

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), 6057(b), 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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK ID</div>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 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	
TYPE_PLAN_ENTITY_CD	<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify)	TYPE_DFE_PLAN_ENTITY_CD
INITIAL_FILING_IND			
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	FINAL_FILING_IND
AMENDED_IND	<input type="checkbox"/> an amended return/report;	<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	F5558_APPLICATION_FILED_IND	EXT_AUTOMATIC_IND	▶ 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, including room or suite number (Employer, if for single-employer plan)			2b Employer Identification Number (EIN) SPONS_DFE_EIN
			2c Sponsor's telephone number SPONS_DFE_PHONE_NUM
	BUSINESS_CODE		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		ADMIN_SIGNED_DATE	ADMIN_SIGNED_NAME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		SPONS_SIGNED_DATE	SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		DFE_SIGNED_DATE	DFE_SIGNED_NAME
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

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 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 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 benefit

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

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning **SF_PLAN_YEAR_BEGIN_DATE** and ending **SF_TAX_PRD**

A **SF_PLAN_ENTITY_CD** ☐ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan

B **SF_INITIAL_FILING_IND** ☐ the first return/report ☐ the final return/report **SF_FINAL_FILING_IND** **SF_SHORT_PLAN_YR_IND**
SF_AMENDED_IND ☐ an amended return/report ☐ a 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** mation

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; include room or suite number (employer, if for a single-employer plan)
2b Employer Identification Number (EIN) **SF_SPONS_EIN**
2c 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")
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.
a 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 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) **5c** **SF_PARTCP_ACCOUNT_BAL_CNT**

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

		(a) Beginning of Year	(b) End of Year
7 Plan Assets and Liabilities			
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_DISTIB_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

10 During the plan year:

a 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)

Yes SF_FAIL_TRANSMIT_CONTRIB_IND

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)

10a SF_FAIL_TRANSMIT_CONTRIB_AMT
SF_PARTY_IN_INT_NOT_RPTD_IND

c Was the plan covered by a fidelity bond?

10b SF_PARTY_IN_INT_NOT_RPTD_AMT

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

10c SF_PLAN_INS_FDLTY_BOND_IND
SF_PLAN_INS_FDLTY_BOND_AMT

e 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.)

10d SF_LOSS_DISCV_DUR_YEAR_IND
SF_FAIL_PROVIDE_BENEF_DUE_IND
SF_LOSS_DISCV_DUR_YEAR_AMT
SF_FAIL_PROVIDE_BENEF_DUE_AMT

f Has the plan failed to provide any benefit when due under the plan?

10e SF_BROKER_FEES_PAID_IND
SF_BROKER_FEES_PAID_AMT

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

10f SF_PARTCP_LOANS_EOY_AMT

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

10g SF_PARTCP_LOANS_IND

i 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

10h SF_PLAN_BLACKOUT_PERIOD_IND

10i SF_COMPLY_BLACKOUT_NOTICE_IND

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 in any plan 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

13a 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.

SIGN HERE		SF_ADMIN_SIGNED_DATE	SF_ADMIN_SIGNED_NAME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		SF_SPONS_SIGNED_DATE	SF_SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or 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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>SCH_A_PLAN_YEAR_BEGIN_DATE</u> and ending <u>SCH_A_PLAN_YEAR_END_DATE</u>		
A Name of plan	B Three-digit plan number (PN) ► <u>SCH_A_PLAN_NUM</u>	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) <u>SCH_A_EIN</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier <u>INS_CARRIER_NAME</u>		<u>INS_PRSN_COVERED_EOY_CNT</u>	
<u>INS_CARRIER_NAIC_CODE</u>			
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year
<u>INS_CARRIER_EIN</u>		<u>INS_CONTRACT_NUM</u>	
		(f) From	(g) To
		<u>INS_POLICY_FROM_DATE</u>	<u>INS_POLICY_TO_DATE</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>INS_BROKER_COMM_TOT_AMT</u>	<u>INS_BROKER_FEES_TOT_AMT</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
See Next Page

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast_09.F_Sch_A_part1_2009

ACK_ID
FORM_ID
Generated_Variables
ROW_ORDER

ROW_ORDER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS_BROKER_NAME

INS_BROKER_US_ADDRESS1

INS_BROKER_US_STATE

INS_BROKER_FOREIGN_ADDRESS2

INS_BROKER_FOREIGN_CNTRY

INS_BROKER_US_ADDRESS2

INS_BROKER_US_ZIP

INS_BROKER_FOREIGN_CITY

INS_BROKER_FOREIGN_POSTAL_CD

INS_BROKER_US_CITY

INS_BROKER_FOREIGN_ADDRESS1

INS_BROKER_FOREIGN_PROV_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	PENSION_EOY_GEN_ACCT_AMT
5	Current value of plan's interest under this contract in separate accounts at year end	PENSION_EOY_SEP_ACCT_AMT
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	PENSION_BASIS_RATES_TEXT
b	Premiums paid to carrier	PENSION_PREM_PAID_TOT_AMT
c	Premiums due but unpaid at the end of the year	PENSION_UNPAID_PREMIUM_AMT
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	PENSION_CONTRACT_COST_AMT
	Specify nature of costs ▶	PENSION_COST_TEXT
	ALLOC_CONTRACTS_INDIV_IND	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	ALLOC_CONTRACTS_GROUP_IND ALLOC_CONTRACTS_OTHER_TEXT ALLOC_CONTRACTS_OTHER_IND
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶	PENS_DISTR_BNFT_TERM_PLN_IND
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	UNAL_CONTRAC_IMM_PART_GUAR_IND UNALOC_CONTRACTS_OTHER_IND UNALOC_CONTRACTS_OTHER_TEXT UNALOC_CONTRACTS_DEP_ADM_IND UNAL_CONTRACTS_GUAR_INVEST_IND
b	Balance at the end of the previous year	PENSION_END_PREV_BAL_AMT
c	Additions: (1) Contributions deposited during the year	7c(1) PENSION_CONTRIB_DEP_AMT
	(2) Dividends and credits	7c(2) PENSION_DIVND_CR_DEP_AMT
	(3) Interest credited during the year	7c(3) PENSION_INT_CR_DUR_YR_AMT
	(4) Transferred from separate account	7c(4) PENSION_TRANSFER_FROM_AMT
	(5) Other (specify below)	7c(5) PENSION_OTHER_AMT
	▶ PENSION_OTHER_TEXT	
	(6) Total additions	PENSION_TOT_ADDITIONS_AMT
d	Total of balance and additions (add b and c(6))	PENSION_TOT_BAL_ADDN_AMT
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) PENSION_BNFTS_DSRSD_AMT
	(2) Administration charge made by carrier	7e(2) PENSION_ADMIN_CHRG_AMT
	(3) Transferred to separate account	7e(3) PENSION_TRANSFER_TO_AMT
	(4) Other (specify below)	7e(4) PENSION_OTH_DED_AMT
	▶ PENSION_OTH_DED_TEXT	
	(5) Total deductions	7e(5) PENSION_TOT_DED_AMT
f	Balance at the end of the current year (subtract e(5) from d)	7f PENSION_EOY_BAL_AMT

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶ WLFR_TYPE_BNFT_OTH_TEXT

9 Experience-rated contracts:

- a** Premiums: (1) Amount received..... **9a(1)** WLFR_PREMIUM_RCVD_AMT
 (2) Increase (decrease) in amount due but unpaid..... **9a(2)** WLFR_UNPAID_DUE_AMT
 (3) Increase (decrease) in unearned premium reserve..... **9a(3)** WLFR_RESERVE_AMT
 (4) Earned ((1) + (2) - (3))..... WLFR_TOT_EARNED_PREM_AMT **9a(4)**
b Benefit charges (1) Claims paid..... **9b(1)** WLFR_CLAIMS_PAID_AMT
 (2) Increase (decrease) in claim reserves..... **9b(2)** WLFR_INCR_RESERVE_AMT
 (3) Incurred claims (add (1) and (2))..... **9b(3)** WLFR_INCURRED_CLAIM_AMT
 (4) Claims charged..... **9b(4)** WLFR_CLAIMS_CHRGD_AMT
c Remainder of premium: (1) Retention charges (on an accrual basis) --
 (A) Commissions..... **9c(1)(A)** WLFR_RET_COMMISSIONS_AMT
 (B) Administrative service or other fees..... **9c(1)(B)** WLFR_RET_ADMIN_AMT
 (C) Other specific acquisition costs..... **9c(1)(C)** WLFR_RET_OTH_COST_AMT
 (D) Other expenses..... **9c(1)(D)** WLFR_RET_OTH_EXPENSE_AMT
 (E) Taxes..... **9c(1)(E)** WLFR_RET_TAXES_AMT
 (F) Charges for risks or other contingencies..... **9c(1)(F)** WLFR_RET_CHARGES_AMT
 (G) Other retention charges..... **9c(1)(G)** WLFR_RET_OTH_CHRG_AMT
 (H) Total retention..... WLFR_REFUND_CASH_IND WLFR_REFUND_CREDIT_IND **9c(1)(H)** WLFR_RET_TOT_AMT
 (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)..... **9c(2)** WLFR_REFUND_AMT
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... **9d(1)** WLFR_HELD_BNFTS_AMT
 (2) Claim reserves..... **9d(2)** WLFR_CLAIMS_RESERVE_AMT
 (3) Other reserves..... **9d(3)** WLFR_OTH_RESERVE_AMT
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... **9e** WLFR_DIVNDS_DUE_AMT
10 Nonexperience-rated contracts:
a Total premiums or subscription charges paid to carrier..... **1** WLFR_TOT_CHARGES_PAID_AMT
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... **10b** WLFR_ACQUIS_COST_AMT
 Specify nature of costs ▶ WLFR_ACQUIS_COST_TEXT

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes INS_FAIL_PROVIDE_INFO_IND

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

INS_FAIL_PROVIDE_INFO_TEXT

WLFR_BNFT_HEALTH_IND

WLFR_BNFT_LIFE_INSUR_IND

WLFR_BNFT_UNEMP_IND

WLFR_BNFT_HMO_IND

WLFR_BNFT_DENTAL_IND

WLFR_BNFT_TEMP_DISAB_IND

WLFR_BNFT_DRUG_IND

WLFR_BNFT_PPO_IND

WLFR_BNFT_VISION_IND

WLFR_BNFT_LONG_TERM_DISAB_IND

WLFR_BNFT_STOP_LOSS_IND

WLFR_BNFT_INDEMNITY_IND

WLFR_BNFT_OTHER_IND

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning and ending

A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

TABLE: Efast_09.F_sch_c_2009

1 Information on Persons Receiving Only Eligible Indirect Compensation

PROVIDER_EXCLUDE_IND

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TABLE: Efast_09.F_sch_c_part1_item1_2009

PROVIDER_ELIGIBLE_NAME

PROVIDER_ELIGIBLE_EIN

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

PROVIDER_ELIGIBLE_US_ADDRESS1

PROVIDER_ELIGIBLE_US_STATE

PROVIDER_ELIGIBLE_US_ADDRESS2

PROVIDER_ELIGIBLE_US_ZIP

PROVIDER_ELIGIBLE_US_CITY

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PROVIDER_ELIGIBLE_FOREIGN_ADDRESS1

PROVIDER_ELIGIBLE_FOREIGN_PROV_ST

PROVIDER_ELIGIBLE_FOREIGN_ADDRESS2

PROVIDER_ELIGIBLE_FOREIGN_CNTRY

PROVIDER_ELIGIBLE_FOREIGN_CITY

PROVIDER_ELIGIBLE_FOREIGN_POST_CD

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TABLE: Efast_09.F_sch_c_part1_item2_2009

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PROVIDER_OTHER_FOREIGN_ADDRESS1

PROVIDER_OTHER_NAME

PROVIDER_OTHER_US_ADDRESS1

PROVIDER_OTHER_FOREIGN_CITY

PROVIDER_OTHER_EIN

PROVIDER_OTHER_US_ADDRESS2

PROVIDER_OTHER_FOREIGN_PROV_STATE

PROVIDER_OTHER_US_CITY PROVIDER_OTHER_US_STATE

PROVIDER_OTHER_FOREIGN_PROV_CNTRY

PROVIDER_OTHER_US_ZIP

PROVIDER_OTHER_FOREIGN_POSTAL_CD

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
PROVIDER_OTHER_RELATION	PROVIDER_OTHER_DIRECT_COMP_AMT	PROVIDER_OTHER_INDIRECT_COMP_IND	PROVIDER_OTHER_TOT_IND_COMP_AMT	PROVIDER_OTHER_ELIG_IND_COMP_IND	PROVIDER_OTHER_AMT_FORMULA_AMT_IND	
SERVICE_CODE		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

(a) Enter name and EIN or address (see instructions)

TABLE: Efast_09.F_sch_c_p1_item2_codes_2009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

TABLE: Efast_09.F_sch_c_part1_item3_2009

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation in TABLE: Efast_09.F_sch_c_p1_item3_codes_2009 ensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2**(b)** Service Codes
(see instructions)**(c)** Enter amount of indirect compensation

PROVIDER_INDIRECT_NAME

SERVICE_CODE

PROVIDER_INDIRECT_COMP_AMT

(d) Enter name and EIN (address) of source of indirect compensation**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

PROVIDER_PAYOR_NAME

PROVIDER_PAYOR_EIN

PROVIDER_PAYOR_US_ADDRESS1

PROVIDER_PAYOR_US_ADDRESS2

PROVIDER_PAYOR_US_CITY

PROVIDER_PAYOR_US_STATE

PROVIDER_PAYOR_US_ZIP

PROVIDER_COMP_EXPLAIN_TEXT

(a) Enter service provider name as it appears on line 2**(b)** Service Codes
(see instructions)**(c)** Enter amount of indirect compensation

PROVIDER_PAYOR_FOREIGN_ADDRESS1

PROVIDER_PAYOR_FOREIGN_ADDRESS2

PROVIDER_PAYOR_FOREIGN_CITY

PROVIDER_PAYOR_FOREIGN_PROV_STATE

PROVIDER_PAYOR_FOREIGN_CNTRY

PROVIDER_PAYOR_FOREIGN_POSTAL_CD

(d) Enter name and EIN (address) of source of indirect compensation**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.**(a)** Enter service provider name as it appears on line 2**(b)** Service Codes
(see instructions)**(c)** Enter amount of indirect compensation**(d)** Enter name and EIN (address) of source of indirect compensation**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

