Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2010

	Inis Form is Open to Public Inspection								
Part I	Annual Report Iden	tification Information							
For cale	ndar plan year 2010 or fiscal p	olan year beginning 01/01/2010		and ending 12/31/20)10				
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or					
		X a single-employer plan;	a DFE (s	pecify)					
		_	_						
B This	return/report is:								
an amended return/report; a short plan year return/report (less than 12 months).									
C If the plan is a collectively-bargained plan, check here									
	k box if filing under:	☐ Form 5558:		c extension;	the DFVC program;				
2 000	voxg uuo	special extension (enter des		·					
Part	II Rasic Plan Inform	nation—enter all requested informa	·						
	ne of plan	enter all requested informa	ation		1b Three-digit plan	501			
	DE DRILLING WELFARE BEI	NEFIT			number (PN) ▶				
					1c Effective date of plants	an			
20 Dlan		- /	-1		01/01/2010	. 4:			
	ress should include room or s	s (employer, if for a single-employer բ suite no.)	pian)		2b Employer Identifica Number (EIN)	ition			
`	DE DRILLING, LP	· · · · · · · · · · · · · · · · · · ·			27-0642404				
					2c Sponsor's telephone				
					number 425-485-8909				
P.O. BO	X 1184 NVILLE, WA 98072		OODINVILLE-SNOH VILLE, WA 98072	OMISH RD	2d Business code (see	9			
WOODII	WILLE, WA 90072	WOODIN	VILLE, WA 96072		instructions)				
					238900				
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,									
statemer	nts and attachments, as well a	as the electronic version of this return	n/report, and to the b	est of my knowledge and belie	ef, it is true, correct, and com	nplete.			
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	10/03/2011	KEITH FOSNESS					
	Signature of plan adminis	trator	Date	Enter name of individual sig	ning as plan administrator				
SIGN HERE									
	Signature of employer/pla	n sponsor	Date	Enter name of individual sig	ning as employer or plan sp	onsor			
SIGN			1						

Date

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

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sar SCADE DRILLING, LP	ne")		ministrator's EIN 0642404
	D. BOX 1184 OODINVILLE, WA 98072		nu	ministrator's telephone mber 5-485-8909
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	151
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a, 6b, 6c, and 6d).		-
а	Active participants		. 6a	129
b	Retired or separated participants receiving benefits		. 6b	7
С	Other retired or separated participants entitled to future benefits		. 6c	0
d	Subtotal. Add lines 6a, 6b, and 6c		. 6d	136
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive henefits	. 6e	
f	Total. Add lines 6d and 6e		. 6f	136
g	Number of participants with account balances as of the end of the plan year complete this item)		. 6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested		. 6h	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature confidence of the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D			
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all the (1) Insurance (2) Code section 412(e)(3) (3) Trust General assets of the specific process.	insurand	
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial	b General Schedules (1) H (Financial Inform (2) I (Financial Inform (3) X 2 A (Insurance Inform (4) C (Service Provide (5) D (DFE/Participati	mation) nation – rmation) er Inform	Small Plan) nation)
	Information) - signed by the plan actuary	(6) G (Financial Trans	-	

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 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

