

**Form 5500-SF****Short Form Annual Return/Report of Small Employee Benefit Plan**OMB Nos. 1210-0110  
1210-0089

TABLE:Efast\_&amp;yr.. F\_5500\_sf\_2009

Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

ACK\_ID

**2009****This Form is Open to Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

For calendar plan year 2009 or fiscal plan year beginning <b>SF_PLAN_YEAR_BEGIN_DATE</b> and ending <b>SF_TAX_PRD</b>	
<b>A</b> This return/report is for:	<input type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
<b>B</b> This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <b>SF_FINAL_FILING_IND</b> <input type="checkbox"/> an amended return/report <b>SF_AMENDED_IND</b> <input type="checkbox"/> short plan year return/report (less than 12 months) <b>SF_DFVC_PROGRAM_IND</b>
<b>C</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <b>SF_EXT_AUTOMATIC_IND</b> DFVC program
<b>SF_5558_APPLICATION_FILED_IND</b>	special extension (enter description) <b>SF_EXT_SPECIAL_TEXT</b>

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

<b>1a</b> Name of plan <b>SF_PLAN_NAME</b>	<b>1b</b> Three-digit plan number (PN) <b>SF_PLAN_NUM</b>
<b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan)	<b>1c</b> Effective date of plan <b>SF_PLAN_EFF_DATE</b> <b>2b</b> Employer Identification Number (EIN) <b>SF_SPONS_EIN</b> <b>2c</b> Plan sponsor's telephone number <b>SF_SPONS_PHONE_NUM</b> <b>2d</b> Business code (see instructions) <b>SF_BUSINESS_CODE</b>
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")	<b>3b</b> Administrator's EIN <b>SF_ADMIN_EIN</b> <b>3c</b> Administrator's telephone number <b>SF_ADMIN_PHONE_NUM</b>
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<b>4b</b> EIN <b>SF_LAST_RPT_SPONS_EIN</b> <b>4c</b> PN <b>SF_LAST_RPT_PLAN_NUM</b>
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b> <b>SF_TOT_PARTCP_BOY_CNT</b>
<b>b</b> Total number of participants at the end of the plan year <b>SF_TOT_ACT_RTD_SEP_BENEF_CNT</b>	<b>5b</b>
<b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<b>5c</b> <b>SF_PARTCP_ACCOUNT_BAL_CNT</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <b>SF_ELIGIBLE_ASSETS_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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.) <b>SF_IQPA_WAIVER_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>7</b> Plan Assets and Liabilities		
<b>a</b> Total plan assets	<b>7a</b> <b>SF_NET_ASSETS_BOY_AMT</b>	<b>SF_TOT_ASSETS_EOY_AMT</b>
<b>b</b> Total plan liabilities	<b>7b</b> <b>SF_TOT_LIABILITIES_BOY_AMT</b>	<b>SF_TOT_LIABILITIES_EOY_AMT</b>
<b>c</b> Net plan assets (subtract line 7b from line 7a)	<b>7c</b> <b>SF_TOT_ASSETS_BOY_AMT</b>	<b>SF_NET_ASSETS_EOY_AMT</b>
<b>8</b> Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:		
(1) Employers	<b>8a(1)</b> <b>SF_EMPLR_CONTRIB_INCOME_AMT</b>	
(2) Participants	<b>8a(2)</b> <b>SF_PARTICIP_CONTRIB_INCOME_AMT</b>	
(3) Others (including rollovers)	<b>8a(3)</b> <b>SF_OTH_CONTRIB_RCVD_AMT</b>	
<b>b</b> Other income (loss)	<b>8b</b> <b>SF_OTHER_INCOME_AMT</b>	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<b>8c</b>	<b>SF_TOT_INCOME_AMT</b>
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8d</b> <b>SF_TOT_DISTRIB_BNFT_AMT</b>	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	<b>8e</b> <b>SF_CORRECTIVE_DEEMED_DISTR_AMT</b>	
<b>f</b> Administrative service providers (salaries, fees, commissions)	<b>8f</b> <b>SF_ADMIN_SRVC_PROVIDERS_AMT</b>	
<b>g</b> Other expenses	<b>8g</b> <b>SF_OTH_EXPENSES_AMT</b>	<b>SF_TOT_EXPENSES_AMT</b>
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8h</b>	
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	<b>8i</b>	<b>SF_NET_INCOME_AMT</b>
<b>j</b> Transfers to (from) the plan (see instructions)	<b>8j</b> <b>SF_TOT_PLAN_TRANSFERS_AMT</b>	

**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) .....

Y 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\_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 during the plan year or any prior year? .. SF\_RES\_TERM\_PLAN\_ADPT\_IND Yes No

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

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .. SF\_ALL\_PLAN\_AST\_DISTIB\_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\_&yr.. F\_5500\_sf\_part1\_2009

SF\_PLAN\_TRANSFER\_NAM

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

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

SF\_PLAN\_TRANSFER\_EIN

SF\_PLAN\_TRANSFER\_PN

SF\_PLAN\_TRANSFER\_NAM

**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
SIGN HERE	SF_SPONS_SIGNED_DAT	SF_SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	Date

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