TABLE: Efast_09.F_sch_c_part2_2009

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
<div>PROVIDER_FAIL_NAME</div> <div>PROVIDER_FAIL_EIN</div> <div>PROVIDER_FAIL_US_ADDRESS1</div> <div>PROVIDER_FAIL_US_ADDRESS2</div> <div>PROVIDER_FAIL_US_CITY</div> <div>PROVIDER_FAIL_US_STATE</div> <div>PROVIDER_FAIL_US_ZIP</div>	<div>TABLE: Efast_09.F_sch_c_p2_codes_2009</div> <div>↓</div> <div>SERVICE_CODE</div>	<div>PROVIDER_FAIL_INFO_TEXT</div>
<div>PROVIDER_FAIL_FOREIGN_ADDRESS1</div> <div>PROVIDER_FAIL_FOREIGN_ADDRESS2</div> <div>PROVIDER_FAIL_FOREIGN_CITY</div> <div>PROVIDER_FAIL_FOREIGN_PROV_ST</div> <div>PROVIDER_FAIL_FOREIGN_CNTRY</div> <div>PROVIDER_FAIL_FOREIGN_POSTALCD</div>		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

TABLE: Efast_09.F_sch_c_part3_2009

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	PROVIDER_TERM_NAME	b EIN:	PROVIDER_TERM_EIN
c Position:	PROVIDER_TERM_POSITION		
d Address:	PROVIDER_TERM_US_ADDRESS1 PROVIDER_TERM_US_ADDRESS2 PROVIDER_TERM_US_CITY	PROVIDER_TERM_US_STATE PROVIDER_TERM_US_ZIP	e Telephone: PROVIDER_TERM_PHONE_NUM
Explanation: PROVIDER_TERM_TEXT			

a Name:			b EIN:	
c Position:				
d Address:	PROVIDER_TERM_FOREIGN_ADDRESS1 PROVIDER_TERM_FOREIGN_ADDRESS2 PROVIDER_TERM_FOREIGN_CITY	PROVIDER_TERM_FOREIGN_PROV_ST PROVIDER_TERM_FOREIGN_CNTRY PROVIDER_TERM_FOREIGN_PROV_POSTAL_CD	Phone:	
Explanation:				

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	
Explanation:			

**SCHEDULE D
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration**DFE/Participating Plan Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA).► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection.**For calendar plan year 2011 or fiscal plan year beginning SCH_D_PLAN_YEAR_BEGIN_DATE and ending SCH_D_TAX_PRD**A** Name of plan**B** Three-digit
plan number (PN) ►SCH_D_PN**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500**D** Employer Identification Number (EIN)SCH_D_EIN**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(Complete as many entries as needed to report all interests in DFEs)

TABLE: Efast_09.F_sch_d_part1_2009

a Name of MTIA, CCT, PSA, or 103-12 IE: DFE_P1_ENTITY_NAME**b** Name of sponsor of entity listed in (a): DFE_P1_SPONS_NAME**c** EIN-PN
DFE_P1_PLAN_EIN
DFE_P1_PLAN_PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)DFE_P1_PLAN_INT_EOY_AMT**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFE_P1_ENTITY_CODE**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

TABLE: Efast_09.F_sch_d_part2_2009

a Plan name DFE_P2_PLAN_NAME**b** Name of plan sponsor DFE_P2_PLAN_SPONS_NAME**c** EIN-PN DFE_P2_PLAN_EIN
DFE_P2_PLAN_PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

**SCHEDULE G
(Form 5500)**Department of Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration**Financial Transaction Schedules**

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

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection.**For calendar plan year 2011 or fiscal plan year beginning **SCH_G_PLAN_YEAR_BEGIN_DATE** and ending **SCH_G_TAX_PRD****A** Name of plan**B** Three-digit
plan number (PN) ►**SCH_G_PN****C** Plan sponsor's name as shown on line 2a of Form 5500**LNS_DEFAULT_OBLIGOR_NAME****D** Employer Identification Number (EIN)**SCH G EIN****Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a) **(b)** Identity and address of obligor**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

TABLE: Efast_09.F_sch_g_part1_2009

☐ **Refer to page 5, part I (a)****LNS_DEFAULT_DESCRIPTION_TEXT**

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a) **(b)** Identity and address of obligor**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a) **(b)** Identity and address of obligor**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as UncollectibleTABLE: Efast_09.F_sch_g_part2_2009

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	LEASES_DEFAULT_PII_IND	LEASES_DEFAULT_RELATION_TEXT	LEASES_DEFAULT_TERMS_TEXT		
LEASES_DEFAULTLESSORNAME					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
Refer to page 5, part II					
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

TABLE: Efast_09.F_sch_g_part3_2009

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
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NON_EXEMPT_PARTY_NAME

NON_EXEMPT_RELATION_TEXT

NON_EXEMPT_TERMS_TEXT

NON_EXEMPT_PUR_PRICE_AMT

(e) Selling price
Refer to page 5, part III

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

(a) Identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value

(d) Purchase price

(e) Selling price

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

(a) Identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value

(d) Purchase price

(e) Selling price

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

(a) Identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value

(d) Purchase price

(e) Selling price

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

(a) Identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value

(d) Purchase price

(e) Selling price

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

(a) Identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value

(d) Purchase price

(e) Selling price

(f) Lease rental

(g) Transaction expenses

(h) Cost of asset

(i) Current value of asset

(j) Net gain (or loss) on each transaction

part I (a)

LNS_DEFAULT_PII_IND
LNS_DEFAULT_OBLIGOR_US_ADDR1
LNS_DEFAULT_OBLIGOR_US_ADDR2
LNS_DEFAULT_OBLIGOR_US_CITY
LNS_DEFAULT_OBLIGOR_US_STATE
LNS_DEFAULT_OBLIGOR_US_ZIP
LNS_DFT_OBLIGOR_FOREIGN_ADDR1
LNS_DFT_OBLIGOR_FOREIGN_ADDR2
LNS_DFT_OBLIGOR_FOREIGN_CITY
LNS_DFT_OBLIGOR_FORGN_PROV_ST
LNS_DFT_OBLIGOR_FORGN_COUNTRY
LNS_DFT_OBLIGOR_FORGN_POST_CD

d LNS_DEFAULT_ORIGINAL_AMT
e LNS_DEFAULT_PRNCPL_RCVD_AMT
f LNS_DEFAULT_INT_RCVD_AMT
g LNS_DEFAULT_UNPAID_BAL_AMT
h LNS_DEFAULT_PRCPL_OVERDUE_AMT
i LNS_DEFAULT_INT_OVERDUE_AMT

part II

e LEASES_DEFAULT_COST_AMT
f LEASES_DEFAULT_CURR_VALUE_AMT
g LEASES_DEFAULT_RENTL_RCPT_AMT
h LEASES_DEFAULT_EXPENSE_PD_AMT
i LEASES_DEFAULT_NET_RCPT_AMT
j LEASES_DEFAULT_ARREARS_AMT

part III

e NON_EXEMPT_SELL_PRICE_AMT
f NON_EXEMPT_LS_RNTL_AMT
g NON_EXEMPT_EXPENSE_INCR_AMT
h NON_EXEMPT_COST_AST_AMT
i NON_EXEMPT_CURR_VALUE_AST_AMT
j NON_EXEMPT_GAIN_LOSS_AMT

