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SCHEDULE R
(Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

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)

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

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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)? ☐ Yes ☐ No ☐ 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 _____

   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 _____

   b Enter the amount contributed by the employer to the plan for this plan year 6b _____

   c Subtract the amount in line 6b from the amount in line 6a 6c _____

   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? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ N/A

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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 ☐ Increase ☐ Decrease ☐ Both ☐ 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? ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ 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.) ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

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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

[+] [-]

   b   EIN   **c**   Dollar amount contributed by employer

   d   Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date)

   e   Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

     (1) Contribution rate (in dollars and cents)

     (2) Base unit measure   ☐ Hourly   ☐ Weekly

                            ☐ Unit of Production   ☐ Other (specify):

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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**

   b The plan year immediately preceding the current plan year   **14b**

   c The second preceding plan year   **14c**

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**

   b The corresponding number for the second preceding plan year   **15b**

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**

   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**

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.

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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) _____