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).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

This Form is Open to Public Inspection

Part I  Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning and ending

A  This return/report is for: ☐ a multiemployer plan; ☐ a single-employer plan; ☐ a DFE (specify) __________

B  This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ the final plan year report (less than 12 months).

C  If the plan is a collectively-bargained plan, check here. ☐

D  Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II  Basic Plan Information—enter all requested information

1a  Name of plan

1b  Three-digit plan number (PN) __________

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) __________

2c  Sponsor’s telephone number __________

2d  Business code (see instructions) __________

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

Signature of plan administrator Date Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

SIGN HERE

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.

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### 3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

#### 3b Administrator’s EIN

#### 3c Administrator’s telephone number

### 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:

#### 4a Sponsor’s name

#### 4b EIN

#### 4c PN

### 5 Total number of participants at the beginning of the plan year

### 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).

#### 6a Active participants

#### 6b Retired or separated participants receiving benefits

#### 6c Other retired or separated participants entitled to future benefits

#### 6d Subtotal. Add lines 6a, 6b, and 6c

#### 6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

#### 6f Total. Add lines 6d and 6e

#### 6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

#### 6h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

### 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

### 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

#### 8b Plan benefit arrangement (check all that apply)

#### 8c (Insurance Information)

#### 8d (Financial Information)

### 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

#### 10a Pension Schedules

- **(1)** R (Retirement Plan Information)
- **(2)** MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

#### 10b 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)