For calendar plan year 2009 or fiscal plan year beginning 01/01/2009			and ending	12/31/2009
A	Name of plan	В	Three-digit plan number (PN)	
С	Plan sponsor's name as shown on line 2a of Form 5500		Employer Identification	
			Number (EIN)	

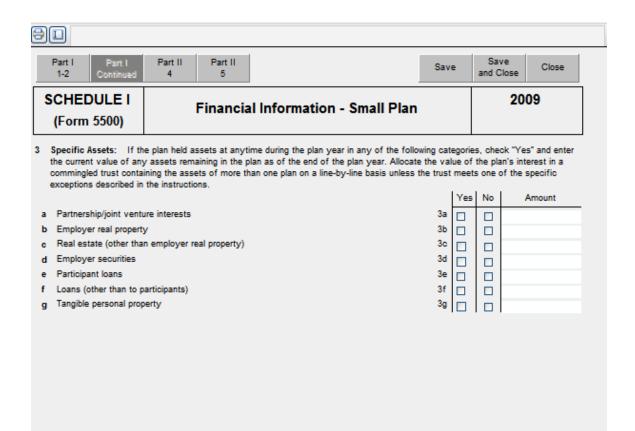
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1	Plan Assets and Liabilities:	(a) Beginning of Year	(b) End of Year
a	Total plan assets	1a		
b	Total plan liabilities	1b		
C	Net plan assets (subtract line 1b from line 1a)	1c		
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:	_		
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
C	Other income	2c		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		
e	Benefits paid (including direct rollovers)	2e		
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		
k	Net income (loss) (subtract line 2j from line 2d)	2k		
-1	Transfers to (from) the plan (see instructions)	21		





	Part I Part I Part II Part II 1-2 Continued 4 5	Save		Sa and (ve Close	Close		
SCHEDULE I (Form 5500) Financial Information - Small Plan				2009				
Part II Compliance Questions								
4	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.)	4a						
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.							
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c						
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d						
e	Was the plan covered by a fidelity bond?	4e						
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f						
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?	4g						
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?	4h						
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage parcel of real estate, or partnership/joint venture interest?	4i						
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	4 j						
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k						
1	Has the plan failed to provide any benefit when due under the plan?	41						
m	If this is an individual account plan, was there a blackout period? (See instructions and $29\ \text{CFR} \ 2520.101-3.)$	R 4m						
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.	4n						

