

Short Form Annual Return/Report of Small Employee  
Benefit Plan

OMB Nos. 1210-0110  
1210-0089

2010

This Form is Open to Public  
Inspection

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

ACK\_ID

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning SF\_PLAN\_YEAR\_BEGIN\_DATE and ending SF\_TAX\_PRD

A SF\_PLAN\_ENTITY\_CD ☐ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan

B SF\_INITIAL\_FILING\_IND ☐ first return/report ☐ final return/report SF\_FINAL\_FILING\_IND

SF\_SHORT\_PLAN\_YR\_IND

SF\_AMENDED\_IND ☐ an amended return/report ☐ short plan year return/report (less than 12 months)

C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program

SF\_5558\_APPLICATION\_FILED\_IND ☐ special extension (enter description) SF\_EXT\_AUTOMATIC\_IND

SF\_DFVC\_PROGRAM\_IND

Part II Basic Plan Information SF\_EXT\_SPECIAL\_IND

1a Name of plan SF\_PLAN\_NAME

1b Three-digit plan number (PN) SF\_PLAN\_NUM

1c Effective date of plan SF\_PLAN\_EFF\_DATE

2a Plan sponsor's name and address (employer, if for single-employer plan)

Refer to Page 3, Part II 2a

2b Employer Identification Number (EIN) SF\_SPONS\_EIN

2c Plan sponsor's telephone number SF\_SPONS\_PHONE\_NUM

2d Business code (see instructions) SF\_BUSINESS\_CODE

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

Refer to Page 3, Part II 3a

3b Administrator's EIN SF\_ADMIN\_EIN

3c Administrator's telephone number SF\_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. Sponsor's name SF\_LAST\_RPT\_SPONS\_NAME

4b EIN SF\_LAST\_RPT\_SPONS\_EIN

4c PN SF\_LAST\_RPT\_PLAN\_NUM

5a Total number of participants at the beginning of the plan year SF\_TOT\_PARTCP\_BOY\_CNT

b Total number of participants at the end of the plan year SF\_TOT\_ACT\_RTD\_SEP\_BENEF\_CNT

c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) SF\_PARTCP\_ACCOUNT\_BAL\_CNT

5c

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) SF\_ELIGIBLE\_ASSETS\_IND ☐ Yes ☐ No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) SF\_IQPA\_WAIVER\_IND ☐ Yes ☐ No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities

	(a) Beginning of Year	(b) End of Year
a Total plan assets	7a SF_TOT_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
b Total plan liabilities	7b SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 7b from line 7a)	7c SF_NET_ASSETS_BOY_AMT	SF_NET_ASSETS_EOY_AMT

8 Income, Expenses, and Transfers for this Plan Year

	(a) Amount	(b) Total
a Contributions received or receivable from:		
(1) Employers	8a(1) SF_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	8a(2) SF_PARTICIP_CONTRIB_INCOME_AMT	
(3) Others (including rollovers)	8a(3) SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	8b SF_OTHER_INCOME_AMT	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	SF_TOT_INCOME_AMT
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d SF_TOT_DISTRIB_BNFT_AMT	
e Certain deemed and/or corrective distributions (see instructions)	8e SF_CORRECTIVE_DEEMED_DISTR_AMT	
f Administrative service providers (salaries, fees, commissions)	8f SF_ADMIN_SRVC_PROVIDERS_AMT	
g Other expenses	8g SF_OTH_EXPENSES_AMT	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	SF_TOT_EXPENSES_AMT
i Net income (loss) (subtract line 8h from line 8c)	8i	SF_NET_INCOME_AMT
j Transfers to (from) the plan (see instructions)	8j SF_TOT_PLAN_TRANSFERS_AMT	

**Part IV Plan Characteristics**

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

SF\_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:

