

Beginning in 2009, filing_id was replaced with ACK_ID

TABLE: Efast_&yr..F_sch_r_2009

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 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 ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning SCH_R_PLAN_YEAR_BEGIN_DATE and ending SCH_R_TAX_PRD		
A Name of plan		B Three-digit plan number (PN) SCH_R_PN
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN) SCH_R_EIN

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	PEN_VALUE_DSTRB_PD_PRPTY_AMT 1
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): PEN_PAYOR_01_EIN PEN_PAYOR_02_EIN Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3	Number of participants (living or deceased) whose benefits were.....	PEN_BNFT_DISTRIB_SNGL_SUM_CNT 3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8. PEN_ELEC_SATISFY_CODE_412_IND		
5	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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	PEN_FNDNG_WVRS_DATE
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a	Enter the minimum required contribution for this plan year	6a PEN_EMPLR_CONTRIB_RQR_AM
6 b	Enter the amount contributed by the employer to the plan for this plan year	6b PEN_EMPLR_CONTRIB_PAID_AMT
6 c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	PEN_FUNDING_DEFICIENCY_AMT 6c
If you completed line 6c, skip lines 8 and 9. PEN_FUNDING_DEADLINE_IND		
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	PEN_CHG_FNDNG_METHOD_IND <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	PEN_AMDMT_INCR_VAL_BNFT_CD <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. PEN_SEC_REPAY_LOAN_IND
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 a	Does the ESOP hold any preferred stock?	ESOP_PREF_IND <input type="checkbox"/> Yes <input type="checkbox"/> No
11 b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	ESOP_BACK_TO_BACK_IND
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	ESOP_STOCK_NOT_TRADABLE_IND <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

TABLE: Efast_&yr..F_sch_r_part1_2009

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer PEN_CONTRIB_EMPLR_NAME

b EIN PEN_CONTRIB_EMPLR_EIN **c** Dollar amount contributed by employer PEN_CONTRIB_EMPLR_AMT

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. PEN_CONTRIB_EMPLR_CBA_EXP_IND e.) Month Day Year

e Contribution rate info PEN_CONTR_EMPLR_MULTI_RATE_IND his box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).
 (1) Contribution rate (in dollars and cents) PEN_CONTR_EMPLR_MULTI_RATE_AMT
PEN_CONTRIB_EMPLR_BASE_CD : ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): PEN_CONTR_EMPLR_OTH_BASE_TEXT

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year **14a** PEN_NO_CONTRIB_CUR_YR_CNT

b The plan year immediately preceding the current plan year **14b** PEN_NO_CONTRIB_PREV_YR_CNT

c The second preceding plan year PEN_NO_CONTRIB_2ND_PREV_YR_CN **14c** _____

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year **15a** PEN_NO_CONTRIB_CUR_PREV_PRCN

b The corresponding number for the second preceding plan year ... PEN_NO_CONTR_CUR_2ND_PREV_PRC **15b** _____

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year **16a** PEN_EMPLRS_WITHDRW_PREV_CNT

b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b** PEN_WITHDRW_LIAB_AMT

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. PEN_ASSET_LIAB_TRANSFER_IND _____

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment PEN_LIAB_MULT_PLANS_IND _____

PEN_INVST_GRADE_DEBT_PRCNT 00 PEN_HI_YLD_DEBT_PRCNT lgh PEN_REAL_ESTATE_PRCNT

- a** Enter the percentage of plan assets held as:

PEN_STOCK_PRCNT % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % PEN_OTH_ASSET_PRCNT

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 PEN_AVERAGE_DURATION_CD rs or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): PEN_OTHER_DURATION_TYPE_TEXT

PEN_DURATION_MEASURE_CD