

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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_R_PLAN_YEAR_BEGIN_DATE and ending SCH_R_TAX_PRD		
A Name of plan	B Three-digit plan number (PN) ▶ SCH_R_PN	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN) SCH_R_EIN	

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	PEN_VALUE_DSTRB_PD_PRPTY_AMT
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): PEN_PAYOR_01_EIN PEN_PAYOR_02_EIN Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	PEN_BNFT_DISTRB_SNGL_SUM_CNT

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PEN_ELEC_SATISFY_CODE_412_IND
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	PEN_FNDNG_WVRS_DATE
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a PEN_EMPLR_CONTRIB_RQR_AM
b Enter the amount contributed by the employer to the plan for this plan year	6b PEN_EMPLR_CONTRIB_PAID_AMT
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c PEN_FUNDING_DEFICIENCY_AMT
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PEN_FUNDING_DEADLINE_IND
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PEN_CHG_FNDNG_METHOD_IND

Part III	Amendments
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	PEN_AMDMT_INCR_VAL_BNFT_CD <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No PEN_SEC_REPAY_LOAN_IND
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No ESOP_PREF_IND
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No ESOP_BACK_TO_BACK_IND
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes <input type="checkbox"/> No ESOP_STOCK_NOT_TRADABLE_IND

TABLE: Efast_09.F_sch_r_part1_2009

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer PEN_CONTRIB_EMPLR_NAME

b EIN PEN_CONTRIB_EMPLR_EIN **c** Dollar amount contributed by employer PEN_CONTRIB_EMPLR_AMT

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) PEN_CONTRIB_EMPLR_CBA_EXP_IND check box ☐
PEN_CONTRIB_EMPLR_CBA_EXP_DAT Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) PEN_CONTR_EMPLR_MULTI_RATE_IND this box ☐ PEN_CONTR_EMPLR_MULTI_RATE_AMT
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): PEN_CONTR_EMPLR_OTH_BASE_TEXT

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last count ☐ reasonable approximation (see instructions for required attachment) **PEN_COUNTING_METHOD_CD**

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) **PEN_CHANGE_PREV_YR_IND**

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) **PEN_CHANGE_2ND_PREV_YR_IND**

14a **PEN_NO_CONTRIB_CUR_YR_CNT**

14b **PEN_NO_CONTRIB_PREV_YR_CNT**

14c **PEN_NO_CONTRIB_2ND_PREV_YR_CNT**

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

PEN_NO_CONTRIB_CUR_PREV_PRCNT

b The corresponding number for the second preceding plan year

PEN_NO_CONTR_CUR_2ND_PREV_PRC

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

PEN_EMPLRS_WITHDRW_PREV_CNT

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b **PEN_WITHDRW_LIAB_AMT**

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment **PEN_ASSET_LIAB_TRANSFER_IND** ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box **PEN_LIAB_MULT_PLANS_IND** ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

PEN_INVST_GRADE_DEBT_PRCNT

PEN_PUBLIC_EQUITY_PRCNT

of **PEN_PRIVATE_EQUITY_PRCNT**

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

PEN_HI_YLD_DEBT_PRCNT

PEN_REAL_ASSETS_PRCNT

PEN_CASH_EQUIVALENT_PRCNT

PEN_OTH_ASSET_PRCNT

Enter the duration of the investment-grade debt and interest rate hedging assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more **PEN_AVERAGE_DURATION_CD**

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan, **PEN_UNPAID_MIN_RQD_CONTRIB_IND** PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

PEN_PBGC_NOTIFIED_CD

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation **PEN_PBGC_NOTIFIED_EXPLAN_TEXT**

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No **PLAN_SATISFY_TESTS_IND**

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method **PEN_401K_DESIGN_BASED_SAFE_IND**

☐ "Prior year" ADP test **PEN_401K_PRIOR_YEAR_ADP_IND**

☐ "Current year" ADP test **PEN_401K_CURRENT_YEAR_ADP_IND**

☐ N/A **PEN_401K_NA_IND**

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter (MM/DD/YYYY) and the Opinion Letter serial number **PEN_OPIN_LETTER_DATE**

PEN_OPIN_LETTER_SERIAL_NUM