

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed 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**200A**

8/

This Form is Open to
Public Inspection.**Part I Annual Report Identification Information**For the calendar plan year **200A** or fiscal plan year beginning

and ending

A This return/report is for:

☒

a multiemployer plan;

☒a single-employer plan ~~other than a multiple-employer plan~~☒

a multiple-employer plan; or

☒

a DFE (specify)

2/2/

2/2/2/

B This return/report is:

☒the first return/report ~~filed for the plan~~☒

an amended return/report;

☒

the final return/report filed for the plan;

☒

a short plan year return/report (less than 12 months).

2/2/2/

2/2

C If the plan is a collectively-bargained plan, check here

D ~~X~~ filing under an extension of time or the DFEVC program, check box and attach required information. (see instructions).**Part II Basic Plan Information** — enter all requested information.

1a Name of plan

1b Three-digit
plan number (PN)

1c Effective date of plan (mo., day, yr.)

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

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 ~~X~~ ~~it is being filed electronically~~, and to the best of my knowledge and belief, it is true, correct and complete.**SIGN
HERE**

Signature of plan administrator

Date

~~X~~ Type or print name of individual signing as plan administrator**SIGN
HERE**Signature of employer/plan sponsor ~~DFE~~

Date

~~X~~ Type or print name of individual signing as employer/plan sponsor ~~DFE~~

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

Form **5500** (200A) 8/**SIGN
HERE**

Signature of DFE

Date

Enter name of individual signing as DFE

Check box if filing under extension of time ☐ or the DFEVC Program ☐

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

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 below:

a Sponsor's name

b EIN

c PN

~~Preparer information (optional) a Name (including firm name, if applicable) and address~~~~b EIN~~~~c Telephone number~~

5a Total number of participants at the beginning of the plan year

A 51

Number of participants as of the end of the plan year (welfare plans complete only lines Aa, Ab, Ac, and Ad)

a Active participants

Aa 61

b Retired or separated participants receiving benefits

Ab 61

c Other retired or separated participants entitled to future benefits

Ac 61

d Subtotal. Add lines Aa, Ab, and Ac

Ad 61

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

Ae 61

f Total. Add lines Ad and Ae

Af 61

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

Ag 61

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

Ah 61

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

Ai

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

a Pension benefits (check this box if the plan provides pension benefits) and enter the applicable pension feature codes from the List of Plan

Characteristics Codes entered in the instructions:

b Welfare benefits (check this box if the plan provides welfare benefits) and enter the applicable welfare feature codes from the List of Plan

Characteristics Codes entered in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(i) insurance contracts
- (3) ☐ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(i) insurance contracts
- (3) ☐ Trust
- (4) ☐ General assets of the sponsor

7 Enter the total number of contributing employers to the plan 171

SPACE TO BE FILLED WITH ITEMS FROM NEXT PAGE

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension ~~Benefit~~ Schedules

- (1) ☐ R (Retirement Plan Information)
(2) ☐ B (Actuarial Information)
e/ ~~(3) ☒ E (ESOP Annual Information)~~
e/ ~~(4) ☒ SSA (Separated Vested Participant Information)~~

b/ ~~Financial~~ Schedules

- (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)

Pension and Welfare

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

200A 8/

**This Form is Open to
Public Inspection.**

8/ For calendar plan year 200A or fiscal plan year beginning , and ending

A Name of plan	B Three-digit plan number ►
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage: Information /

(a) Name of insurance carrier

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To

1/2/2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid <u>amount amount of 1/2/</u>
----------------------------------	--

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

Schedule A (Form 5500) 200A 8/

information /

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Persons Receiving Commissions and Fees (Complete as many entries as needed to report all persons)

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 2/2/2

(b) Amount of commissions paid	Fees paid and other commissions		(e) Organization code
	(c) Amount	(d) Purpose	
Sales and base			

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid and other commissions		(e) Organization code
	(c) Amount	(d) Purpose	
Sales and base			

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid and other commissions		(e) Organization code
	(c) Amount	(d) Purpose	
Sales and base			

