

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning

and ending

A Name of plan

B Three-digit
plan number (PN) ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN)

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.

TABLE: Efast_09.F_sch_c_2009

1 Information on Persons Receiving Only Eligible Indirect Compensation

PROVIDER_EXCLUDE_IND

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

TABLE: Efast_09.F_sch_c_part1_item1_2009

PROVIDER_ELIGIBLE_NAME

PROVIDER_ELIGIBLE_EIN

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PROVIDER_ELIGIBLE_US_ADDRESS1

PROVIDER_ELIGIBLE_US_STATE

PROVIDER_ELIGIBLE_US_ADDRESS2

PROVIDER_ELIGIBLE_US_CITY

PROVIDER_ELIGIBLE_US_ZIP

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PROVIDER_ELIGIBLE_FOREIGN_ADDRESS1

PROVIDER_ELIGIBLE_FOREIGN_PROV_ST

PROVIDER_ELIGIBLE_FOREIGN_ADDRESS2

PROVIDER_ELIGIBLE_FOREIGN_CNTRY

PROVIDER_ELIGIBLE_FOREIGN_CITY

PROVIDER_ELIGIBLE_FOREIGN_POST_CD

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PROVIDER_OTHER_NAME

PROVIDER_OTHER_US_ADDRESS1

PROVIDER_OTHER_FOREIGN_ADDRESS1

PROVIDER_OTHER_EIN

PROVIDER_OTHER_US_ADDRESS2

PROVIDER_OTHER_FOREIGN_CITY

PROVIDER_OTHER_US_CITY

PROVIDER_OTHER_US_STATE

PROVIDER_OTHER_FOREIGN_PROV_STATE

PROVIDER_OTHER_US_ZIP

PROVIDER_OTHER_FOREIGN_PROV_CNTRY

PROVIDER_OTHER_FOREIGN_POSTAL_CD

(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?
PROVIDER_OTHER_RELATION	PROVIDER_OTHER_DIRECT_COMP_AMT		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
SERVICE_CODE		PROVIDER_OTHER_INDIRECT_COMP_IND		PROVIDER_OTHER_TOT_IND_COMP_AMT		
				PROVIDER_OTHER_ELIG_IND_COMP_IND		
				PROVIDER_OTHER_AMT_FORMULA_AMT_IND		

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

TABLE: Efast_09.F_sch_c_p1_item2_codes_2009

(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"/>

(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"/>

TABLE: Efast 09.F sch c part1 item3 2009

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. Complete as many entries as needed to report the required information for each source. TABLE: Efast 09.F_sch_c_p1_item3_codes_2009

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROVIDER_INDIRECT_NAME	SERVICE_CODE	PROVIDER_INDIRECT_COMP_AMT

(d) Enter name and EIN 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.
PROVIDER_PAYOR_US_ADDRESS1 PROVIDER_PAYOR_US_ADDRESS2 PROVIDER_PAYOR_US_CITY PROVIDER_PAYOR_US_STATE PROVIDER_PAYOR_US_ZIP	PROVIDER_COMP_EXPLAIN_TEXT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROVIDER_PAYOR_FOREIGN_ADDRESS1 PROVIDER_PAYOR_FOREIGN_ADDRESS2 PROVIDER_PAYOR_FOREIGN_CITY PROVIDER_PAYOR_FOREIGN_PROV_STATE PROVIDER_PAYOR_FOREIGN_CNTRY PROVIDER_PAYOR_FOREIGN_POSTAL_CD		

(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.

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.

SERVICE_CODE

(b) Nature of Service Code(s)

[illegible]

(b) Nature of Service Code(s)

(b) Nature of Service Code(s)

TABLE: Efast_09.F_sch_c_part3_2009

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	PROVIDER_TERM_NAME	b EIN:	PROVIDER_TERM_EIN
c Position:	PROVIDER_TERM_POSITION		
d Address:	PROVIDER_TERM_US_ADDRESS1	PROVIDER_TERM_US_STATE	e PROVIDER_TERM_PHONE_NUM
	PROVIDER_TERM_US_ADDRESS2	PROVIDER_TERM_US_ZIP	

Explanation:

a Name:			b EIN:	
c Position:			PROVIDER_TERM_PHONE_NUM_FOREIGN	
d Address:	PROVIDER_TERM_FOREIGN_ADDRESS1	PROVIDER_TERM_FOREIGN_PROV_ST	one:	
	PROVIDER_TERM_FOREIGN_ADDRESS2	PROVIDER_TERM_FOREIGN_CNTRY		
	PROVIDER_TERM_FOREIGN_CITY	PROVIDER_TERM_FOREIGN_PROV_POSTAL_CD		

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: