

<p>SCHEDULE H (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p>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).</p> <p><input type="text" value="ACK_ID"/> ▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p style="font-size: 1.2em;">2020</p> <p>This Form is Open to Public Inspection</p>
<p>For calendar plan year 2020 or fiscal plan year beginning <input type="text" value="SCH_H_PLAN_YEAR_BEGIN_DATE"/> and ending <input type="text" value="SCH_H_TAX_PRD"/></p>		
<p>A Name of plan</p>	<p>B Three-digit plan number (PN) ▶ <input type="text" value="SCH_H_PN"/></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500</p>	<p>D Employer Identification Number (EIN) <input type="text" value="SCH_H_EIN"/></p>	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	<input type="text" value="NON_INT_BEAR_CASH_BOY_AMT"/>	<input type="text" value="NON_INT_BEAR_CASH_EOY_AMT"/>
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	<input type="text" value="1b(1) EMPLR_CONTRIB_BOY_AMT"/>	<input type="text" value="EMPLR_CONTRIB_EOY_AMT"/>
(2) Participant contributions.....	<input type="text" value="1b(2) PARTCP_CONTRIB_BOY_AMT"/>	<input type="text" value="PARTCP_CONTRIB_EOY_AMT"/>
(3) Other	<input type="text" value="1b(3) OTHER_RECEIVABLES_BOY_AMT"/>	<input type="text" value="OTHER_RECEIVABLES_EOY_AMT"/>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	<input type="text" value="1c(1) INT_BEAR_CASH_BOY_AMT"/>	<input type="text" value="INT_BEAR_CASH_EOY_AMT"/>
(2) U.S. Government securities	<input type="text" value="1c(2) GOVT_SEC_BOY_AMT"/>	<input type="text" value="GOVT_SEC_EOY_AMT"/>
(3) Corporate debt instruments (other than employer securities):	<input type="text" value="CORP_DEBT_PREFERRED_BOY_AMT"/>	<input type="text" value="CORP_DEBT_PREFERRED_EOY_AMT"/>
(A) Preferred	<input type="text" value="1c(3)(A)"/>	<input type="text" value="CORP_DEBT_OTHER_EOY_AMT"/>
(B) All other	<input type="text" value="1c(3)(B) CORP_DEBT_OTHER_BOY_AMT"/>	
(4) Corporate stocks (other than employer securities):	<input type="text" value="1c(4)(A) PREF_STOCK_BOY_AMT"/>	<input type="text" value="PREF_STOCK_EOY_AMT"/>
(A) Preferred	<input type="text" value="1c(4)(B) COMMON_STOCK_BOY_AMT"/>	<input type="text" value="COMMON_STOCK_EOY_AMT"/>
(B) Common	<input type="text" value="1c(5) JOINT_VENTURE_BOY_AMT"/>	<input type="text" value="JOINT_VENTURE_EOY_AMT"/>
(5) Partnership/joint venture interests	<input type="text" value="1c(6) REAL_ESTATE_BOY_AMT"/>	<input type="text" value="REAL_ESTATE_EOY_AMT"/>
(6) Real estate (other than employer real property)	<input type="text" value="1c(7) OTHER_LOANS_BOY_AMT"/>	<input type="text" value="OTHER_LOANS_EOY_AMT"/>
(7) Loans (other than to participants)	<input type="text" value="1c(8) PARTCP_LOANS_BOY_AMT"/>	<input type="text" value="PARTCP_LOANS_EOY_AMT"/>
(8) Participant loans	<input type="text" value="1c(9) INT_COMMON_TR_BOY_AMT"/>	<input type="text" value="INT_COMMON_TR_EOY_AMT"/>
(9) Value of interest in common/collective trusts	<input type="text" value="INT_POOL_SEP_ACCT_BOY_AMT"/>	<input type="text" value="INT_POOL_SEP_ACCT_EOY_AMT"/>
(10) Value of interest in pooled separate accounts	<input type="text" value="1c(11) INT_MASTER_TR_BOY_AMT"/>	<input type="text" value="INT_MASTER_TR_EOY_AMT"/>
(11) Value of interest in master trust investment accounts	<input type="text" value="1c(12) INT_103_12_INVST_BOY_AMT"/>	<input type="text" value="INT_103_12_INVST_EOY_AMT"/>
(12) Value of interest in 103-12 investment entities	<input type="text" value="1c(13) INT_REG_INVST_CO_BOY_AMT"/>	<input type="text" value="INT_REG_INVST_CO_EOY_AMT"/>
(13) Value of interest in registered investment companies (e.g., mutual funds)	<input type="text" value="1c(14) INS_CO_GEN_ACCT_BOY_AMT"/>	<input type="text" value="INS_CO_GEN_ACCT_EOY_AMT"/>
(14) Value of funds held in insurance company general account (unallocated contracts).....	<input type="text" value="1c(15) OTH_INVST_BOY_AMT"/>	<input type="text" value="OTH_INVST_EOY_AMT"/>
(15) Other.....		

