

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>08/01/2014</u> and ending <u>07/31/2015</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PEN. PLN.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1952</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1952</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1952</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PENSION PLAN</u> <u>3118 COLERAIN AVENUE</u> <u>CINCINNATI, OH 45225</u> <u>PATTI LUKEN -OPEIU 98</u> <u>3118 COLERAIN AVE.</u> <u>CINCINNATI, OH 45225</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-6136729</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-541-2480</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311500</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-6136729</u>	2c Plan Sponsor's telephone number <u>513-541-2480</u>	2d Business code (see instructions) <u>311500</u>	
2b Employer Identification Number (EIN) <u>31-6136729</u>					
2c Plan Sponsor's telephone number <u>513-541-2480</u>					
2d Business code (see instructions) <u>311500</u>					

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	Filed with authorized/valid electronic signature.		
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	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)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
6 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).		5 383	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 0	
a(2) Total number of active participants at the end of the plan year		6a(2) 0	
b Retired or separated participants receiving benefits		6b 208	
c Other retired or separated participants entitled to future benefits.....		6c 87	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 295	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 61	
f Total. Add lines 6d and 6e		6f 356	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7 0	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
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		b General Schedules	
(1) ☐ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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.

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

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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **08/01/2014** and ending **07/31/2015**

A Name of plan MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PEN. PLN.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PENSION PLAN	D Employer Identification Number (EIN) 31-6136729

Part I	Service Provider Information (see instructions)
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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.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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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)

PATTI LUKEN

OPEIU LOCAL 98
3118 COLERAIN AVE.
CINCINNATI, OH 45225

31-6136729

(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?
14 30 35 15	EMPLOYEES	41075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

FLEMING BROCKSCHMIDT & DURKIN, PLL

30 GARFIELD PLACE # 540
CINCINNATI, OH 45202-4366

31-0781110

(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?
10	NONE	8100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

SCHNEIDER MALE & STRAKOWSKI CO.,EA

4520 COOPER RD # 203
CINCINNATI, OH 45242

31-1140818

(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?
11 64	NONE	5280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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.	

(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.	

(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.	

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015		
A Name of plan MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PEN. PLN.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PENSION PLAN		
D Employer Identification Number (EIN) 31-6136729		

