SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

Financial Information—Small Plan

Internal Revenue Code (the Code). File as an attachment to Form 5500. OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning						and ending							
A Name of plan				В	Three-digit	t							
				ŗ	olan numb	er (PN)	<u> </u>						
С	Plan sponsor's name as shown on line 2a of Form 5500			D E	mployer Id	lentificatio	n Numbe	er (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.												
Pa	art I Small Plan Financial Information												
Rep	ort below the current value of assets and liabilities, income, expense												
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													
	irance carriers. Round off amounts to the nearest dollar.	iuuiiiy a	riy trust(s) or set	paratery	y maintain	eu iuiiu(s)	and any	payments/receipts to/from					
1	Plan Assets and Liabilities:		(a) Be	(a) Beginning of Year			(b) End of Year						
а	Total plan assets	1a											
b	Total plan liabilities	1b											
С	Net plan assets (subtract line 1b from line 1a)	1c											
2	Income, Expenses, and Transfers for this Plan Year:		1	(a) Amo	ount			(b) Total					
а	Contributions received or receivable:												
	(1) Employers	2a(1)											
	(2) Participants	2a(2)											
	(3) Others (including rollovers)	2a(3)											
b	Noncash contributions	2b											
С	Other income	2c											
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d											
е	Benefits paid (including direct rollovers)	2e											
f	Corrective distributions (see instructions)	2f											
g	Certain deemed distributions of participant loans												
L	(see instructions)	2g											
n :	Administrative service providers (salaries, fees, and commissions).												
:	Other expenses												
J	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	_				_							
ı	Net income (loss) (subtract line 2j from line 2d)					_							
3	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan year		of the following of	ategorie	s chack "V	/es" and e	ntar the c	urrent value of any assets					
5	remaining in the plan as of the end of the plan year. Allocate the value of	f the plai	n's interest in a co										
	by-line basis unless the trust meets one of the specific exceptions descri	ibed in th	ne instructions.		Yes	No		Amount					
а	Partnership/joint venture interests			3a	163	110		Amount					
b	• •			3b									
	Employer real property												
C C	Real estate (other than employer real property)			3c									
a	Employer securities			3d	-								

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			Yes	No		Amount	
3f	Loans (other than to participants)	3f				7	
g	Tangible personal property	3g					
•		Jy		l			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	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.)	4a					
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.	4b					
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c					
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d					
е	Was the plan covered by a fidelity bond?	4e					
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f					
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?	4g					
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?	4h					
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?	4i					
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
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.)	4k					
I	Has the plan failed to provide any benefit when due under the plan?	41					
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	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 employer this year	. Y	es N	No A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets	or liabilities	s were
	5b(1) Name of plan(s)			5b(2) EIN(s)			5b(3) PN(s)
		+					
		+					