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity	
	(3) ☐ other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee	
	(3) ☐ guaranteed investment (4) ☐ other (specify below) ▶	
b	Balance at the end of the previous year	
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	▶	
	(6) Total additions	
d	Total of balance and additions (add b and c(6))	
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
	▶	
	(5) Total deductions	
f	Balance at the end of the current year (subtract e(5) from d)	

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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where ~~individual contracts are provided~~ the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report. *contracts cover individual employees / 91*

7 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a ☐ Health (other than dental or vision) | b ☐ Dental | c ☐ Vision | d ☐ Life Insurance |
| e ☐ Temporary disability (accident and sickness) | f ☐ Long-term disability | g ☐ Supplemental unemployment | h ☐ Prescription drug |
| i ☐ Stop loss (large deductible) | j ☐ HMO contract | k ☐ PPO contract | l ☐ Indemnity contract |
| m ☐ Other (specify) ▶ | | | |

8 Experience-rated contracts

- a** Premiums: (1) Amount received: _____
- (2) Increase (decrease) in amount due but unpaid: _____
- (3) Increase (decrease) in unearned premium reserve: _____
- (4) Earned ((1) + (2) - (3)): _____
- b** Benefit charges: (1) Claims paid: _____
- (2) Increase (decrease) in claim reserves: _____
- (3) Incurred claims (add (1) and (2)): _____
- (4) Claims charged: _____
- c** Remainder of premium: (1) Retention charges (on an accrual basis) --
- (A) Commissions: _____
- (B) Administrative service or other fees: _____
- (C) Other specific acquisition costs: _____
- (D) Other expenses: _____
- (E) Taxes: _____
- (F) Charges for risks or other contingencies: _____
- (G) Other retention charges: _____
- (H) Total retention: _____
- (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) _____
- d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement: _____
- (2) Claim reserves: _____
- (3) Other reserves: _____
- e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) _____
- 9 Nonexperience-rated contracts:**
- a** Total premiums or subscription charges paid to carrier: _____
- b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount: _____
- Specify nature of costs ▶ _____

> Part IV Provision of Information

10 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

11 If the answer to line 10 is "Yes" specify the information not provided.

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

OMB No. 1210-0110

2006 8/

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2006 or fiscal plan year beginning , and ending ,

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

B Three-digit
plan number ... ▶

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

D Employer Identification Number

E Type of plan: (1) Multiemployer (2) Single-employer (3) Multiple-employer F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month Day Year

b Assets:

(1) Current value of assets b(1)

(2) Actuarial value of assets for funding standard account b(2)

c (1) Accrued liability for plans using immediate gain methods c(1)

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases c(2)(a)

(b) Accrued liability under entry age normal method c(2)(b)

(c) Normal cost under entry age normal method c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE**

Signature of actuary

Date

G

Type or print name of actuary

Most recent enrollment number

Firm name

Telephone number (including area code)

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. ☐

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

Schedule B (Form 5500) 2006

^, 5500-SF,

8/

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1d Information on current liabilities of the plan:

- d(1)**

d(2)(a)

d(2)(b)

d(2)(c)

d(2)(d)

d(3)

2 Operational information as of beginning of this plan year:

2a

b "RPA '94" current liability:

- (1) No. of Persons

(2) Vested Benefits

(3) Total Benefits

(1) For retired participants and beneficiaries receiving payments

(2) For terminated vested participants

(3) For active participants.....

