

<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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK ID</div> <div style="display: inline-block; vertical-align: top;"> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> </div>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2013</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2013 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; or	
	<span style="border: 1px solid black; padding: 2px;">TYPE_PLAN_ENTITY_CD</span>	<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) <span style="border: 1px solid black; padding: 2px;">TYPE_DFE_PLAN_ENTITY_CD</span>
	<span style="border: 1px solid black; padding: 2px;">INITIAL_FILING_IND</span>		
<b>B</b> This return/report is:	<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>
	<span style="border: 1px solid black; padding: 2px;">AMENDED_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 here.	<span style="border: 1px solid black; padding: 2px;">F5558_APPLICATION_FILED_IND</span>	<span style="border: 1px solid black; padding: 2px;">EXT_AUTOMATIC_IND</span>	... ▶ <span style="border: 1px solid black; padding: 2px;">COLLECTIVE_BARGAIN</span>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<span style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_IND</span>	<input type="checkbox"/> special extension (enter description) <span style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_TEXT</span>	<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>	<span style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</span>	<b>1b</b> Three-digit plan number (PN) ▶
			<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 and address; include room or suite number (employer, if for a single-employer plan)	<b>2b</b> Employer Identification <span style="border: 1px solid black; padding: 2px;">SPONS_DFE_EIN</span>  <b>2c</b> Sponsor's telephone <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 to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<span style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_DATE</span>	<span style="border: 1px solid black; padding: 2px;">ADMIN_SIGNED_NAME</span>
	Signature of plan administrator	Date      Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<span style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_DATE</span>	<span style="border: 1px solid black; padding: 2px;">SPONS_SIGNED_NAME</span>
	Signature of employer/plan sponsor	Date      Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<span style="border: 1px solid black; padding: 2px;">DFE_SIGNED_DATE</span>	<span style="border: 1px solid black; padding: 2px;">DFE_SIGNED_NAME</span>
	Signature of DFE	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)
<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>

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  <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 <div style="display: flex; justify-content: flex-end; margin-right: 50px;"> LAST_RPT_SPONS_EIN LAST_RPT_PLAN_NUM </div>		<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 (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
<b>a</b> Active participants.....TOT_ACTIVE_PARTCP_CNT		<b>6a</b>
<b>b</b> Retired or separated participants receiving benefits.....RTD_SEP_PARTCP_RCVG_CNT		<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....RTD_SEP_PARTCP_FUT_CNT		<b>6c</b>
<b>d</b> Subtotal. Add lines 6a, 6b, and 6c.....SUBTL_ACT_RTD_SEP_CNT		<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefit.....BENEF_RCVG_BNFT_CNT		<b>6e</b>
<b>f</b> Total. Add lines 6d and 6e.....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).....		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.....		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> 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		
<div style="text-align: right; margin-right: 100px;">BENEFIT_INSURANCE_IND</div>		
<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 contract 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 checked="" 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"/> <b>R</b> (Retirement Plan Information) SCH_R_ATTACHED_IND (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary SCH_MB_ATTACHED_IND (3) <input type="checkbox"/> <b>SB</b> (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"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
NUM_SCH_A_ATTACHED_CNT		SCH_H_ATTACHED_IND SCH_I_ATTACHED_IND SCH_A_ATTACHED_IND SCH_C_ATTACHED_IND SCH_D_ATTACHED_IND SCH_G_ATTACHED_IND

<b>Form 5500-SF</b> <b>TABLE:Efast_09.F_5500_sf_2009</b> Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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). <b>ACK_ID</b> <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2013 or fiscal plan year beginning <b>SF_PLAN_YEAR_BEGIN_DATE</b> and ending <b>SF_TAX_PRD</b>				
<b>A</b>	<b>T</b> <b>SF_PLAN_ENTITY_CD</b>	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
<b>B</b>	<b>T</b> <b>SF_INITIAL_FILING_IND</b>	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report <b>SF_FINAL_FILING_IND</b>	<b>SF_SHORT_PLAN_YR_IND</b>
	<b>SF_AMENDED_IND</b>	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program			
<b>SF_5558_APPLICATION_FILED_IND</b>		Special extension (enter description)	<b>SF_EXT_AUTOMATIC_IND</b>	<b>SF_DFVC_PROGRAM_IND</b>

<b>Part II Basic Plan Information</b> <b>SF_EXT_SPECIAL_IND</b> mation	
<b>1a</b> Name of plan <b>SF_PLAN_NAME</b>	<b>1b</b> Three-digit plan number (PN) <b>SF_PLAN_NUM</b>
	<b>1c</b> Effective date of plan <b>SF_PLAN_EFF_DATE</b>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  <b>Refer to Page 4, Part II 2a</b>	<b>2b</b> Employer Identification Number (EIN) <b>SF_SPONS_EIN</b>
	<b>2c</b> Sponsor's telephone number <b>SF_SPONS_PHONE_NUM</b>
	<b>2d</b> Business code (see instructions) <b>SF_BUSINESS_CODE</b>
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  <b>Refer to Page 4, Part II 3a</b>	<b>3b</b> Administrator's EIN <b>SF_ADMIN_EIN</b>
	<b>3c</b> Administrator's telephone number <b>SF_ADMIN_PHONE_NUM</b>
<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 <b>SF_LAST_RPT_SPONS_NAME</b>	<b>4b</b> EIN <b>SF_LAST_RPT_SPONS_EIN</b>
	<b>4c</b> PN <b>SF_LAST_RPT_PLAN_NUM</b>
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b> <b>SF_TOT_PARTCP_BOY_CNT</b>
<b>b</b> Total number of participants at the end of the plan year	<b>SF_TOT_ACT_RTD_SEP_BENEF_CNT</b>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<b>5c</b> <b>SF_PARTCP_ACCOUNT_BAL_CNT</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <b>SF_ELIGIBLE_ASSETS_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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.) <b>SF_IQPA_WAIVER_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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>	<b>SF_ADMIN_SIGNED_DATE</b>	<b>SF_ADMIN_SIGNED_NAME</b>
<b>Signature of plan administrator</b>	<b>SF_SPONS_SIGNED_DATE</b>	<b>SF_SPONS_SIGNED_NAME</b>
<b>SIGN HERE</b>	<b>Signature of employer/plan sponsor</b>	<b>Date</b>
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)		Preparer's telephone number (optional)

**Part III Financial Information**

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_DISTRIB_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	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 Fiduciary Correction Program) .....	10a			SF_FAIL_TRANSMIT_CONTRIB_IND SF_FAIL_TRANSMIT_CONTRIB_AMT
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b			SF_PARTY_IN_INT_NOT_RPTD_IND SF_PARTY_IN_INT_NOT_RPTD_AMT
c Was the plan covered by a fidelity bond? .....	10c			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, that was caused by fraud or dishonesty? .....	10d			SF_LOSS_DISCV_DUR_YEAR_AMT SF_FAIL_PROVIDE_BENEF_DUE_AMT
e Were any fees or commissions paid to an insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	10e			SF_BROKER_FEES_PAID_IND SF_BROKER_FEES_PAID_AMT
f Has the plan failed to provide any benefit when due under the plan? .....	10f			SF_PARTCP_LOANS_EOY_AMT
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	10g			SF_PARTCP_LOANS_IND
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h			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 .....	10i			SF_COMPLY_BLACKOUT_NOTICE_IND

**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) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) and line 11a below .....	SF_DB_PLAN_FUNDING_REQD_IND
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) .....	SF_DC_PLAN_FUNDING_REQD_IND
a 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 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.	SF_RULING_LETTER_GRANT_DATE
b Enter the minimum required contribution for this plan year .....	12b
	SF_SEC_412_REQ_CONTRIB_AMT

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>SF_EMPLR_CONTRIB_PAID_AMT</b>
<b>d</b> 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).....	<b>12d</b> <b>SF_FUNDING_DEFICIENCY_AMT</b>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? <b>SF_FUNDING_DEADLINE_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<b>SF_RES_TERM_PLAN_ADPT_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<del><b>SF_RES_TERM_PLAN_ADPT_AMT</b></del>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>SF_ALL_PLAN_AST_DISTRIB_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> 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.)	

