

<b>SCHEDULE I</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Financial Information—Small Plan</b> 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). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <b>2013</b> This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">SCH I PLAN YEAR BEGIN DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">SCH I TAX PRD</span>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <span style="border: 1px solid black; padding: 2px;">SCH_I_PLAN_NUM</span>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 2px;">SCH_I_EIN</span>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets .....	1a	<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_ASSETS_BOY_AMT</span>	<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_ASSETS_EOY_AMT</span>
b Total plan liabilities .....	1b	<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_LIABILITIES_BOY_AMT</span>	<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_LIABILITIES_EOY_AMT</span>
c Net plan assets (subtract line 1b from line 1a) .....	1c	<span style="border: 1px solid black; padding: 2px;">SMALL_NET_ASSETS_BOY_AMT</span>	<span style="border: 1px solid black; padding: 2px;">SMALL_NET_ASSETS_EOY_AMT</span>

  

2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)	<span style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_CONTRIB_INCOME_AMT</span>	
(2) Participants.....	2a(2)	<span style="border: 1px solid black; padding: 2px;">SMALL_PARTICIPANT_CONTRIB_AMT</span>	
(3) Others (including rollovers) .....	2a(3)	<span style="border: 1px solid black; padding: 2px;">SMALL_OTH_CONTRIB_RCVD_AMT</span>	
b Noncash contributions .....	2b	<span style="border: 1px solid black; padding: 2px;">SMALL_NON_CASH_CONTRIB_BS_AMT</span>	
c Other income.....	2c	<span style="border: 1px solid black; padding: 2px;">SMALL_OTHER_INCOME_AMT</span>	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	2d		<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_INCOME_AMT</span>
e Benefits paid (including direct rollovers) .....	2e	<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_DISTRB_BNFT_AMT</span>	
f Corrective distributions (see instructions) .....	2f	<span style="border: 1px solid black; padding: 2px;">SMALL_CORRECTIVE_DISTRB_AMT</span>	
g Certain deemed distributions of participant loans (see instructions) .....	2g	<span style="border: 1px solid black; padding: 2px;">SMALL_DEEM_DSTRB_PARTCP_LN_AMT</span>	
h Administrative service providers (salaries, fees, and commissions) .....	2h	<span style="border: 1px solid black; padding: 2px;">SMALL_ADMIN_SRVC_PROVIDERS_AMT</span>	
i Other expenses .....	2i	<span style="border: 1px solid black; padding: 2px;">SMALL_OTH_EXPENSES_AMT</span>	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	2j		<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_EXPENSES_AMT</span>
k Net income (loss) (subtract line 2j from line 2d) .....	2k		<span style="border: 1px solid black; padding: 2px;">SMALL_NET_INCOME_AMT</span>
l Transfers to (from) the plan (see instructions) .....	2l		<span style="border: 1px solid black; padding: 2px;">SMALL_TOT_PLAN_TRANSFERS_AMT</span>

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests .....	<span style="border: 1px solid black; padding: 2px;">SMALL_JOINT_VENTURE_EOY_IND</span>	3a		<span style="border: 1px solid black; padding: 2px;">SMALL_JOINT_VENTURE_EOY_AMT</span>
b Employer real property .....	<span style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_PROP_EOY_IND</span>	3b		<span style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_PROP_EOY_AMT</span>
c Real estate (other than employer real property) .....	<span style="border: 1px solid black; padding: 2px;">SMALL_INV_REAL_ESTATE_EOY_IND</span>	3c		<span style="border: 1px solid black; padding: 2px;">SMALL_INV_REAL_ESTATE_EOY_AMT</span>
d Employer securities .....	<span style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_SEC_EOY_IND</span>	3d		<span style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_SEC_EOY_AMT</span>
e Participant loans.....	<span style="border: 1px solid black; padding: 2px;">SMALL_MORTG_PARTCP_EOY_IND</span>	3e		<span style="border: 1px solid black; padding: 2px;">SMALL_MORTG_PARTCP_EOY_AMT</span>

	Yes	No	Amount
<b>3f</b> Loans (other than to participants).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_OTH_LNS_PARTCP_EOY_AMT"/>
<b>g</b> Tangible personal property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_PERSONAL_PROP_EOY_AMT"/>

**Part II Compliance Questions**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_FAIL_TRANSM_CONTRIB_AMT"/>
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LOANS_IN_DEFAULT_AMT"/>
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LEASES_IN_DEFAULT_AMT"/>
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_PARTY_IN_INT_NOT_RPTD_AMT"/>
<b>e</b> Was the plan covered by a fidelity bond?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_PLAN_INS_FDLTY_BOND_AMT"/>
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LOSS_DISCV_DUR_YEAR_AMT"/>
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraisal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_ASSET_UNDETERM_VAL_AMT"/>
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_NON_CASH_CONTRIB_AMT"/>
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_20_PRCNT_SNGL_INVST_AMT"/>
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_ALL_PLAN_AST_DISTRIB_IND"/>
<b>k</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? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_WAIV_ANNUAL_IQPA_REPORT_IND"/>
<b>l</b> Has the plan failed to provide any benefit when due.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_FAIL_PROVIDE_BENEF_DUE_AMT"/>
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_PLAN_BLACKOUT_PERIOD_IND"/>
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_COMPLY_BLACKOUT_NOTICE_IND"/>
<b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets transferred.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_RES_TERM_PLAN_ADPT_AMT"/>

**5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
<input type="text" value="SMALL_PLAN_TRANSFER_NAME"/>	<input type="text" value="SMALL_PLAN_TRANSFER_EIN"/>	<input type="text" value="SMALL_PLAN_TRANSFER_PN"/>

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance? ☐ Yes ☐ No ☐ Not determined

**Part III Trust Information (optional)**

<b>6a</b> Name of trust <input type="text" value="FDCRY_TRUST_NAME"/>	<b>6b</b> Trust's EIN <input type="text" value="FDCRY_TRUST_EIN"/>
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