(4) Total

- 2c**

%

3 Contributions made to the plan for the plan year by employer(s) and employees:

3 Totals ▶	(b)
-------------------	------------

(c)

4 Quarterly contributions and liquidity shortfall(s):

- 4a**

%

- b** If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit)
d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
g ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____

i Has a change been made in funding method for this plan year? ☐ Yes ☐ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

- | | | | | | |
|--|-------------|----------------|----|-----------------|--------------------------------|
| a Interest rate for "RPA '94" current liability. | 6a | | | % | ☐ N/A |
| b Weighted average retirement age | 6b | | | | ☐ N/A |
| c Rates specified in insurance or annuity contracts .. ☐ N/A | 6c | Pre-retirement | | Post-retirement | |
| | | Yes | No | Yes | No |
| d Mortality table code for valuation purposes: | | | | | |
| (1) Males | d(1) | | | | |
| (2) Females | d(2) | | | | |
| e Valuation liability interest rate | 6e | | % | | % ☐ N/A |
| f Expense loading | 6f | | % | | % ☐ N/A |
| g Annual withdrawal rates: | | Male | | Female | |
| (1) Age 25. | g(1) | Rate Code | % | Rate Code | % |
| (2) Age 40. | g(2) | | % | | % |
| (3) Age 55. | g(3) | | % | | % |
| h Salary scale | 6h | | % | | % ☐ N/A |
| i Estimated investment return on actuarial value of assets for year ending on the valuation date .. | 6i | | | | % |
| j Estimated investment return on current value of assets for year ending on the valuation date .. | 6j | | | | % |

7 New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Miscellaneous information:

- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

SPACE TO BE FILLED WITH ITEMS FROM NEXT PAGE

- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions **▶** _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule. ☐ Yes ☐ No

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any		9a
b Employer's normal cost for plan year as of valuation date		9b
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers ▶ (\$ _____)		c(1)
(2) Funding waivers ▶ (\$ _____)		c(2)
d Interest as applicable on lines 9a, 9b, and 9c		9d
e Additional interest charge due to late quarterly contributions, if applicable		9e
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A		9f
g Total charges. Add lines 9a through 9f		9g
Credits to funding standard account:		
h Prior year credit balance, if any		9h
i Employer contributions. Total from column (b) of line 3.		9i
	Outstanding Balance	
j Amortization credits as of valuation date ▶ (\$ _____)		9j
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	
(2) "RPA '94" override (90% current liability FFL)	l(2)	
(3) FFL credit		l(3)
m (1) Waived funding deficiency		m(1)
(2) Other credits		m(2)
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n
o Credit balance: If line 9n is greater than line 9g, enter the difference		9o
p Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p
Reconciliation account:		
q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	
(4) Total as of valuation date ▶		q(4)
10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☐ No

12 If the total participant count on Schedule B, line 2(b)(1)(4) is 1,000 or more, then answer questions 12a and 12b.

a Enter the percentage of plan assets held as:

Stock ____% Debt ____% Real Estate ____% Other ____%

b For all debt securities provide the Macaulay Duration and provide the percentage held as each type of debt security (see instructions):

Macaulay Duration ____%

Government debt ____%

Investment Grade Corporate Debt ____%

High-Yield Corporate Debt ____%

Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**3/1a** Additional required funding charge (see instructions):**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.**3/3/1a** If line 1a is at least 90%, go to line 1Ac and enter -0-.**3/3/1a** If line 1a is less than 80%, go to line 1Ab.**3/3/1a** If line 1a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 1Aq and enter -0-. Otherwise, go to line 12b.**b** "RPA '94" current liability. Enter line 1d(2)(a)**c** Adjusted value of assets (see instructions)**3/3/1d** Funded current liability percentage. Divide line 1Ac by 1Ab and multiply by 100.**3/3/1e** Unfunded current liability. Subtract line 1Ac from line 1Ab.**f** Liability attributable to any unpredictable contingent event benefit**g** Outstanding balance of unfunded old liability**3/3/1h** Unfunded new liability. Subtract the total of lines 1Af and 1Ag from line 1Ae. Enter -0- if negative.**3/1i** Unfunded new liability amount (_____ % of line 1Ah)**j** Unfunded old liability amount**3/3/1k** Deficit reduction contribution. Add lines 1Ai, 1Aj, and 1d(2)(b).**l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero.**m** Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event

(2) Unfunded current liability percentage. Subtract the percentage on line 1Ad from 100%.

