



Valid values for this datatype include valid calendar dates in the format MM/DD/YYYY.

Part I A-D	Part II 1-2	Part II 3-4	Part II 5-7	Part II 8	Part II 9-10	<input type="button" value="Save"/>	<input type="button" value="Save and Close"/>	<input type="button" value="Close"/>
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Form 5500 <small>Department of the Treasury Internal Revenue Service</small>	Annual Return/Report of Employee Benefit Plan <small>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.</small>	<small>OMB Nos. 1210-0110 1210-0089</small>
		2009
<small>Department of Labor Employee Benefits Security Administration</small>		This Form is Open to Public Inspection
<small>Pension Benefit Guaranty Corporation</small>		

Part I Annual Report Identification Information

For the calendar plan year or fiscal plan year beginning and ending

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

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

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

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



Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid.

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Part II Basic Plan Information - enter all requested information

1a Name of plan

1b Three-digit plan number (PN) **1c** Effective date of plan

2a Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

Name
Doing Business As
Care of Name

Mailing Address: US Foreign

Address Line 1
Address Line 2
City
State
Zip Code

Location Address:

Same as mailing address US Foreign

Address Line 1
Address Line 2
City
State
Zip Code

2b Employer Identification Number (EIN)

2c Sponsor's telephone number

2d Business code (see instructions)

Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, or single space. Leading space, trailing space, or multiple adjacent spaces are invalid.

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Part II Basic Plan Information - enter all requested information

3a Plan administrator's name and address Same as plan sponsor

Name

Care of Name

US Foreign

Address Line 1

Address Line 2

City

State

Zip Code

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits).

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Part II Basic Plan Information - enter all requested information

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

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

b Retired or separated participants receiving benefits 6b

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

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

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

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

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

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

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

Valid values for this datatype include 2-character codes where the first character is 1-3 and the second character is A-Z.

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Part II Basic Plan Information - enter all requested information

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

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

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Part II Basic Plan Information - enter all requested information

9a Plan funding arrangement (check all that apply)

- (1) Insurance (2) Code section 412(e)(3) insurance contracts
(3) Trust (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance (2) Code section 412(e)(3) insurance contracts
(3) Trust (4) General assets of the sponsor

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

b General Schedules

- (1) H (Financial Information)
(2) I (Financial Information - Small Plan)
(3) A (Insurance Information) Number of 'Schedules A' attached
(4) C (Service Provider Information)
(5) D (DFE/Participating Plan Information)
(6) G (Financial Transaction Schedules)