9	Valid values for this datatype include	de vallid calendar dates in t	the format Mi	WDDYYYY.					
	Part I Actuary Part I	l Part III	Part IV	Parts V, VI & VII	Part VIII	Save	Sa and 0	_	Close
	SCHEDULE SB	Single - Er	nploye	er Define	d Benefi	t Plan	OME	No. 12	210-0110
	(Form 5500) Department of the Treasury Internal Revenue Service	This schedule i	s required	al Informa I to be filed und	er section 104			200	9
Er	Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation	1	of the In	ome Security A Iternal Revenue Ient to Form 5	Code (the Co	ode).			Open to pection
For	r calendar plan year 2009 or fisc	cal plan year beginni	ng 01/0	1/2009		and end	ding	12/31/	2009
	Round off amounts to nearest Caution: A penalty of \$1,000	dollar.) will be assessed fo	or late filin	ng of this report	unless reason	nable cause i	s establis	shed.	
A	Name of plan				B Three-di	git plan numb	er (PN)		
C	Plan sponsor's name as shown or	n line 2a of Form 550	00 or 5500)-SF	D Employe Number	er Identification (EIN)	on		
1							2a 2b		=
_	Funding target/participant count	breakdown				(1) Number		(2) Fu	nding Target
_	For entired anaticionate and has				3a	participan	ts		
	For retired participants and ber For terminated vested participants	_	payment		3b				
	For active participants:								
	(1) Non-vested benefits				3c(1)				
	(2) Vested benefits				3c(2)				
	(3) Total active				3c(3) 3d				
	I Iolai				30				
4	If the plan is at-risk, check the b	oox and complete ite	ms (a) an	d (b)					
a	Funding target disregarding pre	scribed at-risk assu	mptions				4a		
b	 Funding target reflecting at-risk been at-risk for fewer than five 					at have	4b		
5	Effective interest rate						5		%
6	Target normal cost						6		

Valid values for this da	tatype include valid	d calendar dates	In the format MV	IDDYYYY.				
Part I Actuary	Part II	Part III	Part IV	Parts V, VI & VII	Part VIII	Save	Save and Close	Close
SCHEDULE	Sin	gle-Em	ployer [Defined B	enefit P	an	20	09
(Form 5500)		_	-	Informati				
atement by Enrolled Ac	tuary							
To the best of my kno attachments, if any, i regulations. In my opi expectations) and suc	is complete an inion, each oth	d accurate. E er assumptio	Each prescrib on is reasona	ped assumption ble (taking into	was applied in account the ex	accordance xperience of t	with applicable he plan and re	law and asonable
Date								
Actuary name								
Firm name								
Firm address				US	○ Foreign	n		
Address Line 1								
Address Line 2								
City								
State						~		
Zip Code						_		
Telephone number (in	cluding area co	ode)		Mos	t recent enroll	ment number		
If the actuary has no check the box and se			tion or ruling	promulgated un	der the statute	e in completin	g this scheduk	≘,

Part I Actuary Part II Part III Part IV Part VIII Save Save and Close Close SCHEDULE (Form 5500) Single-Employer Defined Benefit Plan Actuarial Information Part III Funding percentages							
Part I Actuary SCHEDULE (Form 5500) Part III Funding perc 14 Funding target attain	Part II Part IV Part VIII Save	_	Close				
				2009			
Par	t III Funding percer	ntages					
14	Funding target attainm	ent percentage	14	%			
15	Adjusted funding targe	et attainment percentage	15	%			
16		ercentage for purposes of determining whether carryover/prefunding balances e current year's funding requirement	16	%			
17	If the current value of percentage	the assets of the plan is less than 70 percent of the funding target, enter such	17	%			

Valid values for this da	tatype include valid calendar dates in the	format MM/DD/YYYY.			
Part I Actuary	Part II Part III	Parts V, VI & VII Part VII	I Save	Save and Close	Close
SCHEDULE (Form 5500)	2009				
Part IV Contributions a	and liquidity shortfalls				
18 Contributions made to	the plan for the plan year by er	mployer(s) and employees:			
(a) Date (MM/DD/Y	(5)	yer (c) Amount paid by employees		18(b)	Totals
			+ -	18(c)	
19 Discounted employer beginning of the year:		for small plan with a valuation da	te after the		
a Contributions allocated	d toward unpaid minimum require	ed contribution from prior years		19a	
b Contributions made to	avoid restrictions adjusted to v	aluation date		19b	
Contributions allocated	d toward minimum required contr	ribution for current year adjusted	to valuation date	19c	
20 Quarterly contributions	and liquidity shortfalls:				
a Did the plan have a "f	unding shortfall" for the prior ye	ar?		Yes	No
b If 20a is "Yes," were r	equired quarterly installments fo	or the current year made in a tim	ely manner?	Yes	□ No
c If 20a is "Yes," see in	structions and complete the following	owing table as applicable:			
	Liquidity shortfall as of end	of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		

	Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.									
	Part I Actuary	Part II	Part III Part IV	Parts V, VI & VII	Part VIII	Save	Sav and C		Close	
	SCHEDULE (Form 5500)	Sing	le-Employer I Actuarial			an		2009		
Pai	rt V Assumptions u	sed to determin	e funding target and	target norma	l cost					
a	Discount rate: Segment rates: 1s Applicable month (ent	st segment:	2nd segment:	%	3rd segment:	%	N/A, ful	l yield cu	rve used	
	representative month (em	E1 000E)								
22	Weighted average reti	irement age					22			
Pai	3 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous items 4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see									
_	instructions regarding	nace in the mon pr		ampaons for th						
		required attachm	ent.		e content plan y			Yes	□No	
25	Has a method change attachment.			If "Yes," see in				Yes	□No	
	•	been made for t	he current plan year?		structions regar	ding required	uired			
26	attachment. Is the plan required to	provide a Sched	he current plan year? I	nts? If "Yes," s	structions regar	ding required	uired	Yes	□No	
26 27	attachment. Is the plan required to attachment. If the plan is eligible for	provide a Sched for (and is using) attachment.	he current plan year? I	nts? If "Yes," s	structions regar see instructions able code and s	ding required	uired	Yes	□No	
26 27 Par	attachment. Is the plan required to attachment. If the plan is eligible finstructions regarding	provide a Sched or (and is using) attachment.	he current plan year? I ule of Active Participa alternative funding rule mum required contri	nts? If "Yes," s	structions regar see instructions able code and s	ding required	uired	Yes	□No	
26 27 Par	attachment. Is the plan required to attachment. If the plan is eligible finstructions regarding rt VII Reconciliation	provide a Sched for (and is using) attachment.	he current plan year? I ule of Active Participa alternative funding rule mum required contri	nts? If "Yes," s	structions regar see instructions able code and s	ding required regarding required	uired 27	Yes	□No	

9	Vallo	i values for this da	tatype include sig	ned integers up to	a maximum of	f 15 digits.							
	Part I	Actuary	Part II	Part III	Part IV	Parts V, VI & VII	Part VI	11	Save	Sav and C	_	Close	
	SCHEDULE Single-Employer Defined Benefit Plan (Form 5500) Actuarial Information										2009		
Part VIII Minimum required contribution for current year													
31	31 Target normal cost, adjusted, if applicable (see instructions) 31												
32 a b	Net sho	tion installmen ortfall amortiza amortization i	tion installme	nt				Out	standing Bala	ince	Ins	stallment	
33	3 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval and the waived amount 33												
34	Total fun 32b - iten	•	ent before ref	lecting carryo	ver/prefund	ing balances (it	em 31 + it	em 32	a + item	34			
35	Balances	used to offse	et funding req	uirement		Carryover bal	ance	Prefu	unding balanc	e	Tota	al balance	
36	Additiona	l cash require	ment (item 34	minus item 3	5)					36			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) 37												
38	Interest-a	adjusted exces	s contribution	s for current	year (see ir	nstructions)				38			
39	Unpaid m	ninimum requir	ed contributio	n for current y	ear (exces	s, if any, of ite	m 36 over	ritem	37)	39			
40	Unpaid m	ninimum requir	red contributio	n for all years						40			