

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <hr/> <h2 style="text-align: center;">2015</h2> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information				
For calendar plan year 2015 or fiscal plan year beginning		01/01/2015	and ending	12/31/2015
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan;	<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); or	
		<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
		<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
C	If the plan is a collectively-bargained plan, check here.....			<input checked="" type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
		<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a	Name of plan Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees	1b	Three-digit plan number (PN) ▶ 004
		1c	Effective date of plan 04/01/1987
2a	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) Hanford Pension and Savings Plans Committee PO Box 650 MSIN H3 08 1981 Snyder Richland WA 99352	2b	Employer Identification Number (EIN) 90-0501441
		2c	Plan Sponsor's telephone number (509) 372-3323
		2d	Business code (see instructions) 562000

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		9/20/16	Elaine M. Cone
	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)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year	5	3,558
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)	
a(2) Total number of active participants at the end of the plan year	6a(2)	3,291
b Retired or separated participants receiving benefits	6b	66
c Other retired or separated participants entitled to future benefits.....	6c	316
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	3,673
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	11
f Total. Add lines 6d and 6e.	6f	3,684
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3,485
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	8

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2R 2T 3H

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor		
(4) <input type="checkbox"/> 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)
- (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

- (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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
Hanford Contractors Multi-Employer Savings Plan for HAMTC

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
Hanford Pension and Savings Plans Committee

D Employer Identification Number (EIN)
90-0501441

Part I Service Provider Information (see instructions)

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

THE VANGUARD GROUP, INC.
23-1945930

(b) Enter name and EIN or address of person who provided you disclosure 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)

THE VANGUARD GROUP, INC.
23-1945930

(b) Service Code(s) 15 25 26 33 52

(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?
NONE	183,812	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

VERUS
91-1320111

(b) Service Code(s) 16

(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?
NONE	55,208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVIS WRIGHT TREMAINE
91-0839480

(b) Service Code(s) 29

(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?
NONE	26,760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

AON RISK INSURANCE SERVICES WEST
95-3252415

(b) Service Code(s) 22

(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?
NONE	26,283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOSS ADAMS LLP
91-0189318

(b) Service Code(s) 10

(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?
NONE	20,615	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
THE VANGUARD GROUP, INC.	64	0
(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.	
DODGE & COX 94-1441976	10 BPS	
(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
(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
(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
(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
(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
(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)
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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 D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
Hanford Contractors Multi-Employer Savings Plan for HAMTC Representatives

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Hanford Pension and Savings Plans Committee

D Employer Identification Number (EIN)
90-0501441

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Retirement Savings TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 23-2186884 023 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106,644,594

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2010 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083954 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2,319,080

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2015 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083984 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7,670,207

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2020 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083982 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10,717,771

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2025 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083980 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14,302,578

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2030 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083978 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7,019,201

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2035 TrustII

b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company

c EIN-PN 90-6083976 001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7,369,080

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2040 TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 90-6083974 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3,922,957
a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2045 TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 90-6083972 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3,965,418
a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2050 TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 90-6083970 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3,665,423
a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2055 TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 27-6715091 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 837,474
a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire 2060 TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 45-3799419 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467,181
a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retire Inc TrustII		
b Name of sponsor of entity listed in (a): Vanguard Fiduciary Trust Company		
c EIN-PN 90-6083967 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3,535,392
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A Name of plan Hanford Contractors Multi-Employer Savings Plan for HAMTC Representatives	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 Hanford Pension and Savings Plans Committee	D Employer Identification Number (EIN) 90-0501441

Part I	Asset and Liability Statement
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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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	0	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	237,493	184,308
(2) Participant contributions.....	467,054	329,458
(3) Other	0	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		
(2) U.S. Government securities.....	116,245	82,194
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....		
(B) All other.....	0	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	0	
(B) Common.....	0	
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants).....		
(8) Participant loans	16,046,618	16,553,724
(9) Value of interest in common/collective trusts	170,202,284	172,436,356
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	284,319,021	277,015,556
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other	7,297,206	6,517,861

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	478,685,921	473,119,457
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	19,139	25,972
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19,139	25,972
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	478,666,782	473,093,485

