| SCHEDULE I Financial Inf | | | nformation—Small Plan | | | | | | OMB No. 1210-0110 | | | |
|---|--|---|---|--|-----------------------|--|-------------|---|-------------------|-------------------------------|--|--|
| (Form 5500) | | | ••••• | | | | | | | | | |
| This schedule is required to | | | | to be filed under section 104 of the Employee Act of 1974 (ERISA), and section 6058(a) of the | | | | | | 2010 | | |
| | | | | Revenue Code (the Code). | | | | | | | | |
| Employee Benefits Security Administration File as a Pension Benefit Guaranty Corporation | | | | an attachment to Form 5500. | | | | This Form is Open to Public Inspection | | | | |
| For calendar plan year 2010 or fiscal plan year beginning | | | | | and ending | | | | inspection | | | |
| 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) | | | | | | |
| Complete Schedule I if the plan covered fewer than 100 participants as of small plan under the 80-120 participant rule (see instructions). Complete S | | | | | | | | | lete Sche | dule I if you are filing as a | | |
| Pa | rt I | Small Plan Financial | Information | | | | _ | | | | | |
| ass ben | ets held efit at a | d in more than one trust. Do r | s and liabilities, income, expense not enter the value of the portion me and expenses of the plan inc s to the nearest dollar. | of an in | surance contract | that g | uarantees | during th | nis plan ye | ear to pay a specific dollar | | |
| 1 | Plan / | Assets and Liabilities: | | | (a) Beg | ginning | g of Year | | (b) End of Year | | | |
| а | Total | plan assets | | . 1a | | | | | | | | |
| b | Total | plan liabilities | | - | | | | | | | | |
| С | Net pl | let plan assets (subtract line 1b from line 1a) | | 1c | | | | | | | | |
| 2 | Incon | ne, Expenses, and Transfer | rs for this Plan Year: | | | (a) Amount | | | (b) Total | | | |
| а | Contri | ibutions received or receivable | le: | | | | | | | | | |
| | (1) E | Employers | | 2a(1) | | | | | | | | |
| | (2) F | Participants | | 2a(2) | | | | | | | | |
| | (3) | Others (including rollovers) | | 2a(3) | | | | | | | | |
| b | Nonca | ash contributions | | 2b | | | | | | | | |
| С | Other | income | | 2c | | | | | | | | |
| d | Total | income (add lines 2a(1), 2a(2 | 2), 2a(3), 2b, and 2c) | 2d | | | | | | | | |
| е | Benef | Benefits paid (including direct rollovers) | | 2e | | | | | | | | |
| f | Corre | Corrective distributions (see instructions) | | 2f | | | | | | | | |
| g | | in deemed distributions of pa instructions) | rticipant loans | 2g | | | | | | | | |
| h | Admir | nistrative service providers (s | alaries, fees, and commissions). | 2h | | | | | | | | |
| i | Other | expenses | | 2i | | | | | | | | |
| j | Total | expenses (add lines 2e, 2f, 2 | g, 2h, and 2i) | 2j | | | | | | | | |
| k | Net in | ncome (loss) (subtract line 2j f | from line 2d) | 2k | | | | | | | | |
| I | | | nstructions) | | | | | | | | | |
| 3 | remair | ning in the plan as of the end of | sets at anytime during the plan yea the plan year. Allocate the value o one of the specific exceptions descr | f the plai | n's interest in a cor | | ed trust co | | | | | |
| | | | | | г | | Yes | No | | Amount | | |
| a | | | | | | 3a | | | | | | |
| b | Emplo | oyer real property | | | | 3b | | | | | | |
| С | C Real estate (other than employer real property) | | | ····· | 3c | | | | | | | |
| d | Emplo | oyer securities | | | | 3d | | | | | | |
| е | Partic | ipant loans | | | <u> </u> | 3e | | | | | | |
| For | Paper | work Reduction Act Notice | and OMB Control Numbers, s | ee the i | nstructions for | Form ! | 5500 | | | Schedule I (Form 5500) 2010 | | |

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| | v.092308.1 |

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|----|--|------|-----|----|--------|--|
| | | | Yes | No | Amount | |
| 3f | Loans (other than to participants) | . 3f | | | | |
| g | | | | | | |

| Pa | art II 🛛 🤇 | Compliance Questions | | | | |
|----|------------|--|----|-------|-------|--------|
| 4 | During | the plan year: | | Yes | No | Amount |
| а | describe | re a failure to transmit to the plan any participant contributions within the time period d in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | |
| b | year or c | y loans by the plan or fixed income obligations due the plan in default as of the close of plan lassified during the year as uncollectible? Disregard participant loans secured by the nt's account balance | 4b | | | |
| С | | y leases to which the plan was a party in default or classified during the year as ible? | 4c | | | |
| d | | ere any nonexempt transactions with any party-in-interest? (Do not include transactions on line 4a.) | 4d | | | |
| е | Was the | plan covered by a fidelity bond? | 4e | | | |
| f | | lan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty? | 4f | | | |
| g | | lan hold any assets whose current value was neither readily determinable on an established or set by an independent third party appraiser? | 4g | | | |
| h | | lan receive any noncash contributions whose value was neither readily determinable on an ed market nor set by an independent third party appraiser? | 4h | | | |
| i | | lan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest? | 4i | | | |
| j | | the plan assets either distributed to participants or beneficiaries, transferred to another plan, ht under the control of the PBGC? | 4j | | | |
| k | accounta | claiming a waiver of the annual examination and report of an independent qualified public nt (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 it. (See instructions on waiver eligibility and conditions.) | 4k | | | |
| I | Has the p | plan failed to provide any benefit when due under the plan? | 41 | | | |
| m | | an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.) | 4m | | | |
| n | | s answered "Yes," check the "Yes" box if you either provided the required notice or one of ptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |
| 5a | | esolution to terminate the plan been adopted during the plan year or any prior plan year? ' enter the amount of any plan assets that reverted to the employer this year | Ye | s 🗌 N | lo Am | iount: |

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)