

<div>Form 5500-SF</div> <div>TABLE:efast_09.F_5500_sf_2009</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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> <div>ACK_ID</div> <div>Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>	
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD</div> <div><div>SF_PLAN_ENTITY_CD</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)</div></div> <div>A This return/report is for:<div><div>SF_INITIAL_FILING_IND</div><div><input type="checkbox"/> a one-participant plan</div><div><input type="checkbox"/> a foreign plan</div></div></div> <div><div>SF_FINAL_FILING_IND</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div></div> <div>B Th<div>SF_AMENDED_IND</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> <div>SF_SHORT_PLAN_YR_IND</div> <div>C Check box if filing under:<div><div>SF_5558_APPLICATION_FILED_IND</div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> DFVC program</div></div><div><div>SF_EXT_SPECIAL_IND</div><div>Special extension (enter description)</div><div>SF_EXT_AUTOMATIC_IND</div><div>SF_DFVC_PROGRAM_IND</div></div></div>					

- 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Financial Information **SF_COVERED_PBGC_INSURANCE_IND**

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets.....	7a	SF_TOT_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_NET_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_DISTRI_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	No	N/A	Amount
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 Compliance Program)	SF_FAIL_TRANSMIT_CONTRIB_IND			SF_FAIL_TRANSMIT_CONTRIB_AMT
b	Were there any nonexempt transactions with any party-in-interest? (See instructions and reported on line 10a.)	SF_PARTY_IN_INT_NOT_RPTD_IND			SF_PARTY_IN_INT_NOT_RPTD_AMT
c	Was the plan covered by a fidelity bond?	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, due to fraud or dishonesty?	SF_LOSS_DISCV_DUR_YEAR_IND			SF_LOSS_DISCV_DUR_YEAR_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 of the plan? (See instructions.)	SF_BROKER_FEES_PAID_IND			SF_BROKER_FEES_PAID_AMT
f	Has the plan failed to provide any benefit when due under the plan?	SF_FAIL_PROVIDE_BENEF_DUE_IND			SF_FAIL_PROVIDE_BENEF_DUE_AMT
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end)	SF_PARTCP_LOANS_IND			SF_PARTCP_LOANS_EOY_AMT
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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.....			SF_COMPLY_BLACKOUT_NOTICE_IND	
j	Did the plan trust incur unrelated business taxable income?	SF_TRUS_INC_UNREL_TAX_INC_IND			SF_TRUS_INC_UNREL_TAX_INC_AMT

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) and line 11a below)..... **SF_DB_PLAN_FUNDING_REQD_IND** ☐ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **SF_UNP_MIN_CONT_CUR_YRTOT_AMT**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☐ No
- SF_DC_PLAN_FUNDING_REQD_IND**

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this SF_RULING_LETTER_GRANT_DATE date of the letter ruling granting the waiver. Month Day Year

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) 12 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 in any plan 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 of the PBGC? SF_ALL_PLAN_AST_DISTIB_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):	13c(2) EIN(s)	13c(3) PN(s)
TABLE:Efast_09.F_5500_sf_part1_2009		
SF_PLAN_TRANSFER_NAME	SF_PLAN_TRANSFER_EIN	SF_PLAN_TRANSFER_PN

Part VIII Trust Information

14a Name of trust

SF_FDCRY_TRUST_NAME

14b Trust's EIN

SF_FDCRY_TRUST_EIN

14c Name of trustee or custodian

SF_FDCRY_TRUSTE_CUST_NAME

14d Trustee's or custodian's telephone number

SF_FDCRY_TRUSTE_CUST_PHONE_NUM

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? SF_401K_PLAN_IND Yes ☐ No ☐

15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? SF_401K_SATISFY_RQMTS_IND Design-based safe harbor method ☐ ADP/ACP test ☐

15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? SF_ADP_ACP_TEST_IND Yes ☐ No ☐

16a Check the box to indicate the method used by the plan to satisfy the coverage and nondiscrimination tests of sections 401(k)(3) and 401(m)(2). SF_MTHD_USED_SATISFY_RQMTS_IND Ratio percentage test ☐ Average benefit test ☐

16b Does the plan satisfy the coverage and nondiscrimination tests of sections 401(k)(3) and 401(m)(2) this plan with any other plans under the permissive aggregation rules? SF_PLAN_SATISFY_TESTS_IND Yes ☐ No ☐

17a Has the plan been timely amended for all required tax law changes? SF_PLAN_TIMELY_AMENDED_IND Yes ☐ No ☐ N/A ☐

17b Date the last plan amendment/restatement for the required tax SF_LAST_PLAN_AMENDMENT_DATE enter the applicable code SF_TAX_CODE for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter SF_LAST_OPIN_ADV_DATE and the letter's serial number SF_LAST_OPIN_ADV_SERIAL_NUM

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter SF_FAV_DETERM_LTR_DATE

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? SF_PLAN_MAINTAIN_US_TERRI_IND

19 Were in-service distributions made during the plan year? SF_IN_SERVICE_DISTIB_IND Yes ☐ No ☐

If "Yes," enter amount 19 SF_IN_SERVICE_DISTIB_AMT

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

SF_MIN_REQ_DISTIB_IND