

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;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning FORM_PLAN_YEAR_BEGIN_DATE and ending FORM_TAX_PRD			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	TYPE_DFE_PLAN_ENTITY_CD
	TYPE_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
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	SHORT_PLAN_YR_I
	AMENDED_IND		
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	EXT_SPECIAL_TEXT	DFVC_PROGRAM_IND
	<input type="checkbox"/> special extension (enter description)		

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; include room or suite number (employer, if for a single-employer plan)	BUSINESS_CODE		2b Employer Identification Number (EIN) SPONS_DFE_EIN
			2c Sponsor's telephone number SPONS_DFE_PHONE_NUM
			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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)		Preparer's telephone number (optional)

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
 DFE_MAIL_FORGN_PROV_ST
 DFE_MAIL_FOREIGN_CNTRY
 DFE_MAIL_FORGN_POSTAL_CD
 DFE_LOC_US_ADDRESS1
 DFE_LOC_US_ADDRESS2
 DFE_LOC_US_CITY
 DFE_LOC_US_STATE
 DFE_LOC_US_ZIP
 DFE_LOC_FOREIGN_ADDRESS1
 DFE_LOC_FOREIGN_ADDRESS2
 DFE_LOC_FOREIGN_CITY

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%; border: 1px solid black; padding: 2px;">ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE</div><div style="width: 30%; border: 1px solid black; padding: 2px;">ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1</div><div style="width: 30%; border: 1px solid black; padding: 2px;">ADMIN_FOREIGN_ADDRESS2 ADMIN_FOREIGN_CITY ADMIN_FOREIGN_PROV_STATE ADMIN_FOREIGN_CNTRY ADMIN_FOREIGN_POSTAL_CD</div></div>		3b Administrator's EIN <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_EIN</div>
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">LAST_RPT_SPONS_NAME</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">LAST_RPT_SPONS_EIN</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">LAST_RPT_PLAN_NUM</div>		3c Administrator's telephone number <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_PHONE_NUM</div>
5 Total number of participants at the beginning of the plan year		4b EIN
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..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">TOT_ACTIVE_PARTCP_CNT</div> b Retired or separated participants receiving benefits..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">RTD_SEP_PARTCP_RCVG_CNT</div> c Other retired or separated participants entitled to future benefits..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">RTD_SEP_PARTCP_FUT_CNT</div> d Subtotal. Add lines 6a , 6b , and 6c <div style="border: 1px solid black; padding: 2px; display: inline-block;">SUBTL_ACT_RTD_SEP_CNT</div> e Deceased participants whose beneficiaries are receiving or are entitled to receive benefit..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">BENEF_RCVG_BNFT_CNT</div> f Total. Add lines 6d and 6e <div style="border: 1px solid black; padding: 2px; display: inline-block;">TOT_ACT_RTD_SEP_BENEF_CNT</div> g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">PARTCP_ACCOUNT_BAL_CNT</div> h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">SEP_PARTCP_PARTL_VSTD_CNT</div>		4c PN
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		5 <div style="border: 1px solid black; padding: 2px; display: inline-block;">TOT PARTCP BOY CNT</div>
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_PENSION_BNFT_CODE</div>		6a
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_WELFARE_BNFT_CODE</div>		6b
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">FUNDING_INSURANCE_IND</div> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts <div style="border: 1px solid black; padding: 2px; display: inline-block;">FUNDING_SEC412_IND</div> (3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; display: inline-block;">FUNDING_TRUST_IND</div> (4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; display: inline-block;">FUNDING_GEN_ASSET_IND</div>		6c
9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">BENEFIT_INSURANCE_IND</div> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts <div style="border: 1px solid black; padding: 2px; display: inline-block;">BENEFIT_SEC412_IND</div> (3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; display: inline-block;">BENEFIT_TRUST_IND</div> (4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; display: inline-block;">BENEFIT_GEN_ASSET_IND</div>		6d
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		6e
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) <div style="border: 1px solid black; padding: 2px; display: inline-block;">SCH_R_ATTACHED_IND</div> (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; display: inline-block;">SCH_MB_ATTACHED_IND</div> (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; display: inline-block;">SCH_SB_ATTACHED_IND</div>		6f
b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)		6g
<div style="border: 1px solid black; padding: 2px; display: inline-block;">NUM_SCH_A_ATTACHED_CNT</div>		6h

SCH H ATTACHED IND

SCH I ATTACHED IND

SCH A ATTACHED IND

SCH C ATTACHED IND

SCH D ATTACHED IND

SCH G ATTACHED IND