	This Form is Open to Public pursuant to ERISA section 103(a)(2).							
For calendar plan year 20	10 or fiscal plai	n year beginning 01/01/2010		and end	ling 12/31/2010	- Process		
A Name of plan CASCADE DRILLING WI	-		E		digit umber (PN)	501		
C Plan sponsor's name a CASCADE DRILLING, LE		e 2a of Form 5500.	Г	27-0642	er Identification Numbe	r (EIN)		
		ning Insurance Contract Individual contracts grouped as						
1 Coverage Information:								
1 Covorage information.								
(a) Name of insurance ca	arrier							
METROPOLITAN LIFE II	NSURANCE CO	OMPANY						
	(a) NIAIC	(d) Contract or	(e) Approximate numl	per of	Policy or	contract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at ellegation policy or contract years		(f) From	(g) To		
13-5581829	65978	KM05584163	136		01/01/2010	12/31/2010		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. List	in item 3 t	he agents, brokers, and	l other persons in		
•	(a) Total amount of commissions paid (b) Total amount of fees paid							
	4726							
3 Persons receiving com	missions and fo	ees. (Complete as many entries	s as needed to report all per	rsons).				
		and address of the agent, broker			ons or fees were paid			
R.L. EVANS COMPANY,	· · ·	3535	5 FACTORIA BLVD SE, STI LEVUE, WA 98006					
		522						
(b) Amount of sales a	nd hoos	Fe	es and other commissions	paid				
commissions pa		(c) Amount		Purpose		(e) Organization code		
	4726					3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(la) A		Fe	es and other commissions	paid				
(b) Amount of sales a commissions pa		(c) Amount		Purpose		(e) Organization code		
		\(\frac{1}{2}\)	(4.7)	1 - 1 - 2 - 2		,, ,		

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	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				6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶					
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

If more than one contract covers the same group of employees of the same employers (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 contracts cover individual employes the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 8 Benefit and contract type (check all applicable boxes) a			weitare Benefit Contract Information			()		
a			information may be combined for reporting p	urposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contrac	
e	8	Bene	efit and contract type (check all applicable boxes)					
i		а	Health (other than dental or vision)	b X Dental	С	Vision		d X Life insurance
i		е	Temporary disability (accident and sickness)	f Long-term disabilit	v g∏	Supplemental unem	ployment	h Prescription drug
## Status of premium: (1) Amount received. ## Status of premium: (1) Amount received. ## Status of price price for sisks or other contingencies. ## Social Premiums: (1) Amount received. ## Social Premiums: (1) Received. ## Social Prem		ιĒ	⊒	H '	·	-	,	-
B Experience-rated contracts: a Premiums: (1) Amount received		m	_ · · · · · · · · · · · · · · · · · · ·			11 0 continuot		I macminity contract
a Premiums: (1) Amount received			Other (specify)					
a Premiums: (1) Amount received	9	Expe	rience-rated contracts:					
(2) Increase (decrease) in amount due but unpaid		•			9a(1)			
(3) Increase (decrease) in unearned premium reserve			` '		. ,			
(4) Earned ((1) + (2) - (3))				•				
b Benefit charges (1) Claims paid				-			9a(4)	
(2) Increase (decrease) in claim reserves							,	
(3) Incurred claims (add (1) and (2))								
(4) Claims charged			, ,	<u> </u>	, , , , , , , , , , , , , , , , , , , 		9b(3)	
C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions								
(B) Administrative service or other fees			. ,					
(B) Administrative service or other fees			(A) Commissions	[′]	9c(1)(A)			
(D) Other expenses								
(E) Taxes			(C) Other specific acquisition costs		9c(1)(C)			
(F) Charges for risks or other contingencies			(D) Other expenses		9c(1)(D)			
(G) Other retention charges			(E) Taxes		9c(1)(E)			
(H) Total retention			(F) Charges for risks or other contingencies.		9c(1)(F)			
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) (3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier 10a 8' 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 10b			(G) Other retention charges		9c(1)(G)			
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			(H) Total retention				9c(1)(H))
(2) Claim reserves			(2) Dividends or retroactive rate refunds. (These	e amounts were paid in	cash, or	credited.)	9c(2)	
(3) Other reserves		d	Status of policyholder reserves at end of year: (1) Amount held to provide I	penefits after	retirement		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier			(2) Claim reserves				9d(2)	
10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier		(3) Other reserves				9d(3)		
a Total premiums or subscription charges paid to carrier		e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)					9e	
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.	10	No	nexperience-rated contracts:					
retention of the contract or policy, other than reported in Part I, item 2 above, report amount		а	Total premiums or subscription charges paid to o	carrier			. 10a	81394
Specify nature of costs ▶								
		Sp	ecify nature of costs					
		Sp	ecity nature of costs 🕨					

