Department Reserve 2015 Department of Labor This form is required to be filed 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). This Form is Open to Previous Benefit Guaranty Corporation Part 1 Annual Report Identification Information a single-employee rplan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the final return/report A This return/report is the first return/report the first return/report a short plan year return/report B This return/report is the first return/report a short plan year return/report DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information DFVC program Part II Basic Plan Information—enter all requested information DFVC program B This return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program general extension (enter description) Part II Basic Plan Information—enter all reque	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Employee Benefits Security Administration Revenue Code (the Code).					oyee	IB Nos. 1210-0110 1210-0089		
Dupperson at later Income Security Act of 1979 (ERISA), and sections 603(6) of the Internal Revenue Code (the Code). This Form is Open 1 Public Inspection Part I Annual Roport Identification Information and ording 12015 Part I Annual Roport Identification Information and ording 1201215 A This return/report is for: a single-employer plan a mediate plan value toginning 10012015 B This return/report is for: a one-participant plan a media drawn/report a drawn/report 100 provide plan B This return/report is a one-participant plan a store participant plan a foreign plan B This return/report is a mendia drawn/report a store participant plan a foreign plan B This return/report is form 5558 outomatic extension DFVC program a port plan form 5558 outomatic extension DFVC program 10 Three-digt plan Information 10 Three-digt plan number 001 C Effective date of plan 10 Three-digt plan number 10 Three-digt plan number 001 10 Three-digt 10 Three-digt plan number </td <td>Petirement</td> <td>015</td>						Petirement	015		
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Preparer's name (including firm name, if applicable) and address (include room or suite number)	Signature								
	Preparer's name (inclu	iding firm nar	ne, if applicable) and address (i	nclude room or suite nu	mber)	Preparer's t	telephone nu	nber	

								<u>_</u>		
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public acc under 29 CER 2520 104-462 (See instructions on waiver eligibility and conditions).				· · ·			X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year		
а	Total plan assets	7a			658			13499		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		20	658			13499		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)				_				
	(2) Participants	8a(2)				_				
<u> </u>	(3) Others (including rollovers)	8a(3)			0.5.5					
	Other income (loss)	8b			255	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		255		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	196					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			218					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7414		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-7159		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Chai	racteris	stic Co	odes in t	the instructions:		
	2A 2E 3D			0						
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	ies from the list of Pial	n Chara	acterist		ies in tr	ne instructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10a		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			IVa						
	reported on line 10a.)	•		10b		Х				
С	C Was the plan covered by a fidelity bond?			10c		Х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х				
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		х				
f	f Has the plan? (See instructions.)f Has the plan failed to provide any benefit when due under the plan?			10c		Х				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			-		X				
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		x				
i	2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		~				
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
J	Did the plan trust incur unrelated business taxable income?			10j						
Par	VI Pension Funding Compliance									

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_				
b Enter the minimum required contribution for this plan year	12b					
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 						
negative amount)		12d			1	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part VII Plan Terminations and Transfers of Assets		-				
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part VIII Trust Information						
14a Name of trust		14b Trust's EIN				
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX IRS Compliance Questions		I				
15a Is the plan a 401(k) plan?		Yes		No		
15b 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 ADP/A harbor test method		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	Ye	Yes No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	Ц ре	Ratio percentage test Average benefit test				
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				No		
17a Has the plan been timely amended for all required tax law changes?				No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	_ (See ins	structions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable		
18 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			
19 Were in-service distributions made during the plan year?				No		
If "Yes," enter amount		19				
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				No	N/A	