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning SCH_H_PLAN_YEAR_BEGIN_DATE and ending SCH_H_TAX_PRD		
A Name of plan	B Three-digit plan number (PN) ▶ SCH_H_PN	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) SCH_H_EIN	

Part I Asset and Liability Statement	(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
Assets		
a Total noninterest-bearing cash	NON_INT_BEAR_CASH_BOY_AMT	NON_INT_BEAR_CASH_EOY_AMT
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) EMPLR_CONTRIB_BOY_AMT	EMPLR_CONTRIB_EOY_AMT
(2) Participant contributions	1b(2) PARTCP_CONTRIB_BOY_AMT	PARTCP_CONTRIB_EOY_AMT
(3) Other.....	1b(3) OTHER_RECEIVABLES_BOY_AMT	OTHER_RECEIVABLES_EOY_AMT
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) INT_BEAR_CASH_BOY_AMT	INT_BEAR_CASH_EOY_AMT
(2) U.S. Government securities.....	1c(2) GOVT_SEC_BOY_AMT	GOVT_SEC_EOY_AMT
(3) Corporate debt instruments (other than employer securities):	CORP_DEBT_PREFERRED_BOY_AMT	
(A) Preferred	1c(3)(A) CORP_DEBT_PREFERRED_BOY_AMT	CORP_DEBT_PREFERRED_EOY_AMT
(B) All other.....	1c(3)(B) CORP_DEBT_OTHER_BOY_AMT	CORP_DEBT_OTHER_EOY_AMT
(4) Corporate stocks (other than employer securities):	1c(4)(A) PREF_STOCK_BOY_AMT	PREF_STOCK_EOY_AMT
(A) Preferred	1c(4)(B) COMMON_STOCK_BOY_AMT	COMMON_STOCK_EOY_AMT
(B) Common	1c(5) JOINT_VENTURE_BOY_AMT	JOINT_VENTURE_EOY_AMT
(5) Partnership/joint venture interests	1c(6) REAL_ESTATE_BOY_AMT	REAL_ESTATE_EOY_AMT
(6) Real estate (other than employer real property)	1c(7) OTHER_LOANS_BOY_AMT	OTHER_LOANS_EOY_AMT
(7) Loans (other than to participants)	1c(8) PARTCP_LOANS_BOY_AMT	PARTCP_LOANS_EOY_AMT
(8) Participant loans	1c(9) INT_COMMON_TR_BOY_AMT	INT_COMMON_TR_EOY_AMT
(9) Value of interest in common/collective trusts.....	1c(10) INT_POOL_SEP_ACCT_BOY_AMT	INT_POOL_SEP_ACCT_EOY_AMT
(10) Value of interest in pooled separate accounts.....	1c(11) INT_MASTER_TR_BOY_AMT	INT_MASTER_TR_EOY_AMT
(11) Value of interest in master trust investment accounts	1c(12) INT_103_12_INVST_BOY_AMT	INT_103_12_INVST_EOY_AMT
(12) Value of interest in 103-12 investment entities	1c(13) INT_REG_INVST_CO_BOY_AMT	INT_REG_INVST_CO_EOY_AMT
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(14) INS_CO_GEN_ACCT_BOY_AMT	INS_CO_GEN_ACCT_EOY_AMT
(14) Value of funds held in insurance contracts.....	1c(15) OTH_INVST_BOY_AMT	OTH_INVST_EOY_AMT
(15) Other		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	EMPLR_SEC_BOY_AMT	EMPLR_SEC_EOY_AMT
(2) Employer real property	1d(2)	EMPLR_PROP_BOY_AMT	EMPLR_PROP_EOY_AMT
e Buildings and other property used in plan operation	1e	BLDGS_USED_BOY_AMT	BLDGS_USED_EOY_AMT
f Total assets (add all amounts in lines 1a through 1e)	1f	TOT_ASSETS_BOY_AMT	TOT_ASSETS_EOY_AMT

Liabilities

g Benefit claims payable	1g	BNFTS_PAYABLE_BOY_AMT	BNFTS_PAYABLE_EOY_AMT
h Operating payables	1h	OPRTNG_PAYABLE_BOY_AMT	OPRTNG_PAYABLE_EOY_AMT
i Acquisition indebtedness	1i	ACQUIS_INDBT_BOY_AMT	ACQUIS_INDBT_EOY_AMT
j Other liabilities	1j	OTHER_LIAB_BOY_AMT	OTHER_LIAB_EOY_AMT
k Total liabilities (add all amounts in lines 1g through 1j)	1k	TOT_LIABILITIES_BOY_AMT	TOT_LIABILITIES_EOY_AMT

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	NET_ASSETS_BOY_AMT	NET_ASSETS_EOY_AMT
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	EMPLR_CONTRIB_INCOME_AMT	
(B) Participants	2a(1)(B)	PARTICIPANT_CONTRIB_AMT	
(C) Others (including rollovers)	2a(1)(C)	OTH_CONTRIB_RCVD_AMT	
(2) Noncash contributions	2a(2)	NON_CASH_CONTRIB_BS_AMT	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		TOT_CONTRIB_AMT

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	INT_BEAR_CASH_AMT	
(B) U.S. Government securities	2b(1)(B)	INT_ON_GOV_T SEC_AMT	
(C) Corporate debt instruments	2b(1)(C)	INT_ON_CORP_DEBT_AMT	
(D) Loans (other than to participants)	2b(1)(D)	INT_ON_OTH_LOANS_AMT	
(E) Participant loans	2b(1)(E)	INT_ON_PARTCP_LOANS_AMT	
(F) Other	2b(1)(F)	INT_ON_OTH_INVST_AMT	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		TOTAL_INTEREST_AMT
(2) Dividends: (A) Preferred stock	2b(2)(A)	DIVND_PREF_STOCK_AMT	
(B) Common stock	2b(2)(B)	DIVND_COMMON_STOCK_AMT	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	REGISTERED_INVST_AMT	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		TOTAL_DIVIDENDS_AMT
(3) Rents	2b(3)		TOTAL_RENTS_AMT
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	AGGREGATE_PROCEEDS_AMT	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	AGGREGATE_COSTS_AMT	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		TOT_GAIN_LOSS_SALE_AST_AMT

	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A) UNREALZD_APPRCTN_RE_AMT	
(B) Other	2b(5)(B) UNREALZD_APPRCTN_OTH_AMT	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	TOT_UNREALZD_APPRCTN_AMT
(6) Net investment gain (loss) from common/collective trusts	2b(6)	GAIN_LOSS_COM_TRUST_AMT
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	GAIN_LOSS_POOL_SEP_AMT
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	GAIN_LOSS_MASTER_TR_AMT
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	GAIN_LOSS_103_12_INVST_AMT
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	GAIN_LOSS_REG_INVST_AMT
c Other income.....	2c	OTHER_INCOME_AMT
d Total income. Add all income amounts in column (b) and enter total.....	2d	TOT_INCOME_AMT

