

<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 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="margin-left: 20px;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></div>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2017</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 2017 or fiscal plan year beginning <div style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</div>			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a single-employer plan <input type="checkbox"/> an amended return/report	<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.) <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TYPE_PLAN_ENTITY_CD</div>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">INITIAL_FILING_IND</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">AMENDED_IND</div>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">F5558_APPLICATION_FILED_IND</div> ... <div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_AUTOMATIC_IND</div> ... <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">COLLECTIVE_BARGAIN</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_SPECIAL_IND</div> → <input type="checkbox"/> Form 5558 → <input type="checkbox"/> automatic extension → <input type="checkbox"/> the DFCV <div style="border: 1px solid black; padding: 2px; display: inline-block;">DFVC_PROGRAM_IND</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">EXT_SPECIAL_TEXT</div>
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	<div style="border: 1px solid black; padding: 2px;">FINAL_FILING_IND</div>
<b>C</b> If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">F5558_APPLICATION_FILED_IND</div> ... <div style="border: 1px solid black; padding: 2px;">EXT_AUTOMATIC_IND</div> ... <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">COLLECTIVE_BARGAIN</div>		
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFCV
<div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_IND</div>	<input type="checkbox"/> special extension (enter description)	<div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_TEXT</div>	

<b>Part II Basic Plan Information—enter all requested information</b>			
<b>1a</b> Name of plan	<div style="border: 1px solid black; padding: 2px;">PLAN_NAME</div>	<b>1b</b> Three-digit plan number (PN)	<div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</div>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		<b>1c</b> Effective date of plan	<div style="border: 1px solid black; padding: 2px;">PLAN_EFF_DATE</div>
		<b>2b</b> Employer Identification Number (EIN)	<div style="border: 1px solid black; padding: 2px;">SPONS_DFE_EIN</div>
		<b>2c</b> Plan Sponsor's telephone number	<div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PHONE_NUM</div>
		<b>2d</b> Business code (see instructions)	<div style="border: 1px solid black; padding: 2px;">BUSINESS_CODE</div>

**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>	Signature of plan administrator	<div style="border: 1px solid black; padding: 2px;">ADMIN_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">ADMIN_MANUAL_SIGNED_NAME</div>	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	<div style="border: 1px solid black; padding: 2px;">SPONS_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">SPONS_MANUAL_SIGNED_NAME</div>	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	<div style="border: 1px solid black; padding: 2px;">DFE_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">DFE_MANUAL_SIGNED_NAME</div>	Enter name of individual signing as DFE

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	SPONS_DFE_MAIL_FORGN_PROV_ST SPONS_DFE_MAIL_FOREIGN_CNTRY SPONS_DFE_MAIL_FORGN_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
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<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> ADMIN_NAME  ADMIN_CARE_OF_NAME  ADMIN_US_ADDRESS1  ADMIN_US_ADDRESS2  ADMIN_US_CITY  ADMIN_US_STATE </div> <div style="width: 25%;"> ADMIN_US_ZIP  ADMIN_FOREIGN_ADDRESS1  ADMIN_FOREIGN_ADDRESS2 </div> <div style="width: 25%;"> ADMIN_NAME_SAME_SPON_IND  ADMIN_ADDRESS_SAME_SPON_IND  ADMIN_FOREIGN_CITY  ADMIN_FOREIGN_PROV_STATE  ADMIN_FOREIGN_CNTRY  ADMIN_FOREIGN_POSTAL_CD  ADMIN_PHONE_NUM_FOREIGN </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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return: <b>a</b> Sponsor's name: LAST_RPT_SPONS_NAME <b>c</b> Plan Name: LAST_RPT_PLAN_NAME LAST_RPT_SPONS_EIN LAST_RPT_PLAN_NUM		<b>4b</b> EIN <b>4d</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 ..... TOT_ACTIVE_PARTCP_BOY_CNT <b>a(2)</b> Total number of active participants at the end of the plan year ..... TOT_ACTIVE_PARTCP_CNT <b>b</b> Retired or separated participants receiving benefits ..... RTD_SEP_PARTCP_RCVG_CNT <b>c</b> Other retired or separated participants entitled to future benefits ..... RTD_SEP_PARTCP_FUT_CNT <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c ..... SUBTL_ACT_RTD_SEP_CNT <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... BENEF_RCVG_BNFT_CNT <b>f</b> Total. Add lines 6d and 6e ..... TOT_ACT_RTD_SEP_BENEF_CNT <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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... SEP_PARTCP_PARTL_VSTD_CNT		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h
<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 BENEFIT_INSURANCE_IND		
<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 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"/> R (Retirement Plan Information) SCH_R_ATTACHED_IND (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan) by the plan actuary SCH_MB_ATTACHED_IND (3) <input type="checkbox"/> SB (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"/> H (Financial Information) SCH_H_ATTACHED_IND (2) <input type="checkbox"/> I (Financial Information) SCH_I_ATTACHED_IND (3) <input type="checkbox"/> A (Insurance Information) SCH_A_ATTACHED_IND (4) <input type="checkbox"/> C (Service Provider Information) SCH_C_ATTACHED_IND (5) <input type="checkbox"/> D (DFE/Participating Plan) SCH_D_ATTACHED_IND (6) <input type="checkbox"/> G (Financial Transaction) SCH_G_ATTACHED_IND NUM_SCH_A_ATTACHED_CNT	

**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

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

[SUBJ\\_M1\\_FILING\\_REQ\\_IND](#)

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See [COMPLIANCE\\_M1\\_FILING\\_REQ\\_IND](#)) .... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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