

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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), and 6058(a) of the Internal Revenue Code (the Code).  <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div> <div style="margin-left: 20px;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></div>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2010</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2010 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</span>			
<b>A</b> 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;
<div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_PLAN_ENTITY_CD</div>	<input type="checkbox"/> a DFE (specify)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_DFE_PLAN_ENTITY_CD</div>	
<b>B</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; display: inline-block;">INITIAL_FILING_IND</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">AMENDED_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; display: inline-block;">FINAL_FILING_IND</div>
<b>C</b> If the plan is a collectively-bargained plan, check here:			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">F5558_APPLICATION_FILED_IND</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_AUTOMATIC_IND</div> ... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">COLLECTIVE_BARGAIN</div>			
<b>D</b> 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; display: inline-block;">EXT_SPECIAL_IND</div>	<input type="checkbox"/> special extension (enter description)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_SPECIAL_TEXT</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFVC_PROGRAM_IND</div>

<b>Part II Basic Plan Information</b> —enter all requested in <span style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</span>			
<b>1a</b> Name of plan	<div style="border: 1px solid black; padding: 2px; display: inline-block;">PLAN_NAME</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_PN</div>	<b>1b</b> Three-digit plan number (PN) ▶
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">PLAN_EFF_DATE</div>	<b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">BUSINESS_CODE</div>		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_EIN</div>	<b>2b</b> Employer Identification Number (EIN)
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_DFE_PHONE_NUM</div>	<b>2c</b> Sponsor's telephone number
			<b>2d</b> 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.

<b>SIGN HERE</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">ADMIN_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">ADMIN_SIGNED_NAME</div>
	Signature of plan administrator	Date
<b>SIGN HERE</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPONS_SIGNED_NAME</div>
	Signature of employer/plan sponsor	Date
<b>SIGN HERE</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFE_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DFE_SIGNED_NAME</div>
	Signature of DFE	Date
		Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)  
v.092307.1

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	SPONS_DFE_MAIL_FORGN_PROV_ST SPONS_DFE_MAIL_FOREIGN_CNTRY SPONS_DFE_MAIL_FORGN_POSTAL_CD SPONS_DFE_LOC_US_ADDRESS1 SPONS_DFE_LOC_US_ADDRESS2 SPONS_DFE_LOC_US_CITY SPONS_DFE_LOC_US_STATE SPONS_DFE_LOC_US_ZIP SPONS_DFE_LOC_FOREIGN_ADDRESS1 SPONS_DFE_LOC_FOREIGN_ADDRESS2 SPONS_DFE_LOC_FOREIGN_CITY
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**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

ADMIN\_NAME  
ADMIN\_CARE\_OF\_NAME  
ADMIN\_US\_ADDRESS1  
ADMIN\_US\_ADDRESS2  
ADMIN\_US\_CITY  
ADMIN\_US\_STATE

ADMIN\_US\_ZIP  
ADMIN\_FOREIGN\_ADDRESS1

ADMIN\_FOREIGN\_ADDRESS2  
ADMIN\_FOREIGN\_CITY  
ADMIN\_FOREIGN\_PROV\_STATE  
ADMIN\_FOREIGN\_CNTRY  
ADMIN\_FOREIGN\_POSTAL\_CD

**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.....

TOT\_ACTIVE\_PARTCP\_CNT

**6a****b** Retired or separated participants receiving benefits.....

RTD\_SEP\_PARTCP\_RCVG\_CNT

**6b****c** Other retired or separated participants entitled to future benefits.....

RTD\_SEP\_PARTCP\_FUT\_CNT

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

SUBTL\_ACT RTD SEP CNT

**6d****e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....

BENEF\_RCVG\_BNFT\_CNT

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

TOT\_ACT RTD SEP BENEF\_CNT

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

PARTCP\_ACCOUNT\_BAL\_CNT

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

SEP PARTCP PARTL VSTD CNT

**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....**7** CONTRIB\_EEMPLRS\_CNT**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

TYPE\_WELFARE\_BNFT\_CODE

BENEFIT\_INSURANCE\_IND

**9a** Plan funding arrangement (check all that apply)(1) ☐ Insurance FUNDING\_INSURANCE\_IND(2) ☐ Code section 412(e)(3) insurance contracts FUNDING\_SEC412\_IND(3) ☐ Trust FUNDING\_TRUST\_IND(4) ☐ General assets of the sponsor FUNDING\_GEN\_ASSET\_IND**9b** Plan benefit arrangement (check all that apply)(1) ☐ Insurance BENEFIT\_SEC412\_IND(2) ☐ Code section 412(e)(3) insurance contracts(3) ☐ Trust BENEFIT\_TRUST\_IND(4) ☐ 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(1) ☐ R (Retirement Plan Information) SCH\_R\_ATTACHED\_IND(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary SCH\_MB\_ATTACHED\_IND(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

SCH\_SB\_ATTACHED\_IND

**b** General Schedules(1) ☐ H (Financial Information)(2) ☐ I (Financial Information - Small Plan)(3) ☐ A (Insurance Information)(4) ☐ C (Service Provider Information)(5) ☐ D (DFE/Participating Plan Information)(6) ☐ G (Financial Transaction Schedules)

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