

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2009 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;
TYPE_PLAN_ENTITY_CD INITIAL_FILING_IND	<input type="checkbox"/> a DFE (specify) TYPE_PLAN_ENTITY_CD		
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report; FINAL_FILING_IND	<input type="checkbox"/> an amended return/report;
AMENDED_IND	<input type="checkbox"/> a short plan year return/report (less than 12 months); SHORT_PLAN_YR_I		
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;
EXT_SPECIAL_IND	<input type="checkbox"/> special extension (enter description)	EXT_SPECIAL_TEXT	DFVC_PROGRAM_IND

Part II Basic Plan Information—enter all requested information			
1a Name of plan	PLAN_NAME	SPONS_DFE_PN	1b Three-digit plan number (PN) ▶
		PLAN_EFF_DATE	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.)	BUSINESS_CODE		
		SPONS_DFE_EIN	2b Employer Identification Number (EIN)
		SPONS_DFE_PHONE_NUM	2c Sponsor's telephone number
			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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
		ADMIN_SIGNED_DATE	ADMIN_SIGNED_NAME
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
		SPONS_SIGNED_DATE	SPONS_SIGNED_NAME
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
		DFE_SIGNED_DATE	DFE_SIGNED_NAME

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

Form 5500 (2009)
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
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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

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