Part I	Asset and Liability Statement																																																																																																								
1 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. Round off amounts to the nearest dollar. 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.																																																																																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left; padding: 5px;">Assets</th> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center; padding: 5px;">(a) Beginning of Year</th> <th style="width: 30%; text-align: center; padding: 5px;">(b) End of Year</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a Total noninterest-bearing cash</td> <td style="text-align: center; padding: 5px;">1a</td> <td style="text-align: right; padding: 5px; color: blue;">103567</td> <td style="text-align: right; padding: 5px; color: blue;">96932</td> </tr> <tr> <td style="padding: 5px;">b Receivables (less allowance for doubtful accounts):</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (1) Employer contributions.....</td> <td style="text-align: center; padding: 5px;">1b(1)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (2) Participant contributions.....</td> <td style="text-align: center; padding: 5px;">1b(2)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (3) Other.....</td> <td style="text-align: center; padding: 5px;">1b(3)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">c General investments:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (1) Interest-bearing cash (include money market accounts & certificates of deposit).....</td> <td style="text-align: center; padding: 5px;">1c(1)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (2) U.S. Government securities</td> <td style="text-align: center; padding: 5px;">1c(2)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (3) Corporate debt instruments (other than employer securities):</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (A) Preferred</td> <td style="text-align: center; padding: 5px;">1c(3)(A)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (B) All other.....</td> <td style="text-align: center; padding: 5px;">1c(3)(B)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (4) Corporate stocks (other than employer securities):</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (A) Preferred</td> <td style="text-align: center; padding: 5px;">1c(4)(A)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (B) Common.....</td> <td style="text-align: center; padding: 5px;">1c(4)(B)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (5) Partnership/joint venture interests</td> <td style="text-align: center; padding: 5px;">1c(5)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (6) Real estate (other than employer real property).....</td> <td style="text-align: center; padding: 5px;">1c(6)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (7) Loans (other than to participants)</td> <td style="text-align: center; padding: 5px;">1c(7)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (8) Participant loans.....</td> <td style="text-align: center; padding: 5px;">1c(8)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (9) Value of interest in common/collective trusts</td> <td style="text-align: center; padding: 5px;">1c(9)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (10) Value of interest in pooled separate accounts</td> <td style="text-align: center; padding: 5px;">1c(10)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (11) Value of interest in master trust investment accounts</td> <td style="text-align: center; padding: 5px;">1c(11)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (12) Value of interest in 103-12 investment entities.....</td> <td style="text-align: center; padding: 5px;">1c(12)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (13) Value of interest in registered investment companies (e.g., mutual funds).....</td> <td style="text-align: center; padding: 5px;">1c(13)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (14) Value of funds held in insurance company general account (unallocated contracts).....</td> <td style="text-align: center; padding: 5px;">1c(14)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> (15) Other.....</td> <td style="text-align: center; padding: 5px;">1c(15)</td> <td></td> <td></td> </tr> </tbody> </table>	Assets		(a) Beginning of Year	(b) End of Year	a Total noninterest-bearing cash	1a	103567	96932	b Receivables (less allowance for doubtful accounts):				(1) Employer contributions.....	1b(1)			(2) Participant contributions.....	1b(2)			(3) Other.....	1b(3)			c General investments:				(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)			(2) U.S. Government securities	1c(2)			(3) Corporate debt instruments (other than employer securities):				(A) Preferred	1c(3)(A)			(B) All other.....	1c(3)(B)			(4) Corporate stocks (other than employer securities):				(A) Preferred	1c(4)(A)			(B) Common.....	1c(4)(B)			(5) Partnership/joint venture interests	1c(5)			(6) Real estate (other than employer real property).....	1c(6)			(7) Loans (other than to participants)	1c(7)			(8) Participant loans.....	1c(8)			(9) Value of interest in common/collective trusts	1c(9)			(10) Value of interest in pooled separate accounts	1c(10)			(11) Value of interest in master trust investment accounts	1c(11)			(12) Value of interest in 103-12 investment entities.....	1c(12)			(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)			(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			(15) Other.....	1c(15)		
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(A) Preferred	1c(4)(A)																																																																																																								
(B) Common.....	1c(4)(B)																																																																																																								
(5) Partnership/joint venture interests	1c(5)																																																																																																								
(6) Real estate (other than employer real property).....	1c(6)																																																																																																								
(7) Loans (other than to participants)	1c(7)																																																																																																								
(8) Participant loans.....	1c(8)																																																																																																								
(9) Value of interest in common/collective trusts	1c(9)																																																																																																								
(10) Value of interest in pooled separate accounts	1c(10)																																																																																																								
(11) Value of interest in master trust investment accounts	1c(11)																																																																																																								
(12) Value of interest in 103-12 investment entities.....	1c(12)																																																																																																								
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)																																																																																																								
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)																																																																																																								
(15) Other.....	1c(15)																																																																																																								

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	103567	96932

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	103567	96932
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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: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	562500	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		562500

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

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

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

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		562500

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	502520	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		502520
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	13920	
(2) Contract administrator fees.....	2i(2)	41075	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	11620	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		66615
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		569135

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-6635
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

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):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FLEMING BROCKSCHMIDT & DURKIN, PLL

(2) EIN: 31-0781110

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ 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:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c 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.)		X	
d 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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g 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?		X	
h 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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j 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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.			