3/3/1m(3) Enter the product of lines 1Am(1) and 1Am(2)

(4) Amortization of all unpredictable contingent event liabilities

(5) "RPA '94" additional amount (see instructions)

3/3/1m(6) Enter the greatest of lines 1Am(3), 1Am(4), or 1Am(5).**3/3/1n** Preliminary additional funding charge: Enter the excess of line 1Ak over line 1Al (if any), plus line 1Am(6), adjusted to end of year with interest.**3/3/1o** Contributions needed to increase current liability percentage to 100% (see instructions)**3/3/1p** Additional funding charge prior to adjustment: Enter the lesser of line 1An or 1Ao**3/1q** Adjusted additional funding charge. (_____ % of line 1Ap)

1Aa	3/	%
1Ab	3/	
1Ac	3/	
1Ad	3/	%
1Ae	3/	
1Af	3/	
1Ag	3/	
1Ah	3/	
1Ai	3/	
1Aj	3/	
1Ak	3/	
1Al	3/	
m(1)		
m(2)		%
m(3)		
m(4)		
m(5)		
m(6)		
1An	3/	
1Ao	3/	
1Ap	3/	
1Aq	3/	

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2008/

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning

and ending

A	Name of plan
1	...
2	...
3	...
4	...
5	...
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96	...
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98	...
99	...
100	...

B Three-digit
plan number

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

Part I Service Provider Information (see instructions)	
1. Name of the service provider	
2. Address of the service provider	
3. City	
4. State	
5. Zip	
6. Telephone number	
7. Fax number	
8. E-mail address	
9. Website	
10. Service provided	
11. Date of service	
12. Signature of service provider	
13. Printed name of service provider	
14. Title of service provider	
15. License number	
16. State of license	
17. Date of license expiration	
18. Signature of client	
19. Printed name of client	
20. Title of client	
21. License number	
22. State of license	
23. Date of license expiration	
24. Signature of witness	
25. Printed name of witness	
26. Title of witness	
27. License number	
28. State of license	
29. Date of license expiration	

→ ~~X~~ Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year:

1

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-121Es should enter N/A in (c) and (d).

(a) Name

(b) Employer identification number (see instructions)

~~(c) Official plan position~~

Contract administrator

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

**(g) Nature of
service code(s)
(see instructions)**

12

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

**(g) Nature of
service code(s)
(see instructions)**

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

Line 1. The information required by this Part must be completed, in accordance with the instructions, for **each person** receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year.

(a) Name

(b) Enter EIN or, if reported person does not have an EIN, address and telephone number

1. EIN - -

2. Address and Phone Number

_____ () - Ext.

(c) Enter Code(s) for relationship or services provided to the plan (see instructions)

(d) Relationship to employer, employee organization, or person known to be a party-in-interest.

(e) Total amount received (see instructions)

1. \$ _____

2. Is the amount entered in element (d)(i) an estimate? Yes No

3. If applicable, describe formula for calculating payment(s) _____

(f) Did the person identified in element (a) (above) receive during the plan year compensation (money or anything else of value) from a source other than the plan or plan sponsor in connection with the person's position with the plan or services provided to the plan? Yes No

(g) If the answer to (f) is "Yes," enter the following information for each source from whom the person identified in element (a) received \$1,000 or more in compensation if the person is a fiduciary to the plan or provides one or more of the following services to the plan – contract administrator, securities brokerage (stock, bonds, commodities), insurance brokerage or agent, custodial, consulting, investment advisory (plan or participants), investment or money management, recordkeeping, trustee, appraisal, or investment evaluation.

(1) Name and EIN of source from whom compensation was received (payor)

(2) Enter Code(s) for relationship or services provided by the payor to the plan

(see instructions)

(3) Amount paid by the payor (see instructions)

(A) \$ _____

(B) Is the amount entered in element (3)(A) an estimate? Yes No

(C) If applicable, describe formula for calculating payment(s) _____

(4) Describe nature of compensation reported in (g)(3) (see instructions)

Part II. Service Providers Who Fail or Refuse to Provide Information

Line 2. Provide, to the extent possible, the following information for each fiduciary or service provider who failed or refused to provide the information necessary to complete Part I of this Schedule.

(a) Name _____

(b) Enter EIN or, if reported person does not have an EIN, address and telephone number

1. EIN - -

2. Address and Phone Number _____ () - Ext.

(Complete as many
entries as needed)**Part III** Termination Information on Accountants and Enrolled Actuaries (see instructions) **A**

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2008 8/

This Form is Open to
Public Inspection.

8/ For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

A Name of plan or DFE _____	B Three-digit plan number ► _____
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 _____	D Employer Identification Number _____

Part II Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE _____	
(b) Name of sponsor of entity listed in (a) _____	
(c) EIN-PN _____	(d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____
(a) Name of MTIA, CCT, PSA, or 103-12IE _____	
(b) Name of sponsor of entity listed in (a) _____	
(c) EIN-PN _____	(d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____
(a) Name of MTIA, CCT, PSA, or 103-12IE _____	
(b) Name of sponsor of entity listed in (a) _____	
(c) EIN-PN _____	(d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____
(a) Name of MTIA, CCT, PSA, or 103-12IE _____	
(b) Name of sponsor of entity listed in (a) _____	
(c) EIN-PN _____	(d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

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

Schedule D (Form 5500) 2008 8/

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8/

Information on interests in MTIAs, CCTs, PSAs, and 103-12IEs (continued)

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) _____

Part II Information on Participating Plans (to be completed by DFEs) *(Complete as many entries as needed to report all participating plans.)*

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

**SCHEDULE G
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2006

**This Form is Open to
Public Inspection.**

8/ For calendar plan year 2006 or fiscal plan year beginning and ending

A Name of Plan	B Three-digit plan number ►
C Name of plan sponsor as shown on line 2a of Form 5500	D Employer Identification Number

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

8/ (Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible.)

(a)	(b)	(c)
	Identity and address of obligor	Original amount of loan
Amount received during reporting year		(f)
(d) Principal	(e) Interest	Unpaid balance at end of year
(g)		
Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		

Amount overdue	
(h) Principal	(i) Interest

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

Schedule G (Form 5500) 2006 8/

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Schedule of Loans and Fixed Income in Default/Uncollectible (continued)

(a)	(b) Identity and address of obligor	(c) Original amount of loan
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
(g) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		

Amount overdue		
(h) Principal	(i) Interest	
(a)	(b) Identity and address of obligor	(c) Original amount of loan
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
(g) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		

Amount overdue		
(h) Principal	(i) Interest	

Part II**Schedule of Leases in Default or Classified as Uncollectible** (Complete as many entries as needed to report all leases in default or classified as uncollectible.)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III**Nonexempt Transactions** *(Complete as many entries as needed to report all nonexempt transactions)*

If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest
(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	

(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction
(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss) on each transaction	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest
(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	

(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction
(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss) on each transaction	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest
(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	

(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction
(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss) on each transaction	

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

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

200A

**This Form is Open to
Public Inspection.**

For calendar year 200A or fiscal plan year beginning and ending

A Name of plan

B Three-digit
plan number ►

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

Part I Asset and Liability Statement

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets

- a** Total noninterest-bearing cash
- b** Receivables (less allowance for doubtful accounts):
- (1) Employer contributions
- (2) Participant contributions
- (3) Other
- c** General investments:
- (1) Interest-bearing cash (include money market accounts & certificates of deposit)
- (2) U.S. Government securities
- (3) Corporate debt instruments (other than employer securities):
- (A) Preferred
- (B) All other
- (4) Corporate stocks (other than employer securities):
- (A) Preferred
- (B) Common
- (5) Partnership/joint venture interests
- (6) Real estate (other than employer real property)
- (7) Loans (other than to participants)
- (8) Participant loans
- (9) Value of interest in common/collective trusts
- (10) Value of interest in pooled separate accounts
- (11) Value of interest in master trust investment accounts
- (12) Value of interest in 103-12 investment entities
- (13) Value of interest in registered investment companies (e.g., mutual funds)
- (14) Value of funds held in insurance co. general account (unallocated contracts)
- (15) Other

	(a) Beginning of Year	(b) End of Year
a		
b(1)		
b(2)		
b(3)		
c(1)		
c(2)		
c(3)(A)		
c(3)(B)		
c(4)(A)		
c(4)(B)		
c(5)		
c(6)		
c(7)		
c(8)		
c(9)		
c(10)		
c(11)		
c(12)		
c(13)		
c(14)		
c(15)		

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

Schedule H (Form 5500) 200A

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		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	d(1)	
(2)	Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets (add all amounts in lines 1a through 1e)	f	
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities (add all amounts in lines 1g through 1j)	k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A)	
	(B) Participants	a(1)(B)	
	(C) Others (including rollovers)	a(1)(C)	
(2)	Noncash contributions	a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	
	(B) U.S. Government securities	b(1)(B)	
	(C) Corporate debt instruments	b(1)(C)	
	(D) Loans (other than to participants)	b(1)(D)	
	(E) Participant loans	b(1)(E)	
	(F) Other	b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	
(2)	Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	
(3)	Rents	b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	

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	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	
j Total expenses. Add all expense amounts in column (b) and enter total	j	
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

Part III Accountant's Opinion

- 3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.
Complete line 3d if an opinion is not attached.
- a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse
- b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No
- c** Enter the name and EIN of the accountant (or accounting firm) ► _____
- d** The opinion of an independent qualified public accountant is **not attached** because:
(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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Part IV Transactions During Plan Year Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5.

103-12 IEs also do not complete 4i and 4j. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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 participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

4l Has the plan failed to provide any benefit when due under the plan?

4m If this is an individual account plan, was there a blackout period? (see instructions and 29 CFR 2520.101-3)

4n If 4m was answered "Yes," did the plan administrator comply with the blackout period notice requirements in 29 CFR 2520.101-3?

	Yes	No	Amount
4l			
4m			
4n			

**SCHEDULE I
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small Plan

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

200A 8/

**This Form is Open to
Public Inspection.**

8/ For calendar year 200A or fiscal plan year beginning , and ending ,

A Name of plan	B Three-digit plan number ►
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number

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
a 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 Other expenses	2h		
i Total expenses (add lines 2e, 2f, 2g, 2h , and 2i)	2i		
j Net income (loss) (subtract line 2i from line 2d)	2j		
k Transfers to (from) the plan (see instructions)	2k		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a		
b Employer real property	3b		

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

Schedule I (Form 5500) 2006

h Administrative service providers (salaries, fees, and commissions) .. **2h**

	Yes	No	Amount
3c Real estate (other than employer real property)	3c		
d Employer securities	3d		
e Participant loans	3e		
f Loans (other than to participants)	3f		
g Tangible personal property	3g		

Part II **Transactions During Plan Year** *Compliance Questions*

Was there a failure

4	During the plan year:	Yes	No	Amount
a	Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		
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 the PBGC?	4j		
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		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No **Amount** _____

5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4l Has the plan failed to provide any benefit when due under the plan?
4m If this is an individual account plan, was there a blackout period? (see instructions and 29 CFR 2520.101-3)
4n If **4m** was answered "Yes," did the plan administrator comply with the blackout period notice requirements in 29 CFR 2520.101-3?

	Yes	No	Amount
4l			
4m			
4n			

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the
Employee Retirement 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

200A 8/

**This Form is Open to
Public Inspection.**

8/ For calendar year **200A** or fiscal plan year beginning _____ and ending _____

A Name of plan	B Three-digit plan number ►
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1 \$
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8/

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year	6a \$
b Enter the amount contributed by the employer to the plan for this plan year	6b \$
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 8/ - 7/	6c \$

If you completed line 6c, skip lines 7 and 8 and complete line 9

8/ If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

9/A If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule R (Form 5500) 200A **8/**

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

INSERT FROM NEXT PAGE

SPACE TO BE FILLED WITH ITEMS FROM NEXT PAGE

THIS TEXT IS TO BE INSERTED ON PAGE 1 OF SCHEDULE R

Part IV ESOPs (See Instructions) If this is not a plan described under ERISA section 407(d)(6) or Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this part.