SF\_TYPE\_WELFARE\_BNFT\_CODE

**Part V Compliance Questions**

<b>10</b> During the plan year:		<b>Yes</b> <span style="border: 1px solid black; padding: 2px;">SF_FAIL_TRANSMIT_CONTRIB_IND</span>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>	<span style="border: 1px solid black; padding: 2px;">SF_FAIL_TRANSMIT_CONTRIB_AMT</span>
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		<span style="border: 1px solid black; padding: 2px;">SF_PARTY_IN_INT_NOT_RPTD_IND</span>
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10b</b>	<span style="border: 1px solid black; padding: 2px;">SF_PARTY_IN_INT_NOT_RPTD_AMT</span>
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ....	<b>10c</b>	<span style="border: 1px solid black; padding: 2px;">SF_PLAN_INS_FDLTY_BOND_IND</span>
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10d</b>	<span style="border: 1px solid black; padding: 2px;">SF_LOSS_DISCV_DUR_YEAR_AMT</span>
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10e</b>	<span style="border: 1px solid black; padding: 2px;">SF_FAIL_PROVIDE_BENEF_DUE_IND</span>
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10f</b>	<span style="border: 1px solid black; padding: 2px;">SF_LOSS_DISCV_DUR_YEAR_AMT</span>
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10g</b>	<span style="border: 1px solid black; padding: 2px;">SF_FAIL_PROVIDE_BENEF_DUE_AMT</span>
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10h</b>	<span style="border: 1px solid black; padding: 2px;">SF_BROKER_FEES_PAID_IND</span>
	<b>10i</b>	<span style="border: 1px solid black; padding: 2px;">SF_BROKER_FEES_PAID_AMT</span>
		<span style="border: 1px solid black; padding: 2px;">SF_PARTCP_LOANS_EOY_AMT</span>
		<span style="border: 1px solid black; padding: 2px;">SF_PARTCP_LOANS_IND</span>
		<span style="border: 1px solid black; padding: 2px;">SF_PLAN_BLACKOUT_PERIOD_IND</span>
		<span style="border: 1px solid black; padding: 2px;">SF_COMPLY_BLACKOUT_NOTICE_IND</span>

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ..... SF\_DB\_PLAN\_FUNDING\_REQD\_IND ☐ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) ..... SF\_DC\_PLAN\_FUNDING\_REQD\_IND ☐ Yes ☐ No

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month SF\_RULING\_LETTER\_GRANT\_DATE

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... SF\_SEC\_412\_REQ\_CONTRIB\_AMT

**c** Enter the amount contributed by the employer to the plan for this plan year ..... SF\_EMPLR\_CONTRIB\_PAID\_AMT

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... 1 SF\_FUNDING\_DEFICIENCY\_AMT

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? SF\_FUNDING\_DEADLINE\_IND ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... SF\_RES\_TERM\_PLAN\_ADPT\_IND ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... SF\_RES\_TERM\_PLAN\_ADPT\_AMT

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... SF\_ALL\_PLAN\_AST\_DISTRIB\_IND ☐ Yes ☐ No

**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**13c(1)** Name of plan(s): TABLE:Efast\_09.F\_5500\_sf\_part1\_2009

**13c(2)** EIN(s)

**13c(3)** PN(s)

SF\_PLAN\_TRANSFER\_NAME

SF\_PLAN\_TRANSFER\_EIN

SF\_PLAN\_TRANSFER\_PN

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	<span style="border: 1px solid black; padding: 2px;">SF_ADMIN_SIGNED_DATE</span>	Date	<span style="border: 1px solid black; padding: 2px;">SF_ADMIN_SIGNED_NAME</span>
	Signature of plan administrator		
<b>SIGN HERE</b>	<span style="border: 1px solid black; padding: 2px;">SF_SPONS_SIGNED_DATE</span>	Date	<span style="border: 1px solid black; padding: 2px;">SF_SPONS_SIGNED_NAME</span>
	Signature of employer/plan sponsor		

ROW\_ORDER

Part II 2a Variables

SF\_SPONSOR\_NAME

SF\_SPONSOR\_DFE\_DBA\_NAME

SF\_SPONS\_US\_ADDRESS1

SF SPONS US ADDRESS2

SF\_SPONS\_US\_CITY

SF\_SPONS\_US\_STATE

SF\_SPONS\_US\_ZIP

SF\_SPONS\_FOREIGN\_ADDRESS1

SF SPONS FOREIGN ADDRESS2

SF\_SPONS\_FOREIGN\_CITY

SF\_SPONS\_FOREIGN\_PROV\_STATE

SF\_SPONS\_FOREIGN\_CNTRY

SF\_SPONS\_FOREIGN\_POSTAL\_CD

Part II 3a Variables

SF\_ADMIN\_CARE\_OF\_NAME

SF\_ADMIN\_US\_ADDRESS1

SF\_ADMIN\_US\_ADDRESS2

SF\_ADMIN\_US\_CITY

SF\_ADMIN\_US\_STATE

SF\_ADMIN\_FOREIGN\_ADDRESS1

SF\_ADMIN\_FOREIGN\_ADDRESS2

SF\_ADMIN\_FOREIGN\_CITY

SF\_ADMIN\_FOREIGN\_PROV\_STATE

SF\_ADMIN\_FOREIGN\_CNTRY

SF\_LAST\_RPT\_SPONS\_NAME

SF\_ADMIN\_FOREIGN\_POSTAL\_CD