<b>13c(1)</b> Name of plan(s): <b>TABLE:Efast_09.F_5500_sf_part1_2009</b>	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
<b>SF_PLAN_TRANSFER_NAME</b>	<b>SF_PLAN_TRANSFER_EIN</b>	<b>SF_PLAN_TRANSFER_PN</b>

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
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<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2013 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">SCH_A_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">SCH_A_PLAN_YEAR_END_DATE</span>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <span style="border: 1px solid black; padding: 2px;">SCH_A_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_A_EIN</span>	
<b>Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.		
<b>1 Coverage Information:</b>		
<b>(a)</b> Name of insurance carrier <span style="border: 1px solid black; padding: 2px;">INS_CARRIER_NAME</span> <span style="border: 1px solid black; padding: 2px;">INS_CARRIER_NAIC_CODE</span> <span style="border: 1px solid black; padding: 2px;">INS_PRSN_COVERED_EOY_CNT</span>		
(b) EIN	(c) NAIC code	(d) Contract or identification number
(e) Approximate number of persons covered at end of policy or contract year	(f) From	(g) To
<span style="border: 1px solid black; padding: 2px;">INS_CARRIER_EIN</span>	<span style="border: 1px solid black; padding: 2px;">INS_CONTRACT_NUM</span>	<span style="border: 1px solid black; padding: 2px;">INS_POLICY_FROM_DATE</span> <span style="border: 1px solid black; padding: 2px;">INS_POLICY_TO_DATE</span>
<b>2 Insurance fee and commission information.</b> Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.		
<b>(a)</b> Total amount of commissions paid <span style="border: 1px solid black; padding: 2px;">INS_BROKER_COMM_TOT_AMT</span>		<b>(b)</b> Total amount of fees paid <span style="border: 1px solid black; padding: 2px;">INS_BROKER_FEES_TOT_AMT</span>
<b>3 Persons receiving commissions and fees.</b> (Complete as many entries as needed to report all persons).		
<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid  <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">See Next Page</div>		
(b) Amount of sales and base commissions paid	Fees and other commissions paid	
	(c) Amount	(d) Purpose
		(e) Organization code
<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid  		
(b) Amount of sales and base commissions paid	Fees and other commissions paid	
	(c) Amount	(d) Purpose
		(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast\_09.F\_Sch\_A\_part1\_2009

ACK\_ID  
FORM\_ID  
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ROW\_ORDER

ROW\_ORDER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS\_BROKER\_NAME    INS\_BROKER\_US\_ADDRESS1    INS\_BROKER\_US\_STATE    INS\_BROKER\_FOREIGN\_ADDRESS2  
 INS\_BROKER\_FOREIGN\_CNTRY    INS\_BROKER\_US\_ADDRESS2    INS\_BROKER\_US\_ZIP    INS\_BROKER\_FOREIGN\_CITY  
 INS\_BROKER\_FOREIGN\_POSTAL\_CD    INS\_BROKER\_US\_CITY    INS\_BROKER\_FOREIGN\_ADDRESS1    INS\_BROKER\_FOREIGN\_PROV\_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	<u>PENSION_EOY_GEN_ACCT_AMT</u>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	<u>PENSION_EOY_SEP_ACCT_AMT</u>
<b>6</b>	Contracts With Allocated Funds:		
<b>a</b>	State the basis of premium rates ▶ <u>PENSION_BASIS_RATES_TEXT</u>		
<b>b</b>	Premiums paid to carrier .....	<u>PENSION_PREM_PAID_TOT_AMT</u>	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<u>PENSION_UNPAID_PREMIUM_AMT</u>	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....		<b>6d</b>
	<u>PENSION_CONTRACT_COST_AMT</u>		
	Specify nature of costs ▶ <u>PENSION_COST_TEXT</u>		
	<u>ALLOC_CONTRACTS_INDIV_IND</u>		
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity <u>ALLOC_CONTRACTS_GROUP_IND</u>		
	(3) <input type="checkbox"/> other (specify) ▶ <u>ALLOC_CONTRACTS_OTHER_TEXT</u>		
	<u>ALLOC_CONTRACTS_OTHER_IND</u>		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/> <u>PENS_DISTR_BNFT_TERM_PLN_IND</u>		
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee <u>UNAL_CONTRAC_IMM_PART_GUAR_IND</u>		
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ <u>UNALOC_CONTRACTS_OTHER_IND</u>		
	<u>UNALOC_CONTRACTS_OTHER_TEXT</u>		
	<u>UNALOC_CONTRACTS_DEP_ADM_IND</u>		
<b>b</b>	Balance at the end of the previous year .....	<u>PENSION_END_PREV_BAL_AMT</u>	<b>7b</b>
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....	<u>PENSION_CONTRIB_DEP_AMT</u>	<b>7c(1)</b>
	(3) Interest credited during the year .....	<u>PENSION_DIVND_CR_DEP_AMT</u>	<b>7c(2)</b>
	(4) Transferred from separate account .....	<u>PENSION_INT_CR_DUR_YR_AMT</u>	<b>7c(3)</b>
	(5) Other (specify below) .....	<u>PENSION_TRANSFER_FROM_AMT</u>	<b>7c(4)</b>
	▶ <u>PENSION_OTHER_TEXT</u>	<u>PENSION_OTHER_AMT</u>	<b>7c(5)</b>
	(6) Total additions .....	<u>PENSION_TOT_ADDITIONS_AMT</u>	<b>7c(6)</b>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<u>PENSION_TOT_BAL_ADDN_AMT</u>	<b>7d</b>
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<u>PENSION_BNFTS_DSRSD_AMT</u>	<b>7e(1)</b>
	(2) Administration charge made by carrier .....	<u>PENSION_ADMIN_CHRG_AMT</u>	<b>7e(2)</b>
	(3) Transferred to separate account .....	<u>PENSION_TRANSFER_TO_AMT</u>	<b>7e(3)</b>
	(4) Other (specify below) .....	<u>PENSION_OTH_DED_AMT</u>	<b>7e(4)</b>
	▶ <u>PENSION_OTH_DED_TEXT</u>		
	(5) Total deductions .....	<u>PENSION_TOT_DED_AMT</u>	<b>7e(5)</b>
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<u>PENSION_EOY_BAL_AMT</u>	<b>7f</b>



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)      **b** ☐ Dental      **c** ☐ Vision      **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)      **f** ☐ Long-term disability      **g** ☐ Supplemental unemployment      **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)      **j** ☐ HMO contract      **k** ☐ PPO contract      **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶ WLFR\_TYPE\_BNFT\_OTH\_TEXT

**9** Experience-rated contracts:

- a** Premiums: (1) Amount received..... **9a(1)** WLFR PREMIUM RCVD\_AMT  
 (2) Increase (decrease) in amount due but unpaid..... **9a(2)** WLFR\_UNPAID\_DUE\_AMT  
 (3) Increase (decrease) in unearned premium reserve..... **9a(3)** WLFR\_RESERVE\_AMT  
 (4) Earned ((1) + (2) - (3))..... WLFR\_TOT\_EARNED\_PREM\_A **9a(4)**  
**b** Benefit charges (1) Claims paid..... **9b(1)** WLFR\_CLAIMS\_PAID\_AMT  
 (2) Increase (decrease) in claim reserves..... **9b(2)** WLFR\_INCR\_RESERVE\_AMT  
 (3) Incurred claims (add (1) and (2))..... **9b(3)** WLFR\_INCURRED\_CLAIM\_AMT  
 (4) Claims charged..... **9b(4)** WLFR\_CLAIMS\_CHRGD\_AMT  
**c** Remainder of premium: (1) Retention charges (on an accrual basis) --  
 (A) Commissions..... **9c(1)(A)** WLFR\_RET\_COMMISSIONS\_AMT  
 (B) Administrative service or other fees..... **9c(1)(B)** WLFR\_RET\_ADMIN\_AMT  
 (C) Other specific acquisition costs..... **9c(1)(C)** WLFR\_RET\_OTH\_COST\_AMT  
 (D) Other expenses..... **9c(1)(D)** WLFR\_RET\_OTH\_EXPENSE\_AMT  
 (E) Taxes..... **9c(1)(E)** WLFR\_RET\_TAXES\_AMT  
 (F) Charges for risks or other contingencies..... **9c(1)(F)** WLFR\_RET\_CHARGES\_AMT  
 (G) Other retention charges..... **9c(1)(G)** WLFR\_RET\_OTH\_CHRG\_AMT  
 (H) Total retention..... WLFR\_REFUND\_CASH\_IND WLFR\_REFUND\_CREDIT\_IND **9c(1)(H)** WLFR\_RET\_TOT\_AMT  
 (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)..... **9c(2)** WLFR\_REFUND\_AMT  
**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... **9d(1)** WLFR\_HELD\_BNFTS\_AMT  
 (2) Claim reserves..... **9d(2)** WLFR\_CLAIMS\_RESERVE\_AMT  
 (3) Other reserves..... **9d(3)** WLFR\_OTH\_RESERVE\_AMT  
**e** Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... **9e** WLFR\_DIVNDS\_DUE\_AMT