5a 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 employer this year. ☒ Yes ☐ No Amount: 0

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN



**FLEMING,
BROCKSCHMIDT
& DURKIN PLL**
Certified Public Accountants

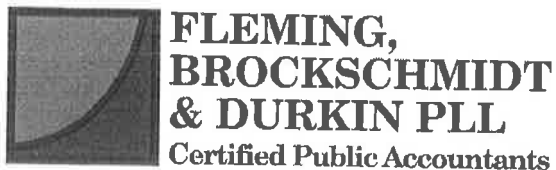
FINANCIAL STATEMENTS

***MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN***

July 31, 2015 and 2014

CONTENTS

INDEPENDENT AUDITOR'S REPORT	PAGE	1
FINANCIAL STATEMENTS		
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS ON A MODIFIED CASH BASIS		3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ON A MODIFIED CASH BASIS		4
NOTES TO FINANCIAL STATEMENTS		5



INDEPENDENT AUDITOR'S REPORT

To the Trustees of the Milk and Ice Cream Industry
Dairy Employees Union Pension Plan

We have audited the accompanying financial statements of the Milk and Ice Cream Industry Dairy Employees Union Pension Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of July 31, 2015 and 2014, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Milk and Ice Cream Industry Dairy Employees Union Pension Plan (modified cash basis) as of July 31, 2015 and 2014, and the changes in net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.



Certified Public Accountants

Cincinnati, Ohio
November 6, 2015

**MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
ON A MODIFIED CASH BASIS**

July 31, 2015 and 2014

	2015	2014
CASH	\$ <u>96,932</u>	\$ <u>103,567</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>96,932</u>	\$ <u>103,567</u>

See accompanying notes.

**MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
ON A MODIFIED CASH BASIS**

Years ended July 31, 2015 and 2014

	2015	2014
ADDITIONS		
Financial assistance - PBGC	\$ 562,500	\$ 618,800
DEDUCTIONS		
Pension benefits	502,520	555,601
Administrative expenses:		
Payroll	41,075	40,300
Other costs	11,620	10,179
Professional fees	<u>13,920</u>	<u>16,057</u>
Total deductions	<u>569,135</u>	<u>622,137</u>
NET DECREASE	(6,635)	(3,337)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>103,567</u>	<u>106,904</u>
End of year	<u>\$ 96,932</u>	<u>\$ 103,567</u>

See accompanying notes.

**MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

July 31, 2015 and 2014

1. DESCRIPTION OF PLAN

The Pension Plan is a defined benefit plan which was established on October 29, 1952 in accordance with the Agreement and Declaration of Trust dated July 29, 1952 and amended and restated effective January 30, 2004 between the employers of the Milk and Ice Cream Industry and the Union. Participants should refer to the Plan Agreement for full information on vesting and benefit provisions.

The Plan is covered under collective bargaining agreements with each employer, the most recent of which is dated during 1997 and covered the period from those dates through 2003.

As of the year ended July 31, 2003 the Plan came under a Mass-Withdraw Status, since all contributing employers ceased ongoing plan sponsorship. The plan assets currently are insufficient to meet the pension obligations accrued as of the Mass-Withdrawal Termination date. However, current pensioners and vested deferred participants have their full pensions guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), since no participants have pension accruals in excess of the PBGC guarantee level. The Plan began to receive assistance from the PBGC to pay pensions in December 2007.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements are prepared on the basis of cash receipts and disbursements modified to adjust investments to market values, and therefore present assets resulting from cash transactions and revenues received and expenses paid, except for adjustments thereto for unrealized investment gains and losses. Employer receivables, loans from the PBGC, and expenses incurred but not paid are not included in the financial statements.

Accordingly, the financial statements are not intended to present financial position and results of operations in conformity with generally accepted accounting principles.

Payment of Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements on the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Date of Management's Review – Management has evaluated subsequent events through November 6, 2015, the date on which the financial statements were available to be issued.

**MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

July 31, 2015 and 2014

3. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated January 3, 2005, that the Plan, as then designed, was in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The plan administrator believes the Plan is no longer subject to income examinations for years prior to 2011.

4. CONCENTRATIONS OF CREDIT RISK

The Plan maintains its cash at a financial institution that is insured by the Federal Deposit Insurance Corporation up to \$ 250,000. At times, the balance may exceed the insured limit. The Plan does not believe it is exposed to any significant credit risk on the cash balance. At July 31, 2015, the total cash balance was less than the insurance limit.

