

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div> <div style="margin-left: 20px;">▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2010</div> This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning FORM_PLAN_YEAR_BEGIN_DATE and ending FORM_TAX_PRD			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	<input type="checkbox"/> a single-employer plan;
<div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_PLAN_ENTITY_CD</div>	<input type="checkbox"/> a DFE (specify)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_DFE_PLAN_ENTITY_CD</div>	
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	<input type="checkbox"/> an amended return/report;
<div style="border: 1px solid black; padding: 2px; display: inline-block;">INITIAL_FILING_IND</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">AMENDED_IND</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FINAL_FILING_IND</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHORT_PLAN_YR_I</div>	
C If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/> F5558 APPLICATION FILED IND	<input type="checkbox"/> EXT AUTOMATIC IND	<input type="checkbox"/> COLLECTIVE BARGAIN
D Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
<div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_SPECIAL_IND</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_SPECIAL_TEXT</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFVC_PROGRAM_IND</div>	

Part II Basic Plan Information —enter all requested information			
1a Name of plan	<div style="border: 1px solid black; padding: 2px; display: inline-block;">PLAN_NAME</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_PN</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">PLAN_EFF_DATE</div>	1b Three-digit plan number (PN) ▶ 1c Effective date of plan
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">BUSINESS_CODE</div>		2b Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_EIN</div> 2c Sponsor's telephone number <div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_PHONE_NUM</div> 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<div style="border: 1px solid black; padding: 2px; display: inline-block;">ADMIN_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">ADMIN_SIGNED_NAME</div>
	Signature of plan administrator	Date
SIGN HERE	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_SIGNED_NAME</div>
	Signature of employer/plan sponsor	Date
SIGN HERE	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFE_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFE_SIGNED_NAME</div>
	Signature of DFE	Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

SPONSOR_DFE_NAME SPONS_DFE_DBA_NAME SPONS_DFE_CARE_OF_NAME SPONS_DFE_MAIL_US_ADDRESS1 SPONS_DFE_MAIL_US_ADDRESS2 SPONS_DFE_MAIL_US_CITY SPONS_DFE_MAIL_US_STATE SPONS_DFE_MAIL_US_ZIP SPONS_DFE_MAIL_FOREIGN_ADDR1 SPONS_DFE_MAIL_FOREIGN_ADDR2 SPONS_DFE_MAIL_FOREIGN_CITY	SPONS_DFE_MAIL_FORGN_PROV_ST SPONS_DFE_MAIL_FOREIGN_CNTRY SPONS_DFE_MAIL_FORGN_POSTAL_CD SPONS_DFE_LOC_US_ADDRESS1 SPONS_DFE_LOC_US_ADDRESS2 SPONS_DFE_LOC_US_CITY SPONS_DFE_LOC_US_STATE SPONS_DFE_LOC_US_ZIP SPONS_DFE_LOC_FOREIGN_ADDRESS1 SPONS_DFE_LOC_FOREIGN_ADDRESS2 SPONS_DFE_LOC_FOREIGN_CITY
---	---

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

ADMIN_NAME
ADMIN_CARE_OF_NAME
ADMIN_US_ADDRESS1
ADMIN_US_ADDRESS2
ADMIN_US_CITY
ADMIN_US_STATE

ADMIN_US_ZIP
ADMIN_FOREIGN_ADDRESS1

ADMIN_FOREIGN_ADDRESS2
ADMIN_FOREIGN_CITY
ADMIN_FOREIGN_PROV_STATE
ADMIN_FOREIGN_CNTRY
ADMIN_FOREIGN_POSTAL_CD

3b Administrator's EIN

ADMIN_EIN

3c Administrator's telephone number

ADMIN_PHONE_NUM

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report:**a** Sponsor's name LAST_RPT_SPONS_NAME

LAST_RPT_SPONS_EIN

LAST_RPT_PLAN_NUM

4b EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5** TOT_PARTCP_BOY_CNT**6** Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).**a** Active participants.....

TOT_ACTIVE_PARTCP_CNT

6a**b** Retired or separated participants receiving benefits.....

RTD_SEP_PARTCP_RCVG_CNT

6b**c** Other retired or separated participants entitled to future benefits.....

RTD_SEP_PARTCP_FUT_CNT

6c**d** Subtotal. Add lines 6a, 6b, and 6c.....

SUBTL_ACT RTD SEP CNT

6d**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....

BENEF_RCVG_BNFT_CNT

6e**f** Total. Add lines 6d and 6e.....

TOT_ACT RTD SEP BENEF_CNT

6f**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....

PARTCP_ACCOUNT_BAL_CNT

6g**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....

SEP PARTCP PARTL VSTD CNT

6h**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....**7** CONTRIB_EMPLRS_CNT**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

TYPE_PENSION_BNFT_CODE

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

TYPE_WELFARE_BNFT_CODE

BENEFIT_INSURANCE_IND

9a Plan funding arrangement (check all that apply)(1) ☐ Insurance FUNDING_INSURANCE_IND(2) ☐ Code section 412(e)(3) insurance contracts FUNDING_SEC412_IND(3) ☐ Trust FUNDING_TRUST_IND(4) ☐ General assets of the sponsor FUNDING_GEN_ASSET_IND**9b** Plan benefit arrangement (check all that apply)(1) ☐ Insurance BENEFIT_SEC412_IND(2) ☐ Code section 412(e)(3) insurance contracts(3) ☐ Trust BENEFIT_TRUST_IND(4) ☐ General assets of the sponsor BENEFIT_GEN_ASSET_IND**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a** Pension Schedules(1) ☐ R (Retirement Plan Information) SCH_R_ATTACHED_IND(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary SCH_MB_ATTACHED_IND(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

SCH_SB_ATTACHED_IND

b General Schedules(1) ☐ H (Financial Information)(2) ☐ I (Financial Information - Small Plan)(3) ☐ A (Insurance Information)(4) ☐ C (Service Provider Information)(5) ☐ D (DFE/Participating Plan Information)(6) ☐ G (Financial Transaction Schedules)

NUM_SCH_A_ATTACHED_CNT

SCH_H_ATTACHED_IND

SCH_I_ATTACHED_IND

SCH_A_ATTACHED_IND

SCH_C_ATTACHED_IND

SCH_D_ATTACHED_IND

SCH_G_ATTACHED_IND