



Valid values for this datatype include strings up to 36 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.

Part I	Part II	Save	Save and Close	Close
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<b>SCHEDULE D</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2010</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2010 or fiscal plan year beginning  and ending

<b>A</b> Name of plan <input type="text"/>	<b>B</b> Three-digit plan number (PN) <input type="text"/>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <input type="text"/>	<b>D</b> Employer Identification Number (EIN) <input type="text"/>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE	<input type="text"/>	<b>+</b>	<b>-</b>
<b>b</b> Name of sponsor of entity listed in (a):	<input type="text"/>		
<b>c</b> EIN	<input type="text"/>	<b>PN</b>	<input type="text"/>
<b>d</b> Entity code	<input type="text"/>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<input type="text"/>



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.

Part I

Part II

Save

Save  
and Close

Close

**SCHEDULE D**  
**(Form 5500)**

**DFE/Participating Plan Information**

**2010**

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name	<input type="text"/>	
b Name of plan sponsor	<input type="text"/>	
c EIN	<input type="text"/>	PN <input type="text"/>

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