

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> </div>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning FORM_PLAN_YEAR_BEGIN_DATE and ending FORM_TAX_PRD			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
TYPE_PLAN_ENTITY_CD	<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	TYPE_DFE_PLAN_ENTITY_CD
INITIAL_FILING_IND			
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	FINAL_FILING_IND
AMENDED_IND	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	SHORT_PLAN_YR_I
C If the plan is a collectively-bargained plan, check here.	F5558_APPLICATION_FILED_IND	EXT_AUTOMATIC_IND	... ▶ COLLECTIVE_BARGAIN
D Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
EXT_SPECIAL_IND	<input type="checkbox"/> special extension (enter description) _____	EXT_SPECIAL_TEXT	DFVC_PROGRAM_IND

Part II Basic Plan Information —enter all requested information			
1a Name of plan	PLAN_NAME	SPONS_DFE_PN	1b Three-digit plan number (PN) ▶
			1c Effective date of plan PLAN_EFF_DATE
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)			
			2b Employer Identification SPONS_DFE_EIN
			2c Sponsor's telephone SPONS_DFE_PHONE_NUM
			2d Business code (see instructions) BUSINESS_CODE

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.

SIGN HERE	ADMIN_SIGNED_DATE	ADMIN_SIGNED_NAME
	Signature of plan administrator	Date Enter name of individual signing as plan administrator
SIGN HERE	SPONS_SIGNED_DATE	SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	Date Enter name of individual signing as employer or plan sponsor
SIGN HERE	DFE_SIGNED_DATE	DFE_SIGNED_NAME
	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 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>		

Instructions for Form 5500.

Form 5500 (2013)
v. 130118

3a 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>		3b Administrator's EIN ADMIN_EIN 3c Administrator's telephone number ADMIN_PHONE_NUM
4 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: a 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>		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 TOT_PARTCP_BOY_CNT
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants.....TOT_ACTIVE_PARTCP_CNT		6a
b Retired or separated participants receiving benefits.....RTD_SEP_PARTCP_RCVG_CNT		6b
c Other retired or separated participants entitled to future benefits.....RTD_SEP_PARTCP_FUT_CNT		6c
d Subtotal. Add lines 6a, 6b, and 6c.....SUBTL_ACT_RTD_SEP_CNT		6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefit.....BENEF_RCVG_BNFT_CNT		6e
f Total. Add lines 6d and 6e.....TOT_ACT_RTD_SEP_BENEF_CNT		6f
g 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 6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		SEP_PARTCP_PARTL_VSTD_CNT 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7 CONTRIB_EMPLRS_CNT
8a 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 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;">BENEFIT_INSURANCE_IND</div>		
9a 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		9b 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
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (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 Actuarial Information) - signed 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 General Schedules (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) (6) <input type="checkbox"/> G (Financial Transaction Schedules) <div style="text-align: center;">↑</div>
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