5. ACTUARIAL VALUATION AND ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions based upon the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present members or their beneficiaries. Benefits under the Plan are based on members' years of credited service.

The actuarial present value of accumulated plan benefits is determined by Schneider, Male & Strakowski actuaries, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for mortality, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations at August 1, 2014 were (a) life expectancy of participants, (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2014 and 2013 valuations included assumed average rates of return of 5.0% and 5.5%, respectively.

The actuary's calculation of the present value of accumulated Plan benefits as of August 1, 2014 and 2013, is as follows:

	2014	2013
Vested benefits		
Pensioners and beneficiaries	\$ 3,918,406	\$ 4,422,290
Other vested participants	<u>1,501,189</u>	<u>1,600,179</u>
Total actuarial present value	<u>\$ 5,419,595</u>	<u>\$ 6,022,469</u>

**MILK AND ICE CREAM INDUSTRY
DAIRY EMPLOYEES UNION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

July 31, 2015 and 2014

5. ACTUARIAL VALUATION AND ACCUMULATED PLAN BENEFITS - CONTINUED

An analysis of the change in the present value of accumulated Plan benefits for the years ended August 1, 2014 and 2013 is as follows:

	2014	2013
Actuarial present value of accumulated		
Plan benefits at beginning of year	\$ 6,022,469	\$ 5,854,236
Increase (decrease) during		
the year attributable to:		
Change in discount period	287,233	305,655
Benefits paid	(555,601)	(593,758)
Change in actuarial assumptions	73,496	265,150
Benefits accumulated	<u>(408,002)</u>	<u>191,186</u>
Actuarial present value of accumulated		
Plan benefits at end of year	<u>\$ 5,419,595</u>	<u>\$ 6,022,469</u>

6. GOING CONCERN

On July 31, 2015, the Plan had total assets of \$ 96,932 . The estimated amount of annual benefit payments due for the year ending July 31, 2016 is \$ 455,000. The ability of the Plan to continue as a going concern is dependent on the Pension Benefit Guaranty Corporation's financial assistance. The financial statements do not include any adjustments that might be necessary if the Plan is unable to continue as a going concern.

7. PENSION BENEFIT GUARANTY CORPORATION FINANCIAL ASSISTANCE

In December 2007, the PBGC began providing financial assistance to the Plan. All amounts received from the PBGC will be in the form of a loan, but repayment of the principal amount, plus interest at the rate in effect under Section 6621(a)(2) of the Internal Revenue Service Code, compounded daily, will not commence unless the Plan's financial condition would improve to such a degree that it has assets beyond those necessary to pay basic benefits. For the years ended July 31, 2015 and 2014, the PBGC provided \$ 562,500 and \$ 618,800 in financial assistance to the plan, respectively. Total assistance provided by the PBGC to July 31, 2015 is \$ 5,411,930 . The note is secured by a Security Agreement entered into by the Plan and PBGC.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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).

► **Complete all entries in accordance with
the Instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

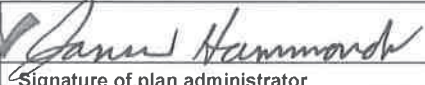
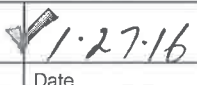
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); or
- B** This return/report is: ☐ a single-employer plan; ☐ a DFE (specify) _____
- ☐ the first return/report; ☐ the final return/report;
- ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PEN. PLN.	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 08/01/1952
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MILK & ICE CREAM INDUSTRY DAIRY EMPLOYEES UNION PENSION PLAN 3118 COLERAIN AVENUE US CINCINNATI OH 45225 Patti Luken -OPFIU 98 3118 Colerain Ave. US Cincinnati OH 45225	2b Employer Identification Number (EIN) 31-6136729 2c Plan Sponsor's telephone number (513) 541-2480 2d Business code (see instructions) 311500

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 		James Hammonds
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2014)
v.140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 383
6 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).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 208
c Other retired or separated participants entitled to future benefits	6c 87
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 295
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 61
f Total. Add lines 6d and 6e	6f 356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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.

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

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 _____