	N	b; Signed.
1760	All Bases Except Funding Waivers - Amount	9c(1)-AMOUNT	13	N	b; Signed.
1770	Funding Waivers – Outstanding Balance	9c(2)-balance	13	N	b; Signed.
1780	Funding Waivers – Amount	9c(2)-AMOUNT	13	N	b; Signed.
1790	Funding Charges Interest Amount	9d	13	N	b; Signed.
1800	Additional Interest Charge Due to Late Quarterly Contributions	9e	13	N	b; Signed.
1810	Non-multiemployer Funding Charges Amount Indicator	9f-INDICATOR	1	A/N	b; 1=Not applicable.
1820	Non-multiemployer Funding Charges Amount	9f	13	N	b; Signed.
1830	Total Charges	9g	13	N	b; Signed.
1840	Prior Year Credit Balance	9h	13	N	b; Signed.
1850	Employer Contributions	9I	13	N	b; Signed.
1860	Amortization Credits as of Valuation Date - Outstanding Balance	9j-BALANCE	13	N	b; Signed.
1870	Amortization Credits as of Valuation Date - Amount	9j-AMOUNT	13	N	b; Signed.
1880	Funding Credit Interest Amount	9k	13	N	b; Signed.

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no.	Identification	Form_Ref	Length	Type	Description
1890	ERISA FFL Credit Amount	9l(1)	13	N	b; Signed.
1900	Reserved				
1910	RPA '94 FFL Credit Amount	9l(2)	13	N	b; Signed.
1920	FFL Credit	9l(3)	13	N	b; Signed.
1930	Reserved				
1940	Waived Funding Deficiency Amount	9m(1)	12	N	b; Unsigned.
1950	Other Credit Amounts	9m(2)	13	N	b; Signed.
1960	Total Credits	9n	13	N	b; Signed.
1970	Credit Balance	9o	13	N	b; Signed.
1980	Current Funding Deficiency	9p	12	N	b; Unsigned.
1990	Funding Charge Reconciliation Amount	9q(1)	13	N	b; Signed.
2000	Interest Charge Reconciliation Amount	9q(2)	13	N	b; Signed.
2010	Reconciliation Outstanding Balance Amount	9q(3)(a)	13	N	b; Signed.
2020	Reconciliation Amount	9q(3)(b)	13	N	b; Signed.
2030	Total Reconciliation Amount	9q(4)	13	N	b; Signed.
2040	Contribution to Avoid Funding Deficiency	10	12	N	b; Unsigned.
2050	Change Been Made In the Actuarial Assumptions for the Current Plan Year	11	1	A/N	b; 1=Yes; 2=No.
	Terminus Character	NA	1		Value = "#"

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
2070	Gateway Percentage	12a	4	N	b; Unsigned. Numerics with one implied decimal.
2080	RPA '94 Current Liability	12b	13	N	b; Signed.
2090	Adjusted Value of Assets	12c	13	N	b; Signed.
2100	Funded Current Liability Percentage	12d	4	N	b; Unsigned. Numerics with two implied decimals.
2110	Unfunded Current Liability Amount	12e	13	N	b; Signed.
2120	Liability Attributable to Any Unpredictable Contingent Event Benefit	12f	13	N	b; Signed.
2130	Outstanding Balance of Unfunded Old Liability	12g	13	N	b; Signed.
2140	Unfunded New Liability Amount	12h	13	N	b; Signed.
2150	Unfunded New Liability Amount - Percent	12i-PERCENT	4	N	b; Unsigned. Numerics with two implied decimals.
2160	Unfunded New Liability Amount 2	12i-AMOUNT	13	N	b; Signed.
2170	Unfunded Old Liability Amount	12j	13	N	b; Signed.
2180	Deficit Reduction Contribution Amount	12k	13	N	b; Signed.
2190	Net Charges Used To Offset the Deficit Reduction Contribution	12l	13	N	b; Signed.
2200	Benefits Paid During Year Attributable To Unpredictable Contingent Events Amount	12m(1)	13	N	b; Signed.
2210	Unfunded Current Liability Percentage	12m(2)	4	N	b; Unsigned. Numerics with two implied decimals.
2220	Reserved				
2230	Unpredictable Event Product Amount	12m(3)	13	N	b; Signed.
2240	Amortization of All Unpredictable Contingent Event Liabilities Amount	12m(4)	13	N	b; Signed.
2250	RPA '94 Additional Amounts	12m(5)	13	N	b; Signed.
2260	Greater Product or Liability Amount	12m(6)	13	N	b; Signed.
2270	Preliminary Additional Funding Charge Amount	12n	13	N	b; Signed.

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no.	Identification	Form_Ref	Length	Type	Description
2280	Contributions Needed To Increase Current Liability Percentage To 100% Amount	12o	13	N	b; Signed.
2290	Less of Charges or Contributions Amount	12p	13	N	b; Signed.
2295	Adjusted Additional Funding Charge – Percent	12q-PERCENT	4	N	b; Unsigned. Numerics with one implied decimal.
2300	Adjusted Additional Funding Charge – Amount	12q-AMOUNT	13	N	b; Signed.
	Terminus Character	NA	1		Value = “#”

9. Schedule C

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	b; Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	b; Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned.
0140	Compensation Paid By Plan to All Persons Receiving Less Than $5,000.	PART I - 1	12	N	b; Unsigned.
0150	Service Provider Name (1)	PART I - 2a(1)-NAME	35	A/N	
0160	Service Provider EIN (1)	PART I - 2b(1)-EIN	9	N	Unsigned.
0170	Service Provider Plan Position (1)	PART I - 2c(1)-Position	25	A/N	Must have value = “Contract Administrator”
0180	Service Provider Relationship (1)	PART I - 2d(1)-Relationship	25	A/N	
0190	Service Provider Salary (1)	PART I - 2e(1)-Salary	9	N	b; Unsigned.
0200	Service Provider Fees (1)	PART I - 2f(1)-FEE	9	N	b; Unsigned.
0210	Service Provider Code (1)	PART I - 2g(1)-CODE	4	N	Unsigned. Must have value = “12”
0220	Service Provider Name (2)	PART I - 2a(2)-NAME	35	A/N	
0230	Service Provider EIN (2)	PART I - 2b(2)-EIN	9	N	Unsigned.
0240	Service Provider Plan Position (2)	PART I - 2c(2)-Position	25	A/N	

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no.	Identification	Form_Ref	Length	Type	Description
0250	Service Provider Relationship (2)	PART I - 2d(2)-Relationship	25	A/N	
0260	Service Provider Salary (2)	PART I - 2e(2)-Salary	9	N	b; Unsigned.
0270	Service Provider Fees (2)	PART I - 2f(2)-FEE	9	N	b; Unsigned.
0280	Service Provider Code (2)	PART I - 2g(2)-CODE	4	N	Unsigned.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0300	Service Provider Name (3)	PART I - 2a(3)-NAME	35	A/N	
0310	Service Provider EIN (3)	PART I - 2b(3)-EIN	9	N	Unsigned.
0320	Service Provider Plan Position (3)	PART I - 2c(3)-Position	25	A/N	
0330	Service Provider Relationship (3)	PART I - 2d(3)-Relationship	25	A/N	
0340	Service Provider Salary (3)	PART I - 2e(3)-Salary	9	N	b; Unsigned.
0350	Service Provider Fees (3)	PART I - 2f(3)-FEE	9	N	b; Unsigned.
0360	Service Provider Code (3)	PART I - 2g(3)-CODE	4	N	Unsigned.
0370	Service Provider Name (4)	PART I - 2a(4)-NAME	35	A/N	
0380	Service Provider EIN (4)	PART I - 2b(4)-EIN	9	N	Unsigned.
0390	Service Provider Plan Position (4)	PART I - 2c(4)-Position	25	A/N	
0400	Service Provider Relationship (4)	PART I - 2d(4)-Relationship	25	A/N	
0410	Service Provider Salary (4)	PART I - 2e(4)-Salary	9	N	b; Unsigned.
0420	Service Provider Fees (4)	PART I - 2f(4)-FEE	9	N	b; Unsigned.
0430	Service Provider Code (4)	PART I - 2g(4)-CODE	4	N	Unsigned.
0440	Service Provider Name (5)	PART I - 2a(5)-NAME	35	A/N	
0450	Service Provider EIN (5)	PART I - 2b(5)-EIN	9	N	Unsigned.
0460	Service Provider Plan Position (5)	PART I - 2c(5)-Position	25	A/N	

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no.	Identification	Form_Ref	Length	Type	Description
0470	Service Provider Relationship (5)	PART I - 2d(5)-Relationship	25	A/N	
0480	Service Provider Salary (5)	PART I - 2e(5)-Salary	9	N	b; Unsigned.
0490	Service Provider Fees (5)	PART I - 2f(5)-FEE	9	N	b; Unsigned.
0500	Service Provider Code (5)	PART I - 2g(5)-CODE	4	N	Unsigned.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0520	Termination Information - Name [1]	PART II(a)[1]	35	A/N	
0530	Termination Information - EIN [1]	PART II(b)[1]	9	N	Unsigned.
0540	Termination Information - Position [1]	PART II(c)[1]	25	A/N	
0550	Termination Information - Street Address [1]	PART II(d)-Address [1]	35	A/N	
0560	Termination Information - City [1]	PART II(d)-CITY [1]	20	A/N	
0570	Termination Information - State [1]	PART II(d)-STATE [1]	2	A/N	
0580	Termination Information - Zip Code [1]	PART II(d)-ZIP [1]	9	N	Unsigned.
0590	Termination Information - Telephone No. [1]	PART II(e) [1]	10	N	Unsigned.
0600	Termination Information - Explanation [1]	PART II(1) [1]	250	A/N	
0610	Termination Information - Name [2]	PART II(a)[2]	35	A/N	
0620	Termination Information - EIN [2]	PART II(b)[2]	9	N	Unsigned.
0630	Termination Information - Position [2]	PART II(c)[2]	25	A/N	
0640	Termination Information - Street Address [2]	PART II(d)-Address [2]	35	A/N	
0650	Termination Information - City [2]	PART II(d)-CITY [2]	20	A/N	
0660	Termination Information - State [2]	PART II(d)-STATE [2]	2	A/N	
0670	Termination Information - Zip Code [2]	PART II(d)-ZIP [2]	9	N	Unsigned.
0680	Termination Information - Telephone No. [2]	PART II(e) [2]	10	N	Unsigned.

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no.	Identification	Form_Ref	Length	Type	Description
0690	Termination Information - Explanation [2]	PART II(1) [2]	250	A/N	
0700	Termination Information - Name [3]	PART II(a)[3]	35	A/N	
0710	Termination Information - EIN [3]	PART II(b)[3]	9	N	Unsigned.
0720	Termination Information - Position [3]	PART II(c)[3]	25	A/N	
0730	Termination Information - Street Address [3]	PART II(d)-Address [3]	35	A/N	
0740	Termination Information - City [3]	PART II(d)-CITY [3]	20	A/N	
0750	Termination Information - State [3]	PART II(d)-STATE [3]	2	A/N	
0760	Termination Information - Zip Code [3]	PART II(d)-ZIP [3]	9	N	Unsigned.
0770	Termination Information - Telephone No. [3]	PART II(e) [3]	10	N	Unsigned.
0780	Termination Information - Explanation [3]	PART II(1) [3]	250	A/N	
	Terminus Character	NA	1		Value = “#”

10. Schedule D

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	b; Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	b; Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999
0130	Sponsor/DFE EIN	D	9	N	Unsigned.
0140	Name of MTIA, CCT, PSA, or 103-12IE [1]	Part I (a)-NAME [1]	35	A/N	
0150	Name of Sponsor [1]	Part I (b)-NAME [1]	35	A/N	
0160	EIN/PN [1]	Part I (c)-EIN/PN [1]	12	N	b; Unsigned.
0170	Entity Code [1]	Part I (d)-CODE [1]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0180	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [1]	Part I (e)-Interest [1]	12	N	b; Unsigned.
0190	Name of MTIA, CCT, PSA, or 103-12IE [2]	Part I (a)-NAME [2]	35	A/N	
0200	Name of Sponsor [2]	Part I (b)-NAME [2]	35	A/N	
0210	EIN/PN [2]	Part I (c)-EIN/PN [2]	12	N	b; Unsigned.
0220	Entity Code [2]	Part I (d)-CODE [2]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0230	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [2]	Part I (e)-Interest [2]	12	N	b; Unsigned.
0240	Name of MTIA, CCT, PSA, or 103-12IE [3]	Part I (a)-NAME [3]	35	A/N	
0250	Name of Sponsor [3]	Part I (b)-NAME [3]	35	A/N	
0260	EIN/PN [3]	Part I (c)-EIN/PN [3]	12	N	b; Unsigned.
0270	Entity Code [3]	Part I (d)-CODE [3]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.

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no.	Identification	Form_Ref	Length	Type	Description
0280	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [3]	Part I (e)-Interest [3]	12	N	b; Unsigned.
0290	Name of MTIA, CCT, PSA, or 103-12IE [4]	Part I (a)-NAME [4]	35	A/N	
0300	Name of Sponsor [4]	Part I (b)-NAME [4]	35	A/N	
0310	EIN/PN [4]	Part I (c)-EIN/PN [4]	12	N	b; Unsigned.
0320	Entity Code [4]	Part I (d)-CODE [4]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0330	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [4]	Part I (e)-Interest [4]	12	N	b; Unsigned.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0350	Name of MTIA, CCT, PSA, or 103-12IE [5]	Part I (a)-NAME [5]	35	A/N	
0360	Name of Sponsor [5]	Part I (b)-NAME [5]	35	A/N	
0370	EIN/PN [5]	Part I (c)-EIN/PN [5]	12	N	b; Unsigned.
0380	Entity Code [5]	Part I (d)-CODE [5]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0390	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [5]	Part I (e)-Interest [5]	12	N	b; Unsigned.
0400	Name of MTIA, CCT, PSA, or 103-12IE [6]	Part I (a)-NAME [6]	35	A/N	
0410	Name of Sponsor [6]	Part I (b)-NAME [6]	35	A/N	
0420	EIN/PN [6]	Part I (c)-EIN/PN [6]	12	N	b; Unsigned.
0430	Entity Code [6]	Part I (d)-CODE [6]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0440	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [6]	Part I (e)-Interest [6]	12	N	b; Unsigned.
0450	Name of MTIA, CCT, PSA, or 103-12IE [7]	Part I (a)-NAME [7]	35	A/N	
0460	Name of Sponsor [7]	Part I (b)-NAME [7]	35	A/N	
0470	EIN/PN [7]	Part I (c)-EIN/PN [7]	12	N	b; Unsigned.
0480	Entity Code [7]	Part I (d)-CODE [7]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0490	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [7]	Part I (e)-Interest [7]	12	N	b; Unsigned.
0500	Name of MTIA, CCT, PSA, or 103-12IE [8]	Part I (a)-NAME [8]	35	A/N	
0510	Name of Sponsor [8]	Part I (b)-NAME [8]	35	A/N	
0520	EIN/PN [8]	Part I (c)-EIN/PN [8]	12	N	b; Unsigned.
0530	Entity Code [8]	Part I (d)-CODE [8]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.

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no.	Identification	Form_Ref	Length	Type	Description
0540	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [8]	Part I (e)-Interest [8]	12	N	b; Unsigned.
0550	Name of MTIA, CCT, PSA, or 103-12IE [9]	Part I (a)-NAME [9]	35	A/N	
0560	Name of Sponsor [9]	Part I (b)-NAME [9]	35	A/N	
0570	EIN/PN [9]	Part I (c)-EIN/PN [9]	12	N	b; Unsigned.
0580	Entity Code [9]	Part I (d)-CODE [9]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0590	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [9]	Part I (e)-Interest [9]	12	N	b; Unsigned.
0600	Name of MTIA, CCT, PSA, or 103-12IE [10]	Part I (a)-NAME [10]	35	A/N	
0610	Name of Sponsor [10]	Part I (b)-NAME [10]	35	A/N	
0620	EIN/PN [10]	Part I (c)-EIN/PN [10]	12	N	b; Unsigned.
0630	Entity Code [10]	Part I (d)-CODE [10]	1	A/N	b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE.
0640	Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [10]	Part I (e)-Interest [10]	12	N	b; Unsigned.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0660	Plan Name [1]	Part II (a)-NAME [1]	35	A/N	
0670	Name of Plan Sponsor [1]	Part II (b)-NAME [1]	35	A/N	
0680	EIN [1]	Part II (c)-EIN [1]	9	N	Unsigned.
0690	PN [1]	Part II (c)-PN [1]	3	N	Unsigned.
0700	Plan Name [2]	Part II (a)-NAME [2]	35	A/N	
0710	Name of Plan Sponsor [2]	Part II (b)-NAME [2]	35	A/N	
0720	EIN [2]	Part II (c)-EIN [2]	9	N	Unsigned.
0730	PN [2]	Part II (c)-PN [2]	3	N	Unsigned.
0740	Plan Name [3]	Part II (a)-NAME [3]	35	A/N	
0750	Name of Plan Sponsor [3]	Part II (b)-NAME [3]	35	A/N	
0760	EIN [3]	Part II (c)-EIN [3]	9	N	Unsigned.
0770	PN [3]	Part II (c)-PN [3]	3	N	Unsigned.
0780	Plan Name [4]	Part II (a)-NAME [4]	35	A/N	
0790	Name of Plan Sponsor [4]	Part II (b)-NAME [4]	35	A/N	
0800	EIN [4]	Part II (c)-EIN [4]	9	N	Unsigned.
0810	PN [4]	Part II (c)-PN [4]	3	N	Unsigned.
0820	Plan Name [5]	Part II (a)-NAME [5]	35	A/N	
0830	Name of Plan Sponsor [5]	Part II (b)-NAME [5]	35	A/N	
0840	EIN [5]	Part II (c)-EIN [5]	9	N	Unsigned.
0850	PN [5]	Part II (c)-PN [5]	3	N	Unsigned.
0860	Plan Name [6]	Part II (a)-NAME [6]	35	A/N	

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no.	Identification	Form_Ref	Length	Type	Description
0870	Name of Plan Sponsor [6]	Part II (b)-NAME [6]	35	A/N	
0880	EIN [6]	Part II (c)-EIN [6]	9	N	Unsigned.
0890	PN [6]	Part II (c)-PN [6]	3	N	Unsigned.
0900	Plan Name [7]	Part II (a)-NAME [7]	35	A/N	
0910	Name of Plan Sponsor [7]	Part II (b)-NAME [7]	35	A/N	
0920	EIN [7]	Part II (c)-EIN [7]	9	N	Unsigned.
0930	PN [7]	Part II (c)-PN [7]	3	N	Unsigned.
0940	Plan Name [8]	Part II (a)-NAME [8]	35	A/N	
0950	Name of Plan Sponsor [8]	Part II (b)-NAME [8]	35	A/N	
0960	EIN [8]	Part II (c)-EIN [8]	9	N	Unsigned.
0970	PN [8]	Part II (c)-PN [8]	3	N	Unsigned.
	Terminus Character	NA	1		Value = “#”

11. Schedule E

Schedule E, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	b; Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	b; Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned, 001-999.
0130	Sponsor EIN	D	9	N	Unsigned.
0134	ESOP Maintained by an S Corp	1a	1	A/N	b; 1=Yes; 2=No.
0137	ESOP Prohibited Allocations Made to Disqualified Person	1b	1	A/N	b; 1=Yes; 2=No.
0140	ESOP Have An Outstanding Securities Acquisition Loan Within the Meaning of Code Sec. 133	2a	1	A/N	b; 1=Yes; 2=No.
0150	Employer Maintaining the ESOP Pay Dividends On the Employers Stock	2b	1	A/N	b; 1=Yes; 2=No.
0160	Total Value of ESOP Assets	3	13	N	b; Signed.
0170	Stock Conversion Formula 1	4	10	A/N	
0180	Employee Securities Released Method Codes [A indicator]	5a [A]	1	A/N	b; A=Principal and Interest (Excise Tax Regulations section 54.4975-7(b)(8)(i);
0190	Employee Securities Released Method Codes [B indicator]	5a [B]	1	A/N	b; B=Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii);
0200	Employee Securities Released Method Codes [C indicator]	5a [C]	1	A/N	b; C=Other.
0210	Unallocated Securities Used to Repay Any Exempt Loan	6	1	A/N	b; 1=Yes; 2=No.
0220	ESOP Loan Part of A Back to Back Loan	7a	1	A/N	b; 1=Yes; 2=No.

Schedule E, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0230	Terms of the Loans Substantially Similar	7b	1	A/N	b; 1=Yes; 2=No.
0240	Two Loans Have the Same Amortization Schedule	7c	1	A/N	b; 1=Yes; 2=No.
0250	Loan An Immediate Allocation Loan As Defined In Code Section 133(b)(1)(B)	8	1	A/N	b; 1=Yes; 2=No.
0260	Date of the Securities Acquisition Loan	9a	8	N	b; Format: YYYYMMDD
	Terminus Character	NA	1		Value = “#”

Schedule E, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0280	After Acquisition of Employer Securities, ESOP Own More than 50% of Each Class of Stock	9b	1	A/N	b; 1=Yes; 2=No.
0290	Does the Securities Acquisition Loan Satisfy One of the Transition Rules	9c	1	A/N	b; 1=Yes; 2=No.
0300	Payee Name	9d-NAME	35	A/N	
0310	Payee Street Address	9d-STREET	35	A/N	
0320	Payee City	9d-CITY	22	A/N	
0330	Payee State	9d-STATE	2	A/N	
0340	Payee Zip Code	9d-ZIP	9	N	b.
0350	Amount of Interest Paid on the Securities Acquisition Loan	10	13	N	b; Signed.
0360	Securities Disposed of Within 3 Years After the Plan Acquired Section 133 Securities	11a	1	A/N	b; 1=Yes; 2=No.
0370	One or More of the Exceptions Provided In Code Section 4978B(d) Apply	11b	1	A/N	b; 1=Yes; 2=No.
0380	ESOP's Securities Acquisition Loans Refinanced During This Reporting Period	12a	1	A/N	b; 1=Yes; 2=No.
0390	Refinancing Meet the Requirements of Act Section 1602 of SBJPA 1996	12b	1	A/N	b; 1=Yes; 2=No.
0400	Amount of the Dividends Paid Exceed the Employer's Current Earnings/Profits	13a	1	A/N	b; 1=Yes; 2=No.
0410	Amount Paid a Dividend Under Applicable State Law	13b	1	A/N	b; 1=Yes; 2=No.
0420	Dividends to Repay Loan Generated By Securities Not Acquired With Proceeds of the Loan	14	1	A/N	b; 1=Yes; 2=No.

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no.	Identification	Form_Ref	Length	Type	Description
0430	Dividends Paid With Respect to Employer Securities That Satisfy Transition Rules	15	1	A/N	b; 1=Yes; 2=No.
0440	Employer Make Pmts in Redemption of Stock to Termination ESOP Participants	16	1	A/N	b; 1=Yes; 2=No.
0450	Dividends subject to an Election to Reinvest in Employer Securities	17a	1	A/N	b; 1=Yes; 2=No.
0460	Election Complied with Notice 2002-2	17b	1	A/N	b; 1=Yes; 2=No.
0470	Dividends Reinvested in Employer Securities Fully Vested	17c	1	A/N	b; 1=Yes; 2=No.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0480	Reserved		1		
0490	Reserved		1		
0500	Reserved		1		
0510	Reserved		1		
0515	Reserved		1		
0520	Class of Stock [1]	18a-CLASS [1]	20	A/N	
0530	Common/Preferred Stock [1]	18b-CLASS [1]	1	A/N	b; C= Common Stock; P=Preferred Stock.
0540	Readily Tradable [1]	18c-CLASS [1]	1	A/N	b; 1=Yes; 2=No.
0550	Dividend Rate [1]	18d-CLASS [1]	4	N	b; Unsigned. Numerics with two implied decimals.
0560	Dividends Paid [1]	18e-CLASS [1]	13	N	b; Signed
0570	Repay With Allocated Stock [1]	18f(1)-CLASS [1]	13	N	b; Signed
0580	Repay With Unallocated Stock [1]	18f(2)-CLASS [1]	13	N	b; Signed
0590	Class of Stock [2]	18a-CLASS [2]	20	A/N	
0600	Common/Preferred Stock [2]	18b-CLASS [2]	1	A/N	b; C= Common Stock; P=Preferred Stock.
0610	Readily Tradable [2]	18c-CLASS [2]	1	A/N	b; 1=Yes; 2=No.
0620	Dividend Rate [2]	18d-CLASS [2]	4	N	b; Unsigned. Numerics with two implied decimals.
0630	Dividends Paid [2]	18e-CLASS [2]	13	N	b; Signed
0640	Repay With Allocated Stock [2]	18f(1)-CLASS [2]	13	N	b; Signed
0650	Repay With Unallocated Stock [2]	18f(2)-CLASS [2]	13	N	b; Signed
0660	Class of Stock [3]	18a-CLASS [3]	20	A/N	
0670	Common/Preferred Stock [3]	18b-CLASS [3]	1	A/N	b; C= Common Stock; P= Preferred Stock.
0680	Readily Tradable [3]	18c-CLASS [3]	1	A/N	b; 1=Yes; 2=No.
0690	Dividend Rate [3]	18d-CLASS [3]	4	N	b; Unsigned. Numerics with two implied decimals.

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no.	Identification	Form_Ref	Length	Type	Description
0700	Dividends Paid [3]	18e-CLASS [3]	13	N	b; Signed
0710	Repay With Allocated Stock [3]	18f(1)-CLASS [3]	13	N	b; Signed
0720	Repay With Unallocated Stock [3]	18f(2)-CLASS [3]	13	N	b; Signed
0730	Total Dividends Paid to Participants	18e-TOTAL	13	N	b; Signed
0740	Total Dividends - Allocated Stock	18f(1)-TOTAL	13	N	b; Signed
0750	Total Dividends - Unallocated Stock	18f(2)-TOTAL	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

12. Schedule F

The Internal Revenue Service and the Department of Labor have deemed that Schedule F is no longer valid for electronic filing.

13. Schedule G

Schedule G, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned
0140	Party In Interest 1	Ia	1	A/N	
0150	Obligor Name 1	Ib Name 1	35	A/N	
0160	Obligor Street 1	Ib Street 1	35	A/N	
0170	Obligor City 1	Ib City 1	22	A/N	
0180	Obligor State 1	Ib State 1	2	A/N	
0190	Obligor Zip 1	Ib Zip 1	9	N	Unsigned
0200	Original Amount of Loan 1	Ic 1	13	N	b; Signed
0210	Amount of Principal Received 1	Id 1	13	N	b; Signed
0220	Amount of Interest Received 1	Ie 1	13	N	b; Signed
0230	Unpaid Balance 1	If 1	13	N	b; Signed
0240	Description of Loan 1	Ig 1	70	A/N	
0250	Amount of Principal Overdue 1	Ih 1	13	N	b; Signed
0260	Amount of Interest Overdue 1	Ii 1	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0280	Party In Interest 2	Ia	1	A/N	
0290	Obligor Name 2	Ib Name 2	35	A/N	
0300	Obligor Street 2	Ib Street 2	35	A/N	
0310	Obligor City 2	Ib City 2	22	A/N	
0320	Obligor State 2	Ib State 2	2	A/N	
0330	Obligor Zip 2	Ib Zip 2	9	N	Unsigned
0340	Original Amount of Loan 2	Ic 2	13	N	b; Signed
0350	Amount of Principal Received 2	Id 2	13	N	b; Signed
0360	Amount of Interest Received 2	Ie 2	13	N	b; Signed
0370	Unpaid Balance 2	If 2	13	N	b; Signed
0380	Description of Loan 2	Ig 2	70	A/N	
0390	Amount of Principal Overdue 2	Ih 2	13	N	b; Signed
0400	Amount of Interest Overdue 2	Ii 2	13	N	b; Signed
0410	Party In Interest 3	Ia 2	1	A/N	
0420	Obligor Name 3	Ib Name 3	35	A/N	
0430	Obligor Street 3	Ib Street 3	35	A/N	
0440	Obligor City 3	Ib City 3	22	A/N	
0450	Obligor State 3	Ib State 3	2	A/N	
0460	Obligor Zip 3	Ib Zip 3	9	N	Unsigned
0470	Original Amount of Loan 3	Ic 3	13	N	b; Signed
0480	Amount of Principal Received 3	Id 3	13	N	b; Signed
0490	Amount of Interest Received 3	Ie 3	13	N	b; Signed
0500	Unpaid Balance 3	If 3	13	N	b; Signed
0510	Description of Loan 3	Ig 3	70	A/N	
0520	Amount of Principal Overdue 3	Ih 3	13	N	b; Signed
0530	Amount of Interest Overdue 3	Ii 3	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0550	Party In Interest 1	IIa 1	1	A/N	
0560	Lessor/Lessee Name 1	IIb 1	35	A/N	
0570	Relationship to Plan 1	IIc 1	35	A/N	
0580	Terms and Description 1	IId 1	70	A/N	
0590	Original Cost 1	IIe 1	13	N	b; Signed
0600	Current Value 1	IIf 1	13	N	b; Signed
0610	Gross Rental Receipts 1	IIg 1	13	N	b; Signed
0620	Expenses Paid 1	IIh 1	13	N	b; Signed
0630	Net Receipts 1	IIi 1	13	N	b; Signed
0640	Amount in Arrears 1	IIj 1	13	N	b; Signed
0650	Party In Interest 2	IIa 2	1	A/N	
0660	Lessor/Lessee Name 2	IIb 2	35	A/N	
0670	Relationship to Plan 2	IIc 2	35	A/N	
0680	Terms and Description 2	IId 2	70	A/N	
0690	Original Cost 2	IIe 2	13	N	b; Signed
0700	Current Value 2	IIf 2	13	N	b; Signed
0710	Gross Rental Receipts 2	IIg 2	13	N	b; Signed
0720	Expenses Paid 2	IIh 2	13	N	b; Signed
0730	Net Receipts 2	IIi 2	13	N	b; Signed
0740	Amount in Arrears 2	IIj 2	13	N	b; Signed
0750	Party In Interest 3	IIa 3	1	A/N	
0760	Lessor/Lessee Name 3	IIb 3	35	A/N	
0770	Relationship to Plan 3	IIc 3	35	A/N	
0780	Terms and Description 3	IId 3	70	A/N	
0790	Original Cost 3	IIe 3	13	N	b; Signed
0800	Current Value 3	IIf 3	13	N	b; Signed
0810	Gross Rental Receipts 3	IIg 3	13	N	b; Signed
0820	Expenses Paid 3	IIh 3	13	N	b; Signed
0830	Net Receipts 3	IIi 3	13	N	b; Signed
0840	Amount in Arrears 3	IIj 3	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0860	Identity of Party 1	IIIa 1	35	A/N	
0870	Relationship to Plan 1	IIIb 1	35	A/N	
0880	Description of Transactions 1	IIIc 1	70	A/N	
0890	Purchase Price 1	IIId 1	13	N	b; Signed
0900	Selling Price 1	IIIe 1	13	N	b; Signed
0910	Lease Rental 1	IIIf 1	13	N	b; Signed
0920	Expenses Incurred 1	IIIg 1	13	N	b; Signed
0930	Cost of Asset 1	IIIh 1	13	N	b; Signed
0940	Current Value of Asset 1	IIIi 1	13	N	b; Signed
0950	Net Gain/Loss 1	IIIj 1	13	N	b; Signed
0960	Identity of Party 2	IIIa 2	35	A/N	
0970	Relationship to Plan 2	IIIb 2	35	A/N	
0980	Description of Transactions 2	IIIc 2	70	A/N	
0990	Purchase Price 2	IIId 2	13	N	b; Signed
1000	Selling Price 2	IIIe 2	13	N	b; Signed
1010	Lease Rental 2	IIIf 2	13	N	b; Signed
1020	Expenses Incurred 2	IIIg 2	13	N	b; Signed
1030	Cost of Asset 2	IIIh 2	13	N	b; Signed
1040	Current Value of Asset 2	IIIi 2	13	N	b; Signed
1050	Net Gain/Loss 2	IIIj 2	13	N	b; Signed
1060	Identity of Party 3	IIIa 3	35	A/N	
1070	Relationship to Plan 3	IIIb 3	35	A/N	
1080	Description of Transactions 3	IIIc 3	70	A/N	
1090	Purchase Price 3	IIId 3	13	N	b; Signed
1100	Selling Price 3	IIIe 3	13	N	b; Signed
1110	Lease Rental 3	IIIf 3	13	N	b; Signed
1120	Expenses Incurred 3	IIIg 3	13	N	b; Signed
1130	Cost of Asset 3	IIIh 3	13	N	b; Signed
1140	Current Value of Asset 3	IIIi 3	13	N	b; Signed
1150	Net Gain/Loss 3	IIIj 3	13	N	b; Signed
	Terminus Character	NA	1		Value = “#”

14. Schedule H

Schedule H, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned.
0140	Total Non-interest-Bearing Cash - BOY	1a(a)	13	N	b; Signed.
0150	Employer Receivables - BOY	1b(1)(a)	13	N	b; Signed.
0160	Participant Receivables - BOY	1b(2)(a)	13	N	b; Signed.
0170	Other Receivables - BOY	1b(3)(a)	13	N	b; Signed.
0180	Interest-bearing Cash - BOY	1c(1)(a)	13	N	b; Signed.
0190	U.S. Government Securities - BOY	1c(2)(a)	13	N	b; Signed.
0200	Preferred Corporate Debt Instruments - BOY	1c(3)(A)(a)	13	N	b; Signed.
0210	All Other Corporate Debt Instruments - BOY	1c(3)(B)(a)	13	N	b; Signed.
0220	Preferred Corporate Stocks - BOY	1c(4)(A)(a)	13	N	b; Signed.
0230	Common Corporate Stocks - BOY	1c(4)(B)(a)	13	N	b; Signed.
0240	Partnership/Joint Venture Interests - BOY	1c(5)(a)	13	N	b; Signed.
0250	Real Estate (Other Than Employer Real Property) - BOY	1c(6)(a)	13	N	b; Signed.
0260	Loans (Other Than To Participants)	1c(7)(a)	13	N	b; Signed.
0270	Participant Loans - BOY	1c(8)(a)	13	N	b; Signed.
0280	Value of Interest in Common/Collective Trusts - BOY	1c(9)(a)	13	N	b; Signed.
0290	Value of Interest In Pooled-Separate Accounts - BOY	1c(10)(a)	13	N	b; Signed.

Schedule H, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0300	Value of Interest In Master Trust Investment Accounts - BOY	1c(11)(a)	13	N	b; Signed.
0310	Value of Interest In 103-12 Investment Entities - BOY	1c(12)(a)	13	N	b; Signed.
0320	Value of Interest In Registered Investment Companies - BOY	1c(13)(a)	13	N	b; Signed.
0330	Value of Funds Held In Insurance Company General Account - BOY	1c(14)(a)	13	N	b; Signed.
0340	Other General Investments - BOY	1c(15)(a)	13	N	b; Signed.
0350	Total Non-interest-Bearing Cash - EOY	1a(b)	13	N	b; Signed.
0360	Employer Receivables - EOY	1b(1)(b)	13	N	b; Signed.
0370	Participant Receivables - EOY	1b(2)(b)	13	N	b; Signed.
0380	Other Receivables - EOY	1b(3)(b)	13	N	b; Signed.
0390	Interest-bearing Cash/EOY	1c(1)(b)	13	N	b; Signed.
0400	U.S. Government Securities - EOY	1c(2)(b)	13	N	b; Signed.
0410	Preferred Corporate Debt Instruments - EOY	1c(3)(A)(b)	13	N	b; Signed.
0420	All Other Corporate Debt Instruments - EOY	1c(3)(B)(b)	13	N	b; Signed.
0430	Preferred Corporate Stocks - EOY	1c(4)(A)(b)	13	N	b; Signed.
0440	Common Corporate Stocks - EOY	1c(4)(B)(b)	13	N	b; Signed.
0450	Partnership/Joint Venture Interests - EOY	1c(5)(b)	13	N	b; Signed.
0460	Real Estate (Other Than Employer Real Property) - EOY	1c(6)(b)	13	N	b; Signed.
0470	Loans (Other Than to Participants) - EOY	1c(7)(b)	13	N	b; Signed.
0480	Participant Loans - EOY	1c(8)(b)	13	N	b; Signed.
0490	Value of Interest In Common/Collective Trusts - EOY	1c(9)(b)	13	N	b; Signed.
0500	Value of Interest In Pooled-Separate Accounts - EOY	1c(10)(b)	13	N	b; Signed.

Schedule H, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0510	Value of Interest In Master Trust Investment Accounts - EOY	1c(11)(b)	13	N	b; Signed.
0520	Value of Interest In 103-12 Investment Entities - EOY	1c(12)(b)	13	N	b; Signed.
0530	Value of Interest In Registered Investment Companies - EOY	1c(13)(b)	13	N	b; Signed.
0540	Value of Funds Held In Insurance General Account - EOY	1c(14)(b)	13	N	b; Signed.
0550	Other General Investments - EOY	1c(15)(b)	13	N	b; Signed.
	Terminus Character	NA	1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0570	Employer Securities - BOY	1d(1)(a)	13	N	b; Signed.
0580	Employer Real Property - BOY	1d(2)(a)	13	N	b; Signed.
0590	Buildings and Other Property Used in Plan Operation - BOY	1e(a)	13	N	b; Signed.
0600	Total Assets - BOY	1f(a)	13	N	b; Signed.
0610	Benefit Claims Payable - BOY	1g(a)	13	N	b; Unsigned.
0620	Operating Payables - BOY	1h(a)	13	N	b; Unsigned.
0630	Acquisition Indebtedness - BOY	1i(a)	13	N	b; Unsigned.
0640	Other Liabilities - BOY	1j(a)	13	N	b; Unsigned.
0650	Total Liabilities - BOY	1k(a)	13	N	b; Unsigned.
0660	Net Assets - BOY	1l(a)	13	N	b; Signed.
0670	Employer Securities - EOY	1d(1)(b)	13	N	b; Signed.
0680	Employer Real Property - EOY	1d(2)(b)	13	N	b; Signed.
0690	Buildings and Other Property Used in Plan Operation - EOY	1e(b)	13	N	b; Signed.
0700	Total Assets - EOY	1f(b)	13	N	b; Signed.
0710	Benefit Claims Payable - EOY	1g(b)	13	N	b; Unsigned.
0720	Operating Payables - EOY	1h(b)	13	N	b; Unsigned.
0730	Acquisition Indebtedness - EOY	1i(b)	13	N	b; Unsigned.
0740	Other Liabilities - EOY	1j(b)	13	N	b; Unsigned.
0750	Total Liabilities - EOY	1k(b)	13	N	b; Unsigned.
0760	Net Assets - EOY	1l(b)	13	N	b; Signed.
0770	Employers Contributions	2a(1)(A)(a)	13	N	b; Signed.
0780	Participants Contributions	2a(1)(B)(a)	13	N	b; Signed.
0790	Other Contributions	2a(1)(C)(a)	13	N	b; Signed.
0800	Non-cash Contributions	2a(2)(a)	13	N	b; Signed.
0810	Total Contributions	2a(3)(b)	13	N	b; Signed.
0820	Interest-bearing Cash	2b(1)(A)(a)	13	N	b; Signed.
0830	U.S. Government Securities	2b(1)(B)(a)	13	N	b; Signed.
0840	Long-term Corporate Debt Instruments	2b(1)(C)(a)	13	N	b; Signed.
0850	Loans (Other Than To Participants)	2b(1)(D)(a)	13	N	b; Signed.
0860	Participant Loans	2b(1)(E)(a)	13	N	b; Signed.

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no.	Identification	Form_Ref	Length	Type	Description
0870	Other Interest	2b(1)(F)(a)	13	N	b; Signed.
0880	Total Interest	2b(1)(G)(b)	13	N	b; Signed.
0890	Preferred Stock	2b(2)(A)(a)	13	N	b; Signed.
0900	Common Stock	2b(2)(B)(a)	13	N	b; Signed.
0910	Total Dividends	2b(2)(C)(b)	13	N	b; Signed.
0920	Total Rents	2b(3)(b)	13	N	b; Signed.
0930	Aggregate Proceeds	2b(4)(A)(a)	13	N	b; Signed.
0940	Aggregate Carrying Amount	2b(4)(B)(a)	12	N	b; Unsigned.
0950	Net Gain/Loss on Sale of Assets	2b(4)(C)(b)	13	N	b; Signed.
	Terminus Character	NA	1		Value = “#”

Schedule H, Page 3

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0970	Real Estate Appreciation /Depreciation	2b(5)(A)(a)	13	N	b; Signed.
0980	Other Appreciation /Depreciation	2b(5)(B)(a)	13	N	b; Signed.
0990	Total Appreciation /Depreciation	2b(5)(C)(b)	13	N	b; Signed.
1000	Net Investment Gain (Loss) From Common/Collective Trusts	2b(6)(b)	13	N	b; Signed.
1010	Net Investment Gain (Loss) From Pooled-Separate Accounts	2b(7)(b)	13	N	b; Signed.
1020	Net Investment Gain (Loss) From Master Trust Investment Accounts	2b(8)(b)	13	N	b; Signed.
1030	Net Investment Gain (Loss) From 103-12 Investment Entities	2b(9)(b)	13	N	b; Signed.
1040	Net Investment Gain (Loss) From Registered Investment Companies	2b(10)(b)	13	N	b; Signed.
1050	Other Income	2c(b)	13	N	b; Signed.
1060	Total Income	2d(b)	13	N	b; Signed.
1070	Benefit Payments Directly to Participants or Beneficiaries	2e(1)(a)	13	N	b; Unsigned.
1080	Benefit Payments to Insurance Carriers	2e(2)(a)	13	N	b; Unsigned.
1090	Other Benefit Payments	2e(3)(a)	13	N	b; Unsigned.
1100	Total Benefit Payments	2e(4)(b)	13	N	b; Unsigned.
1110	Total Corrective Distributions	2f(b)	13	N	b; Unsigned.
1120	Total Deemed Distributions of Participant Loans	2g(b)	13	N	b; Signed.
1130	Total Interest Expense	2h(b)	13	N	b; Unsigned.
1140	Professional Fees	2i(1)(a)	13	N	b; Unsigned.
1150	Contract Administrator Fees	2i(2)(a)	13	N	b; Unsigned.
1160	Investment Advisory and Management Fees	2i(3)(a)	13	N	b; Unsigned.
1170	Other Administrative Expenses	2i(4)(a)	13	N	b; Unsigned.
1180	Total Administrative Expenses	2i(5)(b)	13	N	b; Unsigned.

Schedule H, Page 3

no.	Identification	Form_Ref	Length	Type	Description
1190	Total Expenses	2j(b)	13	N	b; Signed.
1200	Net Income (Loss)	2k(b)	13	N	b; Signed.
1210	Total Transfers of Assets To This Plan	2l(1)(b)	13	N	b; Signed.
1220	Total Transfers of Assets From This Plan	2l(2)(b)	13	N	b; Signed.
1230	Opinion Attached -Type	3a	1	A/N	b; 1=Unqualified; 2=Qualified; 3=Disclaimer; 4=Adverse.
1240	Reserved		1		
1250	Accountant Performed A Limited Scope Audit - Check Box	3b	1	A/N	b; 1=Yes; 2=No.
1260	Name of Accountant or Accounting Firm	3c-NAME	35	A/N	
1270	EIN of Accountant or Accounting Firm	3c-EIN	9	N	Unsigned.
1280	Opinion Not Attached - Reason	3d-REASON	1	A/N	b; 1=Schedule H is filed for a CCT, PSA, or MTIA; 2=Opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.
	Terminus Character	NA	1		Value = “#”

Schedule H, Page 4

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
1290	Fail To Transmit Contributions Timely	4a	1	A/N	b; 1=Yes; 2=No.
1300	Fail To Transmit Contributions Timely - Amount	4a-AMOUNT	13	N	b; Signed.
1310	Loans In Default or Uncollectible	4b	1	A/N	b; 1=Yes; 2=No.
1320	Loans In Default or Uncollectible - Amount	4b-AMOUNT	13	N	b; Signed.
1330	Leases In Default or Uncollectible	4c	1	A/N	b; 1=Yes; 2=No.
1340	Leases In Default or Uncollectible - Amount	4c-AMOUNT	13	N	b; Signed.
1350	Engage In Non-exempt Transactions With PII	4d	1	A/N	b; 1=Yes; 2=No.
1360	Engage In Non-exempt Transactions With PII - Amount	4d-AMOUNT	13	N	b; Signed.
1370	Plan Covered By A Fidelity Bond	4e	1	A/N	b; 1=Yes; 2=No.
1380	Plan Covered By A Fidelity Bond - Amount	4e-AMOUNT	13	N	b; Signed.
1390	Loss Caused by Fraud or Dishonesty	4f	1	A/N	b; 1=Yes; 2=No;.
1400	Loss Caused by Fraud or Dishonesty - Amount	4f-AMOUNT	13	N	b; Signed.
1410	Asset Value Not Readily Determined	4g	1	A/N	b; 1=Yes; 2=No.
1420	Asset Value Not Readily Determined - Amount	4g-AMOUNT	13	N	b; Signed.
1430	Non-cash Contribution Values Not Readily Determinable On An Established Market	4h	1	A/N	b; 1=Yes; 2=No.
1440	Non-cash Contribution Values Not Readily Determinable On An Established Market - Amount	4h-AMOUNT	13	N	b; Signed.
1450	Plan Have Assets Held For Investment	4i	1	A/N	b; 1=Yes; 2=No.
1460	Plan Transactions Or Series Of Transactions In Excess of 5%	4j	1	A/N	b; 1=Yes; 2=No.

Schedule H, Page 4

no.	Identification	Form_Ref	Length	Type	Description
1470	All Plan Assets Distributed to Participants	4k	1	A/N	b; 1=Yes; 2=No.
1480	Resolution To Terminate Adopted	5a	1	A/N	b; 1=Yes; 2=No.
1490	Resolution To Terminate Adopted - Amount	5a-AMOUNT	13	N	b; Signed.
1500	Transfer Name [1]	5b(1)-NAME[1]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
1510	Transfer EIN [1]	5b(2)-EIN[1]	9	N	Unsigned.
1520	Transfer PN [1]	5b(3)-PN[1]	3	N	Unsigned.
1530	Transfer Name [2]	5b(1)-NAME[2]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
1540	Transfer EIN [2]	5b(2)-EIN[2]	9	N	Unsigned.
1550	Transfer PN [2]	5b(3)-PN[2]	3	N	Unsigned.
1560	Transfer Name [3]	5b(1)-NAME[3]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
1570	Transfer EIN [3]	5b(2)-EIN[3]	9	N	Unsigned.
1580	Transfer PN [3]	5b(3)-PN[3]	3	N	Unsigned.
1590	Transfer Name [4]	5b(1)-NAME[4]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
1600	Transfer EIN [4]	5b(2)-EIN[4]	9	N	Unsigned.
1610	Transfer PN [4]	5b(3)-PN[4]	3	N	Unsigned.
	Terminus Character	NA	1		Value = “#”

15. Schedule I

Schedule I, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned.
0140	Total Plan Assets - BOY	1a-BOY	13	N	b; Signed.
0150	Total Plan Liabilities - BOY	1b-BOY	13	N	b; Unsigned.
0160	Net Plan Assets - BOY	1c-BOY	13	N	b; Signed.
0170	Total Plan Assets - EOY	1a-EOY	13	N	b; Signed.
0180	Total Plan Liabilities - EOY	1b-EOY	13	N	b; Unsigned.
0190	Net Plan Assets - EOY	1c-EOY	13	N	b; Signed.
0200	Employers Contributions Received	2a(1)(a)	13	N	b; Signed.
0210	Participants Contributions Received	2a(2)(a)	13	N	b; Signed.
0220	Other Contributions	2a(3)(a)	13	N	b; Signed.
0230	Non-cash Contributions	2b(a)	13	N	b; Signed.
0240	Other Income	2c(a)	13	N	b; Signed.
0250	Total Income Received or Receivable (Including Contributions)	2d(b)	13	N	b; Signed.
0260	Benefits Paid	2e(a)	13	N	b; Unsigned.
0270	Corrective Distributions	2f(a)	13	N	b; Unsigned.
0280	Deemed Distributions of Participants Loans	2g(a)	13	N	b; Signed.
0290	Other Expenses	2h(a)	13	N	b; Unsigned.
0300	Total Expenses (Including Benefits Paid)	2i(b)	13	N	b; Signed.
0310	Net Income (Loss)	2j(b)	13	N	b; Signed.
0320	Net Transfers	2k(b)	13	N	b; Signed.
0330	Partnership/Joint Venture Interests	3a	1	A/N	b; 1=Yes; 2=No.
0340	Partnership/Joint Venture Interests - Amount	3a-AMOUNT	13	N	b; Signed.
0350	Employer Real Property	3b	1	A/N	b; 1=Yes; 2=No.

