



Forms, Instructions and Publications



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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<b>Form 5500</b> Department of the Treasury Internal Revenue Service	<b>Annual Return/Report of Employee Benefit Plan</b> 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
		<b>2009</b>
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

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

A This return/report is for:

<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or
<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) <input type="text"/>

B This return/report is:

<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;
<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> 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:

<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
<input type="checkbox"/> special extension (enter description) <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.

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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

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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

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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)