## SECTION 125 PLAN EMPLOYER INFORMATION FORM

EMPLOYER	Odd Fellows Sierra Recreation Association  FULL LEGAL NAME									]
PLAN NAME										
ADDRESS	<u> </u>		Box 116		CONTACT		Mike Rainwater			
		Long Barn, California 95335			PHONE #	209-586-2792				
	Street	25460 Jordan Way Sierra Park, California (No Mail)			FAX#	1	209-586-3098			
DATE BUSINESS STAF	RTED OR INCORP		1	1986	FEDERAL TAX ID#	- 1	94-1181950			
						_ _	011101000			
TYPE OF ENTITY	SOLE PROPRIETOR  PARTNERSHIP	S-CORP	LLC	NON-PROFIT	TRUST TAX ID#	_				
TYPE OF BUSINESS	Management Co		LLF		STATE TAX ID #		074-1658-9			
ADMIN PROCESSED	Annually: X	D	aily:		Quarterly:	]	FISCAL YEAR END	)	May 31	
BUSINESS CODE			_ [	3-DIGIT IRS#		_	PLAN YEAR END		Dec 31	
TYPE OF SECTION	POP: X	]		is your	Semi-Monthly X	]	Bi-Weekly	Other		]
125 PLAN TO BE INSTALLED:	FSA:	]		Il processed month?	Monthly	]	Weekly	Exact Da	ays of Payroll	
ACCOUNTANT AND FI	RM NAME	D	oreen Do	onne		@	Eric A. Carlson Ac	countancy	Corp.	
ACCOUNTANT MAILING ADDRESS 14570 Mono Way, Suite G, Sonora California 95370										
PHONE # / FAX #		20	09-532-5	171			209-532-7686			
CORPORATE OFFICER	26	- 1				_	OARD OF DIRECTO	ne .		1
CORPORATE OFFICER	13					P	OARD OF DIRECTO	NO.		_
President	Mike Rainwater				_	_	harles Varvayanis		Mike Ford	_
Vice President	Steve Wallace				_	_	oris Selman			_
Secretary Treasurer	Sue Collie Tom Clark				<u> </u>	_	lan Orth lark Kellogg			<b>-</b> -
NON-CORPORATION F	PRINCIPALS	]								
STOCKHOLDERS	Various, none wi	ith more tha	t 2%		%				%	,
	%				%				%	<u>-</u> -
					<u>%</u>	_			%	<u>-</u>
PLAN TRUSTEES	Mike Rainwater									
	Tom Clark									
PLAN ELIGIBILITY					EFFECTIVE DATE O	F	PLAN /	August 1, 20	007	
PLAN FORMULA	Premium Only: X	<		FSA Accounts:	Daycare Maximum		Ме	edical Maxii	mum:	_
ADDED TO CONTROL	LIST	R	OLODEX	( CARDS FOR:		]	PENSION PLAN	YES	5 NO	

Administrator: Revised On: ADIMIN YEAR: