

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em;">2017</div> <p style="text-align: center;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2017 or fiscal plan year beginning SCH_D_PLAN_YEAR_BEGIN_DATE and ending SCH_D_TAX_PRD			
A Name of plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ▶ </td> <td style="width: 20%; padding: 5px; text-align: center;"> SCH_D_PN </td> </tr> </table>	B Three-digit plan number (PN) ▶	SCH_D_PN
B Three-digit plan number (PN) ▶	SCH_D_PN		
C Plan or DFE sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;">SCH_D_EIN</div>		

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)		
<div style="text-align: right;">TABLE: Efast 09.F sch d part1 2009</div>			
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFE_P1_ENTITY_NAME		
b Name of sponsor of entity listed in (a):	DFE_P1_SPONS_NAME		
c EIN-PN	DFE_P1_PLAN_EIN DFE_P1_PLAN_PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
		DFE_P1_ENTITY_CODE	DFE_P1_PLAN_INT_EOY_AMT
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)	
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

TABLE: Efast_09.F_sch_d_part2_2009

a Plan name DFE_P2_PLAN_NAME**b** Name of plan sponsor DFE_P2_PLAN_SPONS_NAME**c** EIN-PN DFE_P2_PLAN_EIN
DFE_P2_PLAN_PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN