

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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD		
A	T 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	T SF_INITIAL_FILING_IND <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report SF_FINAL_FILING_IND SF_SHORT_PLAN_YR_IND SF_AMENDED_IND <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program	
SF_5558_APPLICATION_FILED_IND Special extension (enter description) SF_EXT_AUTOMATIC_IND SF_DFVC_PROGRAM_IND		

Part II Basic Plan Information SF_EXT_SPECIAL_IND mation	
1a Name of plan SF_PLAN_NAME	1b Three-digit plan number (PN) SF_PLAN_NUM
	1c Effective date of plan SF_PLAN_EFF_DATE
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 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	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.	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	

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	SF_SPONS_SIGNED_DATE	SF_SPONS_SIGNED_NAME Enter in administrator
SIGN HERE	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:			
(1) Employers	8a(1)	SF_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	8a(2)	SF_PARTICIP_CONTRIB_INCOME_AMT	
(3) Others (including rollovers)	8a(3)	SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	8b	SF_OTHER_INCOME_AMT	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		SF_TOT_INCOME_AMT
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	SF_TOT_DISTRIB_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:		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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a			SF_FAIL_TRANSMIT_CONTRIB_IND SF_FAIL_TRANSMIT_CONTRIB_AMT
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_IND 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_AMT SF_FAIL_PROVIDE_BENEF_DUE_AMT
e Were any fees or commissions paid to an 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500)	SF_DB_PLAN_FUNDING_REQD_IND	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	SF_DC_PLAN_FUNDING_REQD_IND	
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	Day	
Year	SF_RULING_LETTER_GRANT_DATE	
b Enter the minimum required contribution for this plan year	12b	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).....	12 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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