

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). <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">ACK_ID</div> <div>▶ File as an attachment to Form 5500.</div> </div>	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80px;">2025</div> This Form is Open to Public Inspection
For calendar plan year 2025 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
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		SMALL_JOINT_VENTURE_EOY_AMT
b Employer real property	SMALL_EMPLR_PROP_EOY_IND		SMALL_EMPLR_PROP_EOY_AMT
c Real estate (other than employer real property)	SMALL_INV_REAL_ESTATE_EOY_IND		SMALL_INV_REAL_ESTATE_EOY_AMT
d Employer securities	SMALL_EMPLR_SEC_EOY_IND		SMALL_EMPLR_SEC_EOY_AMT
e Participant loans	SMALL_MORTG_PARTCP_EOY_IND		SMALL_MORTG_PARTCP_EOY_AMT
f Loans (other than to participants)	SMALL_OTH_LNS_PARTCP_EOY_IND		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 4a if the failure was not fully corrected. (See instructions and DOL's Voluntary Correction Program.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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? (Do not include participant loans secured by the participant's account balance.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LEASES_IN_DEFAULT_AMT"/>
d Were there any nonexempt transactions with any party-in interest? (Do not include transactions reported on line 4a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_PARTY_IN_INT_NOT_RPTD_AMT"/>
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_LOSS_DISCV_DUR_YEAR_AMT"/>
g Did the plan hold any assets whose current value was not readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_ASSET_UNDETERM_VAL_AMT"/>
h Did the plan receive any noncash contributions whose value was not readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_NON_CASH_CONTRIB_AMT"/>
i Did the plan at any time hold 20% or more of its assets in any one security, debt mortgage, parcel of real estate, or partnership/joint venture interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_ALL_PLAN_AST_DISTRIB_IND"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SM_WAIV_ANNUAL_IQPA_REPORT_IND"/>
l Has the plan failed to provide any benefit when due under the plan terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="SMALL_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"/>	<input type="text" value="SM_COMPLY_BLACKOUT_NOTICE_IND"/>

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No ☐ Not determined
 If "Yes," enter the amount of any plan assets that reverted to the employer this year:

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)
<input type="text" value="SMALL_PLAN_TRANSFER_NAME"/>	<input type="text" value="SMALL_PLAN_TRANSFER_EIN"/>	<input type="text" value="SMALL_PLAN_TRANSFER_PN"/>

TABLE: Efast_09.F_sch_i_2009

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: