

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">ACK_ID</div> <div> <p>► <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> </div> </div>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2016</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2016 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</span>			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
<b>B</b> This	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report <span style="border: 1px solid black; padding: 2px;">FINAL_FILING_IND</span>	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months) <span style="border: 1px solid black; padding: 2px;">SHORT_PLAN_YR_I</span>	
<b>C</b> If the plan is a collectively-bargained plan, check	<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">F5558_APPLICATION_FILED_IND</span>	<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">EXT_AUTOMATIC_IND</span>	<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">COLLECTIVE_BARGAIN</span>
<b>D</b> Check	<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_IND</span>	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	<input type="checkbox"/> special extension (enter description) <span style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_TEXT</span>		<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">DFVC_PROGRAM_IND</span>

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b> Name of plan	<span style="border: 1px solid black; padding: 2px;">PLAN_NAME</span>	<b>1b</b> Three-digit plan number (PN) ►	<span style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</span>
		<b>1c</b> Effective date of plan	<span style="border: 1px solid black; padding: 2px;">PLAN_EFF_DATE</span>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		<b>2b</b> Employer Identification Number (EIN)	<span style="border: 1px solid black; padding: 2px;">SPONS_DFE_EIN</span>
		<b>2c</b> Plan Sponsor's telephone number	<span style="border: 1px solid black; padding: 2px;">SPONS_DFE_PHONE_NUM</span>
		<b>2d</b> Business code (see instructions)	<span style="border: 1px solid black; padding: 2px;">BUSINESS_CODE</span>

**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 I declare that it is true, correct, and complete.

SIGN HERE		<span style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_DATE</span>	<span style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_NAME</span>
SIGN HERE	Signature of plan administrator	<span style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_DATE</span>	Enter name of <span style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_NAME</span> administrator
SIGN HERE	Signature of employer/plan sponsor	<span style="border: 1px solid black; padding: 2px;">DFE_SIGNED_DATE</span>	Enter name of <span style="border: 1px solid black; padding: 2px;">DFE_SIGNED_NAME</span> employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
<div style="border: 1px solid black; padding: 2px;">           SPONSOR_DFE_NAME            SPONS_DFE_DBA_NAME            SPONS_DFE_CARE_OF_NAME            SPONS_DFE_MAIL_US_ADDRESS1            SPONS_DFE_MAIL_US_ADDRESS2            SPONS_DFE_MAIL_US_CITY            SPONS_DFE_MAIL_US_STATE            SPONS_DFE_MAIL_US_ZIP            SPONS_DFE_MAIL_FOREIGN_ADDR1            SPONS_DFE_MAIL_FOREIGN_ADDR2            SPONS_DFE_MAIL_FOREIGN_CITY         </div>		<div style="border: 1px solid black; padding: 2px;">           DFE_MAIL_FORGN_PROV_ST            DFE_MAIL_FOREIGN_CNTRY            DFE_MAIL_FORGN_POSTAL_CD            DFE_LOC_US_ADDRESS1            DFE_LOC_US_ADDRESS2            DFE_LOC_US_CITY            DFE_LOC_US_STATE            DFE_LOC_US_ZIP            DFE_LOC_FOREIGN_ADDRESS1            DFE_LOC_FOREIGN_ADDRESS2            DFE_LOC_FOREIGN_CITY         </div>	
		Preparer's telephone number	

<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="width: 30%;"> ADMIN_NAME  ADMIN_CARE_OF_NAME  ADMIN_US_ADDRESS1  ADMIN_US_ADDRESS2  ADMIN_US_CITY  ADMIN_US_STATE </div> <div style="width: 30%;"> ADMIN_US_ZIP  ADMIN_FOREIGN_ADDRESS1 </div> <div style="width: 30%;"> 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 ADMIN_EIN <b>3c</b> Administrator's telephone number ADMIN_PHONE_NUM
<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 LAST_RPT_SPONS_NAME LAST_RPT_SPONS_EIN LAST_RPT_PLAN_NUM		<b>4b</b> EIN <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 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..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines 6d and 6e..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h PARTCP_ACCOUNT_BAL_CNT SEP_PARTCP_PARTL_VSTD_CNT
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<b>7</b> 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: 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: TYPE_WELFARE_BNFT_CODE BENEFIT_INSURANCE_IND		
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance FUNDING_INSURANCE_IND (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts FUNDING_SEC412_IND (3) <input type="checkbox"/> Trust FUNDING_TRUST_IND (4) <input type="checkbox"/> General assets of the sponsor FUNDING_GEN_ASSET_IND	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance BENEFIT_SEC412_IND (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust BENEFIT_TRUST_IND (4) <input type="checkbox"/> General assets of the sponsor BENEFIT_GEN_ASSET_IND	
<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) 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 SCH_MB_ATTACHED_IND (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary 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 Investment Fund) SCH_H_ATTACHED_IND (6) <input type="checkbox"/> G (Financial Transaction Consistency) SCH_I_ATTACHED_IND SCH_A_ATTACHED_IND SCH_C_ATTACHED_IND SCH_D_ATTACHED_IND SCH_G_ATTACHED_IND	
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 req COMPLIANCE\_M1\_FILING\_REQ\_IND 20.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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

SAMPLE