**10** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier..... **10a** WLFR\_TOT\_CHARGES\_PAID\_AMT  
**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... **10b** WLFR\_ACQUIS\_COST\_AMT  
 Specify nature of costs ▶ WLFR\_ACQUIS\_COST\_TEXT

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes INS\_FAIL\_PROVIDE\_INFO\_IND

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

INS\_FAIL\_PROVIDE\_INFO\_TEXT

WLFR\_BNFT\_HEALTH\_IND

WLFR\_BNFT\_LIFE\_INSUR\_IND

WLFR\_BNFT\_UNEMP\_IND

WLFR\_BNFT\_HMO\_IND

WLFR\_BNFT\_DENTAL\_IND

WLFR\_BNFT\_TEMP\_DISAB\_IND

WLFR\_BNFT\_DRUG\_IND

WLFR\_BNFT\_PPO\_IND

WLFR\_BNFT\_VISION\_IND

WLFR\_BNFT\_LONG\_TERM\_DISAB\_IND

WLFR\_BNFT\_STOP\_LOSS\_IND

WLFR\_BNFT\_INDEMNITY\_IND

WLFR\_BNFT\_OTHER\_IND

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2013</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2013 or fiscal plan year beginning and ending

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

TABLE: Efast\_09.F\_sch\_c\_2009

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

PROVIDER\_EXCLUDE\_IND

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TABLE: Efast\_09.F\_sch\_c\_part1\_item1\_2009

PROVIDER\_ELIGIBLE\_NAME

PROVIDER\_ELIGIBLE\_EIN

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

PROVIDER\_ELIGIBLE\_US\_ADDRESS1

PROVIDER\_ELIGIBLE\_US\_STATE

PROVIDER\_ELIGIBLE\_US\_ADDRESS2

PROVIDER\_ELIGIBLE\_US\_CITY

PROVIDER\_ELIGIBLE\_US\_ZIP

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PROVIDER\_ELIGIBLE\_FOREIGN\_ADDRESS1

PROVIDER\_ELIGIBLE\_FOREIGN\_PROV\_ST

PROVIDER\_ELIGIBLE\_FOREIGN\_ADDRESS2

PROVIDER\_ELIGIBLE\_FOREIGN\_CNTRY

PROVIDER\_ELIGIBLE\_FOREIGN\_CITY

PROVIDER\_ELIGIBLE\_FOREIGN\_POST\_CD

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TABLE: Efast\_09.F\_sch\_c\_part1\_item2\_2009

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)				PROVIDER_OTHER_FOREIGN_ADDRESS1	
PROVIDER_OTHER_NAME		PROVIDER_OTHER_US_ADDRESS1		PROVIDER_OTHER_FOREIGN_CITY	
PROVIDER_OTHER_EIN		PROVIDER_OTHER_US_ADDRESS2		PROVIDER_OTHER_FOREIGN_PROV_STATE	
PROVIDER_OTHER_US_CITY		PROVIDER_OTHER_US_STATE		PROVIDER_OTHER_FOREIGN_PROV_CNTRY	
PROVIDER_OTHER_US_ZIP		PROVIDER_OTHER_FOREIGN_POSTAL_CD			

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
PROVIDER_OTHER_RELATION		PROVIDER_OTHER_DIRECT_COMP_AMT	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	PROVIDER_OTHER_TOT_IND_COMP_AMT	Yes <input type="checkbox"/> No <input type="checkbox"/>
SERVICE_CODE		PROVIDER_OTHER_INDIRECT_COMP_IND	(a) Enter name and		PROVIDER_OTHER_ELIG_IND_COMP_IND	PROVIDER_OTHER_AMT_FORMULA_AMT_IND

TABLE: Efast\_09.F\_sch\_c\_p1\_item2\_codes\_2009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

TABLE: Efast\_09.F\_sch\_c\_part1\_item3\_2009

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation. Complete as many entries as needed to report the required information for each source. TABLE: Efast\_09.F\_sch\_c\_p1\_item3\_codes\_2009

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROVIDER_INDIRECT_NAME	SERVICE_CODE	PROVIDER_INDIRECT_COMP_AMT
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PROVIDER_PAYOR_NAME PROVIDER_PAYOR_EIN	PROVIDER_COMP_EXPLAIN_TEXT	
PROVIDER_PAYOR_US_ADDRESS1 PROVIDER_PAYOR_US_ADDRESS2		
PROVIDER_PAYOR_US_CITY		
PROVIDER_PAYOR_US_STATE		
PROVIDER_PAYOR_US_ZIP		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROVIDER_PAYOR_FOREIGN_ADDRESS1 PROVIDER_PAYOR_FOREIGN_CNTRY		
PROVIDER_PAYOR_FOREIGN_ADDRESS2 PROVIDER_PAYOR_FOREIGN_POSTAL_CD		
PROVIDER_PAYOR_FOREIGN_CITY		
PROVIDER_PAYOR_FOREIGN_PROV_STATE		
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

TABLE: Efast\_09.F\_sch\_c\_part2\_2009

**Part II Service Providers who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
<div>PROVIDER_FAIL_NAME</div> <div>PROVIDER_FAIL_EIN</div> <div>PROVIDER_FAIL_US_ADDRESS1</div> <div>PROVIDER_FAIL_US_ADDRESS2</div> <div>PROVIDER_FAIL_US_CITY</div> <div>PROVIDER_FAIL_US_STATE</div> <div>PROVIDER_FAIL_US_ZIP</div>	<div>TABLE: Efast_09.F_sch_c_p2_codes_2009</div> <div>↓</div> <div>SERVICE_CODE</div>	<div>PROVIDER_FAIL_INFO_TEXT</div>
<div>PROVIDER_FAIL_FOREIGN_ADDRESS1</div> <div>PROVIDER_FAIL_FOREIGN_ADDRESS2</div> <div>PROVIDER_FAIL_FOREIGN_CITY</div> <div>PROVIDER_FAIL_FOREIGN_PROV_ST</div> <div>PROVIDER_FAIL_FOREIGN_CNTRY</div> <div>PROVIDER_FAIL_FOREIGN_POSTALCD</div>		

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

TABLE: Efast\_09.F\_sch\_c\_part3\_2009

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	PROVIDER_TERM_NAME	<b>b</b> EIN:	PROVIDER_TERM_EIN
<b>c</b> Position:	PROVIDER_TERM_POSITION		
<b>d</b> Address:	PROVIDER_TERM_US_ADDRESS1	PROVIDER_TERM_US_STATE	<b>e</b> Telephone:
	PROVIDER_TERM_US_ADDRESS2	PROVIDER_TERM_US_ZIP	PROVIDER_TERM_PHONE_NUM
	PROVIDER_TERM_US_CITY		
Explanation:	PROVIDER_TERM_TEXT		

<b>a</b> Name:			<b>b</b> EIN:	
<b>c</b> Position:				
<b>d</b> Address:	PROVIDER_TERM_FOREIGN_ADDRESS1	PROVIDER_TERM_FOREIGN_PROV_ST	Phone:	
	PROVIDER_TERM_FOREIGN_ADDRESS2	PROVIDER_TERM_FOREIGN_CNTRY		
	PROVIDER_TERM_FOREIGN_CITY	PROVIDER_TERM_FOREIGN_PROV_POSTAL_CD		
Explanation:				

<b>a</b> Name:			<b>b</b> EIN:	
<b>c</b> Position:				
<b>d</b> Address:			<b>e</b> Telephone:	
Explanation:				

<b>a</b> Name:			<b>b</b> EIN:	
<b>c</b> Position:				
<b>d</b> Address:			<b>e</b> Telephone:	
Explanation:				

<b>a</b> Name:			<b>b</b> EIN:	
<b>c</b> Position:				
<b>d</b> Address:			<b>e</b> Telephone:	
Explanation:				



**SCHEDULE D  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration**DFE/Participating Plan Information**This schedule is required to be filed under section 104 of the Employee  
Retirement Income Security Act of 1974 (ERISA).► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013****This Form is Open to Public  
Inspection.**For calendar plan year 2013 or fiscal plan year beginning **SCH\_D\_PLAN\_YEAR\_BEGIN\_DATE** and ending **SCH\_D\_TAX\_PRD****A** Name of plan**B** Three-digit  
plan number (PN) ►**SCH\_D\_PN****C** Plan or DFE sponsor's name as shown on line 2a of Form 5500**D** Employer Identification Number (EIN)**SCH\_D\_EIN****Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(Complete as many entries as needed to report all interests in DFEs)

TABLE: Efast 09.F sch d part1 2009

**a** Name of MTIA, CCT, PSA, or 103-12 IE **DFE\_P1\_ENTITY\_NAME****b** Name of sponsor of entity listed in (a): **DFE\_P1\_SPONS\_NAME****c** EIN-PN **DFE\_P1\_PLAN\_EIN**  
**DFE\_P1\_PLAN\_PN****d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**DFE\_P1\_PLAN\_INT\_EOY\_AMT****a** Name of MTIA, CCT, PSA, or 103-12 IE **DFE\_P1\_ENTITY\_CODE****b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

TABLE: Efast\_09.F\_sch\_d\_part2\_2009

**a** Plan name DFE\_P2\_PLAN\_NAME**b** Name of plan sponsor DFE\_P2\_PLAN\_SPONS\_NAME**c** EIN-PN DFE\_P2\_PLAN\_EIN  
DFE\_P2\_PLAN\_PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

<b>SCHEDULE G</b> <b>(Form 5500)</b> Department of Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>Financial Transaction Schedules</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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection.</b>
For calendar plan year 2013 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">SCH_G_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">SCH_G_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_G_PN</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="border: 1px solid black; padding: 2px;">LNS_DEFAULT_OBLIGOR_NAME</span>		<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 2px;">SCH_G_EIN</span>

<b>Part I</b>	<b>Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible</b> Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor <span style="border: 1px solid black; padding: 2px;">TABLE: Efast_09.F_sch_g_part1_2009</span>		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items <span style="border: 1px solid black; padding: 2px;">LNS_DEFAULT_DESCRIPTION_TEXT</span>		
<input type="checkbox"/>	<span style="border: 1px solid black; padding: 2px;">Refer to page 5, part I (a)</span>				
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

**Part II Schedule of Leases in Default or Classified as Uncollectible**

Complete as many entries as needed to report all leases in default or classified as TABLE: Efast\_09.F\_sch\_g\_part2\_2009 known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
	LEASES_DEFAULT_PII_IND	LEASES_DEFAULT_RELATION_TEXT	LEASES_DEFAULT_TERMS_TEXT		
	LEASES_DEFAULTLESSORNAME				
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
Refer to page 5, part II					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

**Part III Nonexempt Transactions**

Complete as many entries as need

**TABLE: Efast\_09.F\_sch\_g\_part3\_2009**

n: If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
NON_EXEMPT_PARTY_NAME	NON_EXEMPT_RELATION_TEXT	NON_EXEMPT_TERMS_TEXT	NON_EXEMPT_PUR_PRICE_AMT
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
Refer to page 5, part III			
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	
<b>(a)</b> Identity of party involved	<b>(b)</b> Relationship to plan, employer, or other party-in-interest	<b>(c)</b> Description of transaction including maturity date, rate of interest, collateral, par or maturity value	<b>(d)</b> Purchase price
<b>(e)</b> Selling price	<b>(f)</b> Lease rental	<b>(g)</b> Transaction expenses	<b>(h)</b> Cost of asset
<b>(i)</b> Current value of asset		<b>(j)</b> Net gain (or loss) on each transaction	



part I (a)

LNS\_DEFAULT\_PII\_IND  
LNS\_DEFAULT\_OBLIGOR\_US\_ADDR1  
LNS\_DEFAULT\_OBLIGOR\_US\_ADDR2  
LNS\_DEFAULT\_OBLIGOR\_US\_CITY  
LNS\_DEFAULT\_OBLIGOR\_US\_STATE  
LNS\_DEFAULT\_OBLIGOR\_US\_ZIP  
LNS\_DFT\_OBLIGOR\_FOREIGN\_ADDR1  
LNS\_DFT\_OBLIGOR\_FOREIGN\_ADDR2  
LNS\_DFT\_OBLIGOR\_FOREIGN\_CITY  
LNS\_DFT\_OBLIGOR\_FORGN\_PROV\_ST  
LNS\_DFT\_OBLIGOR\_FORGN\_COUNTRY  
LNS\_DFT\_OBLIGOR\_FORGN\_POST\_CD

d LNS\_DEFAULT\_ORIGINAL\_AMT  
e LNS\_DEFAULT\_PRNCPL\_RCVD\_AMT  
f LNS\_DEFAULT\_INT\_RCVD\_AMT  
g LNS\_DEFAULT\_UNPAID\_BAL\_AMT  
h LNS\_DEFAULT\_PRCPL\_OVERDUE\_AMT  
i LNS\_DEFAULT\_INT\_OVERDUE\_AMT

part II

e LEASES\_DEFAULT\_COST\_AMT  
f LEASES\_DEFAULT\_CURR\_VALUE\_AMT  
g LEASES\_DEFAULT\_RENTL\_RCPT\_AMT  
h LEASES\_DEFAULT\_EXPENSE\_PD\_AMT  
i LEASES\_DEFAULT\_NET\_RCPT\_AMT  
j LEASES\_DEFAULT\_ARREARS\_AMT

part III

e NON\_EXEMPT\_SELL\_PRICE\_AMT  
f NON\_EXEMPT\_LS\_RNTL\_AMT  
g NON\_EXEMPT\_EXPENSE\_INCR\_AMT  
h NON\_EXEMPT\_COST\_AST\_AMT  
i NON\_EXEMPT\_CURR\_VALUE\_AST\_AMT  
j NON\_EXEMPT\_GAIN\_LOSS\_AMT

<b>SCHEDULE H</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</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 <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_H_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_H_TAX_PRD</div>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_H_PN</div>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_H_EIN</div>	

Part I Asset and Liability Statement		
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">NON_INT_BEAR_CASH_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">NON_INT_BEAR_CASH_EOY_AMT</div>
<b>b</b> Receivables (less allowance for doubtful accounts):		
(1) Employer contributions .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1b(1) EMPLR_CONTRIB_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">EMPLR_CONTRIB_EOY_AMT</div>
(2) Participant contributions .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1b(2) PARTCP_CONTRIB_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PARTCP_CONTRIB_EOY_AMT</div>
(3) Other .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1b(3) OTHER_RECEIVABLES_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">OTHER_RECEIVABLES_EOY_AMT</div>
<b>c</b> General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(1) INT_BEAR_CASH_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_BEAR_CASH_EOY_AMT</div>
(2) U.S. Government securities .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(2) GOVT_SEC_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">GOVT_SEC_EOY_AMT</div>
(3) Corporate debt instruments (other than employer securities):	<div style="border: 1px solid black; display: inline-block; padding: 2px;">CORP_DEBT_PREFERRED_BOY_AMT</div>	
(A) Preferred .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(3)(A) CORP_DEBT_PREFERRED_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">CORP_DEBT_PREFERRED_EOY_AMT</div>
(B) All other .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(3)(B) CORP_DEBT_OTHER_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">CORP_DEBT_OTHER_EOY_AMT</div>
(4) Corporate stocks (other than employer securities):	<div style="border: 1px solid black; display: inline-block; padding: 2px;">CORP_DEBT_OTHER_BOY_AMT</div>	
(A) Preferred .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(4)(A) PREF_STOCK_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PREF_STOCK_EOY_AMT</div>
(B) Common .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(4)(B) COMMON_STOCK_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">COMMON_STOCK_EOY_AMT</div>
(5) Partnership/joint venture interests .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(5) JOINT_VENTURE_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">JOINT_VENTURE_EOY_AMT</div>
(6) Real estate (other than employer real property) .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(6) REAL_ESTATE_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">REAL_ESTATE_EOY_AMT</div>
(7) Loans (other than to participants) .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(7) OTHER_LOANS_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">OTHER_LOANS_EOY_AMT</div>
(8) Participant loans .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(8) PARTCP_LOANS_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">PARTCP_LOANS_EOY_AMT</div>
(9) Value of interest in common/collective trusts .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(9) INT_COMMON_TR_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_COMMON_TR_EOY_AMT</div>
(10) Value of interest in pooled separate a <div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_POOL_SEP_ACCT_BOY_AMT</div> .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">c(10)</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_POOL_SEP_ACCT_EOY_AMT</div>
(11) Value of interest in master trust investment accounts .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(11) INT_MASTER_TR_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_MASTER_TR_EOY_AMT</div>
(12) Value of interest in 103-12 investment entities .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(12) INT_103_12_INVST_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_103_12_INVST_EOY_AMT</div>
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(13) INT_REG_INVST_CO_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INT_REG_INVST_CO_EOY_AMT</div>
(14) Value of funds held in insurance companies (e.g., life insurance contracts) .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INS_CO_GEN_ACCT_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">INS_CO_GEN_ACCT_EOY_AMT</div>
(15) Other .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1c(15) OTH_INVST_BOY_AMT</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">OTH_INVST_EOY_AMT</div>