- 10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ **Yes** ☐ **No**
- 11a** Does the ESOP hold any preferred stock? ☐ **Yes** ☐ **No**
- b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ **Yes** ☐ **No**
- 12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ **Yes** ☐ **No**

Part V Contributing Employer Information for Multiemployer Defined Benefit Pension Plans

13 List each employer who contributed an annual amount equal to or greater than 5% of all annual contributions to the plan (measured in dollars). (See instructions.) Complete as many entries as needed to report all employers required to be listed.

- a** Name of contributing employer _____
- b** EIN _____
- c** Dollar amount contributed _____
- d** Contribution rate _____
- e** Contribution base unit measure (check applicable measure):
Hourly _____ Weekly _____ Unit of product _____ Other (specify) _____
- f** CBA expiration date (mm/dd/yyyy) _____

- a** Name of contributing employer _____
- b** EIN _____
- c** Dollar amount contributed _____
- d** Contribution rate _____
- e** Contribution base unit measure (check applicable measure):
Hourly _____ Weekly _____ Unit of product _____ Other (specify) _____
- f** CBA expiration date (mm/dd/yyyy) _____

- a** Name of contributing employer _____
- b** EIN _____
- c** Dollar amount contributed _____
- d** Contribution rate _____
- e** Contribution base unit measure (check applicable measure):
Hourly _____ Weekly _____ Unit of product _____ Other (specify) _____
- f** CBA expiration date (mm/dd/yyyy) _____

Under Section 6047(e) of the Internal Revenue Code

2006

Department of the Treasury
Internal Revenue Service

► File as an attachment to Form 5500 or 5500-EZ.

**This Form is NOT Open
to Public Inspection.**

For calendar plan year 2006 or fiscal plan year beginning

and ending

A Name of plan

B Three-digit
plan number

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

D Employer Identification Number

	Yes	No
--	-----	----

Yes	No
-----	----

1a Is the ESOP maintained by an S corporation?

If "Yes," answer line 1b. (Also, "2Q" must be entered on Form 5500, line 8.)

b Were any prohibited allocations of securities in an S corporation made to any disqualified person?

2a Did the employee stock ownership plan (ESOP) have an outstanding securities acquisition loan within the meaning of Code section 133 during the plan year?

b Did the employer maintaining the ESOP pay dividends (deductible under section 404(k)) on the employer's stock held by the ESOP during the employer's tax year in which the plan year ends?

If both line 2a and line 2b are "No," DO NOT complete any other questions on this schedule. Attach the schedule to the Form 5500 or 5500-EZ you file for your ESOP plan.

3 What is the total value of the ESOP assets?

4 If the ESOP holds preferred stock, under what formula(s) is the preferred stock convertible into common stock of the employer corporation?.....▶

5 If unallocated employer securities were released from a loan suspense account, indicate below the methods used:

a ☐ Principal and interest (Excise Tax Regulations section 54.4975-7(b)(8)(i));

b Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii));

c	Other (attach an explanation)
----------	-------------------------------

6 Were unallocated securities or proceeds from the sale of unallocated securities used to repay any exempt loan (within the meaning of Code section 4975(d)(3))? If "Yes," attach a description of the transaction

~~If the ESOP or the employer corporation has one or more outstanding securities acquisition loans intended to satisfy Code section 133, complete lines 7 through 12, otherwise skip to line 13.~~

7a Was the ESOP loan part of a "back to back" loan? (See instructions for definition of "back to back" loan.)

b If line 7a is "Yes," are the terms of the two loans substantially similar?

C Do the two loans have the same amortization schedule? If "No," attach an explanation of how the amortization schedules differ.

8 Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)?