No

Yes

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Provision of Information

Part IV

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance 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

2010

	Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). This Form is Open to Public Inspection							
For calendar plan year 20	10 or fiscal pla	n year beginning 01/01/2010)	and en	nding 12	/31/2010		
A Name of plan CASCADE DRILLING WE	ELFARE BENE	EFIT		B Three plan	e-digit number (P	N) •	501	
C Plan sponsor's name a CASCADE DRILLING, LF		ne 2a of Form 5500.		D Employ 27-064		cation Number (EIN)	
		ning Insurance Contract Individual contracts grouped a						
1 Coverage Information:	1 Coverage Information:							
(a) Name of insurance ca AETNA LIFE INSURANC								
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
06-6033492	60054	804401-ERG	1	14	01/01/20)10	12/31/2010	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents	, brokers, and c	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		10774					0	
3 Persons receiving com		fees. (Complete as many entrie						
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid R.L. EVANS COMPANY, INC. 3535 FACTORIA BLVD SE, STE 120 BELLEVUE, WA 98006								
42.4		F	ees and other commissio	ns naid				
(b) Amount of sales ar commissions pa		(c) Amount	oco ana omer commissio	(d) Purpose)		(e) Organization code	
10774						3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales ar			ees and other commissio					
commissions pa	id	(c) Amount		(d) Purpose	9		(e) Organization code	

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	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				6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶					
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

Pa	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 contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.								
8	Ben	efit and contract type (check all applicable boxes)	•		<u> </u>	<u> </u>	_		
	a [Health (other than dental or vision)	b Dental	С	Vision		d Life insurance		
	L		브		=		블		
	e		f Long-term disability		╡ ''	mployment	h Prescription drug		
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract		
	m	Other (specify)							
9	Expe	erience-rated contracts:	-		1				
	а	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		1			
		(4) Earned ((1) + (2) - (3))			·······	9a(4)			
	b	Benefit charges (1) Claims paid	-	9b(1)					
		(2) Increase (decrease) in claim reserves		9b(2)		1			
		(3) Incurred claims (add (1) and (2))				9b(3)			
		(4) Claims charged				9b(4)			
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)		T				
		(A) Commissions		9c(1)(A)					
		(B) Administrative service or other fees		9c(1)(B)					
		(C) Other specific acquisition costs	F	9c(1)(C)					
		(D) Other expenses		9c(1)(D)			_		
		(E) Taxes	F T	9c(1)(E)					
		(F) Charges for risks or other contingencies		9c(1)(F)					
		(G) Other retention charges	_	9c(1)(G)		0.40/11			
		(H) Total retention		_		- ` ` ` ` `)		
	_	(2) Dividends or retroactive rate refunds. (These	—						
	d	Status of policyholder reserves at end of year: (1)	·						
		(2) Claim reserves							
		(3) Other reserves							
40	<u>e</u>	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in c(2) .)		9e			
1(_	nexperience-rated contracts:					392438		
	a	Total premiums or subscription charges paid to ca				<u>10a</u>	392436		
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than repo				10b			
	Sr	pecify nature of costs	inted in Fait 1, item 2 abov	e, report ar	110u11t				
P	art l'	V Provision of Information							
			,	. 0	Ι 40	7 Voc	П No		
11	ı Dio	d the insurance company fail to provide any inform	ation necessary to comple	ete Schedu	e A?	Yes	No		

SCHEDULE G (Form 5500)

Department of Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administation

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

2010

This Form is Open to Public Inspection.

