

Financial Information

OMB No. 1210-0110

(Form 5500)

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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).

ACK_ID

▶ File as an attachment to Form 5500.

2024

This Form is Open to Public
Inspection

For calendar plan year 2024 or fiscal plan year beginning SCH_H_PLAN_YEAR_BEGIN_DATE and ending SCH_H_TAX_PRD

A Name of plan

B Three-digit
plan number (PN) ▶

SCH_H_PN

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

D Employer Identification Number (EIN)

SCH_H_EIN

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

NON_INT_BEAR_CASH_BOY_AMT NON_INT_BEAR_CASH_EOY_AMT

b Receivables (less allowance for doubtful accounts):

(1) Employer contributions

1b(1) PARTCP_CONTRIB_BOY_AMT PARTCP_CONTRIB_EOY_AMT

(2) Participant contributions

1b(2) EMPLR_CONTRIB_BOY_AMT EMPLR_CONTRIB_EOY_AMT

(3) Other

1b(3) OTHER_RECEIVABLES_BOY_AMT OTHER_RECEIVABLES_EOY_AMT

c General investments:

(1) Interest-bearing cash (include money market accounts & certificates of deposit)

1c(1) INT_BEAR_CASH_BOY_AMT INT_BEAR_CASH_EOY_AMT

(2) U.S. Government securities

1c(2) GOV'T_SEC_BOY_AMT GOV'T_SEC_EOY_AMT

(3) Corporate debt instruments (other than employer securities):

(A) Preferred

CORP_DEBT_PREFERRED_BOY_AMT CORP_DEBT_PREFERRED_EOY_AMT

(B) All other

1c(3) CORP_DEBT_OTHER_BOY_AMT CORP_DEBT_OTHER_EOY_AMT

(4) Corporate stocks (other than employer securities):

(A) Preferred

1c(4)(A) PREF_STOCK_BOY_AMT PREF_STOCK_EOY_AMT

(B) Common

1c(4)(B) COMMON_STOCK_BOY_AMT COMMON_STOCK_EOY_AMT

(5) Partnership/joint venture interests

1c(5) JOINT_VENTURE_BOY_AMT JOINT_VENTURE_EOY_AMT

(6) Real estate (other than employer real property)

1c(6) REAL_ESTATE_BOY_AMT REAL_ESTATE_EOY_AMT

(7) Loans (other than to participants)

1c(7) OTHER_LOANS_BOY_AMT OTHER_LOANS_EOY_AMT

(8) Participant loans

1c(8) PARTCP_LOANS_BOY_AMT PARTCP_LOANS_EOY_AMT

(9) Value of interest in common/collective trusts

1c(9) INT_COMMON_TR_BOY_AMT INT_COMMON_TR_EOY_AMT

(10) Value of interest in pooled separate accounts

1c(10) INT_POOL_SEP_ACCT_BOY_AMT INT_POOL_SEP_ACCT_EOY_AMT

(11) Value of interest in master trust investment accounts

1c(11) INT_MASTER_TR_BOY_AMT INT_MASTER_TR_EOY_AMT

(12) Value of interest in 103-12 investment entities

1c(12) INT_103_12_INVST_BOY_AMT INT_103_12_INVST_EOY_AMT

(13) Value of interest in registered investment companies (e.g., mutual funds)

1c(13) INT_REG_INVST_CO_BOY_AMT INT_REG_INVST_CO_EOY_AMT

(14) Value of funds held in insurance company general account (unallocated contracts)

1c(14) INS_CO_GEN_ACCT_BOY_AMT INS_CO_GEN_ACCT_EOY_AMT

(15) Other

1c(15) OTH_INVST_BOY_AMT OTH_INVST_EOY_AMT

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

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

| | (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) Salaries and allowances | 2i(1) | SALARIES_ALLOWANCES_AMT |
| (2) Contract administrator fees | 2i(2) | CONTRACT_ADMIN_FEES_AMT |
| (3) Recordkeeping fees | 2i(3) | OTH_RECORDKEEPING_FEES_AMT |
| (4) IQPA audit fees | 2i(4) | IQPA_AUDIT_FEES_AMT |
| (5) Investment advisory and investment management fees | 2i(5) | INVST_MGMT_FEES_AMT |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | TRUSTEE_CUSTODIAL_FEES_AMT |
| (7) Actuarial fees | 2i(7) | ACTUARIAL_FEES_AMT |
| (8) Legal fees | 2i(8) | LEGAL_FEES_AMT |
| (9) Valuation/appraisal fees | 2i(9) | VALUATION_APPRAISAL_FEES_AMT |
| (10) Other trustee fees and expenses | 2i(10) | OTHER_TRUSTEE_FEES_EXPENSES_AMT |
| (11) Other expenses | 2i(11) | OTHER_ADMIN_FEES_AMT |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 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 ☐ QP ☐ ACCT_PERF_LTD_AUDIT_103_12_IND ☐ audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA.

(2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

ACCT_OPIN_NOT_ON_FILE_IND

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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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 unless fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | <input type="checkbox"/> | <input type="checkbox"/> | FAIL_TRANSMIT_CONTRIB_AMT |
| 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"/> | LOANS_IN_DEFAULT_AMT |
| 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"/> | LEASES_IN_DEFAULT_AMT |
| 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"/> | PARTY_IN_INT_NOT_RPTD_AMT |
| e Was this plan covered by a fidelity bond? | <input type="checkbox"/> | <input type="checkbox"/> | PLAN_INS_FDLTY_BOND_AMT |
| 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"/> | LOSS_DISCV_DUR_YEAR_AMT |
| 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"/> | ASSET_UNDETERM_VAL_AMT |
| 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"/> | NON_CASH_CONTRIB_AMT |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked and see instructions for format requirements.) | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | 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"/> | ALL_PLAN_AST_DISTIB_IND |
| l Has the plan failed to provide any benefit when due? | <input type="checkbox"/> | <input type="checkbox"/> | FAIL_PROVIDE_BENEFIT_DUE_AMT |
| 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"/> | 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"/> | 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 | | | RES_TERM_PLAN_ADPT_IND |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | RES_TERM_PLAN_ADPT_AMT |

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) |
|------------------------------------|----------------------------|--------------------|
| TABLE: Efast_09.F_sch_h_part1_2009 | | |
| PLAN_TRANSFER_NAME | PLAN_TRANSFER_EIN | PLAN_TRANSFER_PN |
| | | |
| | | |
| | | |
| | COVERED PBGC INSURANCE IND | |

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.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year PREMIUM_FILING_CONFIRM_NUMBER