9a What was the date of the securities acquisition loan?

month day year

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

Schedule E (Form 5500) 2006

	Yes	No
9b At all times after the acquisition of the employer securities with the loan proceeds, did the ESOP own more than 50% of: (i) each class of outstanding stock of the employer corporation, or (ii) the total value of all outstanding stock of the corporation?		
9c If line 9b is "No," does the securities acquisition loan satisfy one of the transition rules of Act section 7301(f) of OBRA 1989 or satisfy the exception in Code section 133(b)(6)(B)(ii)? (See instructions for explanation of transition rules.)		
9d If line 9c is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was paid ▶		
10 What was the amount of interest paid on the securities acquisition loan?		
11a Were any securities disposed of within 3 years after the plan acquired section 133 securities in a taxable event described in Code section 4978B(c)?		
b If line 11a is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities?		
12a Were any of the ESOP's securities acquisition loans refinanced during this reporting period?		
b If line 12a is "Yes," does the refinancing meet the requirements of Act section 1602 of SBJPA 1996?		
If the employer maintaining the ESOP deducted dividends under Code section 404(k), answer the questions on lines 13 through 16, otherwise skip to line 17.		
13a Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316?		
b Is the amount paid a dividend under applicable state law?		
14 If dividends deducted under Code section 404(k) were used to repay an exempt loan, were any dividends used to repay the loan generated by securities that were not acquired with the proceeds of the loan being repaid?		
15 If the answer to line 14 is "Yes," were the dividends paid with respect to employer securities that satisfy the transition rules of Act section 7302(b)(2) of OBRA 1989?		
16 Did the employer make payments in redemption of stock held by an ESOP to terminating ESOP participants and deduct them under Code section 404(k)(1)?		
17a Were any dividends subject to an election by participants or their beneficiaries under Code section 404(k)(2)(A)(iii) to reinvest the dividends in employer securities?		
If "Yes," answer lines 17b and 17c. If "No," skip to line 18a.		
b Did the election comply with the requirements of Notice 2002-2?		
c Are dividends reinvested in employer securities pursuant to the election fully vested?		

18 Complete the following information for each class of stock owned by the ESOP:

(a) Class of stock	(b) Common stock (C) Preferred stock (P)	(c) Readily tradable* Yes (Y) No (N)	(d) Dividend rate during plan year**	(e) Dividends paid to participants***	(f) Dividends used to repay exempt loan	
					(1) allocated stock	(2) unallocated stock
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Totals of dividends reported on lines 18(e) and (f) for all classes of stock (including any reported on attachments, see instructions)				\$	\$	\$

* If the stock is readily tradable on an established securities market within the meaning of Code section 409(l), enter "Y," otherwise enter "N."

** Dividend rate paid for each class of stock during the plan year.

*** Dividends paid directly to or distributed to participants.

**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

► File as an attachment to Form 5500 unless box 1 is checked.

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1510-0110

2006

**This Form is NOT Open
to Public Inspection.**

For calendar plan year 2006 or fiscal plan year beginning _____ and ending _____

A Name of plan

B Three-digit
plan number ►

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

1 ☐ Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

**SIGN
HERE**

Signature of plan
administrator ►

Phone number of plan administrator ►

Date ►

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule SSA (Form 5500) 2006

3 0 0 6 0 0 0 1 0 A



4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:**Code A** -- has not previously been reported.**Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.**Code C** -- has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.**Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

		Use with entry code "A", "B", "C", or "D"			Use with entry code "A" or "B"			
(a) Entry Code	(b) Social Security Number	(c) Name of Participant			Enter code for nature and form of benefit	(d) Type of annuity	(e) Payment frequency	Amount of vested benefit
		(First)	(M.I.)	(Last)				(f) Defined benefit plan -- periodic payment

		Use with entry code "A" or "B"		Use with entry code "C"			
(a) Entry Code	Amount of vested benefit		(g) Units or shares	Share indicator	(h) Total value of account	(i) Previous sponsor's employer identification number	(j) Previous plan number
	Defined contribution plan						

v9.0

3 0 0 6 0 0 0 2 0 B