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	DISTRIB_DRT_PARTCP_AMT
(2) To insurance carriers for the provision of benefits	2e(2)	INS_CARRIER_BNFTS_AMT
(3) Other	2e(3)	OTH_BNFT_PAYMENT_AMT
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	TOT_DISTRIB_BNFT_AMT
f Corrective distributions (see instructions)	2f	TOT_CORRECTIVE_DISTRIB_AMT
g Certain deemed distributions of participant loans (see instructions).....	2g	TOT_DEEMED_DISTR_PART_LNS_AMT
h Interest expense.....	2h	TOT_INT_EXPENSE_AMT
i Administrative expenses: (1) Professional fees	2i(1)	PROFESSIONAL_FEES_AMT
(2) Contract administrator fees	2i(2)	CONTRACT_ADMIN_FEES_AMT
(3) Investment advisory and management fees	2i(3)	INVST_MGMT_FEES_AMT
(4) Other	2i(4)	OTHER_ADMIN_FEES_AMT
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	TOT_ADMIN_EXPENSES_AMT
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	TOT_EXPENSES_AMT

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	NET_INCOME_AMT
l Transfers of assets:		
(1) To this plan.....	2l(1)	TOT_TRANSFERS_TO_AMT
(2) From this plan	2l(2)	TOT_TRANSFERS_FROM_AMT

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions): ACCT_PERFORMED_LTD_AUDIT_IND

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse ACCTNT_OPINION_TYPE_CD

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ACCOUNTANT_FIRM_NAME

(2) EIN: ACCOUNTANT_FIRM_EIN

d The opinion of an independent qualified public accountant is **not attached** because: ACCT_OPIN_NOT_ON_FILE_IND

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	FAIL_TRANSMIT_CONTRIB_IND		
4a			FAIL_TRANSMIT_CONTRIB_AMT
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	LOANS_IN_DEFAULT_IND		
4b			LOANS_IN_DEFAULT_AMT
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	LEASES_IN_DEFAULT_IND		
4c			LEASES_IN_DEFAULT_AMT
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	PARTY_IN_INT_NOT_RPTD_IND		
4d			PARTY_IN_INT_NOT_RPTD_AMT
e Was this plan covered by a fidelity bond?.....	PLAN_INS_FDLTY_BOND_IND		
4e			PLAN_INS_FDLTY_BOND_AMT
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	LOSS_DISCV_DUR_YEAR_IND		
4f			LOSS_DISCV_DUR_YEAR_AMT
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	ASSET_UNDETERM_VAL_IND		
4g			ASSET_UNDETERM_VAL_AMT
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	NON_CASH_CONTRIB_IND		
4h			NON_CASH_CONTRIB_AMT
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	AST_HELD_INVST_IND		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	FIVE_PRCNT_TRANS_IND		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	ALL_PLAN_AST_DISTRIB_IND		
4k			
l Has the plan failed to provide any benefit when due under the plan?.....	FAIL_PROVIDE_BENEFIT_DUE_IND		
4l			FAIL_PROVIDE_BENEFIT_DUE_AMT
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	PLAN_BLACKOUT_PERIOD_IND		
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	COMPLY_BLACKOUT_NOTICE_IND		
4n			RES_TERM_PLAN_ADPT_AMT
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the sponsor: 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: /

- 5b** 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.)

5b(1) Name of plan(s)

TABLE: Efast_09.F_sch_h_part1_2009

5b(2) EIN(s)	5b(3) PN(s)
PLAN_TRANSFER_EIN	PLAN_TRANSFER_PN

PLAN_TRANSFER_NAME

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning SCH_I_PLAN_YEAR_BEGIN_DATE and ending SCH_I_TAX_PRD		
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) <div style="border: 1px solid black; display: inline-block; padding: 0 20px;">SCH_I_EIN</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	SMALL_TOT_ASSETS_BOY_AMT	SMALL_TOT_ASSETS_EOY_AMT
b Total plan liabilities	1b	SMALL_TOT_LIABILITIES_BOY_AMT	SMALL_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 1b from line 1a)	1c	SMALL_NET_ASSETS_BOY_AMT	SMALL_NET_ASSETS_EOY_AMT
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	SMALL_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	2a(2)	SMALL_PARTICIPANT_CONTRIB_AMT	
(3) Others (including rollovers)	2a(3)	SMALL_OTH_CONTRIB_RCVD_AMT	
b Noncash contributions	2b	SMALL_NON_CASH_CONTRIB_BS_AMT	
c Other income	2c	SMALL_OTHER_INCOME_AMT	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		SMALL_TOT_INCOME_AMT
e Benefits paid (including direct rollovers)	2e	SMALL_TOT_DISTRB_BNFT_AMT	
f Corrective distributions (see instructions)	2f	SMALL_CORRECTIVE_DISTRB_AMT	
g Certain deemed distributions of participant loans (see instructions)	2g	SMALL_DEEM_DSTRB_PARTCP_LN_AMT	
h Administrative service providers (salaries, fees, and commissions)	2h	SMALL_ADMIN_SRVC_PROVIDERS_AMT	
i Other expenses	2i	SMALL_OTH_EXPENSES_AMT	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		SMALL_TOT_EXPENSES_AMT
k Net income (loss) (subtract line 2j from line 2d)	2k		SMALL_NET_INCOME_AMT
l Transfers to (from) the plan (see instructions)	2l		SMALL_TOT_PLAN_TRANSFERS_AMT

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	SMALL_JOINT_VENTURE_EOY_IND	3a		SMALL_JOINT_VENTURE_EOY_AMT
b Employer real property	SMALL_EMPLR_PROP_EOY_IND	3b		SMALL_EMPLR_PROP_EOY_AMT
c Real estate (other than employer real property)	SMALL_INV_REAL_ESTATE_EOY_IND	3c		SMALL_INV_REAL_ESTATE_EOY_AMT
d Employer securities	SMALL_EMPLR_SEC_EOY_IND	3d		SMALL_EMPLR_SEC_EOY_AMT
e Participant loans	SMALL_MORTG_PARTCP_EOY_IND	3e		SMALL_MORTG_PARTCP_EOY_AMT

	Yes	No	Amount
3f Loans (other than to participants) SMALL_OTH_LNS_PARTCP_EOY_IND	3f		SMALL_OTH_LNS_PARTCP_EOY_AMT
g Tangible personal property SMALL_PERSONAL_PROP_EOY_IND	3g		SMALL_PERSONAL_PROP_EOY_AMT

Part II Compliance Questions

	Yes	No	Amount
4 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	4a		SMALL_FAIL_TRANSM_CONTRIB_IND SMALL_FAIL_TRANSM_CONTRIB_AMT
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....	4b		SMALL_LOANS_IN_DEFAULT_IND SMALL_LOANS_IN_DEFAULT_AMT
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		SMALL_LEASES_IN_DEFAULT_IND SMALL_LEASES_IN_DEFAULT_AMT
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....	4d		SM_PARTY_IN_INT_NOT_RPTD_IND SM_PARTY_IN_INT_NOT_RPTD_AMT
e Was the plan covered by a fidelity bond?	4e		SMALL_PLAN_INS_FDLTY_BOND_IND SMALL_PLAN_INS_FDLTY_BOND_AMT
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		SMALL_LOSS_DISCV_DUR_YEAR_IND SMALL_LOSS_DISCV_DUR_YEAR_AMT
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? SMALL_ASSET_UNDETERM_VAL_IND	4g		SMALL_ASSET_UNDETERM_VAL_AMT
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		SMALL_NON_CASH_CONTRIB_IND SMALL_NON_CASH_CONTRIB_AMT
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....	4i		SMALL_20_PRCNT_SNGL_INVST_IND SMALL_20_PRCNT_SNGL_INVST_AMT
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		SMALL_ALL_PLAN_AST_DISTRIB_IND
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		SM_WAIV_ANNUAL_IQPA_REPORT_IND
l Has the plan failed to provide any benefit when due under SM_FAIL_PROVIDE_BENEF_DUE_IND	4l		SM_FAIL_PROVIDE_BENEF_DUE_AMT
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		SMALL_PLAN_BLACKOUT_PERIOD_IND
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		SM_COMPLY_BLACKOUT_NOTICE_IND
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year: SMALL_RES_TERM_PLAN_ADPT_IND			SMALL_RES_TERM_PLAN_ADPT_AMT
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	

5b 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.)			
5b(1) Name of plan(s)	TABLE: Efast_09.F_sch_i_part1_2009		
SMALL_PLAN_TRANSFER_NAME	5b(2) EIN(s)	5b(3) PN(s)	
	SMALL_PLAN_TRANSFER_EIN		
		SMALL_PLAN_TRANSFER_PN	

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div> ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning MB_PLAN_YEAR_BEGIN_DATE and ending MB_TAX_PRD		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan	B Three-digit plan number (PN) ▶ MB_PN	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) MB_EIN	
E Type of plan: (1) <input type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions) MB_PLAN_TYPE_CODE		
1a Enter the valuation date: Month _____ Day _____ Year _____ MB_VALUE_DATE		
b Assets		
(1) Current value of assets		1b(1) MB_CUR_VALUE_AST_01_AMT
(2) Actuarial value of assets for funding standard account.....		1b(2) MB_AST_FNDNG_STD_AMT
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:		1c(1) MB_ACCR_LIAB_GAIN_MTHD_AMT
(a) Unfunded liability for methods with bases.....		1c(2) MB_UNFND_LIAB_MTHD_BASE_AMT
(b) Accrued liability under entry age normal method.....		1c(2)(b) MB_ACCR_LIAB_AGE_MTHD_AMT
(c) Normal cost under entry age normal method.....		1c(2) MB_NORM_COST_AGE_MTHD_AMT
(3) Accrued liability under unit credit cost method.....		1 MB_ACC_LIA_UNIT_CRED_MTHD_AMT
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....		1d(1) MB_CURR_LIAB_PRE_PARTCP_AMT
(2) "RPA '94" information :		
(a) Current liability		1d(2)(a) MB_RPA94_INFO_CURR_LIAB_AMT
(b) Expected increase in current liability due to benefits accruing during the plan year		1d(2)(b) MB_RPA94_EXPT_INCR_LIAB_AMT
(c) Expected release from "RPA '94" current liability for the plan year		1d(2)(c) MB_RPA94_EXPT_RELEASE_LIAB_AMT
(3) Expected plan disbursements for the plan year		1d(3) MB_EXPECT_PLAN_PAYMENT_AMT
Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>		
SIGN HERE	Signature of actuary MB_ACTUARY_NAME_LINE <hr/> Type or print name of actuary MB_ACTUARY_FIRM_NAME <hr/> Firm name MB_ACTUARY_US_ADDRESS1 MB_ACTUARY_US_ADDRESS2 MB_ACTUARY_US_CITY <hr/> Address of the firm Refer to page 5 for remaining address fields	MB_SIGNATURE_DATE <hr/> Date MB_ACTRY_ENRLMT_NUM <hr/> Most recent enrollment number MB_ACTUARY_PHONE_NUM <hr/> Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check MB_NOT_REFLECT_IND <input type="checkbox"/> instructions		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.		
Schedule MB (Form 5500) 2011 v.012611		

a Current value of assets (see instructions)

b "RPA '94" current liability/participant count breakdown:

- (1) For retired participants and beneficiaries receiving payment**

- (2) For terminated vested participants**

- (3) For active participants:**

- (a) Non-vested benefits**

- (b) Vested benefits**

- (c) Total active.....

- (4) Total.

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
TABLE: Efast_09.F_sch_mb_part1_2009					
MB_CONTRIB_DATE					
	MB_CONTRIB_EMPLR_AMT				
		MB_CONTRIB_EMPLEE_AMT			
			Totals ►	3(b)	3(c)

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.....

- b**
- Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

- C** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?

- d** If the plan is in critical status, were any adjustable benefits reduced?

- e** If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date _____

a ☐ Attained age normal
 b ☐ Entry age normal
 c ☐ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual level benefit
 h ☐ Shortfall
i ☐ Reorganization
 j ☐ Other (specify): _____
 MB_REORG_MTHD_IND MB_OTH_COST_MTHD_IND MB_INDIV_AGGREG_MTHD_IND MB_SHORT_MTHD_IND

- k** If box h is checked, enter period of use of shortfall method

- I** Has a change been made in funding method for this plan year?

- m** If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic M

- n** If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....

a	Interest rate for "RPA '94" current liability.....	MB CURR LIAB RPA PRCNT	6a	%
----------	--	------------------------	-----------	---

- b** Rates specified in insurance or annuity contracts

- C** Mortality table code for valuation purposes:

- (1) Males

- (2) Females.**

- d** Valuation liability interest rate

- e** Expense loading

- f** Salary scale

- g Estimated investment return on actuarial value of assets for year ending on the valuation date.....

- #### h Estimated investment return on current value of assets for year ending on the valuation date

7 New amortization bases established in the current plan year: **TABLE: Efast_09.F_sch_mb_part2_2009**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
MB_AMORTZ_BASE_CODE	MB_AMORTZ_INIT_BAL_AMT	MB_AMORTIZATION_AMT

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a** MB_FNDNG_DEFN_WVR_DATE
- b** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule **MB_SCH_ACTIVE_PARTCP_RQD_IND**
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? **MB_AMORTZ_BASE_EXT_IND** Yes ☐ No ☐
- d** If line c is "Yes," provide the following additional information:
- (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? **MB_AMORTZ_EXT_AUTO_IND** Yes ☐ No ☐
- (2) If line (1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)** MB_431D1_EXT_YRS_CNT
- (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? **MB_AMORTZ_EXT_IRS_APPROVED_IND**
- (4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) **8d(4)** MB_431D2_EXT_YRS_CNT
- (5) If line (3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)** MB_EXT_LETTER_DATE
- (6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable to 6621(b) of the Code for years beginning after 2007? **MB_AMORTZ_ELIG_6621B_IND** Yes ☐ No ☐
- e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e** MB_DIFF_MIN_CONTRIB_AMT

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

- a** Prior year funding deficiency, if any **9a** MB_PR_YR_FNDNG_DEFN_AMT
- b** Employer's normal cost for plan year as of valuation date **9b** MB_NORMAL_COST_AMT
- c** Amortization charges as of valuation date:
- (1) All bases except funding waivers and certain bases for which the amortization period has been extended **9c(1)** MB_FNDNG_WVRS_OUTSTD_AMT
- (2) Funding waivers **9c(2)** MB_FNDNG_WVRS_AMT MB_NOT_WVRS_AMT
- (3) Certain bases for which the amortization period has been extended **9c(3)** MB_CERTAIN_BASES_OUTSTD_AMT
- d** Interest as applicable on lines 9a, 9b, and 9c **9d** MB_CERTAIN_BASES_AMT
- e** Total charges. Add lines 9a through 9d **9e** MB_FNDNG_CHRG_INT_AMT