	(a) Beginning of Year	(b) End of Year
1d Employer-related investments:		
(1) Employer securities.....	1d(1) <u>EMPLR_SEC_BOY_AMT</u>	<u>EMPLR_SEC_EOY_AMT</u>
(2) Employer real property.....	1d(2) <u>EMPLR_PROP_BOY_AMT</u>	<u>EMPLR_PROP_EOY_AMT</u>
e Buildings and other property used in plan operation.....	1e <u>BLDGS_USED_BOY_AMT</u>	<u>BLDGS_USED_EOY_AMT</u>
f Total assets (add all amounts in lines 1a through 1e).....	1f <u>TOT_ASSETS_BOY_AMT</u>	<u>TOT_ASSETS_EOY_AMT</u>
Liabilities		
g Benefit claims payable.....	1g <u>BNFTS_PAYABLE_BOY_AMT</u>	<u>BNFTS_PAYABLE_EOY_AMT</u>
h Operating payables.....	1h <u>OPRTNG_PAYABLE_BOY_AMT</u>	<u>OPRTNG_PAYABLE_EOY_AMT</u>
i Acquisition indebtedness.....	1i <u>ACQUIS_INDBT_BOY_AMT</u>	<u>ACQUIS_INDBT_EOY_AMT</u>
j Other liabilities.....	1j <u>OTHER_LIAB_BOY_AMT</u>	<u>OTHER_LIAB_EOY_AMT</u>
k Total liabilities (add all amounts in lines 1g through 1j).....	1k <u>TOT_LIABILITIES_BOY_AMT</u>	<u>TOT_LIABILITIES_EOY_AMT</u>
Net Assets		
l Net assets (subtract line 1k from line 1f).....	1l <u>NET_ASSETS_BOY_AMT</u>	<u>NET_ASSETS_EOY_AMT</u>

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.

	(a) Amount	(b) Total
Income		
a Contributions:		
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A) <u>EMPLR_CONTRIB_INCOME_AMT</u>	
(B) Participants.....	2a(1)(B) <u>PARTICIPANT_CONTRIB_AMT</u>	
(C) Others (including rollovers).....	2a(1)(C) <u>OTH_CONTRIB_RCVD_AMT</u>	
(2) Noncash contributions.....	2a(2) <u>NON_CASH_CONTRIB_BS_AMT</u>	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	<u>TOT_CONTRIB_AMT</u>
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) <u>INT_BEAR_CASH_AMT</u>	
(B) U.S. Government securities.....	2b(1)(B) <u>INT_ON_GOVTT_SEC_AMT</u>	
(C) Corporate debt instruments.....	2b(1)(C) <u>INT_ON_CORP_DEBT_AMT</u>	
(D) Loans (other than to participants).....	2b(1)(D) <u>INT_ON_OTH_LOANS_AMT</u>	
(E) Participant loans.....	2b(1)(E) <u>INT_ON_PARTCP_LOANS_AMT</u>	
(F) Other.....	2b(1)(F) <u>INT_ON_OTH_INVST_AMT</u>	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	<u>TOTAL_INTEREST_AMT</u>
(2) Dividends: (A) Preferred stock.....	2b(2)(A) <u>DIVND_PREF_STOCK_AMT</u>	
(B) Common stock.....	2b(2)(B) <u>DIVND_COMMON_STOCK_AMT</u>	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) <u>REGISTERED_INVST_AMT</u>	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	<u>TOTAL_DIVIDENDS_AMT</u>
(3) Rents.....	2b(3)	<u>TOTAL_RENTS_AMT</u>
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A) <u>AGGREGATE_PROCEEDS_AMT</u>	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B) <u>AGGREGATE_COSTS_AMT</u>	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	<u>TOT_GAIN_LOSS_SALE_AST_AMT</u>
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A) <u>UNREALZD_APPRCTN_RE_AMT</u>	
(B) Other.....	2b(5)(B) <u>UNREALZD_APPRCTN_OTH_AMT</u>	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	<u>TOT_UNREALZD_APPRCTN_AMT</u>

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	GAIN_LOSS_COM_TRUST_AMT
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)	GAIN_LOSS_POOL_SEP_AMT
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	GAIN_LOSS_MASTER_TR_AM
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	GAIN_LOSS_103_12_INVST_AMT
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	GAIN_LOSS_REG_INVST_AMT
c Other income	2c	OTHER_INCOME_AMT
d Total income. Add all income amounts in column (b) and enter total.....	2d	TOT_INCOME_AMT

