

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 <div style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</div>			
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) _____	<div style="border: 1px solid black; padding: 2px;">TYPE_DFE_PLAN_ENTITY_CD</div>
	<div style="border: 1px solid black; padding: 2px;">TYPE_PLAN_ENTITY_CD</div>		
	<div style="border: 1px solid black; padding: 2px;">INITIAL_FILING_IND</div>		
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	<div style="border: 1px solid black; padding: 2px;">FINAL_FILING_IND</div>
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	<div style="border: 1px solid black; padding: 2px;">SHORT_PLAN_YR_I</div>
	<div style="border: 1px solid black; padding: 2px;">AMENDED_IND</div>		
C If the plan is a collectively-bargained plan, check here.	<div style="border: 1px solid black; padding: 2px;">F5558_APPLICATION_FILED_IND</div>	<div style="border: 1px solid black; padding: 2px;">EXT_AUTOMATIC_IND</div>	... ▶ <div style="border: 1px solid black; padding: 2px;">COLLECTIVE_BARGAIN</div>
D Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_IND</div>	<div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_TEXT</div>	<div style="border: 1px solid black; padding: 2px;">DFVC_PROGRAM_IND</div>
	<div style="border: 1px solid black; padding: 2px;">special extension (enter description)</div>		

Part II Basic Plan Information —enter all requested information			
1a Name of plan	<div style="border: 1px solid black; padding: 2px;">PLAN_NAME</div>	<div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</div>	1b Three-digit plan number (PN) ▶
	<div style="border: 1px solid black; padding: 2px;">PLAN_EFF_DATE</div>		1c Effective date of plan
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">BUSINESS_CODE</div>		2b Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_EIN</div>
			2c Sponsor's telephone number <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PHONE_NUM</div>
			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	<div style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_NAME</div>
	Signature of plan administrator	Date Enter name of individual signing as plan administrator
SIGN HERE	<div style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_NAME</div>
	Signature of employer/plan sponsor	Date Enter name of individual signing as employer or plan sponsor
SIGN HERE	<div style="border: 1px solid black; padding: 2px;">DFE_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">DFE_SIGNED_NAME</div>
	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;"> <div style="width: 30%;"> ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE </div> <div style="width: 30%;"> ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1 </div> <div style="width: 30%;"> ADMIN_FOREIGN_ADDRESS2 ADMIN_FOREIGN_CITY ADMIN_FOREIGN_PROV_STATE ADMIN_FOREIGN_CNTRY ADMIN_FOREIGN_POSTAL_CD </div> </div>		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 name, EIN and 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.....		6a TOT_ACTIVE_PARTCP_CNT
b Retired or separated participants receiving benefits.....		6b RTD_SEP_PARTCP_RCVG_CNT
c Other retired or separated participants entitled to future benefits.....		6c RTD_SEP_PARTCP_FUT_CNT
d Subtotal. Add lines 6a, 6b, and 6c.....		6d SUBTL ACT RTD SEP CNT
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefit.....		6e BENEF_RCVG_BNFT_CNT
f Total. Add lines 6d and 6e.....		6f TOT_ACT_RTd_SEP_BENEF_CNT
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g PARTCP_ACCOUNT_BAL_CNT
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h SEP_PARTCP_PARTL_VSTD_CNT
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 Characteristics 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 Characteristics Codes in the instructions: TYPE_WELFARE_BNFT_CODE BENEFIT_INSURANCE_IND		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance FUNDING_INSURANCE_IND (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts FUNDING_SEC412_IND (3) <input type="checkbox"/> Trust FUNDING_TRUST_IND (4) <input type="checkbox"/> General assets of the sponsor FUNDING_GEN_ASSET_IND	(1) <input type="checkbox"/> Insurance BENEFIT_SEC412_IND (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust BENEFIT_TRUST_IND (4) <input type="checkbox"/> 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		b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information) SCH_R_ATTACHED_IND (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary SCH_MB_ATTACHED_IND (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary SCH_SB_ATTACHED_IND	(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)	
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

Form 5500-SF

TABLE:Efast_09.F_5500_sf_2009

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

ACK_ID

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2012****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2012 or fiscal plan year beginning		SF_PLAN_YEAR_BEGIN_DATE	and ending	SF_TAX_PRD
A	SF_PLAN_ENTITY_CD	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
B	SF_INITIAL_FILING_IND	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	SF_FINAL_FILING_IND
	SF_AMENDED_IND	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	SF_SHORT_PLAN_YR_IND
C	Check box if filing under:		<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	SF_5558_APPLICATION_FILED_IND	special extension (enter description)	SF_EXT_AUTOMATIC_IND	SF_DFVC_PROGRAM_IND
				<input type="checkbox"/> DFVC program