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)	EMPLR_SEC_BOY_AMT	EMPLR_SEC_EOY_AMT
(2) Employer real property .....	1d(2)	EMPLR_PROP_BOY_AMT	EMPLR_PROP_EOY_AMT
<b>e</b> Buildings and other property used in plan operation .....	1e	BLDGS_USED_BOY_AMT	BLDGS_USED_EOY_AMT
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	1f	TOT_ASSETS_BOY_AMT	TOT_ASSETS_EOY_AMT

**Liabilities**

<b>g</b> Benefit claims payable .....	1g	BNFTS_PAYABLE_BOY_AMT	BNFTS_PAYABLE_EOY_AMT
<b>h</b> Operating payables .....	1h	OPRTNG_PAYABLE_BOY_AMT	OPRTNG_PAYABLE_EOY_AMT
<b>i</b> Acquisition indebtedness .....	1i	ACQUIS_INDBT_BOY_AMT	ACQUIS_INDBT_EOY_AMT
<b>j</b> Other liabilities .....	1j	OTHER_LIAB_BOY_AMT	OTHER_LIAB_EOY_AMT
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	1k	TOT_LIABILITIES_BOY_AMT	TOT_LIABILITIES_EOY_AMT

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	1l	NET_ASSETS_BOY_AMT	NET_ASSETS_EOY_AMT
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	2a(1)(A)	EMPLR_CONTRIB_INCOME_AMT	
<b>(B)</b> Participants .....	2a(1)(B)	PARTICIPANT_CONTRIB_AMT	
<b>(C)</b> Others (including rollovers) .....	2a(1)(C)	OTH_CONTRIB_RCVD_AMT	
(2) Noncash contributions .....	2a(2)	NON_CASH_CONTRIB_BS_AMT	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		TOT_CONTRIB_AMT

**b Earnings on investments:****(1) Interest:**

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	INT_BEAR_CASH_AMT	
<b>(B)</b> U.S. Government securities .....	2b(1)(B)	INT_ON_GOV SEC_AMT	
<b>(C)</b> Corporate debt instruments .....	2b(1)(C)	INT_ON_CORP_DEBT_AMT	
<b>(D)</b> Loans (other than to participants) .....	2b(1)(D)	INT_ON_OTH_LOANS_AMT	
<b>(E)</b> Participant loans .....	2b(1)(E)	INT_ON_PARTCP_LOANS_AMT	
<b>(F)</b> Other .....	2b(1)(F)	INT_ON_OTH_INVST_AMT	
<b>(G)</b> Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		TOTAL_INTEREST_AMT

(2) Dividends: <b>(A)</b> Preferred stock .....	2b(2)(A)	DIVND_PREF_STOCK_AMT	
<b>(B)</b> Common stock .....	2b(2)(B)	DIVND_COMMON_STOCK_AMT	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	REGISTERED_INVST_AMT	
<b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		TOTAL_DIVIDENDS_AMT

(3) Rents .....	2b(3)		TOTAL_RENTS_AMT
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(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	2b(4)(A)	AGGREGATE_PROCEEDS_AMT	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	2b(4)(B)	AGGREGATE_COSTS_AMT	
<b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		TOT_GAIN_LOSS_SALE_AST_AMT

(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	2b(5)(A)	UNREALZD_APPRCTN_RE_AMT	
<b>(B)</b> Other .....	2b(5)(B)	UNREALZD_APPRCTN_OTH_AMT	
<b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		TOT_UNREALZD_APPRCTN_AMT

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	GAIN_LOSS_COM_TRUST_AMT
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)	GAIN_LOSS_POOL_SEP_AMT
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)	GAIN_LOSS_MASTER_TR_AMT
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)	GAIN_LOSS_103_12_INVST_AMT
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	GAIN_LOSS_REG_INVST_AMT
c Other income.....	2c	OTHER_INCOME_AMT
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	TOT_INCOME_AMT

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	DISTRIB_DRT_PARTCP_AMT
(2) To insurance carriers for the provision of benefits.....	2e(2)	INS_CARRIER_BNFTS_AMT
(3) Other.....	2e(3)	OTH_BNFT_PAYMENT_AMT
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	TOT_DISTRIB_BNFT_AMT
f Corrective distributions (see instructions).....	2f	TOT_CORRECTIVE_DISTRIB_AMT
g Certain deemed distributions of participant loans (see instructions).....	2g	TOT_DEEMED_DISTR_PART_LNS_AMT
h Interest expense.....	2h	TOT_INT_EXPENSE_AMT
i Administrative expenses: (1) Professional fees.....	2i(1)	PROFESSIONAL_FEES_AMT
(2) Contract administrator fees.....	2i(2)	CONTRACT_ADMIN_FEES_AMT
(3) Investment advisory and management fees.....	2i(3)	INVST_MGMT_FEES_AMT
(4) Other.....	2i(4)	OTHER_ADMIN_FEES_AMT
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)	TOT_ADMIN_EXPENSES_AMT
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	TOT_EXPENSES_AMT

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	NET_INCOME_AMT
l Transfers of assets:		
(1) To this plan.....	2l(1)	TOT_TRANSFERS_TO_AMT
(2) From this plan.....	2l(2)	TOT_TRANSFERS_FROM_AMT

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):	ACCT_PERFORMED_LTD_AUDIT_IND
(1) <input type="checkbox"/> Unqualified (2) <input type="checkbox"/> Qualified (3) <input type="checkbox"/> Disclaimer (4) <input type="checkbox"/> Adverse	ACCTNT_OPINION_TYPE_CD
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Enter the name and EIN of the accountant (or accounting firm) below:	
(1) Name:	ACCOUNTANT_FIRM_NAME
(2) EIN:	ACCOUNTANT_FIRM_EIN
d The opinion of an independent qualified public accountant is <b>not attached</b> because:	ACCT_OPIN_NOT_ON_FILE_IND
(1) <input type="checkbox"/> This form is filed for a CCT, PSA, or MTIA. (2) <input type="checkbox"/> It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.	

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			FAIL_TRANSMIT_CONTRIB_IND
			FAIL_TRANSMIT_CONTRIB_AMT
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			LOANS_IN_DEFAULT_IND
			LOANS_IN_DEFAULT_AMT

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	<b>LEASES_IN_DEFAULT_IND</b>		
<b>4c</b>			<b>LEASES_IN_DEFAULT_AMT</b>
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....	<b>PARTY_IN_INT_NOT_RPTD_IND</b>		
<b>4d</b>			<b>PARTY_IN_INT_NOT_RPTD_AMT</b>
<b>e</b> Was this plan covered by a fidelity bond? .....	<b>PLAN_INS_FDLTY_BOND_IND</b>		
<b>4e</b>			<b>PLAN_INS_FDLTY_BOND_AMT</b>
<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? .....	<b>LOSS_DISCV_DUR_YEAR_IND</b>		
<b>4f</b>			<b>LOSS_DISCV_DUR_YEAR_AMT</b>
<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 appraiser? .....	<b>ASSET_UNDETERM_VAL_IND</b>		
<b>4g</b>			<b>ASSET_UNDETERM_VAL_AMT</b>
<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? .....	<b>NON_CASH_CONTRIB_IND</b>		
<b>4h</b>			<b>NON_CASH_CONTRIB_AMT</b>
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	<b>AST_HELD_INVST_IND</b>		
<b>4i</b>			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	<b>FIVE_PRCNT_TRANS_IND</b>		
<b>4j</b>			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>ALL_PLAN_AST_DISTRIB_IND</b>		
<b>4k</b>			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>FAIL_PROVIDE_BENEFIT_DUE_IND</b>		
<b>4l</b>			<b>FAIL_PROVIDE_BENEFIT_DUE_AMT</b>
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			<b>PLAN_BLACKOUT_PERIOD_IND</b>
<b>4m</b>			
<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. ....			<b>COMPLY_BLACKOUT_NOTICE_IND</b>
<b>4n</b>			
<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 that reverted to the plan: .....	<b>RES_TERM_PLAN_ADPT_AMT</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: <span style="color: red;">/</span>
<b>5b</b> 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)
TABLE: Efast_09.F_sch_h_part1_2009		
	<b>PLAN_TRANSFER_EIN</b>	<b>PLAN_TRANSFER_PN</b>

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

### Part V Trust Information (optional)

<b>6a</b> Name of trust  <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto;">FDCRY_TRUST_NAME</div>	<b>6b</b> Trust's EIN  <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto;">FDCRY_TRUST_EIN</div>
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<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="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">ACK_ID</div> <div> <b>File as an attachment to Form 5500.</b> </div> </div>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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)	<div style="border: 1px solid black; padding: 2px;">SCH_I_PLAN_NUM</div>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	
<div style="border: 1px solid black; padding: 2px;">SCH_I_EIN</div>		

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	<div style="border: 1px solid black; padding: 2px;">SMALL_TOT_ASSETS_BOY_AMT</div>	<div style="border: 1px solid black; padding: 2px;">SMALL_TOT_ASSETS_EOY_AMT</div>
b Total plan liabilities .....	1b	<div style="border: 1px solid black; padding: 2px;">SMALL_TOT_LIABILITIES_BOY_AMT</div>	<div style="border: 1px solid black; padding: 2px;">SMALL_TOT_LIABILITIES_EOY_AMT</div>
c Net plan assets (subtract line 1b from line 1a) .....	1c	<div style="border: 1px solid black; padding: 2px;">SMALL_NET_ASSETS_BOY_AMT</div>	<div style="border: 1px solid black; padding: 2px;">SMALL_NET_ASSETS_EOY_AMT</div>

  

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

**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 .....	<div style="border: 1px solid black; padding: 2px;">SMALL_JOINT_VENTURE_EOY_IND</div>	3a		<div style="border: 1px solid black; padding: 2px;">SMALL_JOINT_VENTURE_EOY_AMT</div>
b Employer real property .....	<div style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_PROP_EOY_IND</div>	3b		<div style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_PROP_EOY_AMT</div>
c Real estate (other than employer real property) .....	<div style="border: 1px solid black; padding: 2px;">SMALL_INV_REAL_ESTATE_EOY_IND</div>	3c		<div style="border: 1px solid black; padding: 2px;">SMALL_INV_REAL_ESTATE_EOY_AMT</div>
d Employer securities .....	<div style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_SEC_EOY_IND</div>	3d		<div style="border: 1px solid black; padding: 2px;">SMALL_EMPLR_SEC_EOY_AMT</div>
e Participant loans.....	<div style="border: 1px solid black; padding: 2px;">SMALL_MORTG_PARTCP_EOY_IND</div>	3e		<div style="border: 1px solid black; padding: 2px;">SMALL_MORTG_PARTCP_EOY_AMT</div>



	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 appraiser.....	<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)****6a** Name of trust**6b** Trust's EIN



<b>SCHEDULE MB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p><b>ACK ID</b> <span style="border: 1px solid black; padding: 2px;">File as an attachment to Form 5500 or 5500-SF.</span></p>	<small>OMB No. 1210-0110</small> <hr/> <b>2013</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2013 or fiscal plan year beginning MB\_PLAN\_YEAR\_BEGIN\_DATE and ending MB\_TAX\_PRD

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) <span style="border: 1px solid black; padding: 2px;">MB_PN</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 2px;">MB_EIN</span>

**E** Type of plan: (1) ☐ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions) MB\_PLAN\_TYPE\_CODE

**1a** Enter the valuation date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ MB\_VALUE\_DATE

**b** Assets

(1) Current value of assets ..... 1b(1) MB\_CUR\_VALUE\_AST\_01\_AMT

(2) Actuarial value of assets for funding standard account ..... 1b(2) MB\_AST\_FNDNG\_STD\_AMT

**c** (1) Accrued liability for plan using immediate gain methods ..... 1c(1) MB\_ACCR\_LIAB\_GAIN\_MTHD\_AMT

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases ..... 1c(2) MB\_UNFND\_LIAB\_MTHD\_BASE\_AMT

(b) Accrued liability under entry age normal method ..... 1c(2)(b) MB\_ACCR\_LIAB\_AGE\_MTHD\_AMT

(c) Normal cost under entry age normal method ..... 1c(2) MB\_NORM\_COST\_AGE\_MTHD\_AMT

(3) Accrued liability under unit credit cost method ..... 1c(3) MB\_ACC\_LIA\_UNIT\_CRED\_MTHD\_AMT

**d** Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... 1d(1) MB\_CURR\_LIAB\_PRE\_PARTCP\_AMT

(2) "RPA '94" information:

(a) Current liability ..... 1d(2)(a) MB\_RPA94\_INFO\_CURR\_LIAB\_AMT

(b) Expected increase in current liability due to benefits accruing during the plan year ..... 1d(2)(b) MB\_RPA94\_EXPT\_INCR\_LIAB\_AMT

(c) Expected release from "RPA '94" current liability for the plan year ..... 1d(2)(c) MB\_RPA94\_EXPT\_RELEASE\_LIAB\_AMT

(3) Expected plan disbursements for the plan year ..... 1d(3) MB\_EXPECT\_PLAN\_PAYMENT\_AMT

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<p style="text-align: center;">Signature of actuary</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTUARY_NAME_LINE</p> <p style="text-align: center;">Type or print name of actuary</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTUARY_FIRM_NAME</p> <p style="text-align: center;">Firm name</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTUARY_US_ADDRESS1 MB_ACTUARY_US_ADDRESS2 MB_ACTUARY_US_CITY</p> <p style="text-align: center;">Address of the firm <span style="border: 1px solid black; padding: 2px;">Refer to page 5 for remaining address fields</span></p>	<p style="text-align: center;">Date</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_SIGNATURE_DATE</p> <p style="text-align: center;">Most recent enrollment number</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTRY_ENRLMT_NUM</p> <p style="text-align: center;">Telephone number (including area code)</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTUARY_PHONE_NUM </p>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions MB\_NOT\_REFLECT\_IND

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2013

v. 130118



**TABLE: Efast\_09.F\_sch\_mb\_part2\_2009****7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
MB_AMORTZ_BASE_CODE	MB_AMORTZ_INIT_BAL_AMT	MB_AMORTIZATION_AMT

**8** Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval: 8a MB\_FNDNG\_DEFN\_WVR\_DATE
- b** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule: MB\_SCH\_ACTIVE\_PARTCP\_RQD\_IND
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? MB\_AMORTZ\_BASE\_EXT\_IND ☐ Yes ☐ No
- d** If line c is "Yes," provide the following additional information:
- (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? MB\_AMORTZ\_EXT\_AUTO\_IND ☐ Yes ☐ No
- (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended: 8d(2) MB\_431D1\_EXT\_YRS\_CNT
- (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? MB\_AMORTZ\_EXT\_IRS\_APPROVED\_IND ☐ Yes ☐ No
- (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)): 8d(4) MB\_431D2\_EXT\_YRS\_CNT
- (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension: 8d(5) MB\_EXT\_LETTER\_DATE
- (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? MB\_AMORTZ\_ELIG\_6621B\_IND ☐ Yes ☐ No
- e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s): 8e MB\_DIFF\_MIN\_CONTRIB\_AMT