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	9,133,858	
(B) Participants.....	2a(1)(B)	16,805,858	
(C) Others (including rollovers).....	2a(1)(C)	513,066	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		26,452,782
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)	3,180	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	721,212	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		724,392
(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)	13,955,842	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		13,955,842
(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)		0
(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)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	-1,567,433
(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)	-15,519,133
c Other income.....	2c	-1,141,143
d Total income. Add all income amounts in column (b) and enter total.....	2d	22,905,307

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	28,187,931
(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)	28,187,931
f Corrective distributions (see instructions).....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	-22,005
h Interest expense.....	2h	
i Administrative expenses: (1) Professional fees.....	2i(1)	312,678
(2) Contract administrator fees.....	2i(2)	
(3) Investment advisory and management fees.....	2i(3)	
(4) Other.....	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	312,678
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	28,478,604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-5,573,297
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: Moss Adams LLP **(2)** EIN: 91-0189318

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 4i.

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	N/A	Amount
4a		X		
4b		X		

	Yes	No	N/A	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			4,000,000
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.)		X		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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:

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

6a Name of trust **6b** Trust's EIN

6c Name of trustee or custodian **6d** Trustee's or custodian's telephone number

REPORT OF INDEPENDENT AUDITORS

To the Participants and Pension and Savings Committee of the
Hanford Contractors Multi-Employer Savings Plan
for HAMTC Represented Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 accounting principles generally accepted in the United States of America; this includes 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 the 2015 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter- Report on Supplemental Schedule and Report on 2014 Financial Statements

The Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2015 Financial Statements paragraph, we do not express an opinion on this supplementary information.

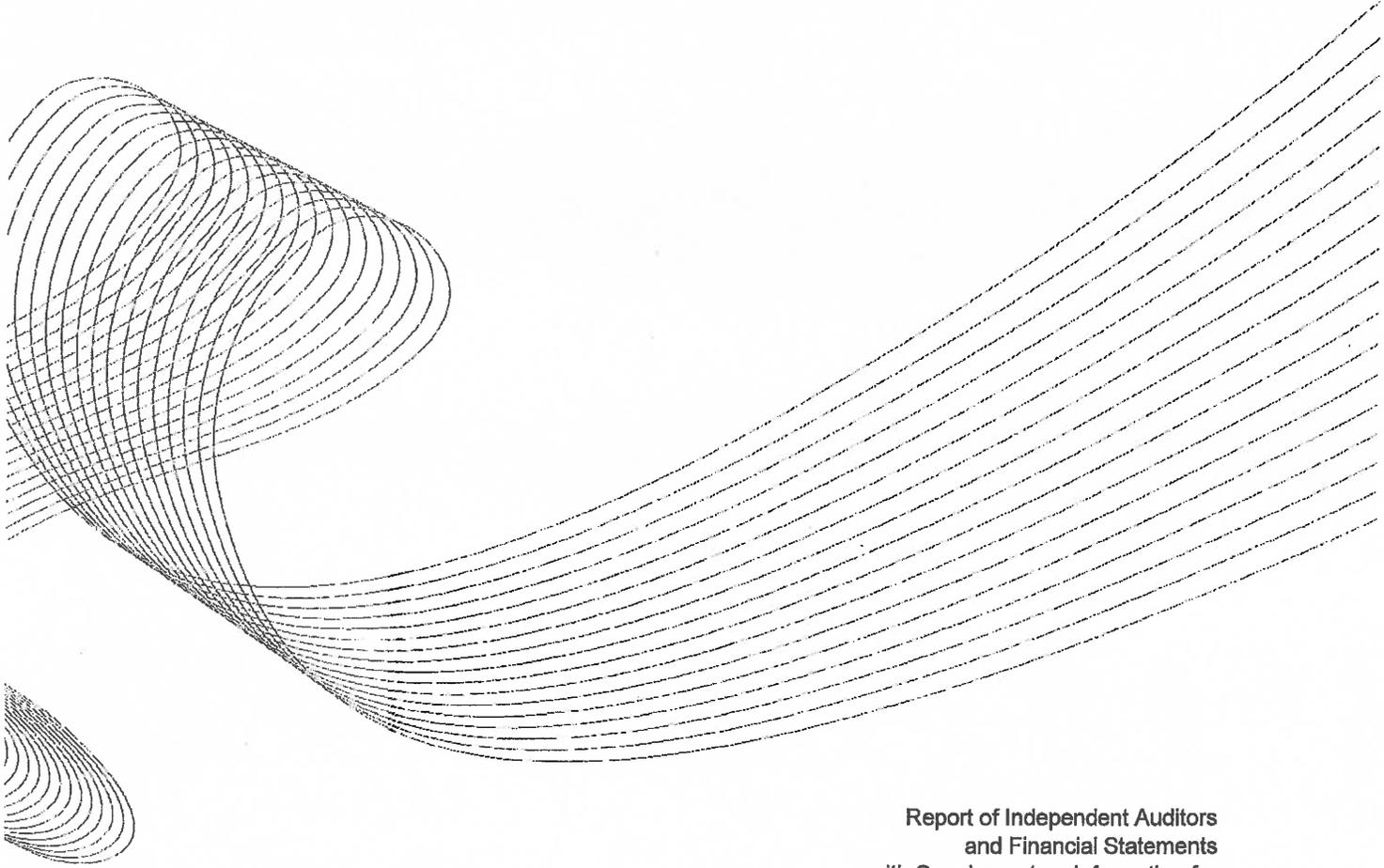
We have audited the accompanying statement of net assets available for benefits of Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees as of December 31, 2014, and the related statements of changes in net assets available for benefits for the year then ended, and in our report dated September 2, 2015, we expressed our opinion that such financial statement presents fairly in all material respects, the financial status of Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Yakima, Washington
August 31, 2016



