

Part I	Part II Income	Part III Continued	Part IV 4	Part IV 5	Save	Save and Close	Close
SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service		Financial Information This schedule is required to be filed under section 104 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 6600.			OMB No. 1510-0110 2010 This Form Is Open to Public Inspection		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation							

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

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 Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, OCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(3), 1g, 1h and 1i. OCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(b) Beginning of Year		(b) End of Year	
	1a			
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)			
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)			
(16) Other	1c(16)			
d Employer-related investments:				
(1) Employer securities	1d(1)			
(2) Employer real property	1d(2)			
e Buildings and other property used in plan operation	1e			
f Total assets (add all amounts in lines 1a through 1e)	1f			
Liabilities				
g Benefit claims payable	1g			
h Operating payables	1h			
i Acquisition indebtedness	1i			
j Other liabilities	1j			
k Total liabilities (add all amounts in lines 1g through 1j)	1k			
Net Assets				
l Net assets (subtract line 1k from line 1f)	1l			



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

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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from:		
(A) Employers	2a(1)(A)	
(B) Participants	2a(1)(B)	
(C) Others (including rollovers)	2a(1)(C)	
(2) Noncash contributions	2a(2)	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	
(F) Other	2b(1)(F)	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2) Dividends:		
(A) Preferred stock	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3) Rents	2b(3)	
(4) Net gain (loss) on sale of assets:		
(A) Aggregate proceeds	2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A)	2b(4)(C)	
(5) Unrealized appreciation (depreciation) of assets:		
(A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	



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Part II Income and Expense Statement

Expenses		(a) Amount	(b) Total
e	Benefit payment and payments to provide benefits:		
(1)	Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2)	To insurance carriers for the provision of benefits	2e(2)	
(3)	Other	2e(3)	
(4)	Total benefit payments. Add lines 2e(1) through (3)	2e(4)	
f	Corrective distributions (see instructions)	2f	
g	Certain deemed distributions of participant loans (see instructions)	2g	
h	Interest expense	2h	
i	Administrative expenses:		
(1)	Professional fees	2i(1)	
(2)	Contract administrator fees	2i(2)	
(3)	Investment advisory and management fees	2i(3)	
(4)	Other	2i(4)	
(5)	Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	
j	Total expenses. Add all expense amounts in column (b) and enter total	2j	
Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k	
l	Transfers of assets:		
(1)	To this plan	2l(1)	
(2)	From this plan	2l(2)	



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Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified accountant for this plan is (see instructions):

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

Yes No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA.

(2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



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Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<input type="checkbox"/>	<input type="checkbox"/>	



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Part IV Compliance Questions

	Yes	No	Amount
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>