



Valid values for this datatype include signed integers up to a maximum of 15 digits.

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| Part I | Part II | Parts III & IV | Part V 13 | Part V 14 - 17 | Part VI | Save | Save and Close | Close |
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| SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service | Retirement Plan Information This schedule is required to be filed under section 104 and 4085 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 |
| | | 2009 |
| | | This Form is Open to Public Inspection. |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | |
|--|--|
| 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 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. | 1 | <input type="text"/> |
| 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 amount of benefits): | EIN(s) | <input type="text"/> <input type="text"/> |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3 | | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | <input type="text"/> |

| | | | | | | | | | | | | | | | | | |
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| Part I | | Part II | | Parts III & IV | | Part V 13 | | Part V 14 - 17 | | Part VI | | Save | | Save and Close | | Close | |
| SCHEDULE R (Form 5500) | | | | Retirement Plan Information | | | | | | | | 2009 | | | | | |
| 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. | | | | | | | | | | | | | | | | | |
| 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 <input type="text"/> | | | | | | | | | | | | | | | | | |
| 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 6a <input type="text"/> | | | | | | | | | | | | | | | | | |
| b Enter the amount contributed by the employer to the plan for this plan year 6b <input type="text"/> | | | | | | | | | | | | | | | | | |
| c Subtract the amount in line 6b from the amount in line 6a 6c <input type="text"/> | | | | | | | | | | | | | | | | | |
| If you completed line 6c, skip lines 8 and 9. | | | | | | | | | | | | | | | | | |
| 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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
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| Part I | | Part II | | Parts III & IV | | Part V 13 | | Part V 14 - 17 | | Part VI | | Save | | Save and Close | | Close | |
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| 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(es). If no, check the "No" box <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 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.) <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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |

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 I | Part II | Parts III & IV | Part V 13 | Part V 14 - 17 | Part VI | Save | Save and Close | Close |
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**SCHEDULE R
(Form 5500)**

Retirement Plan Information

2009

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of the 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 | <input type="text"/> | + | - |
| b EIN | <input type="text"/> | c Dollar amount contributed by employer | <input type="text"/> |
| d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date) | <input type="text"/> | | |
| e Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) | | | |
| (1) Contribution rate (in dollars and cents) | <input type="text"/> | | |
| (2) Base unit measure | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | |
| | <input type="checkbox"/> Unit of Production | <input type="checkbox"/> Other (specify): | <input type="text"/> |

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

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**SCHEDULE R
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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 | <input type="text"/> |
| b The plan year immediately preceding the current plan year | 14b | <input type="text"/> |
| c The second preceding plan year | 14c | <input type="text"/> |

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 year to:

| | | |
|---|------------|----------------------|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | <input type="text"/> |
| b The corresponding number for the second preceding plan year | 15b | <input type="text"/> |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|--|------------|----------------------|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | <input type="text"/> |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | <input type="text"/> |

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.



Check box if applicable

| | | | | | | | | |
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SCHEDULE R
(Form 5500)

Retirement Plan Information

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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

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:

Stock: % Investment-Grade Debt: %
High-Yield Debt: % Real Estate: % Other: %

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 years 18-21 years 21 years or more

c What duration measure was used to calculate item 19(b)?

Effective duration Macaulay duration
 Modified duration Other (specify)