Report of Independent Auditors
and Financial Statements
with Supplementary Information for
**Hanford Contractors
Multi-Employer Savings Plan for
HAMTC Represented Employees**
December 31, 2015 and 2014

MOSS ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Pension and Savings Committee of the
Hanford Contractors Multi-Employer Savings Plan
for HAMTC Represented Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 accounting principles generally accepted in the United States of America; this includes 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 the 2015 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter- Report on Supplemental Schedule and Report on 2014 Financial Statements

The Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2015 Financial Statements paragraph, we do not express an opinion on this supplementary information.

We have audited the accompanying statement of net assets available for benefits of Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees as of December 31, 2014, and the related statements of changes in net assets available for benefits for the year then ended, and in our report dated September 2, 2015, we expressed our opinion that such financial statement presents fairly in all material respects, the financial status of Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Yakima, Washington
August 31, 2016

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014**

	2015	2014
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 277,015,556	\$ 284,319,021
U.S. Government securities	82,194	116,245
Vanguard Brokerage Option	6,517,861	7,297,206
Common collective Trust	172,436,356	167,022,871
	456,051,967	458,755,343
Receivables		
Notes receivable from participants	21,167,949	20,682,848
Contributions receivable	513,766	704,547
	21,681,715	21,387,395
TOTAL ASSETS	477,733,682	480,142,738
LIABILITIES		
Accrued expenses	25,972	19,139
NET ASSETS AVAILABLE FOR BENEFITS	\$ 477,707,710	\$ 480,123,599

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2015 AND 2014**

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss)		
Interest and dividend income	\$ 16,134,721	\$ 16,422,283
Net appreciation (depreciation) in fair value of investments	<u>(17,223,995)</u>	<u>17,347,681</u>
	<u>(1,089,274)</u>	<u>33,769,964</u>
Interest income on notes receivable from participants	<u>721,212</u>	<u>713,824</u>
Contributions		
Participants	17,318,924	15,521,778
Employers	<u>9,133,858</u>	<u>7,499,963</u>
	<u>26,452,782</u>	<u>23,021,741</u>
Total additions	<u>26,084,720</u>	<u>57,505,529</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	28,187,931	45,309,407
Plan expenses	<u>312,678</u>	<u>293,899</u>
Total deductions	<u>28,500,609</u>	<u>45,603,306</u>
CHANGE IN NET ASSETS	(2,415,889)	11,902,223
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>480,123,599</u>	<u>468,221,376</u>
End of year	<u>\$ 477,707,710</u>	<u>\$ 480,123,599</u>

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 1 – Description of Plan

The following description provides only general information about the Hanford Contractors Multi-Employer Savings Plan for HAMTC Represented Employees (the Plan). Participants should refer to the Plan document for a more complete description of the Plan provisions.

