

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning _____ and ending _____

- A** This return/report is for:
 - a multiemployer plan;
 - a multiple-employer plan; or
 - a single-employer plan;
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report;
 - the final return/report;
 - an amended return/report;
 - a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558;
 - automatic extension;
 - the DFVC program;
 - special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan	1b Three-digit plan number (PN) <input type="checkbox"/>
	1c Effective date of plan
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)
	2c Sponsor's telephone number
	2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
	Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)		
			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number
4 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: a Sponsor's name	4b EIN 4c PN

5a Name of trust (optional)	5b Trust's EIN (optional)
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6 Total number of participants at the beginning of the plan year	6
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7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d).	
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a Active participants.....	7a ..
b Retired or separated participants receiving benefits.....	7b ..
c Other retired or separated participants entitled to future benefits.....	7c ..
d Subtotal. Add lines 7a, 7b, and 7c.....	7d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	7e ..
f Total. Add lines 7d and 7e.....	7f ..
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	7g ..
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	7h ..

8 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	8 ..
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9a 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:

10a Plan funding arrangement (check all that apply)	10b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

11 Check all applicable boxes in 11a and 11b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
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(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information)

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)