

<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;">2015</div> <b>This Form is Open to Public Inspection.</b>
For calendar plan year 2015 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.

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

1

PEN\_VALUE\_DSTRB\_PD\_PRPTY\_AMT

**2** 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.**

**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)
----------------	--

**4** 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

**5** 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.**

PEN\_FNDNG\_WVRS\_DATE

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... 

6a

PEN\_EMPLR\_CONTRIB\_RQR\_AM

  
**b** Enter the amount contributed by the employer to the plan for this plan year ..... 

6b

PEN\_EMPLR\_CONTRIB\_PAID\_AMT

  
**c** 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)..... 

6c

PEN\_FUNDING\_DEFICIENCY\_AMT

**If you completed line 6c, skip lines 8 and 9.**

PEN\_FUNDING\_DEADLINE\_IND

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

**8** 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>
-----------------	-------------------

**9** 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.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... 

PEN\_SEC\_REPAY\_LOAN\_IND

☐ Yes ☐ No

**11** **a** Does the ESOP hold any preferred stock? ..... 

ESOP\_PREF\_IND

☐ Yes ☐ No  
**b** 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

**12** 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 (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   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 box ☐ PEN\_CONTR\_EMPLR\_MULTI\_RATE\_AMT

(2) Base unit measure: ☐ 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 .....
- b** The plan year immediately preceding the current plan year.....
- c** The second preceding plan year .....

**14a** PEN\_NO\_CONTRIB\_CUR\_YR\_CNT

**14b** PEN\_NO\_CONTRIB\_PREV\_YR\_CNT

**14c** PEN\_NO\_CONTRIB\_2ND\_PREV\_YR\_CN

**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:

- a** The corresponding number for the plan year immediately preceding the current plan year .....
- b** The corresponding number for the second preceding plan year.....

**15a** PEN\_NO\_CONTRIB\_CUR\_PREV\_PRCNT

**15b** PEN\_NO\_CONTR\_CUR\_2ND\_PREV\_PRC

**15c** PEN\_EMPLRS\_WITHDRW\_PREV\_CNT

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

- a** Enter the number of employers who withdrew during the preceding plan year .....
- 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 .....

**16a** PEN\_WITHDRW\_LIAB\_AMT

**16b** PEN\_WITHDRW\_LIAB\_AMT

**17** If assets and liabilities from another plan have been transferred to 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, enter the percentage of plan assets held as:

PEN\_INVST\_GRADE\_DEBT\_PRCNT % Investment-Grade Debt: PEN\_HI\_YLD\_DEBT\_PRCNT % High-Yield Debt: PEN\_REAL\_ESTATE\_PRCNT % Real Estate: PEN\_OTH\_ASSET\_PRCNT % Other: PEN\_STOCK\_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 years ☐ 19 years or more PEN\_AVERAGE\_DURATION\_CD

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): PEN\_OTHER\_DURATION\_TYPE\_TEXT

### Part VII Compliance Questions

**20a** Is the plan a 401(k) plan? ☐ Yes ☐ No F\_401K\_PLAN\_IND

**20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test F\_401K\_SATISFY\_RQMTS\_IND

**20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No ADP\_ACP\_TEST\_IND

**21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test MTHD\_USED\_SATISFY\_RQMTS\_IND

**21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 401(a)(9) and 401(m)(2) in combination with this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No PLAN\_SATISFY\_TESTS\_IND

**22a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A PLAN\_TIMELY\_AMENDED\_IND

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted: LAST\_PLAN\_AMENDMENT\_DATE Enter the applicable code: TAX\_CODE

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable opinion or letter: LAST\_OPIN\_ADVISORY\_DATE Enter the letter's serial number: LAST\_OPIN\_ADVISORY\_SERIAL\_NUM

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter: FAV\_DETERM\_LTR\_DATE

**23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No PLAN\_MAINTAIN\_US\_TERRITORY\_IND