For c	alendar plan year 20	010 or fiscal plan year begin	ning 01/01	/2010	and e	nding 12/31/2010				
A Na	me of plan: ADE DRILLING WE	LFARE BENEFIT				B Three-digit plan number (PN)	•	501		
	an sponsor's name a	as shown on line 2a of Form	5500			D Employer Identifica	ition Number (EII	N):		
Part	Complete as	e of Loans or Fixed In s many entries as needed to be a party in interest. Attack	report all loan	s or fixed inc	ome obligations in default o	or classified as uncollectible	e. Check box (a)) if obligor		
(a)		entity and address of obligor		(c) Detail	(c) 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 received du	iring reporting	year		Amount	Amount overdue			
(d) (Original amount of loan	(e) Principal	(f) Inte	erest	(g) Unpaid balance at end of year	(h) Principal (i) II		est		
					ed description of loan include					
(a)	(b) Ide	entity and address of obligor		type	type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items					
		Amount received du	ring reporting	year		Amount overdue				
(d) (Original amount of loan	(e) Principal	(f) Inte	nterest (g) Unpaid balance at of year		(h) Principal	(i) Intere	est		
(a)	(a) (b) Identity and address of obligor			(c) 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 received du	iring reporting	year		Amount	toverdue			
(d) (Original amount of loan	(e) Principal	(f) Inte	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Intere	est		
			1							

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Part II	Complete as n	nany entries as neede	ed to re	or Classified as Unco	r cla	ssified as uncollectible.	Check box (a) if lessor or	lessee is known to be a		
(a)				elationship to plan, employ ployee organization or othe party-in-interest	er,	(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)				
						services, sale property reactions				
(e) Original cost		(f) Current value at ti lease	me of	(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		Relationship to plan, employer, mployee organization or other party-in-interest		purchased, te	(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) Or	riginal cost	(f) Current value at ti lease	me of	of (g) Gross rental receipts during the plan year		Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a)	(b) Identity	of lessor/lessee	(c) Relationship to plan, employee organization or oth party-in-interest			purchased, te	(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		ne of (g) Gross rental receipts during the plan year		Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
(a) (b) Identity		of lessor/lessee) 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 ti lease	me of	(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) R em	Relationship to plan, employ ployee organization or othe party-in-interest	er, er	purchased, te	scription (type of property, learns regarding rent, taxes, in renewal options, date propertions.	nsurance, repairs,		
(e) Original cost		(f) Current value at time of lease		e of (g) Gross rental receipts during the plan year		Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears		
` '		٠,	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				
					•					

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Part III	Part III Nonexempt Transactions Complete as many entries as needed to report all nonexempt transactions. Caution: 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) De	cise tax on the transaction. escription of transaction incluses, collateral, par or matur	(d) Purchase price			
			or outer party in		01 1110	root, conditional, par or mater	ny value			
(e) Sel	ling price	(f)	Lease rental	(g) Transaction expenses	n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity	of party involv	red	(b) Relationship or other party-in-	to plan, employer, interest		escription of transactions incl f interest, collateral, par or m		(d) Purchase price		
(e) Sel	ling price	(f)	Lease rental	(g) Transaction expenses	n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identi	ty of party invo	lved		to plan, employer, rty-in-interest		Description of transactions in rate of interest, collateral, pa		(d) Purchase price		
(e) Sel	ling price	(f)	(f) Lease rental (g) Transactive expenses		(h) Cost of asset		(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity	of party involv	red .	(b) Relationship to plan, employer, or other party-in-interest			escription of transactions incl f interest, collateral, par or m	(d) Purchase price			
(e) Sel	ling price	(f)	Lease rental	Lease rental (g) Transaction expenses		n (h) Cost of asset (i) Current value asset		(j) Net gain (or loss) on each transaction		
(a) Identity	of party involv	⁄ed	(b) Relationship to plan, employer, or other party-in-interest			escription of transactions incl f interest, collateral, par or m	(d) Purchase price			
(e) Sel	ling price	(f)	Lease rental	(g) Transaction expenses	n	(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				escription of transactions incl f interest, collateral, par or m		(d) Purchase price				
(e) Selling price		(f)	Lease rental	(g) Transaction expenses	n	(i) Current asset		(j) Net gain (or loss) on each transaction		