



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	Save	Save and Close	Close
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Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

- 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	<input type="text"/>
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	<input type="text"/>
b	Retired or separated participants receiving benefits	6b	<input type="text"/>
c	Other retired or separated participants entitled to future benefits	6c	<input type="text"/>
d	Subtotal. Add lines 6a, 6b, and 6c	6d	<input type="text"/>
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	<input type="text"/>
f	Total. Add lines 6d and 6e	6f	<input type="text"/>
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	<input type="text"/>
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	<input type="text"/>
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	<input type="text"/>

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:			b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>		<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>



insurance

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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)