Schedule I, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0360	Employer Real Property - Amount	3b-AMOUNT	13	N	b; Signed.
	Terminus Character		1		Value = “#”

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no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0380	Real Estate (Other Than Employer Real Property)	3c	1	A/N	b; 1=Yes; 2=No.
0390	Real Estate (Other Than Employer Real Property) - Amount	3c-AMOUNT	13	N	b; Signed.
0400	Employer Securities	3d	1	A/N	b; 1=Yes; 2=No.
0410	Employer Securities - Amount	3d-AMOUNT	13	N	b; Signed.
0420	Participant Loans	3e	1	A/N	b; 1=Yes; 2=No.
0430	Participant Loans - Amount	3e-AMOUNT	13	N	b; Signed.
0440	Loans (Other Than To Participants)	3f	1	A/N	b; 1=Yes; 2=No.
0450	Loans (Other Than To Participants) - Amount	3f-AMOUNT	13	N	b; Signed.
0460	Tangible Personal Property	3g	1	A/N	b; 1=Yes; 2=No.
0470	Tangible Personal Property - Amount	3g-AMOUNT	13	N	b; Signed.
0480	Fail To Transmit Contributions Timely	4a	1	A/N	b; 1=Yes; 2=No.
0490	Fail To Transmit Contributions Timely - Amount	4a-AMOUNT	13	N	b; Signed.
0500	Loans In Default or Uncollectible	4b	1	A/N	b; 1=Yes; 2=No.
0510	Loans In Default or Uncollectible - Amount	4b-AMOUNT	13	N	b; Signed.
0520	Leases In Default or Uncollectible	4c	1	A/N	b; 1=Yes; 2=No.
0530	Leases In Default or Uncollectible - Amount	4c-AMOUNT	13	N	b; Signed.
0540	Engage In Non-exempt Transactions With PII	4d	1	A/N	b; 1=Yes; 2=No.
0550	Engage In Non-exempt Transactions With PII - Amount	4d-AMOUNT	13	N	b; Signed.
0560	Plan Covered By A Fidelity Bond	4e	1	A/N	b; 1=Yes; 2=No.
0570	Plan Covered By A Fidelity Bond – Amount	4e-AMOUNT	13	N	b; Signed.

Schedule I, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0580	Loss Caused by Fraud or Dishonesty	4f	1	A/N	b; 1=Yes; 2=No.
0590	Loss Caused by Fraud or Dishonesty – Amount	4f-AMOUNT	13	N	b; Signed.
0600	Asset Value Not Readily Determined	4g	1	A/N	b; 1=Yes; 2=No.
0610	Asset Value Not Readily Determined – Amount	4g-AMOUNT	13	N	b; Signed.
0620	Non-cash Contribution Values Not Readily Determinable On An Established Market	4h	1	A/N	b; 1=Yes; 2=No.
0630	Non-cash Contribution Values Not Readily Determinable On An Established Market – Amount	4h-AMOUNT	13	N	b; Signed.
0640	Plan At Any Time Holds 20% Or More Of Its Assets In Any Single Security	4i	1	A/N	b; 1=Yes; 2=No.
0650	Plan At Any Time Holds 20% Or More Of Its Assets In Any Single Security – Amount	4i-AMOUNT	13	N	b; Signed.
0660	All Plan Assets Distributed to Participants	4j	1	A/N	b; 1=Yes; 2=No.
0665	Claiming Waiver of Annual Report of IQPA Under 29 CFR 2520.104.46	4k	1	A/N	b; 1=Yes; 2=No.
0670	Resolution To Terminate Adopted	5a	1	A/N	1=Yes; 2=No.
0680	Resolution To Terminate Adopted – Amount	5a-AMOUNT	13	N	b; Signed.
0690	Reserved				
0700	Reserved				
0710	Reserved				
0720	Transfer Name [1]	5b(1)-NAME [1]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0730	Transfer EIN [1]	5b(2)-EIN [1]	9	N	b; Unsigned.
0740	Form Label: Transfer PN [1]	5b(3)-PN [1]	3	N	b; Unsigned.

Schedule I, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0750	Transfer Name [2]	5b(1)-NAME [2]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0760	Transfer EIN [2]	5b(2)-EIN [2]	9	N	b; Unsigned.
0770	Form Label: Transfer PN [2]	5b(3)-PN [2]	3	N	b; Unsigned.
0780	Transfer Name [3]	5b(1)-NAME [3]	35	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0790	Transfer EIN [3]	5b(2)-EIN [3]	9	N	b; Unsigned.
0800	Form Label: Transfer PN [3]	5b(3)-PN [3]	3	N	b; Unsigned.
	Terminus Character	NA	1		Value = “#”

16. Schedule P

Schedule P, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Name of Trustee or Custodian	1a	35	A/N	
0130	Trustee Street Address	1b	35	A/N	
0140	Trustee City	1c-CITY	20	A/N	
0150	Trustee State	1c-STATE	2	A/N	
0160	Trustee Zip Code	1c-ZIP	9	N	b; Unsigned.
0170	Trust's Name	2a	70	A/N	
0180	Trust's EIN	2b	9	N	Unsigned.
0190	Name of Plan	3	70	A/N	
0200	Furnished the Participating Employee Benefit Plan(s) With the Trust Financial Information	4	1	A/N	b; 1= Yes; 2= No.
0210	Sponsor EIN	5	9	N	Unsigned.
	Terminus Character		1		Value = "#"

17. Schedule R

Schedule R, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0130	Sponsor EIN	D	9	N	Unsigned.
0140	Total Value of Distributions Paid in Property Other Than Cash	1	13	N	b; Signed.
0150	EIN 1 of Payor Who Paid Benefits On Behalf of the Plan	2-EIN 1	9	N	Unsigned.
0160	EIN 2 of Payor Who Paid Benefits On Behalf of the Plan	2-EIN 2	9	N	Unsigned.
0170	Number of Participants Whose Benefits Were Distributed In A Single Sum	3	8	N	b; Unsigned.
0180	Plan Administrator Making An Election Under Code Section 412(c)(8)	4	1	A/N	b; 1=Yes; 2=No; 3=Not applicable.
0190	Date of the Ruling Letter Granting the Waiver	5	8	N	b; Format: YYYYMMDD
0200	Minimum Required Contribution for This Plan Year	6a	13	N	b; Signed.
0210	Amount Contributed By the Employer To the Plan	6b	13	N	b; Signed.
0220	Funding Deficiency Amount	6c	13	N	b; Signed.
0230	Plan Sponsor or Plan Administrator Agree With the Change In Actuarial Cost Method	7	1	A/N	b; 1=Yes; 2=No; 3=Not applicable.
0240	Reserved				

Schedule R, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0250	Amendments Increase **or Decrease** the Value of Benefits	8	1	A/N	b; 1=**Increase**; 2=**Decrease**; **3=No**.
0260	**Plan Satisfies the Coverage Requirements On the Basis of Ratio Test or Average Benefit Test**	**9**	**1**	**A/N**	**b; 1=Ratio percentage test; 2=Average benefit test.**
	Terminus Character	NA	1		Value = “#”

18. Schedule SSA

Schedule SSA, Page 1

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0100	Plan Year Beginning Date	PLAN YEAR BEGIN	8	N	**b;** Format: YYYYMMDD. Must be valid date. Blank signifies calendar year filing.
0110	Tax Period End	TAX PERIOD	8	N	**b;** Format: YYYYMMDD. YYYY=century/year; MM=month; DD=day. Must be valid date. Blank signifies calendar year filing.
0120	Name of Plan	A	70	A/N	
0130	Three Digit Plan Number	B	3	N	Unsigned. Valid range: 001-999.
0140	Plan Sponsor's Name	C	70	A/N	
0150	Sponsor EIN	D	9	A/N	Unsigned.
0160	Reserved				
0170	Government, Church, or Other Plan Elects To Voluntarily File Schedule SSA	1	1	A/N	b; 1=Box checked.
0180	Sponsor Street Address	2-ADDRESS	35	A/N	
0190	Sponsor City	2-CITY	22	A/N	
0200	Sponsor State	2-STATE	2	A/N	
0210	Sponsor Zip Code	2-ZIP	9	N	b; Unsigned.
0220	Name of Plan Administrator	3a	70	A/N	
0230	Administrator EIN	3b	9	N	Unsigned.
0240	Administrator Street Address	3c-STREET	35	A/N	
0250	Administrator City	3c-CITY	20	A/N	
0260	Administrator State	3c-STATE	2	A/N	
0270	Administrator Zip Code	3c-ZIP	9	N	b; Unsigned.
0280	Administrator Telephone Number	Telephone	10	N	b; Unsigned.
	Terminus Character	NA	1		Value = "#"