General – The Plan is a defined contribution plan established on April 1, 1987 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On January 1, 2010, the Plan was amended and restated to incorporate all previous amendments and to conform with current administrative practices and legislation. During the year ended December 31, 2015, Advanced Technologies and Laboratories International, Inc. was removed as a Plan Sponsor and Wastren Advantage, Inc. was appointed as a Plan Sponsor. For the years ended December 31, 2015 and 2014, the other Plan sponsors were Mission Support Alliance, LLC, and its sub-contractors (Akima Hanford Services, LLC, and Dade Moeller & Associates); Pacific Northwest National Laboratory; Johnson Controls, Inc.; Energy Northwest; Washington Closure Hanford, LLC; Washington River Protection Solutions, LLC; and CH2M HILL Plateau Remediation Company.

A committee (the HAMTC Savings Plan Committee) appointed by the sponsors is responsible for the administration of the Plan and includes representatives of the sponsors.

Eligibility – Regular employees of the Plan sponsors who are represented by the Hanford Atomic Metal Trades Council (HAMTC) or by the Office and Professional Employees International Union, Local 11 (OPEIU) are eligible to participate in the Plan immediately upon employment.

Contributions – The Plan allows participants to contribute up to 50% of their base earnings on a pre-tax basis, post-tax basis, or a combination thereof. The employer matching contributions to each participant's account is 100% of the first 3% and 50% of the next 2% of the contribution made to the Plan by the participant. Contributions are subject to regulatory limitations.

For those participants identified as being a non-incumbent employee, the employer will make a non-elective employer contribution, which will be calculated as a fixed percentage of his or her base compensation each pay period.

Compensation in excess of a cap imposed under the Internal Revenue Code (IRC) does not count. In addition, for compensation received after December 31, 2013, the amount of compensation taken into account for purposes of determining your benefits is limited to \$75,000 less than the compensation limit under the IRC for the year. For 2015, compensation is limited to \$190,000 (the \$265,000 IRC limit, as adjusted for inflation in future years, minus \$75,000).

Participant accounts – The Plan document provides that investments in each participant's account be allocated at the direction of each participant among the available funds. Individual accounts are maintained for each Plan participant to reflect the participant's contributions and related employer contributions. Assets of the Plan are valued each business day by the Plan's trustee. The Plan's trustee then values and increases or decreases each participant's account to reflect his or her proportionate interest in each of the funds as adjusted for fund activity since the preceding valuation date. Participant accounts are charged with an allocation of Plan expenses.

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 1 – Description of Plan (continued)

Vesting – Participants are vested immediately in their contributions, employer contributions, and earnings thereon.

Notes receivable from participants – The Plan allows participants to borrow up to 50% of the vested balance of their account, up to a maximum of \$50,000. Interest on notes receivable from participants is market based (prime rate plus 1%) and will be fixed for the term of the loan. The term of the loan cannot exceed five years, unless the loan proceeds are used to purchase a primary residence for the participant, in which case the repayment term cannot exceed ten years. In the event of termination of employment, loan balances and accrued interest shall be deducted from the amount of the distribution unless other repayment terms are specified by the Plan document. As of December 31, 2015, the rates of interest on outstanding loans ranged from 4.25% - 10.5% with various maturities through November 2025.

Payment of benefits – On termination of service due to death, disability, or retirement, a participant or deceased participant's spouse may elect to receive distribution of his or her vested account balance in the form of a lump-sum payment, annual or monthly installments until the vested account balance is distributed. A deceased participant's non-spouse beneficiary may take the distribution in the form of a lump-sum payment or they may roll over all or any portion of the distribution to an inherited Individual Retirement Account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Withdrawals of pre-tax contributions before age 59 ½ are subject to the hardship provision of the IRC. The Plan allows for the automatic lump sum distribution of participant vested account balances that do not exceed \$1,000.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation – The investments are reported at fair value. The Plan's trustee, Vanguard Fiduciary Trust Company, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 2 – Summary of Significant Accounting Policies (continued)

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation (depreciation) in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan document.

