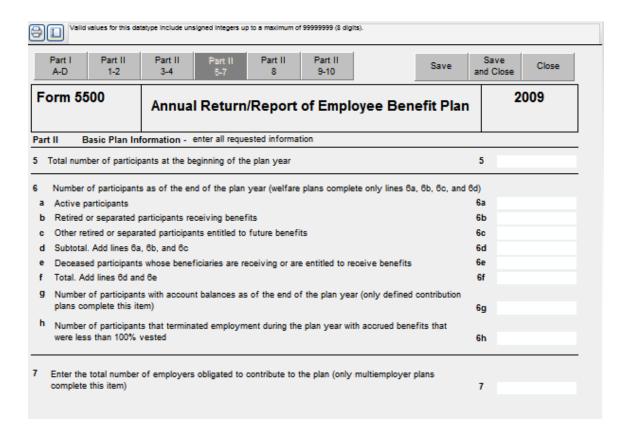
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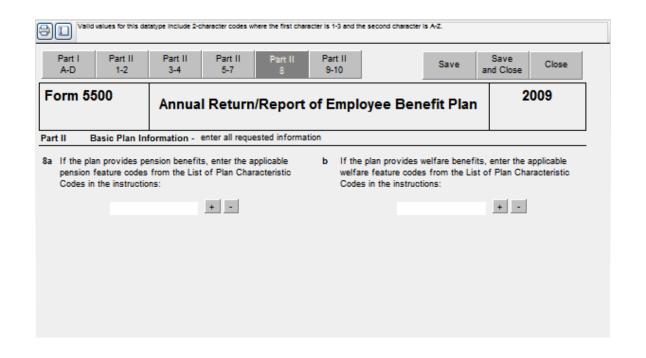
9		ocs to this do	adje melase	valld calendar dates	and to the time							
	Part I A-D	Part II 1-2	Part II 3-4	Part II 5-7	Part II 8	Part II 9-10		Save	Save and Close	Close		
	Forr	n 5500		Annual Re	eturn/Re	•	mplo	yee Benefit	OMB Nos.	1210-0110 1210-0089		
						Plan to be filed for employee benefit plans under the Employee Retirement Income Security Act				2009		
Department of Labor of 1974 (ERISA) and s						ons 6047(e), a le Code (the C	This Form is Open to					
	Pension Benef	t Guaranty Corp	oration	Complete all		cordance wit Form 5500.	Public Inspection					
ar	t I An	nual Repor	t Identifica	tion Informati	on							
or	the calenda	r plan year	2009 or fi	scal plan year t	eginning 01	/01/2009		and ending	12/31/2009			
	This return/	report is for	: 🔲 a m	nultiemployer pl	an;	a multiple-emp	oloyer pla	n; or				
			as	ingle-employer	plan; 🗀	a DFE (specif	у)					
3	This return/	report is:	the the	first return/rep	ort;	the final return	/report;					
			an	amended return	/report;	a short plan y	ear return	report (less than 12	months).			
:	If the plan	is a collectiv	vely-bargair	ned plan, check	here 🔲							
0	Check box	if filing und	er: For	rm 5558;		automatic exte	ension;	the DFVC prog	ıram;			
			_ spe	ecial extension	enter descript	tion)						

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Valid values for this da period, parentheses, as	tatype include stri mpersand, apostro	ngs up to a maxir phe and single s	num of 140 chara pace. Leading sp	cters. Allowable chara ace, trailing space, ac	octers include una ijacent spaces, ar	ccented letters, r nd other symbols	numbers, hash, hyphen, slash, com are invalid.
Part I Part II 1-2	Part II 3-4	Part II 5-7	Part II 8	Part II 9-10		Save	Save and Close
Form 5500	Annua	Return	/Report	of Employ	ee Bene	efit Plan	2009
Part II Basic Plan In	formation -	enter all requ	ested informa	ation			•
la Name of plan							
b Three-digit plan numbe	er (PN)		1c Effec	tive date of plan			
a Plan sponsor's name a	and address (e	mployer, if f	or a single-en	nployer plan)			
(Address should include	le room or suit	e no.)					
Name							
Doing Business As							
Care of Name							
Mailing Address:				⊕ US	Foreign		
Address Line 1							
Address Line 2							
City							
State					~		
Zip Code							
Location Address:							
Same as mailing addre	255			O US	Foreign		
Address Line 1							
Address Line 2 City							
State					~		
Zip Code					~	1	
N. Employer Identification	n Number (EII	ın.					
b Employer Identificatio		*)					
c Sponsor's telephone n d Business code (see in							
u business code (see iii	su delions)						

90			atype include strir e. Leading space,				ers, numbers, comma IId.	is, periods, hyphe	ens, slash, apostroph	e, ampersand,
	Part I A-D	Part II 1-2	Part II 3-4	Part II 5-7	Part II 8	Part II 9-10		Save	Save and Close	Close
Fo	rm 550	0	Annual	Return	Report (of Empl	oyee Ben	efit Plan	200	09
Part	II Bas	ic Plan Inf	formation -	enter all reque	sted informat	tion				
N 0	lame Care of Nan	 ne) Foreign e 1	me and addres	ss S	ame as plan s	sponsor	<u>~</u>			
3b A	dministrato	r's EIN			3c Adminis	strator's telep	hone number			
			N of the plan seplan seplan number		•		rn/report filed fo	r this plan, en	nter	
	Sponsor's r	name								
	EIN PN									





	(insurance)										
	Part I A-D	Part II 1-2	Part II 3-4	Part II 5-7	Part II 8	Part II 9-10		Save	Save and Close	Close	
F	orm 550	00	Annual Return/Report of Employee Benefit Plan							2009	
Par	tII Ba	sic Plan Inf	formation -	enter all requ	ested informa	tion					
9a	Plan funding	g arrangeme	ent (check all	that apply)							
	(1) 🔲 Insu		(2) Code se	ction 412(e)(3	3) insurance con	tracts				
	(3) 🗌 Trus	t	(4) 🗌 General	assets of the	sponsor					
0.	Dian han-fit		nt (check all t	hat analy (
	rian benerii (1) ∏Insu	-	•		ction 412/e\/3	3) insurance con	tracts				
	(1) Trus			, L	assets of the	•	liaois				
	Pension S	See instructi Schedules (Retiremen	ons) nt Plan Inform oyer Defined	nation)		edules are attac					
	(3) 🗌 SE	3 (Single-Em	ployer Defin	ed Benefit Pla	an Actuarial In	rformation) - sig	ned by the pla	n actuary			
b	General S										
		-	Information)								
			Information -								
			Information)		er of 'Schedu	les A' attached					
			rovider Inform	-							
		-	icipating Plan								
	(6) [] G	(Financial	Transaction S	cnedules)							