

Short Form Annual Return/Report of Small Employee
Benefit Plan

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public
Inspection

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

ACK_ID

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD

A SF_PLAN_ENTITY_CD ☐ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan

B SF_INITIAL_FILING_IND ☐ first return/report ☐ final return/report SF_FINAL_FILING_IND SF_SHORT_PLAN_YR_IND

 SF_AMENDED_IND ☐ an amended return/report ☐ short plan year return/report (less than 12 months)

C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program

SF_5558_APPLICATION_FILED_IND ☐ special extension (enter description) SF_EXT_AUTOMATIC_IND SF_DFVC_PROGRAM_IND

Part II Basic Plan Information SF_EXT_SPECIAL_IND ation

1a Name of plan SF_PLAN_NAME

1b Three-digit plan number (PN) SF_PLAN_NUM

1c Effective date of plan SF_PLAN_EFF_DATE

2a Plan sponsor's name and address (employer, if for single-employer plan)
Refer to Page 3, Part II 2a

2b Employer Identification Number (EIN) SF_SPONS_EIN

2c Plan sponsor's telephone number SF_SPONS_PHONE_NUM

2d Business code (see instructions) SF_BUSINESS_CODE

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
Refer to Page 3, Part II 3a

3b Administrator's EIN SF_ADMIN_EIN

3c Administrator's telephone number SF_ADMIN_PHONE_NUM

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. Sponsor's name

4b EIN SF_LAST_RPT_SPONS_EIN

4c PN SF_LAST_RPT_PLAN_NUM

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

b Total number of participants at the end of the plan year SF_TOT_ACT_RTD_SEP_BENEF_CNT

c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) SF_PARTCP_ACCOUNT_BAL_CNT

5c

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) SF_ELIGIBLE_ASSETS_IND ☐ Yes ☐ No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) SF_IQPA_WAIVER_IND ☐ Yes ☐ No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

		(a) Beginning of Year	(b) End of Year
7 Plan Assets and Liabilities			
a Total plan assets	7a	SF_NET_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
b Total plan liabilities	7b	SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 7b from line 7a)	7c	SF_TOT_ASSETS_BOY_AMT	SF_NET_ASSETS_EOY_AMT
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	SF_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	8a(2)	SF_PARTICIP_CONTRIB_INCOME_AMT	
(3) Others (including rollovers)	8a(3)	SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	8b	SF_OTHER_INCOME_AMT	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		SF_TOT_INCOME_AMT
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	SF_TOT_DISTRIB_BNFT_AMT	
e Certain deemed and/or corrective distributions (see instructions)	8e	SF_CORRECTIVE_DEEMED_DISTR_AMT	
f Administrative service providers (salaries, fees, commissions)	8f	SF_ADMIN_SRVC_PROVIDERS_AMT	
g Other expenses	8g	SF_OTH_EXPENSES_AMT	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		SF_TOT_EXPENSES_AMT
i Net income (loss) (subtract line 8h from line 8c)	8i		SF_NET_INCOME_AMT
j Transfers to (from) the plan (see instructions)	8j	SF_TOT_PLAN_TRANSFERS_AMT	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

SF_TYPE_PENSION_BNFT_CODE

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

SF_TYPE_WELFARE_BNFT_CODE

Part V Compliance Questions

10 During the plan year:	Yes	SF_FAIL_TRANSMIT_CONTRIB_IND
a Was there a failure 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)	10a	SF_FAIL_TRANSMIT_CONTRIB_AMT SF_PARTY_IN_INT_NOT_RPTD_IND
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	SF_PARTY_IN_INT_NOT_RPTD_AMT
c Was the plan covered by a fidelity bond?	10c	SF_PLAN_INS_FDLTY_BOND_IND SF_PLAN_INS_FDLTY_BOND_AMT
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	SF_LOSS_DISCV_DUR_YEAR_IND SF_FAIL_PROVIDE_BENEF_DUE_IND SF_LOSS_DISCV_DUR_YEAR_AMT SF_FAIL_PROVIDE_BENEF_DUE_AMT
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	SF_BROKER_FEES_PAID_IND SF_BROKER_FEES_PAID_AMT
f Has the plan failed to provide any benefit when due under the plan?	10f	SF_PARTCP_LOANS_EOY_AMT
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	SF_PARTCP_LOANS_IND
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	SF_PLAN_BLACKOUT_PERIOD_IND
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	SF_COMPLY_BLACKOUT_NOTICE_IND

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))

SF_DB_PLAN_FUNDING_REQD_IND ☐ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

SF_DC_PLAN_FUNDING_REQD_IND ☐ Yes ☐ No

a 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 letter ruling granting the waiver. Month

SF_RULING_LETTER_GRANT_DATE

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year

SF_SEC_412_REQ_CONTRIB_AMT

c Enter the amount contributed by the employer to the plan for this plan year

SF_EMPLR_CONTRIB_PAID_AMT

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)

1 SF_FUNDING_DEFICIENCY_AMT

e Will the minimum funding amount reported on line 12d be met by the funding deadline?

SF_FUNDING_DEADLINE_IND ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

SF_RES_TERM_PLAN_ADPT_IND ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year

SF_RES_TERM_PLAN_ADPT_AMT

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

SF_ALL_PLAN_AST_DISTRIB_IND ☐ Yes ☐ No

c 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.)

13c(1) Name of plan(s): TABLE:Efast_09.F_5500_sf_part1_2009

13c(2) EIN(s)

13c(3) PN(s)

SF_PLAN_TRANSFER_NAME

SF_PLAN_TRANSFER_EIN

SF_PLAN_TRANSFER_PN

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	SF_ADMIN_SIGNED_DATE	SF_ADMIN_SIGNED_NAME
	Signature of plan administrator	Date
SIGN HERE	SF_SPONS_SIGNED_DATE	SF_SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	Date

ROW_ORDER

Part II 2a Variables

SF_SPONSOR_NAME

SF_SPONSOR_DFE_DBA_NAME

SF_SPONS_US_ADDRESS1

SF SPONS US ADDRESS2

SF_SPONS_US_CITY

SF_SPONS_US_STATE

SF_SPONS_US_ZIP

SF_SPONS_FOREIGN_ADDRESS1

SF SPONS FOREIGN ADDRESS2

SF_SPONS_FOREIGN_CITY

SF_SPONS_FOREIGN_PROV_STATE

SF_SPONS_FOREIGN_CNTRY

SF_SPONS_FOREIGN_POSTAL_CD

Part II 3a Variables

SF_ADMIN_CARE_OF_NAME

SF_ADMIN_US_ADDRESS1

SF_ADMIN_US_ADDRESS2

SF_ADMIN_US_CITY

SF_ADMIN_US_STATE

SF_ADMIN_FOREIGN_ADDRESS1

SF_ADMIN_FOREIGN_ADDRESS2

SF_ADMIN_FOREIGN_CITY

SF_ADMIN_FOREIGN_PROV_STATE

SF_ADMIN_FOREIGN_CNTRY

SF_LAST_RPT_SPONS_NAME

SF_ADMIN_FOREIGN_POSTAL_CD