Payment of benefits – Benefits are recorded when paid.

Plan expenses – Plan expenses are paid by the Plan participants or the Plan sponsors. Generally, investment, trustee, legal, and accounting fees are paid by the Plan participants and administrative expenses are paid by the Plan sponsors.

Change in accounting principles

ASU 2015-12 – In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962) Plan Investment Disclosures*. The amendments remove the requirement to:

- disclose individual investments held which exceed 5% of net assets available for benefits.
- disclose net appreciation (depreciation) in fair value of investments by type of investment held.
- disaggregate investments reported in the fair value hierarchy table by class of investment. They may be presented by general type only.
- disclose investment strategy for investments for which fair value is measured using the net asset value (NAV) practical expedient, if they are Form 5500 Direct Filing Entities.

ASU 2015-12 has been adopted for the December 31, 2015 Plan year-end; however, the retrospective approach requires that the above items, applicable to the prior year, be presented in accordance with ASU 2015-12 as well.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through August 31, 2016, which is the date the financial statements were available to be issued.

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2** Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust: Units held in common/collective trusts (CT) are valued using the net asset value practical expedient (NAV practical expedient) of the CT as reported by the CT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CT, minus its liabilities, and then divided by the number of units outstanding. The CTs include target date funds and a stable value fund. These funds are direct filing entities; as such, investment strategies have been excluded from these footnote disclosures. For all CTs, the redemption frequency is daily and redemption notice period is daily. The Plan had no other restrictions on its ability to sell the investments at NAV at December 31, 2015 and 2014.

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 3 – Fair Value Measurements (continued)

The following table discloses by level the fair value hierarchy of the Plan's assets at fair value as of December 31, 2015 and 2014:

	Fair Value Measurement at December 31, 2015			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$277,015,556	\$ -	\$ -	\$277,015,556
U.S. Government securities	82,194	-	-	82,194
Vanguard Brokerage Option	6,517,861	-	-	6,517,861
Total assets in the fair value hierarchy	<u>\$283,615,611</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$283,615,611</u>
Investments measured at NAV (practical expedient)				<u>172,436,356</u>
Investments at fair value				<u><u>\$456,051,967</u></u>

	Fair Value Measurement at December 31, 2014			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$284,319,021	\$ -	\$ -	\$284,319,021
U.S. Government securities	116,245	-	-	116,245
Vanguard Brokerage Option	7,297,206	-	-	7,297,206
Total assets in the fair value hierarchy	<u>\$291,732,472</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$291,732,472</u>
Investments measured at NAV (practical expedient)				<u>167,022,871</u>
Investments at fair value				<u><u>\$458,755,343</u></u>

Note 4 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2015	2014
Net assets available for benefits, per the financial statements	\$ 477,707,710	\$ 480,123,599
Reporting difference between financial statements and Form 5500 related to valuation of collective trust	-	3,179,413
Accumulated deemed distributions allocated to benefit obligations	<u>(4,614,225)</u>	<u>(4,636,230)</u>
Net assets available for benefits per Form 5500	<u>\$ 473,093,485</u>	<u>\$ 478,666,782</u>

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 4 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of changes in net assets per the financial statements to the Form 5500:

	2015	2014
Changes in net assets per financial statements	\$ (2,415,889)	\$ 11,902,223
Deemed distributions allocated to benefit obligations	22,005	(630,720)
Reporting difference between financial statements and Form 5500 related to valuation of collective trust	(3,179,413)	(102,618)
Net income (loss) per Form 5500	\$ (5,573,297)	\$ 11,168,885

The 2015 and 2014 Forms 5500, which are filed with the Department of Labor, have several items of income and expense that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect upon net assets available for benefits.

Note 5 – Tax Status

The Plan received its latest determination letter, dated September 23, 2015, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the employers and the HAMTC Savings Plan Committee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Plan sponsors may from time to time engage in labor negotiations, the results of which may have a financial impact on the Plan.

