



Valid values for this datatype include valid calendar dates in the format MM/DD/YYYY.

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Form 5500 - SF	Short Form Annual Return/Report of Small Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).	2010
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500-SF.	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		

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: single-employer plan multiple-employer plan one-participant plan
- B This return/report is for: first return/report final return/report
 an amended return/report short plan year return/report (less than 12 months)
- C Check box if filing under: Form 5558 automatic extension 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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2010

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 single-employer plan)

Name

Doing Business As

US Foreign

Address Line 1

Address Line 2

City

State

Zip Code

2b Employer Identification Number (EIN) **2c** Plan sponsor's telephone number **2d** Business Code (see instructions)

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

4a 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.

Sponsor's name

4b EIN **4c** PN

5a Total number of participants at the beginning of the plan year **5a**

b Total number of participants at the end of the plan year **5b**

c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) **5c**

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.



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

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Part III Financial Information

7 Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a Total plan assets 7a	<input type="text"/>	<input type="text"/>
b Total plan liabilities 7b	<input type="text"/>	<input type="text"/>
c Net plan assets (subtract line 7b from line 7a) 7c	<input type="text"/>	<input type="text"/>

8 Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a Contributions received or receivable from:		
(1) Employers 8a(1)	<input type="text"/>	
(2) Participants 8a(2)	<input type="text"/>	
(3) Others (including rollovers) 8a(3)	<input type="text"/>	
b Other income (loss) 8b	<input type="text"/>	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	<input type="text"/>	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d	<input type="text"/>	
e Certain deemed and/or corrective distributions (see instructions) 8e	<input type="text"/>	
f Administrative service providers (salaries, fees, commissions) 8f	<input type="text"/>	
g Other expenses 8g	<input type="text"/>	
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	<input type="text"/>	
i Net income (loss) (subtract line 8h from line 8c) 8i	<input type="text"/>	
j Transfers to (from) the plan (see instructions) 8j	<input type="text"/>	<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 IV Plan Characteristic Codes

9 a 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:

 + -

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Part V Compliance Questions

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
c Was the plan covered by a fidelity bond?	10c	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
f Has the plan failed to provide any benefit when due under the plan?	10f	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>



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Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes No
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- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) Yes No
- a** 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 letter ruling granting the waiver. _____
- If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**
- b** Enter the minimum required contribution for this plan year **12b** _____
- c** Enter the amount contributed by the employer to the plan for this plan year **12c** _____
- d** Subtract the amount in line 12c from the amount in line 12b. (A minus sign will be shown to the left of a negative amount) **12d** _____
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A



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Part VII Plan Terminations and Transfers of Assets

- 13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes No
- If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No
- c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13C(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

+
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