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

- a** Prior year funding deficiency, if any: 9a MB\_PR\_YR\_FNDNG\_DEFN\_AMT
- b** Employer's normal cost for plan year as of valuation date: 9b MB\_NORMAL\_COST\_AMT
- c** Amortization charges as of valuation date:
- |  | Outstanding balance |                                   |
|--|---------------------|-----------------------------------|
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended | 9c(1)               | MB_FNDNG_WVRS_OUTSTD_AMT          |
| (2) Funding waivers  | 9c(2)               | MB_FNDNG_WVRS_AMT MB_NOT_WVRS_AMT |
| (3) Certain bases for which the amortization period has been extended                                      | 9c(3)               | MB_CERTAIN_BASES_OUTSTD_AMT       |
- d** Interest as applicable on lines 9a, 9b, and 9c: 9d MB\_CERTAIN\_BASES\_AMT
- e** Total charges. Add lines 9a through 9d: 9e MB\_FNDNG\_CHRG\_INT\_AMT

**Credits to funding standard account:**

- f** Prior year credit balance, if any: MB\_PR\_YR\_CREDIT\_BALANCE\_AMT
- g** Employer contributions. Total from column (b) of line 3: MB\_TOT\_EMPLR\_CONTRIB\_02\_AMT
- |   | Outstanding balance |                                |
|---|---------------------|--------------------------------|
| <b>h</b> Amortization credits as of valuation date                                    | 9h                  | MB_AMORTZ_CR_OUTSTD_BAL_AMT    |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h           | 9i                  | MB_INT_APPLICABLE_AMT          |
| <b>j</b> Full funding limitation (FFL) and credits:                                   |                     |                                |
| (1) ERISA FFL (accrued liability FFL)   | 9j(1)               | MB_ERI_FFL_ACC_LIA_OUT_BAL_AMT |
| (2) "RPA '94" override (90% current liability FFL)                                    | 9j(2)               | MB_RPA94_OVRR_CURR_OUT_BAL_AMT |
| (3) FFL credit  | 9j(3)               | MB_FFL_CREDIT_AMT              |
| <b>k</b> (1) Waived funding deficiency  | 9k                  | MB_WAIVED_FNDNG_DEFN_AMT       |
| (2) Other credits   | 9k(2)               | MB_OTHER_CREDITS_AMT           |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)              | 9l                  | MB_TOT_CREDITS_AMT             |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference     | 9m                  | MB_CREDIT_BAL_AMT              |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference | 9n                  | MB_CURR_FNDNG_DEFN_AMT         |

**9 o** Current year's accumulated reconciliation account:

- |   |                                    |
|---|------------------------------------|
| (1) Due to waived funding deficiency accumulated prior to the 2013 plan year .....                              | MB_RECNCNCL_WAIVED_PR_DEFN_AMT     |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | MB_AMORTZ_ELIG_6621B_IND           |
| (a) Reconciliation outstanding balance as of valuation date.....  | 9o(2)(a) MB_RECNCNCL_OUTSD_BAL_AMT |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....  | 9o(2)(b) MB_RECONCILIATION_AMT     |
| (3) Total as of valuation date .....  | 9o(3) MB_TOT_RECONCILIATION_AMT    |

<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....	<b>10</b> MB_REQ_CONTRIB_AMT
--	------------------------------

<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

MB_CHG_ACTRL_ASSUMP_CURR_IND
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SAMPLE

<b>SCHEDULE R</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b> 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). <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div> ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <b>This Form is Open to Public Inspection.</b>
For calendar plan year 2013 or fiscal plan year beginning <div style="border: 1px solid black; padding: 2px;">SCH_R_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; padding: 2px;">SCH_R_TAX_PRD</div>		
<b>A</b> Name of plan		<b>B</b> Three-digit plan number (PN) <div style="border: 1px solid black; padding: 2px;">SCH_R_PN</div>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500		<b>D</b> Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px;">SCH_R_EIN</div>

  

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

- Total value of distributions paid in property other than in cash or the forms of property specified in the instructions. 

PEN\_VALUE\_DSTRB\_PD\_PRPTY\_AMT

  

1
- 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):  
 EIN(s): 

PEN\_PAYOR\_01\_EIN

PEN\_PAYOR\_02\_EIN

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

- Number of participants (living or deceased) whose benefits were distributed during the year. 

PEN\_BNFT\_DISTRIB\_SNGL\_SUM\_CNT

  

3

  

<b>Part II</b>	<b>Funding Information</b> (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)
----------------	--

- Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A  
**If the plan is a defined benefit plan, go to line 8.**

PEN\_ELEC\_SATISFY\_CODE\_412\_IND

  

PEN\_FNDNG\_WVRS\_DATE
- 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 \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**
- Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 

PEN\_EMPLR\_CONTRIB\_RQR\_AM
  - Enter the amount contributed by the employer to the plan for this plan year 

PEN\_EMPLR\_CONTRIB\_PAID\_AMT
  - 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) 

PEN\_FUNDING\_DEFICIENCY\_AMT**If you completed line 6c, skip lines 8 and 9.**

PEN\_FUNDING\_DEADLINE\_IND
- Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
- 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? 

PEN\_CHG\_FNDNG\_METHOD\_IND

  
☐ Yes ☐ No ☐ N/A

  

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

- 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. 

PEN\_AMDMT\_INCR\_VAL\_BNFT\_CD

  
☐ Increase ☐ Decrease ☐ Both ☐ No

  

<b>Part IV</b>	<b>ESOPs</b> (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.
----------------	---

- Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No
- Does the ESOP hold any preferred stock? 

ESOP\_PREF\_IND

☐ Yes ☐ No
  - 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.) 

ESOP\_BACK\_TO\_BACK\_IND

☐ Yes ☐ No
- Does the ESOP hold any stock that is not readily tradable on an established securities market? 

ESOP\_STOCK\_NOT\_TRADABLE\_IND

☐ Yes ☐ No

**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 PEN\_CONTRIB\_EMPLR\_NAME

**b** EIN PEN\_CONTRIB\_EMPLR\_EIN **c** Dollar amount contributed by employer PEN\_CONTRIB\_EMPLR\_AMT

**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.) PEN\_CONTRIB\_EMPLR\_CBA\_EXP\_IND ☐  
Month PEN\_CONTRIB\_EMPLR\_CBA\_EXP\_DAT 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) PEN\_CONTR\_EMPLR\_MULTI\_RATE\_IND ☐ PEN\_CONTR\_EMPLR\_MULTI\_RATE\_AMT

PEN\_CONTRIB\_EMPLR\_BASE\_CD ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): PEN\_CONTR\_EMPLR\_OTH\_BASE\_TEXT

**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: PEN\_NO\_CONTRIB\_CUR\_PREV\_PRCNT

**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



<b>SCHEDULE SB</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Ben <span style="border: 1px solid black; padding: 0 5px;">ACK_ID</span> Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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 For calendar plan year 2013 or fiscal plan year beginning SB\_PLAN\_YEAR\_BEGIN\_DATE and ending SB\_TAX\_PRD
▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	<span style="border: 1px solid black; padding: 0 10px;">SB_PN</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 0 10px;">SB_EIN</span>	
<b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I</b>	<b>Basic Information</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_PLAN_TYPE_CODE</span>	<span style="border: 1px solid black; padding: 0 10px;">SB_CNT_PARTCP_PR_YR_CD</span>
<b>1</b>	Enter the valuation date: Month _____ Day _____ Year _____	<span style="border: 1px solid black; padding: 0 10px;">SB_VALUE_DATE</span>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_CURR_VALUE_AST_01_AMT</span>
	<b>b</b> Actuarial value .....	<b>2b</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_ACTRL_VALUE_AST_AMT</span>
<b>3</b>	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_RTD_PARTCP_CNT</span> <span style="border: 1px solid black; padding: 0 10px;">SB_RTD_FNDNG_TGT_AMT</span>
	<b>b</b> For terminated vested participants.....	<b>3b</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_TERM_PARTCP_CNT</span> <span style="border: 1px solid black; padding: 0 10px;">SB_TERM_FNDNG_TGT_AMT</span>
	<b>c</b> For active participants:		
	(1) Non-vested benefits .....	<b>3c(1)</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_ACT_NONVSTD_FNDNG_TGT_AMT</span>
	(2) Vested benefits .....	<b>3c(2)</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_ACT_VSTD_FNDNG_TGT_AMT</span>
	(3) Total active.....	<b>3c(3)</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_ACT_PARTCP_CNT</span> <span style="border: 1px solid black; padding: 0 10px;">SB_LIAB_ACT_TOT_FNDNG_TGT_AMT</span>
	<b>d</b> Total.....	<b>3d</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_TOT_PARTCP_CNT</span> <span style="border: 1px solid black; padding: 0 10px;">SB_TOT_FNDNG_TGT_AMT</span>
<b>4</b>	If the plan is in at-risk status, check the box and complete <span style="border: 1px solid black; padding: 0 10px;">SB_PLAN_AT_RISK_IND</span> <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_TGT_DISREGARD_ASSUMP_AMT</span>
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_TGT_REFLECT_ASSUMP_AMT</span>
<b>5</b>	Effective interest rate .....	<b>5</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_EFF_INT_RATE_PRCNT</span> %
<b>6</b>	Target normal cost .....	<b>6</b>	<span style="border: 1px solid black; padding: 0 10px;">SB_TGT_NRML_COST_01_AMT</span>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Signature of actuary <span style="border: 1px solid black; padding: 0 10px;">SB_ACTUARY_NAME_LINE</span> Type or print name of actuary <span style="border: 1px solid black; padding: 0 10px;">SB_ACTUARY_FIRM_NAME</span> Firm name  <span style="border: 1px solid black; padding: 0 10px;">Refer to page 4</span> Address of the firm	<span style="border: 1px solid black; padding: 0 10px;">SB_SIGNATURE_DATE</span> Date  <span style="border: 1px solid black; padding: 0 10px;">SB_ACTRY_ENRLMT_NUM</span> Most recent enrollment number  <span style="border: 1px solid black; padding: 0 10px;">SB_ACTUARY_PHONE_NUM</span> Telephone number (including area code)
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 If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing the instructions SB\_ACTUARY\_NOT\_REFLECT\_IND ☐