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Note 7 - Plan Termination

Although it has not expressed any intention to do so, the HAMTC Savings Plan Committee has the right to terminate the Plan and discontinue contributions at any time.

Note 8 - Party-in-Interest Transactions

Certain Plan investments are shares of registered investment companies and units of common/collective funds managed by the Vanguard Group. The Vanguard Group is an affiliate of the Vanguard Fiduciary Trust Company and is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 9 - Information Certified by the Trustee

During 2015, the plan administrator had elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Vanguard Fiduciary Trust Company, the trustee of the Plan, had certified to the completeness and accuracy of:

- Investments, (excluding U.S. Government Securities), and notes receivable, (net of deemed distributions), from participants at fair value reflected on the accompanying statement of net assets available for benefits as of December 31, 2015.
- Net depreciation in fair value of investments, dividends, interest, and interest income from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2015.
- Investments reflected on the schedule of assets (held at end of year).

**SUPPLEMENTARY INFORMATION
REQUIRED BY THE DEPARTMENT OF LABOR**

HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES EIN: 90-0501441 - PLAN #004
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

(a) Party in Interest (*)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Allianz.NFJ SCV;Inst	Registered Investment Company	**	\$ 2,049,121
	American Funds Investment Co	Registered Investment Company	**	31,536,258
	Amer Beacon:Sm Cp Val;Inst	Registered Investment Company	**	2,547,104
	American Funds EuroPacific R5	Registered Investment Company	**	26,328,619
	DFA Emerg Mkts Val Portf	Registered Investment Company	**	960,932
	Dodge & Cox Balanced Fund	Registered Investment Company	**	23,122,673
	Hotchkis Mid Cap Value	Registered Investment Company	**	12,963,487
	Met West Total Ret Bond P	Registered Investment Company	**	24,183,029
	Vanguard 500 Index Inv	Registered Investment Company	**	27,453,383
*	Vanguard Capital Opportunity	Registered Investment Company	**	38,429,240
*	Vanguard Explorer Fund Inv	Registered Investment Company	**	3,760,288
*	Vanguard Infra-Prot Securities	Registered Investment Company	**	2,216,105
*	Vanguard Mid-Cap Index Fd Inv	Registered Investment Company	**	3,527,558
*	Vanguard PRIMECAP Adm	Registered Investment Company	**	46,978,191
*	Vanguard Prime Money Mkt	Registered Investment Company	**	14,701
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	**	8,612,795
*	Vanguard Total Bd Mkt Indx Inv	Registered Investment Company	**	22,332,072
*	Vanguard Retirement Savings Trust II	Common/Collective Trust	**	106,644,594
*	Vanguard Tgt Retire 2010 Tr II	Common/Collective Trust	**	2,319,080
*	Vanguard Tgt Retire 2015 Tr II	Common/Collective Trust	**	7,670,207
*	Vanguard Tgt Retire 2020 Tr II	Common/Collective Trust	**	10,717,771
*	Vanguard Tgt Retire 2025 Tr II	Common/Collective Trust	**	14,302,578
*	Vanguard Tgt Retire 2030 Tr II	Common/Collective Trust	**	7,019,201
*	Vanguard Tgt Retire 2035 Tr II	Common/Collective Trust	**	7,369,080
*	Vanguard Tgt Retire 2040 Tr II	Common/Collective Trust	**	3,922,957
*	Vanguard Tgt Retire 2045 Tr II	Common/Collective Trust	**	3,965,418
*	Vanguard Tgt Retire 2050 Tr II	Common/Collective Trust	**	3,665,423
*	Vanguard Tgt Retire 2055 Tr II	Common/Collective Trust	**	837,474
*	Vanguard Tgt Retire 2060 Tr II	Common/Collective Trust	**	467,181

(continued)

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES EIN: 90-0501441 - PLAN #004
SCHEDULE H, LINE 4(j) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a) Party in Interest (*)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Vanguard Target Retirement Income Trust II	Common/collective trust	**	\$ 3,535,392
*	VGI Brokerage Option	Vanguard Brokerage Option	**	6,517,861
*	Participant loans	Interest rates ranging from 4.25% - 10.5% maturing through November 2025	\$-0-	16,553,724
	U.S. Savings Bonds Series "EE"	U.S. government securities \$28,200 par value.	**	82,194
				<u>\$ 472,605,691</u>

