

<p>SCHEDULE R (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Retirement Plan Information</p> <p>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p>ACK_ID ▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2014</p> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning SCH_R_PLAN_YEAR_BEGIN_DATE and ending SCH_R_TAX_PRD	
<p>A Name of plan</p>	<p>B Three-digit plan number (PN) ▶ SCH_R_PN</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500</p>	<p>D Employer Identification Number (EIN) SCH_R_EIN</p>

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
<p>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</p>	<p>PEN_VALUE_DSTRB_PD_PRPTY_AMT</p> <p>1</p>
<p>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):</p> <p>EIN(s): PEN_PAYOR_01_EIN PEN_PAYOR_02_EIN</p> <p>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</p>	
<p>3 Number of participants (living or deceased) whose benefits were distributed during the year.....</p>	<p>PEN_BNFT_DISTRB_SNGL_SUM_CNT</p> <p>3</p>

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)
<p>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If the plan is a defined benefit plan, go to line 8.</p>	<p>PEN_ELEC_SATISFY_CODE_412_IND</p> <p>PEN_FNDNG_WVRS_DATE</p>
<p>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. Date: Month _____ Day _____ Year _____</p> <p>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</p>	
<p>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....</p> <p>b Enter the amount contributed by the employer to the plan for this plan year.....</p> <p>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).....</p> <p>If you completed line 6c, skip lines 8 and 9.</p>	<p>6a PEN_EMPLR_CONTRIB_RQR_AM</p> <p>6b PEN_EMPLR_CONTRIB_PAID_AMT</p> <p>6c PEN_FUNDING_DEFICIENCY_AMT</p> <p>PEN_FUNDING_DEADLINE_IND</p>
<p>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>PEN_CHG_FNDNG_METHOD_IND</p>

Part III	Amendments
<p>9 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. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</p>	<p>PEN_AMDMT_INCR_VAL_BNFT_CD</p>

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
<p>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>PEN_SEC_REPAY_LOAN_IND</p> <p>ESOP_PREF_IND</p> <p>ESOP_BACK_TO_BACK_IND</p> <p>ESOP_STOCK_NOT_TRADABLE_IND</p>

Part V Additional Information for Multiemployer Defined Benefit Pension Plans TABLE: Efast_09.F_sch_r_part1_2009

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
 Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 is box

 (1) Contribution rate (in dollars and cents)
 Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

- a The current year 14a PEN_NO_CONTRIB_CUR_YR_CNT
- b The plan year immediately preceding the current plan year 14b PEN_NO_CONTRIB_PREV_YR_CNT
- c The second preceding plan year PEN_NO_CONTRIB_2ND_PREV_YR_CN 14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

- a The corresponding number for the plan year immediately preceding the current plan year 15a
- b The corresponding number for the second preceding plan year PEN_NO_CONTR_CUR_2ND_PREV_PRC 15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year: PEN_EMPLRS_WITHDRW_PREV_CNT

- a Enter the number of employers who withdrew during the preceding plan year 16a
- b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers 16b PEN_WITHDRW_LIAB_AMT

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. PEN_ASSET_LIAB_TRANSFER_IND

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. PEN_LIAB_MULT_PLANS_IND

19 If the total number of participants is 1,000 or more: PEN_HI_YLD_DEBT_PRCNT PEN_REAL_ESTATE_PRCNT

- a Enter the percentage of plan assets held as:
 - PEN_STOCK_PRCNT % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: PEN_OTH_ASSET_PRCNT
 - b Provide the average duration of the combined investment-grade and high-yield debt:
 - 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 PEN_AVERAGE_DURATION_CD or more
 - c What duration measure was used to calculate line 19(b)?
 - Effective duration Macaulay duration Modified duration Other (specify): PEN_OTHER_DURATION_TYPE_TEXT
- PEN_DURATION_MEASURE_CD