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>
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		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	SB_CARRYOVER_PR_YR_AMT	SB_PRE_FNDNG_PR_YR_AMT
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	SB_CARRYOVER_USED_PR_YR_AMT	SB_PRE_FNDNG_USED_PR_YR_AMT
<b>9</b>	Amount remaining (line 7 minus line 8) .....	SB_CARRYOVER_PR_YR_TOT_AMT	SB_PRE_FNDNG_PR_YR_TOT_AMT
<b>10</b>	Interest on line 9 using prior year's actual rate .....	SB_INT_PR_YR_PRCNT	SB_INT_PR_YR_CARRYOVER_AMT
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		SB_EXCESS_CONTRIB_AMT
<b>b</b>	Interest on (a) using prior year's effective interest rate as otherwise provided (see instructions) .....	SB_EXCESS_CONTRIB_INT_PRCNT	SB_EXCESS_CONTRIB_INT_AMT
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		SB_EXCESS_CONTRIB_AVAIL_AMT
<b>d</b>	Portion of (c) to be added to prefunding balance .....		SB_EXCESS_CONTRIB_ADDED_AMT
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	SB_CARRYOVER_REDUCTION_AMT	SB_PRE_FNDNG_REDUCTION_AMT
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	SB_CARRYOVER_BOY_TOT_AMT	SB_PRE_FNDNG_BOY_TOT_AMT

Part III	Funding Percentages
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14	Funding target attainment percentage.....	SB_FNDNG_TGT_PRCNT	%
15	Adjusted funding target attainment percentage .....	SB_ADJ_FNDNG_TGT_PRCNT	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	SB_PR_YR_FNDNG_PRCNT	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	SB_AST_LESS_70_PRCNT	%

## Part IV Contributions and Liquidity Shortfalls

[illegible]

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	SB_FNDNG_SHORT_IND
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>1</b>	SB_CONTRIB_AVOID_RESTRIC_AMT
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....		SB_CONTRIB_ALLOC_CURR_YR_AMT

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... SB\_CONTRIB\_ALLOC\_PR\_YR\_01\_AMT ☐ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? SB\_QRTLY\_INSTALL\_IND ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
SB_1ST_LIQUIDITY_SHORT_AMT	SB_2ND_LIQUIDITY_SHORT_AMT	B_3RD_LIQUIDITY_SHORT_AMT	B_4TH_LIQUIDITY_SHORT_AMT

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment:	2nd segment:	3rd segment:	<b>SB_YIELD_CURVE_IND</b>
	<b>SB_1ST_SEG_RATE_PRCNT</b>	<b>SB_2ND_SEG_RATE_PRCNT</b>	<b>SB_3RD_SEG_RATE_PRCNT</b>	
<b>b</b> Applicable month (enter code):				<b>21b</b> <b>SB_APPLICABLE_MONTH_CD</b>
<b>22</b> Weighted average retirement age				<b>22</b> <b>SB_WEIGHTED_RTM_AGE</b>
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	<b>SB_MORTALITY_TBL_CD</b>

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment:	<b>SB_CHG_ACTRL_ASSUMP_CURR_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment:	<b>SB_CHG_METHOD_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment:	<b>SB_SCH_ACTIVE_PARTCP_RQD_IND</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment:	<b>27</b>	<b>SB_ALT_FNDNG_RULES_CD</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years	<b>28</b>	<b>SB_UNPAID_PR_YR_CONTRIB_AMT</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		<b>SB_CONTRIB_ALLOC_PR_YR_02_AMT</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		<b>SB_UNPAID_MIN_RQD_TOT_AMT</b>

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6)	<b>31a</b>	<b>SB_TGT_NRML_COST_02_AMT</b>	
<b>b</b> Excess assets, if applicable, but not greater than line 31a		<b>SB_MIN_REQ_CONT_EXCESS_AST_AMT</b>	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment	<b>SB_SHORT_AMORTZ_OUTSTD_AMT</b>	<b>SB_SHORT_AMORTZ_INST</b>	
<b>b</b> Waiver amortization installment	<b>SB_WVRS_AMORTZ_OUTSTD_AMT</b>	<b>SB_WVRS_AMORTZ_INST</b>	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <b>SB_WVR_APPROVED_LTR_DATE</b> and the waived amount	<b>33</b>	<b>SB_WAIVED_AMT</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	<b>34</b>	<b>SB_FNDNG_RQMT_TOT_AMT</b>	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement	<b>SB_OFFSET_CARRYOVER_AMT</b>	<b>SB_OFFSET_PRE_FNDNG_AMT</b>	<b>SB_OFFSET_BAL</b>
<b>36</b> Additional cash requirement (line 34 minus line 35)	<b>36</b>	<b>SB_ADDL_CASH_TOT_AMT</b>	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		<b>SB_CONTR_ALLOC_CURR_YR_02_AMT</b>	
<b>38</b> Present value of excess contributions for current year (see instructions):			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>SB_EXCES_CONTR_CURR_YR_TOT_AMT</b>	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		<b>SB_PORT_PREFNDNG_FNDNG_CAR_AMT</b>	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		<b>SB_UNP_MIN_CONT_CUR_YR_TOT_AMT</b>	
<b>40</b> Unpaid minimum required contributions for all years		<b>SB_UNP_MIN_CONTRIB_ALL_YR_AMT</b>	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected	<b>SB_SHOR_AMOR_BASE_SCH_ELEC_IND</b>	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
<b>b</b> Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment	<b>42</b>	<b>SB_ACCELERATION_ADJ_AMT</b>	
<b>43</b> Excess installment acceleration amount to be carried over to future plan years	<b>43</b>	<b>SB_EXCESS_INSTALL_ACCELER_AMT</b>	

<b>SB_ELIGIBLE_PLAN_YEAR_1_IND</b>	<b>SB_ELIGIBLE_PLAN_YEAR_2_IND</b>	<b>SB_ELIGIBLE_PLAN_YEAR_3_IND</b>	<b>SB_ELIGIBLE_PLAN_YEAR_4_IND</b>
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ROW\_ORDER

These are contained on the first page label "Address of the Firm", bottom pg 1

SB\_ACTUARY\_US\_ADDRESS1

SB ACTUARY US ADDRESS2

SB\_ACTUARY\_US\_CITY

SB\_ACTUARY\_US\_STATE

SB\_ACTUARY\_US\_ZIP

SB ACTUARY FOREIGN ADDRESS1

SB ACTUARY FOREIGN ADDRESS2

SB\_ACTUARY\_FOREIGN\_CITY

SB\_ACTUARY\_FOREIGN\_PROV\_STATE

SB\_ACTUARY\_FOREIGN\_CNTRY

SB\_ACTUARY\_FOREIGN\_POSTAL\_CD