Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110	
FULLISSUU	This form is required to be filed for employee benefit plans under sections 104	1210-0089	
Department of the Treasury Internal Revenue Service	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).	2013 2014	
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.		
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection	
Part I Annual Report Ide	ntification Information		
For calendar plan year 2014 2013 or	fiscal plan year beginning and ending		
A This return/report is for:	a multiemployer plan; a multiple-employer plan; 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;	han 12 months).	
C If the plan is a collectively-bargain	ed plan, check here		
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;	
	special extension (enter description)		
Part II Basic Plan Infor	mation—enter all requested information		
1a Name of plan		1b Three-digit plan number (PN) □	
		1c Effective date of plan	
2a Plan sponsor's name and addres	ss; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)	
		2c Plan Sponsor's telephone number	
		2d Business code (see instructions)	

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				
	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
	Signature of DFE	Date	Enter name of individu	al signing as DFE
Preparer	's name (including firm name, if applicable) and address ; (include	room or suite numbe	er) <u>-</u> (optional)	Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2014043) v. 140124 3a Plan administrator's name and address Sum as Plan Sponsor Name Sponsor Address 3b Administrator's EN 3c Administrator's name and address Sum as Plan Sponsor Name Sponsor Name Sponsor Address 3c Administrator's EN 3c Administrator's name and address Sum as Plan Sponsor Name Sponsor Name Sponsor Address 3b Administrator's EN 4 If the name andror EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. 4b EN 5 Total number of participants at the beginning of the plan year 5 6 Number of participants at the beginning of the plan year 5 64(1) 5 62(2) 64(1) 64(2) 64(1) 64(2) 64(2) 64(2) 64(2) 64(2) 64(2) 64(2) 64(2) 65 66(2) 66 66(2) 67 64(2) 68 66(2) 69 64 60 66 60 66 61 61 62 66 63 66 </th <th></th> <th></th> <th></th> <th></th> <th></th>					
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a Pension Schedules

(1)

R (Retirement Plan Information)

b General Schedules

(1)

	H (Financial Information)
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(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Information – Small Plan)
Part III urchase Plan Actuarial Information) - signed by the plan ctuary M-1 Compliance Information (to be comp	oleted by we	A (Insurance Information) Ifare benefit plans) C (Service Provider Information)
113 If the plan spovides we fare benefits, was denoted by the plan subject to the Form M-1 2520.101-2-) Information) - signed by the plan actuary No	filing (19) quirem <mark>en</mark>	nts during the prevention of t
2520.101- 2.) Information) - signed by the plan actuary No	(6)	G (Financial Transaction Schedules)
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.)
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		