## **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

## **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public

Pension Benefit Guaranty Corporation				inspectio	n
For calendar plan year 2009 or fiscal plan year beginning		and ending			T
A Name of plan		<b>B</b> Th	ree-digit		
		pl	an number (P	N) <b>•</b>	
C Plan sponsor's name as shown on line 2a of Form 5500		<b>D</b> Em	ployer Identifi	cation Number (E	EIN)
B (1 A ( 1111))					
Part I Asset and Liability Statement				41 4	t Danast
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of plines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, C and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se	more than one pose contract which CCTs, PSAs, and	olan on anne-by-li ch gurantees, du	ne basis unles	ss the value is rep year, to pay a spe	oortable on cific dollar
Assets		(c eginning	Year	<b>(b)</b> End (	of Year
a Total noninterest-bearing cash	1				
<b>b</b> Receivables (less allowance for doubtful accounts):					
(1) Employer contributions					
(2) Participant contributions	1b )				
(3) Other	J(3)				
C General investments:  (1) Interest-bearing cash (include money market accounts & certifical s	10,1)				
of deposit)	1c(2)			_	
(2) U.S. Government securities	▼ 1C(2)				
(3) Corporate debt instruments (other than employer securities)	10(3)(A)				
(A) Preferred	1c(3)(A) 1c(3)(B)			_	
(B) All other	TC(3)(B)				
(4) Corporate stocks (other than employ curities)	10(4)(A)				
(A) Preferred	1c(4)(A) 1c(4)(B)				
(B) Common	1c(4)(D)				
(5) Partnership/joint venture interests	1c(6)				
(6) Real estate (other than employer real property)	1c(0)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans				_	
(9) Value of interest in common/collective trusts	1c(9)				
(10) Value of interest in pooled separate accounts	1c(10)				
(11) Value of interest in master trust investment accounts	1c(11)				
(12) Value of interest in 103-12 investment entities	1c(12)				
funds)(14) Value of funds held in insurance company general account (unallocated	1c(13)				

1c(15)

ld	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	. 1d(1)		
	(2) Employer real property	. 1d(2)		
е	Buildings and other property used in plan operation	. 1e		
f	Total assets (add all amounts in lines 1a through 1e)	. 1f		
	Liabilities	<u> </u>		
g	Benefit claims payable	. 1g		
h	Operating payables	. 1h		
i	Acquisition indebtedness	. 1i		
i	Other liabilities	. 1j		
k	Total liabilities (add all amounts in lines 1g through1j)	. 1k		
	Net Assets	· <u>I                                     </u>		
ı	Net assets (subtract line 1k from line 1f)	. 11		
			•	
	art II Income and Expense Statement			
1	Plan income, expenses, and changes in net assets for the year. Include all inc fund(s) and any payments/receipts to/from insurance carriers. Round off amou	come and expe unts to the nea	enser of the plan, including any transcript the plan, including any transcript the plan, including any transcript the plan including and trans	rust(s) or separately maintained and 103-12 IEs do not complete
ı	lines 2a, 2b(1)(E), 2e, 2f, and 2g.	Γ		
_	Income		) Am unt	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	1)(A)		
	(B) Participants	2a(1 B)	<b>Y</b>	
	(C) Others (including rollovers)	2° J(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2 (3)		
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money maket accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participents)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
	(2) Dividends: (A) Preferred stock			
	(B) Common stock	0h/0\/D\		
	(C) Registered investment company shares (e.g. mutual funds)	21 (2) (2)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	21 (1)(2)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(D) Aggregate carrying amount (SEE IIISHUCHOHS)	\ '/\-/		

2b(4)(C)

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....

Pag	e	3

			(a) Amount	(b) Total		
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)				
	(B) Other	2b(5)(B)				
	(C) Total unrealized appreciation of assets.  Add lines 2b(5)(A) and (B)	2b(5)(C)				
	(6) Net investment gain (loss) from common/collective trusts	2b(6)				
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)				
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)				
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)				
(	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)				
С	Other income	2c				
d	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d				
	Expenses					
е	Benefit payment and payments to provide benefits:					
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)				
	(2) To insurance carriers for the provision of benefits	2e(2)				
	(3) Other	2e(3)				
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)				
f	Corrective distributions (see instructions)	2.				
	Certain deemed distributions of participant loans (see instructions)	~q				
	Interest expense	2				
ï	Administrative expenses: (1) Professional fees	(1)				
•	(2) Contract administrator fees	2i(2)				
		(2)				
	(3) Investment advisory and management fees	2i(4)				
	(4) Other	2i(4)				
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2j				
J	Total expenses. Add all <b>expense</b> amounts in column and entern tal					
	Net Income and Reconcilia on	Ol-				
К	Net income (loss). Subtract line 2j from line 2d	2k				
1	Transfers of assets:	01(4)				
	(1) To this plan	21(1)				
	(2) From this plan	21(2)				
Pa	art III Accountant's Opinion					
	Complete lines 3a through 3c if the opinion of an independent qualified public a attached.	ccountant is	attached to this Form 5500. Com	plete line 3d if an opinion is not		
a T	The attached opinion of an independent qualified public accountant for this plar	n is (see inst	ructions):			
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse				
<b>b</b> [	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	-8 and/or 10	3-12(d)?	Yes No		
C	Enter the name and EIN of the accountant (or accounting firm) below:					
	(1) Name:		(2) EIN:			
d T	The opinion of an independent qualified public accountant is <b>not attached</b> because of the control of the contr		. F. 5500 05 5	2.0500.404.50		
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.					

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Par	t IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4ı	m, 4n, or 5	j.	
	During	the plan year:		Yes	No	Amo	ount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a				
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b				
С		any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c				
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d				
е	Was th	his plan covered by a fidelity bond?	e				
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	4.				
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	45				
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third parts apply ser?	4h				
i		e plan have assets held for investment? (Attach schedule(s) of as ts if "Yer is checked, ee instructions for format requirements.)	4i				
j	value	any plan transactions or series of transactions in excess of 5 the cut of plan assets? (Attach schedule of transactions if "Yes" is che ke and structions for format requirements.)	<b>4</b> j				
k	Were a	all the plan assets either distributed to participants of the plan asset either distributed to either di	4k				
I	Has th	ne plan failed to provide any benefit when declaration the plan.	41				
m		is an individual account plan, was there a bla rout erioc. See instructions and 29 CFR 101-3.)	4m				
n		was answered "Yes," check the "Yes" box if you ther provided the required notice or one exceptions to providing the notice of the during the notice of t	4n				
5a		resolution to terminate the plan been adopted uring the plan year or any prior plan year? enter the amount of any plan assets that everted to the employer this year	Yes	s No	Amoun	nt:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	ify the pla	n(s) to wh	ich assets or liab	ilities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN(	(s)	<b>5b(3)</b> PN(s)