| Part I | Part II | | | Save | Save and Close | Close |

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

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan

B Three-digit plan number (PN)

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN)

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)

| + | - |

a Name of MTIA, CCT, PSA, or 103-12 IE

b Name of sponsor of entity listed in (a):

c EIN _____   PN _____   **d** Entity code _____

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) _____

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

b Name of plan sponsor

c EIN   PN