* Party-in-interest as defined by ERISA

** Cost information not required for participant-directed investments

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES EIN: 90-0501441 - PLAN #004
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(e)
Party in Interest (*)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	Allianz:NFJ SCV;Inst	Registered Investment Company	**	\$ 2,049,121
	American Funds Investment Co	Registered Investment Company	**	31,536,258
	Amer Beacon:Sm Cp Val;Inst	Registered Investment Company	**	2,547,104
	American Funds EuroPacific R5	Registered Investment Company	**	26,328,619
	DFA Emerg Mkts Val Portf	Registered Investment Company	**	960,932
	Dodge & Cox Balanced Fund	Registered Investment Company	**	23,122,673
	Hotchkis Mid Cap Value	Registered Investment Company	**	12,963,487
	Met West Total Ret Bond P	Registered Investment Company	**	24,183,029
*	Vanguard 500 Index Inv	Registered Investment Company	**	27,453,383
*	Vanguard Capital Opportunity	Registered Investment Company	**	38,429,240
*	Vanguard Explorer Fund Inv	Registered Investment Company	**	3,760,288
*	Vanguard Infla-Prot Securities	Registered Investment Company	**	2,216,105
*	Vanguard Mid-Cap Index Fd Inv	Registered Investment Company	**	3,527,558
*	Vanguard PRIMECAP Adm	Registered Investment Company	**	46,978,191
*	Vanguard Prime Money Mkt	Registered Investment Company	**	14,701
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	**	8,612,795
*	Vanguard Total Bd Mkt Indx Inv	Registered Investment Company	**	22,332,072
*	Vanguard Retirement Savings Trust II	Common/Collective Trust	**	106,644,594
*	Vanguard Tgt Retire 2010 Tr II	Common/Collective Trust	**	2,319,080
*	Vanguard Tgt Retire 2015 Tr II	Common/Collective Trust	**	7,670,207
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*	Vanguard Tgt Retire 2025 Tr II	Common/Collective Trust	**	14,302,578
*	Vanguard Tgt Retire 2030 Tr II	Common/Collective Trust	**	7,019,201
*	Vanguard Tgt Retire 2035 Tr II	Common/Collective Trust	**	7,369,080
*	Vanguard Tgt Retire 2040 Tr II	Common/Collective Trust	**	3,922,957
*	Vanguard Tgt Retire 2045 Tr II	Common/Collective Trust	**	3,965,418
*	Vanguard Tgt Retire 2050 Tr II	Common/Collective Trust	**	3,665,423
*	Vanguard Tgt Retire 2055 Tr II	Common/Collective Trust	**	837,474
	Vanguard Tgt Retire 2060 Tr II	Common/Collective Trust	**	467,181

(continued)

**HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN
FOR HAMTC REPRESENTED EMPLOYEES EIN: 90-0501441 - PLAN #004
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(e)
Party in Interest (*)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Vanguard Target Retirement Income Trust II	Common/collective trust	**	\$ 3,535,392
*	VGI Brokerage Option	Vanguard Brokerage Option	**	6,517,861
*	Participant loans	Interest rates ranging from 4.25% - 10.5% maturing through November 2025	\$-0-	16,553,724
	U.S. Savings Bonds Series "EE"	U.S. government securities \$28,200 par value.	**	<u>82,194</u>
				<u>\$ 472,605,691</u>

* Party-in-interest as defined by ERISA

** Cost information not required for participant-directed investments

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan Hanford Contractors Multi-Employer Savings Plan for HAMTC Representatives	B Three-digit plan number (PN) 004	
C Plan sponsor's name as shown on line 2a of Form 5500 Hanford Pension and Savings Plans Committee	D Employer Identification Number (EIN) 90-0501441	

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 23-2186884

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
a	Name of contributing employer	
b	EIN	c Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? Yes No

20b 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 harbor method ADP/ACP test

20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? Yes No

21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio percentage test Average benefit test

21b 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? Yes No

22a Has the plan been timely amended for all required tax law changes? Yes No N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted _____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____.

23 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