

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning SCH_I_PLAN_YEAR_BEGIN_DATE and ending SCH_I_TAX_PRD		
A Name of plan	B Three-digit plan number (PN) ▶ SCH_I_PLAN_NUM	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) SCH_I_EIN	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	SMALL_TOT_ASSETS_BOY_AMT	SMALL_TOT_ASSETS_EOY_AMT
b Total plan liabilities	1b	SMALL_TOT_LIABILITIES_BOY_AMT	SMALL_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 1b from line 1a)	1c	SMALL_NET_ASSETS_BOY_AMT	SMALL_NET_ASSETS_EOY_AMT
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	SMALL_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	2a(2)	SMALL_PARTICIPANT_CONTRIB_AMT	
(3) Others (including rollovers)	2a(3)	SMALL_OTH_CONTRIB_RCVD_AMT	
b Noncash contributions	2b	SMALL_NON_CASH_CONTRIB_BS_AMT	
c Other income	2c	SMALL_OTHER_INCOME_AMT	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		SMALL_TOT_INCOME_AMT
e Benefits paid (including direct rollovers)	2e	SMALL_TOT_DISTRIB_BNFT_AMT	
f Corrective distributions (see instructions)	2f	SMALL_CORRECTIVE_DISTRIB_AMT	
g Certain deemed distributions of participant loans (see instructions)	2g	SMALL_DEEM_DSTRB_PARTCP_LN_AMT	
h Administrative service providers (salaries, fees, and commissions)	2h	SMALL_ADMIN_SRVC_PROVIDERS_AMT	
i Other expenses	2i	SMALL_OTH_EXPENSES_AMT	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		SMALL_TOT_EXPENSES_AMT
k Net income (loss) (subtract line 2j from line 2d)	2k		SMALL_NET_INCOME_AMT
l Transfers to (from) the plan (see instructions)	2l		SMALL_TOT_PLAN_TRANSFERS_AMT

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a Partnership/joint venture interests	SMALL_JOINT_VENTURE_EOY_IND	3a			SMALL_JOINT_VENTURE_EOY_AMT
b Employer real property	SMALL_EMPLR_PROP_EOY_IND	3b			SMALL_EMPLR_PROP_EOY_AMT
c Real estate (other than employer real property)	SMALL_INV_REAL_ESTATE_EOY_IND	3c			SMALL_INV_REAL_ESTATE_EOY_AMT
d Employer securities	SMALL_EMPLR_SEC_EOY_IND	3d			SMALL_EMPLR_SEC_EOY_AMT
e Participant loans	SMALL_MORTG_PARTCP_EOY_IND	3e			SMALL_MORTG_PARTCP_EOY_AMT
f Loans (other than to participants)	SMALL_OTH_LNS_PARTCP_EOY_IND	3f			SMALL_OTH_LNS_PARTCP_EOY_AMT
g Tangible personal property	SMALL_PERSONAL_PROP_EOY_IND				SMALL_PERSONAL_PROP_EOY_AMT

Part II Compliance Questions

4 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.)			SMALL_FAIL_TRANSM_CONTRIB_IND
4a			SMALL_FAIL_TRANSM_CONTRIB_AMT
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.			SMALL_LOANS_IN_DEFAULT_IND
4b			SMALL_LOANS_IN_DEFAULT_AMT
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?			SMALL_LEASES_IN_DEFAULT_IND
4c			SMALL_LEASES_IN_DEFAULT_AMT
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)			SM_PARTY_IN_INT_NOT_RPTD_IND
4d			SM_PARTY_IN_INT_NOT_RPTD_AMT
e Was the plan covered by a fidelity bond?			SMALL_PLAN_INS_FDLTY_BOND_IND
4e			SMALL_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?			SMALL_LOSS_DISCV_DUR_YEAR_IND
4f			SMALL_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?			SMALL_ASSET_UNDETERM_VAL_IND
4g			SMALL_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?			SMALL_NON_CASH_CONTRIB_IND
4h			SMALL_NON_CASH_CONTRIB_AMT
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?			SMALL_20_PRCNT_SNGL_INVST_IND
4i			SMALL_20_PRCNT_SNGL_INVST_AMT
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			SMALL_ALL_PLAN_AST_DISTRIIB_IND
4j			SMALL_ALL_PLAN_AST_DISTRIIB_AMT
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)			SM_WAIV_ANNUAL_IQPA_REPORT_IND
4k			SM_WAIV_ANNUAL_IQPA_REPORT_AMT
l Has the plan failed to provide any benefit when due under the plan?			SM_FAIL_PROVIDE_BENEF_DUE_IND
4l			SM_FAIL_PROVIDE_BENEF_DUE_AMT
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			SMALL_PLAN_BLACKOUT_PERIOD_IND
4m			SMALL_PLAN_BLACKOUT_PERIOD_AMT
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.			SM_COMPLY_BLACKOUT_NOTICE_IND
4n			SM_COMPLY_BLACKOUT_NOTICE_AMT
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			SMALL_RES_TERM_PLAN_ADPT_IND
If "Yes," enter the amount of any plan assets that reverted to the employer this year			SMALL_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_i_part1_2009			
SMALL_PLAN_TRANSFER_NAME	SMALL_PLAN_TRANSFER_EIN		
	SMALL 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			SMALL_COVERED_PBGC_INS_IND
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			PREMIUM_FILING_CONFIRM_NUMBER