Credits to funding standard account:

- f** Prior year credit balance, if any **MB_PR_YR_CREDIT_BALANCE_AMT**
- g** Employer contributions. Total from column (b) of line 3 **MB_TOT_EMPLR_CONTRIB_02_AMT**
- h** Amortization credits as of valuation date **9h** MB_AMORTZ_CREDITS_AMT
- i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h **9i** MB_INT_APPLICABLE_AMT
- j** Full funding limitation (FFL) and credits:
- (1) ERISA FFL (accrued liability FFL) **9j(1)** MB_ERI_FFL_ACC_LIA_OUT_BAL_AMT
- (2) "RPA '94" override (90% current liability FFL) **9j(2)** MB_RPA94_OVRR_CURR_OUT_BAL_AMT
- (3) FFL credit **9j(3)** MB_FFL_CREDIT_AMT
- k** (1) Waived funding deficiency **9k** MB_WAIVED_FNDNG_DEFN_AMT
- (2) Other credits **9k(2)** MB_OTHER_CREDITS_AMT
- l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** MB_TOT_CREDITS_AMT
- m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** MB_CREDIT_BAL_AMT
- n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n** MB_CURR_FNDNG_DEFN_AMT

9 o Current year's accumulated reconciliation account:

- | | | |
|---|----------|--------------------------------|
| (1) Due to waived funding deficiency accumulated prior to the 2011 plan year | | MB_RECNCNCL_WAIVED_PR_DEFN_AMT |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | | MB_AMORTZ_ELIG_6621B_IND |
| (a) Reconciliation outstanding balance as of valuation date | 9o(2)(a) | MB_RECNCNCL_OUTSD_BAL_AMT |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) | 9o(2)(b) | MB_RECONCILIATION_AMT |
| (3) Total as of valuation date | 9o(3) | MB_TOT_RECONCILIATION_AMT |

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	MB_REQ_CONTRIB_AMT
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MB_CHG_ACTRL_ASSUMP_CURR_IND

Page one under "Address of the Firm"

MB_ACTUARY_US_ZIP

MB_ACTUARY_US_STATE

MB_ACTUARY_FOREIGN_ADDRESS1

MB_ACTUARY_FOREIGN_ADDRESS2

MB_ACTUARY_FOREIGN_CITY

MB_ACTUARY_FOREIGN_PROV_STATE

MB_ACTUARY_FOREIGN_CNTRY

MB_ACTUARY_FOREIGN_POSTAL_CD

these are from 5) Actuary cost method used..

a MB_ATT_AGE_NRML_MTHD_IND

b MB_ENTRY_AGE_NRML_MTHD_IND

c MB_ACCR_BNFT_MTHD_IND

d MB_AGGREG_MTHD_IND

e MB_FRZN_INIT_LIAB_MTHD_IND

f MB_INDIV_LVL_PREM_MTHD_IND

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). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
For calendar plan year 2011 or fiscal plan year beginning <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_TAX_PRD</div>		
A Name of plan		B Three-digit plan number (PN) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_PN</div>
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_EIN</div>

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.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_VALUE_DSTRB_PD_PRPTY_AMT</div> <div style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">1</div>
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): <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_PAYOR_01_EIN</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_PAYOR_02_EIN</div>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum during the plan year.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_BNFT_DISTRB_SNGL_SUM_CNT</div> <div style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">3</div>

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.	
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 _____ 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 (include any prior year accumulated funding deficiency not waived).....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_ELEC_SATISFY_CODE_412_IND</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_FNDNG_WVRS_DATE</div>
6 b Enter the amount contributed by the employer to the plan for this plan year.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_EMLPR_CONTRIB_PAID_AMT</div>
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).....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_FUNDING_DEFICIENCY_AMT</div>
If you completed line 6c, skip lines 8 and 9.	
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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	
<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_CHG_FNDNG_METHOD_IND</div> <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. If no, check the "No" box.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_AMDMT_INCR_VAL_BNFT_CD</div> <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.
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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?.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">ESOP_PREF_IND</div> <input type="checkbox"/> Yes <input type="checkbox"/> No
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.).....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">ESOP_BACK_TO_BACK_IND</div> <input type="checkbox"/> Yes <input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">ESOP_STOCK_NOT_TRADABLE_IND</div> <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

TABLE: Efast_09.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. Otherwise, enter the applicable date.) PEN_CONTRIB_EMPLR_CBA_EXP_IND ☐
 and see instructions regarding required attachment PEN_CONTRIB_EMPLR_CBA_EXP_DAT 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) PEN_CONTR_EMPLR_MULTI_RATE_IND ☐ 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 employer contribution during the current plan year to: PEN_NO_CONTRIB_CUR_PREV_PRCNT

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

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: PEN_EMPLRS_WITHDRW_PREV_CNT

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

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 ☐

- 19** If the total number of participants is 1,000 or more: PEN_HI_YLD_DEBT_PRCNT PEN_REAL_ESTATE_PRCNT

a Enter the percentage of plan assets held as:

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation <div style="border: 1px solid black; padding: 2px;">ACK_ID</div>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <div style="font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning

SB_PLAN_YEAR_BEGIN_DATE

 and ending

SB_TAX_PRD

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">SB_PN</div>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px;">SB_EIN</div>	
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information	<div style="border: 1px solid black; padding: 2px;">SB_PLAN_TYPE_CODE</div>	<div style="border: 1px solid black; padding: 2px;">SB_CNT_PARTCP_PR_YR_CD</div>	
1	Enter the valuation date: Month _____ Day _____ Year _____	<div style="border: 1px solid black; padding: 2px;">SB_VALUE_DATE</div>		
2	Assets:			
a	Market value	2a	<div style="border: 1px solid black; padding: 2px;">SB_CURR_VALUE_AST_01_AMT</div>	
b	Actuarial value	2b	<div style="border: 1px solid black; padding: 2px;">SB_ACTRL_VALUE_AST_AMT</div>	
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target	
a	For retired participants and beneficiaries receiving payment	3a	<div style="border: 1px solid black; padding: 2px;">SB_RTD_PARTCP_CNT</div>	<div style="border: 1px solid black; padding: 2px;">SB_RTD_FNDNG_TGT_AMT</div>
b	For terminated vested participants	3b	<div style="border: 1px solid black; padding: 2px;">SB_TERM_PARTCP_CNT</div>	<div style="border: 1px solid black; padding: 2px;">SB_TERM_FNDNG_TGT_AMT</div>
c	For active participants:			
	(1) Non-vested benefits	3c(1)		<div style="border: 1px solid black; padding: 2px;">SB_ACT_NONVSTD_FNDNG_TGT_AMT</div>
	(2) Vested benefits	3c(2)		<div style="border: 1px solid black; padding: 2px;">SB_ACT_VSTD_FNDNG_TGT_AMT</div>
	(3) Total active	3c(3)	<div style="border: 1px solid black; padding: 2px;">SB_ACT_PARTCP_CNT</div>	<div style="border: 1px solid black; padding: 2px;">SB_LIAB_ACT_TOT_FNDNG_TGT_AMT</div>
d	Total	3d	<div style="border: 1px solid black; padding: 2px;">SB_TOT_PARTCP_CNT</div>	<div style="border: 1px solid black; padding: 2px;">SB_TOT_FNDNG_TGT_AMT</div>
4	If the plan is in at-risk status, check the box and complete line <div style="border: 1px solid black; padding: 2px;">SB_PLAN_AT_RISK_IND</div>			
a	Funding target disregarding prescribed at-risk assumptions	4a	<div style="border: 1px solid black; padding: 2px;">SB_TGT_DISREGARD_ASSUMP_AMT</div>	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	<div style="border: 1px solid black; padding: 2px;">SB_TGT_REFLECT_ASSUMP_AMT</div>	
5	Effective interest rate	5	<div style="border: 1px solid black; padding: 2px;">SB_EFF_INT_RATE_PRCNT</div>	%
6	Target normal cost	6	<div style="border: 1px solid black; padding: 2px;">SB_TGT_NRML_COST_01_AMT</div>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary <div style="border: 1px solid black; padding: 2px;">SB_ACTUARY_NAME_LINE</div> Type or print name of actuary <div style="border: 1px solid black; padding: 2px;">SB_ACTUARY_FIRM_NAME</div> Firm name <div style="border: 1px solid black; padding: 2px; text-align: center;">Refer to page 4</div> Address of the firm	<div style="border: 1px solid black; padding: 2px;">SB_SIGNATURE_DATE</div> Date <div style="border: 1px solid black; padding: 2px;">SB_ACTRY_ENRLMT_NUM</div> Most recent enrollment number <div style="border: 1px solid black; padding: 2px;">SB_ACTUARY_PHONE_NUM</div> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing instructions

SB_ACTUARY_NOT_REFLECT_IND

☐

Part II	Beginning of year carryover and prefunding balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	SB_CARRYOVER_PR_YR_AMT	SB_PRE_FNDNG_PR_YR_AMT
8	Portion elected for use to offset prior year's funding requirement (line 3 prior year)	SB_CARRYOVER_USED_PR_YR_AMT	SB_PRE_FNDNG_USED_PR_YR_AMT
9	Amount remaining (line 7 minus line 8)	SB_CARRYOVER_PR_YR_TOT_AMT	SB_PRE_FNDNG_PR_YR_TOT_AMT
10	Interest on line 9 using prior year's actual	SB_INT_PR_YR_PRCNT	SB_INT_PR_YR_CARRYOVER_AMT
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		SB_EXCESS_CONTRIB_AMT
b	Interest on (a) using prior year's effective rate of otherwise provided (see instructions)	SB_EXCESS_CONTRIB_INT_PRCNT	SB_EXCESS_CONTRIB_INT_AMT
c	Total available at beginning of current plan year to add to prefunding balance		SB_EXCESS_CONTRIB_AVAIL_AMT
d	Portion of (c) to be added to prefunding balance		SB_EXCESS_CONTRIB_ADDED_AMT
12	Other reductions in balances due to elections or deemed elections	SB_CARRYOVER_REDUCTION_AMT	SB_PRE_FNDNG_REDUCTION_AMT
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	SB_CARRYOVER_BOY_TOT_AMT	SB_PRE_FNDNG_BOY_TOT_AMT

Part III	Funding percentages
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14	Funding target attainment percentage.....	SB_FNDNG_TGT_PRCNT	%
15	Adjusted funding target attainment percentage	SB_ADJ_FNDNG_TGT_PRCNT	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	SB_PR_YR_FNDNG_PRCNT	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	SB_AST_LESS_70_PRCNT	%

Part IV Contributions and liquidity shortfalls

[illegible]

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	SB_FNDNG_SHORT_IND
b Contributions made to avoid restrictions adjusted to valuation date	1	SB_CONTRIB_AVOID_RESTRIC_AMT
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		SB_CONTRIB_ALLOC_CURR_YR_AMT

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a “funding shortfall” for the prior year? SB_CONTRIB_ALLOC_PR_YR_01_AMT ☐ Yes ☐ No

b If 20a is “Yes,” were required quarterly installments for the current year made in a timely manner? SB_QRTLY_INSTALL_IND ☐ Yes ☐ No

c If 20a is “Yes,” see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
SB_1ST_LIQUIDITY_SHORT_AMT	SB_2ND_LIQUIDITY_SHORT_AMT	SB_3RD_LIQUIDITY_SHORT_AMT	SB_4TH_LIQUIDITY_SHORT_AMT

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: SB_1ST_SEG_RATE_PRCNT	2nd segment: SB_2ND_SEG_RATE_PRCNT	3rd segment: SB_3RD_SEG_RATE_PRCNT	<input type="checkbox"/> SB_YIELD_CURVE_IND
b Applicable month (enter code)				21b SB_APPLICABLE_MONTH_CD
22 Weighted average retirement age				22 SB_WEIGHTED_RTM_AGE
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				SB_MORTALITY_TBL_CD

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	SB_CHG_ACTRL_ASSUMP_CURR_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	SB_CHG_METHOD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	SB_SCH_ACTIVE_PARTCP_RQD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment		27 SB_ALT_FNDNG_RULES_CD

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28 SB_UNPAID_PR_YR_CONTRIB_AMT
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	SB_CONTRIB_ALLOC_PR_YR_02_AMT
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	SB_UNPAID_MIN_RQD_TOT_AMT

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	
b Excess assets, if applicable, but not greater than 31a		31b	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	SB_SHORT_AMORTZ_OUTSTD_AMT	SB_SHORT_AMORTZ_INST	
b Waiver amortization installment	SB_WVRS_AMORTZ_OUTSTD_AMT	SB_WVRS_AMORTZ_INST	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>SB_WVR_APPROVED_LTR_DATE</u> and the waived amount		33	SB_WAIVED_AMT
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	SB_FNDNG_RQMT_TOT_AMT
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	SB_OFFSET_CARRYOVER_AMT	SB_OFFSET_PRE_FNDNG_AMT	SB_OFFSET_BAL
36 Additional cash requirement (line 34 minus line 35)		36	SB_ADDL_CASH_TOT_AMT
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			SB_CONTR_ALLOC_CURR_YR_02_AMT
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			SB_UNP_MIN_CONT_CUR_YR_TOT_AMT
40 Unpaid minimum required contributions for all years			SB_UNP_MIN_CONTRIB_ALL_YR_AMT

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

ROW_ORDER

These are contained on the first page label "Address of the Firm", bottom pg 1

SB_ACTUARY_US_ADDRESS1

SB_ACTUARY_US_ADDRESS2

SB_ACTUARY_US_CITY

SB_ACTUARY_US_STATE

SB_ACTUARY_US_ZIP

SB_ACTUARY_FOREIGN_ADDRESS1

SB_ACTUARY_FOREIGN_ADDRESS2

SB_ACTUARY_FOREIGN_CITY

SB_ACTUARY_FOREIGN_PROV_STATE

SB_ACTUARY_FOREIGN_CNTRY

SB_ACTUARY_FOREIGN_POSTAL_CD