

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p align="center"><b>Annual Return/Report of Employee Benefit Plan</b></p> <p align="center">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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p align="center">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> <p align="center">ACK_ID</p>	<p align="right">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p align="center" style="font-size: 24pt;"><b>2014</b></p> <hr/> <p align="center"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning  and ending

**A** This return/report is for:  a multiemployer plan;  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or  a single-employer plan;  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report;  the final return/report;  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.  Form 5558;  automatic extension;  the DFVC program;  special extension (enter description)

**D** Check box if filing under:  Form 5558;  automatic extension;  the DFVC program;  special extension (enter description)

**Part II Basic Plan Information**—enter all requested information

**1a** Name of plan

**1b** Three-digit plan number (PN) ▶

**1c** Effective date of plan

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

**2b** Employer Identification

**2c** Plan Sponsor's telephone

**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, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<input type="text" value="ADMIN_SIGNED_DATE"/>	<input type="text" value="ADMIN_SIGNED_NAME"/>
	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<input type="text" value="SPONS_SIGNED_DATE"/>	<input type="text" value="SPONS_SIGNED_NAME"/>
	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<input type="text" value="DFE_SIGNED_DATE"/>	<input type="text" value="DFE_SIGNED_NAME"/>
	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)		Preparer's telephone number (optional)

<input type="text" value="SPONSOR_DFE_NAME"/>	<input type="text" value="SPONS_DFE_MAIL_FORGN_PROV_ST"/>
<input type="text" value="SPONS_DFE_DBA_NAME"/>	<input type="text" value="SPONS_DFE_MAIL_FOREIGN_CNTRY"/>
<input type="text" value="SPONS_DFE_CARE_OF_NAM"/>	<input type="text" value="SPONS_DFE_MAIL_FORGN_POSTAL_CD"/>
<input type="text" value="SPONS_DFE_MAIL_US_ADD1"/>	<input type="text" value="SPONS_DFE_LOC_US_ADDRESS1"/>
<input type="text" value="SPONS_DFE_MAIL_US_ADD2"/>	<input type="text" value="SPONS_DFE_LOC_US_ADDRESS2"/>
<input type="text" value="SPONS_DFE_MAIL_US_CITY"/>	<input type="text" value="SPONS_DFE_LOC_US_CITY"/>
<input type="text" value="SPONS_DFE_MAIL_US_STAT"/>	<input type="text" value="SPONS_DFE_LOC_US_STATE"/>
<input type="text" value="SPONS_DFE_MAIL_US_ZIP"/>	<input type="text" value="SPONS_DFE_LOC_US_ZIP"/>
<input type="text" value="SPONS_DFE_MAIL_FOREIGN"/>	<input type="text" value="SPONS_DFE_LOC_FOREIGN_ADDRESS1"/>
<input type="text" value="SPONS_DFE_MAIL_FOREIGN"/>	<input type="text" value="SPONS_DFE_LOC_FOREIGN_ADDRESS2"/>
<input type="text" value="SPONS_DFE_MAIL_FOREIGN"/>	<input type="text" value="SPONS_DFE_LOC_FOREIGN_CITY"/>

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> ADMIN_NAME  ADMIN_CARE_OF_NAME  ADMIN_US_ADDRESS1  ADMIN_US_ADDRESS2  ADMIN_US_CITY  ADMIN_US_STATE </div> <div style="border: 1px solid black; padding: 2px;"> ADMIN_US_ZIP  ADMIN_FOREIGN_ADDRESS1 </div> <div style="border: 1px solid black; padding: 2px;"> ADMIN_FOREIGN_ADDRESS2  ADMIN_FOREIGN_CITY  ADMIN_FOREIGN_PROV_STATE  ADMIN_FOREIGN_CNTRY  ADMIN_FOREIGN_POSTAL_CD </div> </div>	<b>3b</b> Administrator's EIN <input type="text" value="ADMIN_EIN"/> <b>3c</b> Administrator's telephone number <input type="text" value="ADMIN_PHONE_NUM"/>
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<b>4</b> 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: <b>a</b> Sponsor's name <input type="text" value="LAST_RPT_SPONS_NAME"/> <input type="text" value="LAST_RPT_SPONS_EIN"/> <input type="text" value="LAST_RPT_PLAN_NUM"/>	<b>4b</b> EIN <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> <input type="text" value="TOT_PARTCP_BOY_CNT"/>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<input type="text" value="TOT_ACTIVE_PARTCP_BOY_CNT"/> <b>6a(1)</b>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<input type="text" value="TOT_ACTIVE_PARTCP_CNT"/> <b>6a(2)</b>
<b>b</b> Retired or separated participants receiving benefits .....	<input type="text" value="RTD_SEP_PARTCP_RCVG_CNT"/> <b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<input type="text" value="RTD_SEP_PARTCP_FUT_CNT"/> <b>6c</b>
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<input type="text" value="SUBTL_ACT_RTD_SEP_CNT"/> <b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<input type="text" value="BENEF_RCVG_BNFT_CNT"/> <b>6e</b>
<b>f</b> Total. Add lines 6d and 6e.....	<input type="text" value="TOT_ACT_RTD_SEP_BENEF_CNT"/> <b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<input type="text" value="PARTCP_ACCOUNT_BAL_CNT"/> <b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<input type="text" value="SEP_PARTCP_PARTL_VSTD_CNT"/> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> <input type="text" value="CONTRIB_EMPLRS_CNT"/>

<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <input type="text" value="TYPE_PENSION_BNFT_CODE"/>
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <input type="text" value="TYPE_WELFARE_BNFT_CODE"/> <input type="text" value="BENEFIT_INSURANCE_IND"/>

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <input type="text" value="FUNDING_INSURANCE_IND"/> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts <input type="text" value="FUNDING_SEC412_IND"/> (3) <input type="checkbox"/> Trust <input type="text" value="FUNDING_TRUST_IND"/> (4) <input type="checkbox"/> General assets of the sponsor <input type="text" value="FUNDING_GEN_ASSET_IND"/>	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <input type="text" value="BENEFIT_SEC412_IND"/> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust <input type="text" value="BENEFIT_TRUST_IND"/> (4) <input type="checkbox"/> General assets of the sponsor <input type="text" value="BENEFIT_GEN_ASSET_IND"/>
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<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> R (Retirement Plan Information) <input type="text" value="SCH_R_ATTACHED_IND"/> (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary <input type="text" value="SCH_MB_ATTACHED_IND"/> (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary <input type="text" value="SCH_SB_ATTACHED_IND"/>	<b>b General Schedules</b> (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Information - Certain Contracts) <input type="text" value="SCH_I_ATTACHED_IND"/> <input type="text" value="SCH_A_ATTACHED_IND"/> <input type="text" value="SCH_C_ATTACHED_IND"/> <input type="text" value="SCH_D_ATTACHED_IND"/> <input type="text" value="SCH_G_ATTACHED_IND"/>
<input type="text" value="NUM_SCH_A_ATTACHED_CNT"/>	

**Part III**

**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

SUBJ\_M1\_FILING\_REQ\_IND

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2) .....  Yes  No

COMPLIANCE\_M1\_FILING\_REQ\_IND

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_ M1\_RECEIPT\_CONFIRMATION\_CODE