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)	Refer to Page 4, Part II 2a		
		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 <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	Refer to Page 4, Part II 3a		
		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	5a SF_TOT_PARTCP_BOY_CNT		
b Total number of participants at the end of the plan year	5b 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
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:		SF_EMPLR_CONTRIB_INCOME_AMT	
(1) Employers	8a(1)		
(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_DISTRIIB_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:	Y	SF_FAIL_TRANSMIT_CONTRIB_IND
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)	10a	SF_FAIL_TRANSMIT_CONTRIB_AMT SF_PARTY_IN_INT_NOT_RPTD_IND
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	SF_PARTY_IN_INT_NOT_RPTD_AMT
c	Was the plan covered by a fidelity bond?	10c	SF_PLAN_INS_FDLTY_BOND_IND SF_PLAN_INS_FDLTY_BOND_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?	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
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.)	10e	SF_BROKER_FEES_PAID_IND SF_BROKER_FEES_PAID_AMT
f	Has the plan failed to provide any benefit when due under the plan?	10f	SF_PARTCP_LOANS_EOY_AMT
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	SF_PARTCP_LOANS_IND
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	SF_PLAN_BLACKOUT_PERIOD_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	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) and line 11a below)	SF_DB_PLAN_FUNDING_REQD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a	Enter the amount from Schedule SB line 39	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 401(a)(15) (DOL's Voluntary Fiduciary Correction Program)	SF_DC_PLAN_FUNDING_REQD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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_DISTRIB_IND <input type="checkbox"/> Yes <input type="checkbox"/> 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

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN
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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 <hr/> 2012 <hr/> This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning SCH_A_PLAN_YEAR_BEGIN_DATE and ending SCH_A_PLAN_YEAR_END_DATE		
A Name of plan	B Three-digit plan number (PN) SCH_A_PLAN_NUM	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) SCH_A_EIN	

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.				
1 Coverage Information:					
(a) Name of insurance carrier INS_CARRIER_NAME INS_CARRIER_NAIC_CODE INS_PRSN_COVERED_EOY_CNT					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
INS_CARRIER_EIN		INS_CONTRACT_NUM		INS_POLICY_FROM_DATE	INS_POLICY_TO_DATE
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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		
INS_BROKER_COMM_TOT_AMT			INS_BROKER_FEES_TOT_AMT		
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					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">See Next Page</div>					
(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

(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

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

(c) Amount

(d) Purpose

(e) Organization
code

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

(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

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

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 6b
c	Premiums due but unpaid at the end of the year	PENSION_UNPAID_PREMIUM_AMT 6c
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 6d
	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 ALLOC_CONTRACTS_GROUP_IND	
	(3) <input type="checkbox"/> other (specify) ▶ 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 ▶ <input type="checkbox"/> 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 guarant UNAL_CONTRAC_IMM_PART_GUAR_IND	
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ UNALLOC_CONTRACTS_OTHER_IND	
	UNAL_CONTRACTS_GUAR_INVEST_IND	
	UNALLOC_CONTRACTS_DEP_ADM_IND	
	UNALLOC_CONTRACTS_OTHER_TEXT	
b	Balance at the end of the previous year	PENSION_END_PREV_BAL_AMT 7b
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 7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	PENSION_TOT_BAL_ADDN_AMT 7d
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) PENSION_BNFTS_DSBRSD_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 line 7e(5) from line 7d)	7f PENSION_EOY_BAL_AMT

Part III	Welfare Benefit Contract Information
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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) ▶

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_A | 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)..... | 9e | WLFR_DIVNDS_DUE_AMT | |
| 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, line 2 above, report amount..... | 10b | WLFR_ACQUIS_COST_AMT | |
| Specify nature of costs ▶ | | WLFR_ACQUIS_COST_TEXT | | |

Part IV	Provision of Information
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- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes

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

WLF R BNFT TEMP DISAB IND

WILER BNFT DRUG IND

WLFR_BNFT_PPO_IND

WLFR BNFT VISION IND

WLFR	BNFT	LONG TERM	DISAB	IND
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20
21	21	21	21	21
22	22	22	22	22
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
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31	31	31	31	31
32	32	32	32	32
33	33	33	33	33
34	34	34	34	34
35	35	35	35	35
36	36	36	36	36
37	37	37	37	37
38	38	38	38	38
39	39	39	39	39
40	40	40	40	40
41	41	41	41	41
42	42	42	42	42
43	43	43	43	43
44	44	44	44	44
45	45	45	45	45
46	46	46	46	46
47	47	47	47	47
48	48	48	48	48
49	49	49	49	49
50	50	50	50	50
51	51	51	51	51
52	52	52	52	52
53	53	53	53	53
54	54	54	54	54
55	55	55	55	55
56	56	56	56	56
57	57	57	57	57
58	58	58	58	58
59	59	59	59	59
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62	62	62	62	62
63	63	63	63	63
64	64	64	64	64
65	65	65	65	65
66	66	66	66	66
67	67	67	67	67
68	68	68	68	68
69	69	69	69	69
70	70	70	70	70
71	71	71	71	71
72	72	72	72	72
73	73	73	73	73
74	74	74	74	74
75	75	75	75	75
76	76	76	76	76
77	77	77	77	77
78	78	78	78	78
79	79	79	79	79
80	80	80	80	80
81	81	81	81	81
82	82	82	82	82
83	83	83	83	83
84	84	84	84	84
85	85	85	85	85
86	86	86	86	86

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 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_CITY

PROVIDER_ELIGIBLE_US_ZIP

(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

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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_TOT_IND_COMP_AMT		
		PROVIDER_OTHER_INDIRECT_COMP_IND	Yes <input type="checkbox"/> No <input type="checkbox"/>	PROVIDER_OTHER_ELIG_IND_COMP_IND		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SERVICE_CODE		PROVIDER_OTHER_AMT_FORMULA_AMT_IND					

(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: **TABLE: Efast_09.F_sch_c_p1_item3_codes_2009** 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
PROVIDER_FAIL_NAME PROVIDER_FAIL_EIN PROVIDER_FAIL_US_ADDRESS1 PROVIDER_FAIL_US_ADDRESS2 PROVIDER_FAIL_US_CITY PROVIDER_FAIL_US_STATE PROVIDER_FAIL_US_ZIP	TABLE: Efast_09.F_sch_c_p2_codes_2009 ↓ SERVICE_CODE	PROVIDER_FAIL_INFO_TEXT
PROVIDER_FAIL_FOREIGN_ADDRESS1 PROVIDER_FAIL_FOREIGN_ADDRESS2 PROVIDER_FAIL_FOREIGN_CITY PROVIDER_FAIL_FOREIGN_PROV_ST PROVIDER_FAIL_FOREIGN_CNTRY PROVIDER_FAIL_FOREIGN_POSTALCD		
(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
(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	none:	
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection.
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For calendar plan year 2012 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

2012**This Form is Open to Public
Inspection.**For calendar plan year 2012 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

TABLE: Efast_09.F_sch_g_part1_2009

(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**LNS_DEFAULT_DESCRIPTION_TEXT**☐

Refer to page 5, part I (a)

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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	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 Uncollectible

Complete as many entries as needed to report all leases in default or classified as TABLE: Efast_09.F_sch_g_part2_2009 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					

(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"/>					
(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

(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"/>					
(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

(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"/>					
(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

(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"/>					
(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

Part III Nonexempt Transactions TABLE: Efast_09.F_sch_g_part3_2009

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
NON_EXEMPT_PARTY_NAME	NON_EXEMPT_RELATION_TEXT	NON_EXEMPT_TERMS_TEXT	NON_EXEMPT_PUR_PRICE_AMT

(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
Refer to page 5, part III					

(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="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">ACK_ID</div> <div>▶ File as an attachment to Form 5500.</div> </div>	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
For calendar plan year 2012 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):	CORP_DEBT_OTHER_BOY_AMT	
(A) Preferred	1c(4)(A) PREF_STOCK_BOY_AMT	PREF_STOCK_EOY_AMT
(B) Common	1c(4)(B) COMMON_STOCK_BOY_AMT	COMMON_STOCK_EOY_AMT
(5) Partnership/joint venture interests	1c(5) JOINT_VENTURE_BOY_AMT	JOINT_VENTURE_EOY_AMT
(6) Real estate (other than employer real property)	1c(6) REAL_ESTATE_BOY_AMT	REAL_ESTATE_EOY_AMT
(7) Loans (other than to participants)	1c(7) OTHER_LOANS_BOY_AMT	OTHER_LOANS_EOY_AMT
(8) Participant loans	1c(8) PARTCP_LOANS_BOY_AMT	PARTCP_LOANS_EOY_AMT
(9) Value of interest in common/collective trusts.....	1c(9) INT_COMMON_TR_BOY_AMT	INT_COMMON_TR_EOY_AMT
(10) Value of interest in pooled separate accounts.....	1c(10) INT_POOL_SEP_ACCT_BOY_AMT	INT_POOL_SEP_ACCT_EOY_AMT
(11) Value of interest in master trust investment accounts	1c(11) INT_MASTER_TR_BOY_AMT	INT_MASTER_TR_EOY_AMT
(12) Value of interest in 103-12 investment entities	1c(12) INT_103_12_INVST_BOY_AMT	INT_103_12_INVST_EOY_AMT
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13) INT_REG_INVST_CO_BOY_AMT	INT_REG_INVST_CO_EOY_AMT
(14) Value of funds held in insurance contracts.....	1c(14) INS_CO_GEN_ACCT_BOY_AMT	INS_CO_GEN_ACCT_EOY_AMT
(15) Other	1c(15) OTH_INVST_BOY_AMT	OTH_INVST_EOY_AMT

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
(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

	(a) Amount	(b) Total
(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) <input type="checkbox"/> Unqualified (2) <input type="checkbox"/> Qualified (3) <input type="checkbox"/> Disclaimer (4) <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> This form is filed for a CCT, PSA, or MTIA. (2) <input type="checkbox"/> 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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
			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
			LOANS_IN_DEFAULT_AMT

	Yes	No	Amount
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_DISTIB_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			
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 plan	RES_TERM_PLAN_ADPT_IND		
	<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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">ACK_ID</div> <div>▶ File as an attachment to Form 5500.</div> </div>	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 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) ▶ SCH_I_PLAN_NUM	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) SCH_I_EIN	

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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
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_DISTRIB_BNFT_AMT	
f Corrective distributions (see instructions)	2f	SMALL_CORRECTIVE_DISTRIB_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.....	3a			SMALL_JOINT_VENTURE_EOY_AMT
b Employer real property	3b			SMALL_EMPLR_PROP_EOY_AMT
c Real estate (other than employer real property)	3c			SMALL_INV_REAL_ESTATE_EOY_AMT
d Employer securities	3d			SMALL_EMPLR_SEC_EOY_AMT
e Participant loans	3e			SMALL_MORTG_PARTCP_EOY_AMT

	Yes	No	Amount
3f Loans (other than to participants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_OTH_LNS_PARTCP_EOY_AMT"/>
g Tangible personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LEASES_IN_DEFAULT_AMT"/>
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_PARTY_IN_INT_NOT_RPTD_AMT"/>
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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? <input type="checkbox"/> SMALL_ASSET_UNDETERM_VAL_IND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_20_PRCNT_SINGL_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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_WAIV_ANNUAL_IQPA_REPORT_IND"/>
l Has the plan failed to provide any benefit when due under <input type="checkbox"/> SM_FAIL_PROVIDE_BENEF_DUE_IND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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 rev <input type="checkbox"/> SMALL_RES_TERM_PLAN_ADPT_IND .. <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:			<input type="text" value="SMALL_RES_TERM_PLAN_ADPT_AMT"/>

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

5b(2) EIN(s)	5b(3) PN(s)
<input type="text" value="SMALL_PLAN_TRANSFER_EIN"/>	<input type="text" value="SMALL_PLAN_TRANSFER_PN"/>

Part III Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration 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> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 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)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB 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; display: inline-block;">MB_EIN</div>
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)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_CUR_VALUE_AST_01_AMT</div>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_AST_FNDNG_STD_AMT</div>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_ACCR_LIAB_GAIN_MTHD_AMT</div>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_UNFND_LIAB_MTHD_BASE_AMT</div>
(b) Accrued liability under entry age normal method.....	1c(2)(b)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_ACCR_LIAB_AGE_MTHD_AMT</div>
(c) Normal cost under entry age normal method.....	1c(2)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_NORM_COST_AGE_MTHD_AMT</div>
(3) Accrued liability under unit credit cost method.....	1	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_ACC_LIA_UNIT_CRED_MTHD_AMT</div>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_CURR_LIAB_PRE_PARTCP_AMT</div>
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_RPA94_INFO_CURR_LIAB_AMT</div>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_RPA94_EXPT_INCR_LIAB_AMT</div>
(c) Expected release from "RPA '94" current liability for the plan year	1d	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_RPA94_EXPT_RELEASE_LIAB_AMT</div>
(3) Expected plan disbursements for the plan year	1d(3)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MB_EXPECT_PLAN_PAYMENT_AMT</div>
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	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">MB SIGNATURE DATE</div>	
	Date	
	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">MB_ACTRY_ENRLMT_NUM</div>	
	Most recent enrollment number	
	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">MB_ACTUARY_PHONE_NUM</div>	
	Telephone number (including area code)	
	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">MB_ACTUARY_US_ADDRESS1 MB_ACTUARY_US_ADDRESS2 MB_ACTUARY_US_CITY</div>	
	Firm name	
	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">Address of the firm Refer to page 5 for remaining address fields</div>	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">MB_NOT_REFLECT_IND</div>		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.		
Schedule MB (Form 5500) 2012 v. 120126		

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 8d(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 8d(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 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)** MB_EXT_LETTER_DATE
- (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 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**
- Outstanding balance **MB_AMORTZ_CR_OUTSTD_BAL_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(1)** 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 2012 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information <p>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).</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> <p style="text-align: center;">This Form is Open to Public Inspection.</p>
For calendar plan year 2012 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

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;">1</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_VALUE_DSTRB_PD_PRPTY_AMT</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 paid during the year.....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_BNFT_DISTRB_SNGL_SUM_CNT</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)

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. <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_ELEC_SATISFY_CODE_412_IND</div>				
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;">6a</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_EMPLR_CONTRIB_RQR_AMT</div> 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;">6b</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_EMPLR_CONTRIB_PAID_AMT</div> 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;">6c</div> <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. <div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_FUNDING_DEADLINE_IND</div>				
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>			
<div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>				

Part III Amendments

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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_AMDMT_INCR_VAL_BNFT_CD</div>					

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.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PEN_SEC_REPAY_LOAN_IND</div>
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> 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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) PEN_CONTR_EMPLR_MULTI_RATE_IND is box ☐ 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 lines 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 lines 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 lines 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 lines 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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current year **14a** PEN_NO_CONTRIB_CUR_YR_CNT

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

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

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

c What duration measure was used to calculate line 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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefits Corporation

ACK_ID

**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

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 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) ▶

SB_PN

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)

SB_EIN

E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information**

SB_PLAN_TYPE_CODE

SB_CNT_PARTCP_PR_YR_CD

1 Enter the valuation date: Month _____ Day _____ Year _____ SB_VALUE_DATE**2** Assets:**a** Market value **2a** SB_CURR_VALUE_AST_01_AMT**b** Actuarial value **2b** SB_ACTRL_VALUE_AST_AMT**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** SB_RTD_PARTCP_CNT SB_RTD_FNDNG_TGT_AMT**b** For terminated vested participants **3b** SB_TERM_PARTCP_CNT SB_TERM_FNDNG_TGT_AMT**c** For active participants:(1) Non-vested benefits **3c(1)** SB_ACT_NONVSTD_FNDNG_TGT_AMT(2) Vested benefits **3c(2)** SB_ACT_VSTD_FNDNG_TGT_AMT(3) Total active **3c(3)** SB_ACT_PARTCP_CNT SB_LIAB_ACT_TOT_FNDNG_TGT_AMT**d** Total **3d** SB_TOT_PARTCP_CNT SB_TOT_FNDNG_TGT_AMT**4** If the plan is in at-risk status, check the box and complete SB_PLAN_AT_RISK_IND ☐**a** Funding target disregarding prescribed at-risk assumptions **4a** SB_TGT_DISREGARD_ASSUMP_AMT**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** SB_TGT_REFLECT_ASSUMP_AMT**5** Effective interest rate **5** SB_EFF_INT_RATE_PRCNT %**6** Target normal cost **6** SB_TGT_NRML_COST_01_AMT**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

SB_ACTUARY_NAME_LINE

Type or print name of actuary

SB_ACTUARY_FIRM_NAME

Firm name

Refer to page 4

Address of the firm

SB_SIGNATURE_DATE

Date

SB_ACTRY_ENRLMT_NUM

Most recent enrollment number

SB_ACTUARY_PHONE_NUM

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing instructions SB_ACTUARY_NOT_REFLECT_IND ☐

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	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	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	SB_SCH_ACTIVE_PARTCP_RQD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to 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	2 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 line 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 _____ SB_WVR_APPROVED_LTR_DATE) and the waived amount	33	SB_WAIVED_AMT	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	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 an election was made to use PRA 2010 funding relief for this plan:			
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