

<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="text-align: center;"> <b>► Complete all entries in accordance with the instructions to the Form 5500.</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2014</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 2014 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</span>			
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____	
	<span style="border: 1px solid black; padding: 2px;">TYPE_PLAN_ENTITY_CD</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> <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>	
	<span style="border: 1px solid black; padding: 2px;">INITIAL_FILING_IND</span> <span style="border: 1px solid black; padding: 2px;">AMENDED_IND</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> <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> Plan 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>	<b>Signature of plan administrator</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>
		Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<b>Signature of employer/plan sponsor</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>
		Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<b>Signature of DFE</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>
		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)

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\_ADDRESS1  
 SPONS\_DFE\_MAIL\_FOREIGN\_ADDRESS2  
 SPONS\_DFE\_MAIL\_FOREIGN\_CITY  
 SPONS\_DFE\_MAIL\_FOREIGN\_PROV\_ST  
 SPONS\_DFE\_MAIL\_FOREIGN\_CNTRY  
 SPONS\_DFE\_MAIL\_FOREIGN\_POSTAL\_CD  
 SPONS\_DFE\_LOC\_US\_ADDRESS1  
 SPONS\_DFE\_LOC\_US\_ADDRESS2  
 SPONS\_DFE\_LOC\_US\_CITY  
 SPONS\_DFE\_LOC\_US\_STATE  
 SPONS\_DFE\_LOC\_US\_ZIP  
 SPONS\_DFE\_LOC\_FOREIGN\_ADDRESS1  
 SPONS\_DFE\_LOC\_FOREIGN\_ADDRESS2  
 SPONS\_DFE\_LOC\_FOREIGN\_CITY

Instructions for Form 5500.

Form 5500 (2014)  
v. 140124

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px; width: 20%;">ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE</div><div style="border: 1px solid black; padding: 2px; width: 20%;">ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1</div><div style="border: 1px solid black; padding: 2px; width: 20%;">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 <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_EIN</div>
<b>3c</b> Administrator's telephone number <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_PHONE_NUM</div>		
<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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px; width: 30%;">LAST_RPT_SPONS_NAME</div><div style="border: 1px solid black; padding: 2px; width: 30%;">LAST_RPT_SPONS_EIN</div><div style="border: 1px solid black; padding: 2px; width: 30%;">LAST_RPT_PLAN_NUM</div></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 unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e. .... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACTIVE_PARTCP_BOY_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACTIVE_PARTCP_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">RTD_SEP_PARTCP_RCVG_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">RTD_SEP_PARTCP_FUT_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">SUBTL_ACT_RTD_SEP_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">BENEF_RCVG_BNFT_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACT_RTD_SEP_BENEF_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">PARTCP_ACCOUNT_BAL_CNT</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">SEP_PARTCP_PARTL_VSTD_CNT</div>
<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: <div style="border: 1px solid black; padding: 2px; width: 100%;">TYPE_PENSION_BNFT_CODE</div>		
<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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px; width: 30%;">TYPE_WELFARE_BNFT_CODE</div><div style="border: 1px solid black; padding: 2px; width: 30%;">BENEFIT_INSURANCE_IND</div></div>		
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_INSURANCE_IND</div> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts <div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_SEC412_IND</div> (3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_TRUST_IND</div> (4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_GEN_ASSET_IND</div>		<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_SEC412_IND</div> (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_TRUST_IND</div> (4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_GEN_ASSET_IND</div>
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b> (1) <input type="checkbox"/> R (Retirement Plan Information) <div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_R_ATTACHED_IND</div> (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_MB_ATTACHED_IND</div> (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_SB_ATTACHED_IND</div>		<b>b General Schedules</b> (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) <div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_I_ATTACHED_IND</div> (6) <input type="checkbox"/> G (Financial Information - General) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px; width: 30%;">SCH_A_ATTACHED_IND</div><div style="border: 1px solid black; padding: 2px; width: 30%;">SCH_C_ATTACHED_IND</div><div style="border: 1px solid black; padding: 2px; width: 30%;">SCH_D_ATTACHED_IND</div><div style="border: 1px solid black; padding: 2px; width: 30%;">SCH_G_ATTACHED_IND</div></div> <div style="border: 1px solid black; padding: 2px; width: 100%; margin-top: 5px;">NUM_SCH_A_ATTACHED_CNT</div>

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

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No SUBJ\_M1\_FILING\_REQ\_IND

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

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No COMPLIANCE\_M1\_FILING\_REQ\_IND

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

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

SAMPLE