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	DISTRIB_DRT_PARTCP_AMT
(2) To insurance carriers for the provision of benefits	2e(2)	INS_CARRIER_BNFTS_AMT
(3) Other.....	2e(3)	OTH_BNFT_PAYMENT_AMT
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	TOT_DISTRIB_BNFT_AMT
f Corrective distributions (see instructions)	2f	TOT_CORRECTIVE_DISTRIB_AMT
g Certain deemed distributions of participant loans (see instructions).....	2g	TOT_DEEMED_DISTR_PART_LNS_AMT
h Interest expense.....	2h	TOT_INT_EXPENSE_AMT
i Administrative expenses: (1) Professional fees	2i(1)	PROFESSIONAL_FEES_AMT
(2) Contract administrator fees	2i(2)	CONTRACT_ADMIN_FEES_AMT
(3) Investment advisory and management fees	2i(3)	INVST_MGMT_FEES_AMT
(4) Other.....	2i(4)	OTHER_ADMIN_FEES_AMT
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	TOT_ADMIN_EXPENSES_AMT
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	TOT_EXPENSES_AMT

Net Income and Reconciliation

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

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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse ACCTNT_OPINION_TYPE_CD

b Check the ACCT_PERF_LTD_AUDIT_103_8_IND ACCT_PERF_LTD_AUDIT_103_12_IND ACCT_PERF_NOT_LTD_AUDIT_IND dit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2510.3-12(b) and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ACCOUNTANT_FIRM_NAME (2) EIN: ACCOUNTANT_FIRM_EIN

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 n ACCT_OPIN_NOT_ON_FILE_IND 0.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
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.)	<input type="checkbox"/>	<input type="checkbox"/>	FAIL_TRANSMIT_CONTRIB_IND
4a			FAIL_TRANSMIT_CONTRIB_AMT

	Yes	No	Amount
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LOANS_IN_DEFAULT_AMT"/>
4b			<input type="text" value="LOANS_IN_DEFAULT_IND"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LEASES_IN_DEFAULT_AMT"/>
4c			<input type="text" value="LEASES_IN_DEFAULT_IND"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PARTY_IN_INT_NOT_RPTD_AMT"/>
4d			<input type="text" value="PARTY_IN_INT_NOT_RPTD_IND"/>
e Was this plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PLAN_INS_FDLTY_BOND_AMT"/>
4e			<input type="text" value="PLAN_INS_FDLTY_BOND_IND"/>
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="LOSS_DISCV_DUR_YEAR_AMT"/>
4f			<input type="text" value="LOSS_DISCV_DUR_YEAR_IND"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="ASSET_UNDETERM_VAL_AMT"/>
4g			<input type="text" value="ASSET_UNDETERM_VAL_IND"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="NON_CASH_CONTRIB_AMT"/>
4h			<input type="text" value="NON_CASH_CONTRIB_IND"/>
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked see instructions for format requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="AST_HELD_INVST_AMT"/>
4i			<input type="text" value="AST_HELD_INVST_IND"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="FIVE_PRCNT_TRANS_AMT"/>
4j			<input type="text" value="FIVE_PRCNT_TRANS_IND"/>
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="ALL_PLAN_AST_DISTRIB_AMT"/>
4k			<input type="text" value="ALL_PLAN_AST_DISTRIB_IND"/>
l Has the plan failed to provide any benefit when due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="FAIL_PROVIDE_BENEFIT_DUE_AMT"/>
4l			<input type="text" value="FAIL_PROVIDE_BENEFIT_DUE_IND"/>
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="PLAN_BLACKOUT_PERIOD_AMT"/>
4m			<input type="text" value="PLAN_BLACKOUT_PERIOD_IND"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="COMPLY_BLACKOUT_NOTICE_AMT"/>
4n			<input type="text" value="COMPLY_BLACKOUT_NOTICE_IND"/>
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the amount of any plan assets that reverted to the employer this year			<input type="text" value="RES_TERM_PLAN_ADPT_AMT"/>
5a			<input type="text" value="RES_TERM_PLAN_ADPT_IND"/>
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)	<input type="text" value="TABLE: Efast_09.F_sch_h_part1_2009"/>		
<input type="text" value="PLAN_TRANSFER_NAME"/>	<input type="text" value="PLAN_TRANSFER_EIN"/>	<input type="text" value="PLAN_TRANSFER_PN"/>	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			<input type="text" value="PREMIUM_FILING_CONFIRM_NUMBER"/>
5c			<input type="text" value="COVERED_PBGC_INSURANCE_IND"/>