Schedule SSA, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0000	Control Information	NA	32		
0300	Entry Code [1]	4a [1]	1	A/N	b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits.
0310	Social Security Number [1]	4b [1]	9	A/N	Social Security Number or A = “Alien,” F = “Foreign,” N = “Non-U.S. Citizen,” O = “Outside-U.S. Participant”
0315	First Name of Participant [1]	4c [1]	11	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0320	Middle Initial of Participant [1]	4c [1]	1	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0325	Last Name of Participant [1]	4c [1]	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

Schedule SSA, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0330	Type of Annuity [1]	4d [1]	1	A/N	b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other.
0340	Payment Frequency [1]	4e [1]	1	A/N	b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other.
0350	Defined Benefit Plan - Periodic Payment [1]	4f [1]	12	N	b; Unsigned. Numerics with two implied decimals.
0360	Units or Shares [1]	4g-SHARES [1]	15	N	b; Unsigned, numerics with five implied decimals.
0370	Share Indicator [1]	4g-INDICATOR [1]	1	A/N	S or 1 = Value indicated represents shares.
0380	Total Value of Account [1]	4h [1]	12	N	b; Unsigned numerics with two implied decimals.
0390	Previous Sponsor's EIN [1]	4i [1]	9	N	Unsigned.
0400	Previous Sponsor's Plan Number [1]	4j [1]	3	N	Unsigned.

Schedule SSA, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0410	Entry Code [2]	4a [2]	1	A/N	b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits.
0420	Social Security Number [2]	4b [2]	9	A/N	Social Security Number or A = “Alien,” F = “Foreign,” N = “Non-U.S. Citizen,” O = “Outside-U.S. Participant”
0425	First Name of Participant [2]	4c [2]	11	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0430	Middle Initial of Participant [2]	4c [2]	1	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0435	Last Name of Participant [2]	4c [2]	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

Schedule SSA, Page 2

no.	Identification	Form_Ref	Length	Type	Description
0440	Type of Annuity [2]	4d [2]	1	A/N	b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other.
0450	Payment Frequency [2]	4e [2]	1	A/N	b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other.
0460	Defined Benefit Plan - Periodic Payment [2]	4f [2]	12	N	b; Unsigned. Numerics with two implied decimals.
0470	Units or Shares [2]	4g-SHARES [2]	15	N	b; Unsigned, numerics with five implied decimals.
0480	Share Indicator [2]	4g-INDICATOR [2]	1	A/N	S or 1 = Value indicated represents shares.
0490	Total Value of Account [2]	4h [2]	12	N	b; Unsigned, numerics with two implied decimals.
0500	Previous Sponsor's EIN [2]	4i [2]	9	N	Unsigned.
0510	Previous Sponsor's Plan Number [2]	4j [2]	3	N	Unsigned.
0520	Entry Code [3]	4a [3]	1	A/N	b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits.

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no.	Identification	Form_Ref	Length	Type	Description
0530	Social Security Number [3]	4b [3]	9	A/N	Social Security Number or A = “Alien,” F = “Foreign,” N = “Non-U.S. Citizen,” O = “Outside-U.S. Participant”
0535	First Name of Participant [3]	4c [3]	11	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0540	Middle Initial of Participant [3]	4c [3]	1	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0545	Last Name of Participant [3]	4c [3]	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0550	Type of Annuity [3]	4d [3]	1	A/N	b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other.
0560	Payment Frequency [3]	4e [3]	1	A/N	b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other.
0570	Defined Benefit Plan - Periodic Payment [3]	4f [3]	12	N	b; Unsigned. Numerics with two implied decimals.
0580	Units or Shares [3]	4g-SHARES [3]	15	N	b; Unsigned, numerics with five implied decimals.
0590	Share Indicator [3]	4g-INDICATOR [3]	1	A/N	S or 1 = Value indicated represents shares.
0600	Total Value of Account [3]	4h [3]	12	N	b; Numerics with two implied decimals.

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no.	Identification	Form_Ref	Length	Type	Description
0610	Previous Sponsor's EIN [3]	4i [3]	9	N	Unsigned.
0620	Previous Sponsor's Plan Number [3]	4j [3]	3	N	Unsigned.
0630	Entry Code [4]	4a [4]	1	A/N	b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits.
0640	Social Security Number [4]	4b [4]	9	A/N	Social Security Number or A = "Alien," F = "Foreign," N = "Non-U.S. Citizen," O = "Outside-U.S. Participant"
0645	First Name of Participant [4]	4c [4]	11	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0650	Middle Initial of Participant [4]	4c [4]	1	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.
0655	Last Name of Participant [4]	4c [4]	15	A/N	b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space.

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no.	Identification	Form_Ref	Length	Type	Description
0660	Type of Annuity [4]	4d [4]	1	A/N	b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other.
0670	Payment Frequency [4]	4e [4]	1	A/N	b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other.
0680	Defined Benefit Plan - Periodic Payment [4]	4f [4]	12	N	b; Unsigned. Numerics with two implied decimals.
0690	Units or Shares [4]	4g-SHARES [4]	15	N	b; Unsigned, numerics with five implied decimals.
0700	Share Indicator [4]	4g-INDICATOR [4]	1	A/N	S or 1 = Value indicated represents shares.
0710	Total Value of Account [4]	4h [4]	12	N	b; Unsigned, numerics with two implied decimals.
0720	Previous Sponsor's EIN [4]	4i [4]	9	N	Unsigned.
0730	Previous Sponsor's Plan Number [4]	4j [4]	3	N	Unsigned.
	Terminus Character	NA	1		Value = "#"

19. Schedule T

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no.	Identification	Form_Ref	Length	Type	Description
0000	**Reserved**				**Not Used for Plan Year 2005**
0010	**Reserved**				**Not Used for Plan Year 2005**
0020	**Reserved**				**Not Used for Plan Year 2005**
0030	**Reserved**				**Not Used for Plan Year 2005**
0040	**Reserved**				**Not Used for Plan Year 2005**
0050	**Reserved**				**Not Used for Plan Year 2005**
0060	**Reserved**				**Not Used for Plan Year 2005**
0070	**Reserved**				**Not Used for Plan Year 2005**
0080	**Reserved**				**Not Used for Plan Year 2005**
0090	**Reserved**				**Not Used for Plan Year 2005**
0100	**Reserved**				**Not Used for Plan Year 2005**
0110	**Reserved**				**Not Used for Plan Year 2005**
0120	**Reserved**				**Not Used for Plan Year 2005**
0130	**Reserved**				**Not Used for Plan Year 2005**
0140	**Reserved**				**Not Used for Plan Year 2005**
0150	**Reserved**				**Not Used for Plan Year 2005**
					Not Used for Plan Year 2005

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no.	Identification	Form_Ref	Length	Type	Description
0000	**Reserved**				**Not Used for Plan Year 2005**
0170	**Reserved**				**Not Used for Plan Year 2005**
0180	**Reserved**				**Not Used for Plan Year 2005**
0190	**Reserved**				**Not Used for Plan Year 2005**
0200	**Reserved**				**Not Used for Plan Year 2005**
0210	**Reserved**				**Not Used for Plan Year 2005**
0220	**Reserved**				**Not Used for Plan Year 2005**
0230	**Reserved**				**Not Used for Plan Year 2005**
0240	**Reserved**				**Not Used for Plan Year 2005**
0250	**Reserved**				**Not Used for Plan Year 2005**
0260	**Reserved**				**Not Used for Plan Year 2005**
0270	**Reserved**				**Not Used for Plan Year 2005**
0280	**Reserved**				**Not Used for Plan Year 2005**
0290	**Reserved**				**Not Used for Plan Year 2005**
0295	**Reserved**				**Not Used for Plan Year 2005**
0300	**Reserved**				**Not Used for Plan Year 2005**
0310	**Reserved**				**Not Used for Plan Year 2005**
0315	**Reserved**				**Not Used for Plan Year 2005**
0320	**Reserved**				**Not Used for Plan Year 2005**
0330	**Reserved**				**Not Used for Plan Year 2005**
0335	**Reserved**				**Not Used for Plan Year 2005**
0340	**Reserved**				**Not Used for Plan Year 2005**
					Not Used for Plan Year 2005