

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). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK_ID</div> ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_TAX_PRD</div>		
A Name of plan		B Three-digit plan number (PN) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_PN</div>
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SCH_R_EIN</div>

Part I	Distributions
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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 year.....

PEN_BNFT_DISTRIB_SNGL_SUM_CNT

3

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.)
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- 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

PEN_ELEC_SATISFY_CODE_412_IND
- 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.**

PEN_FUNDING_DEADLINE_IND
- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
- 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? ☐ Yes ☐ No ☐ N/A

PEN_CHG_FNDNG_METHOD_IND

Part III	Amendments
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- 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

☐ Increase ☐ Decrease ☐ Both ☐ 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.
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- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

PEN_SEC_REPAY_LOAN_IND
- 11
 - a Does the ESOP hold any preferred stock? ☐ Yes ☐ 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.) ☐ Yes ☐ No

ESOP_BACK_TO_BACK_IND
- 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

ESOP_STOCK_NOT_TRADABLE_IND

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

TABLE: Efast_09.F_sch_r_part1_2009

13 Enter the following information for each employer that contributed more than 5% of total contributions to the 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
PEN_CONTRIB_EMPLR_BASE_CD : ☐ 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 contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) **PEN_COUNTING_METHOD_CD**

14a **PEN_NO_CONTRIB_CUR_YR_CNT**

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**

14b **PEN_NO_CONTRIB_PREV_YR_CNT**

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**

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_CONTRIB_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

16a **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 and see instructions regarding supplemental information to be included as an attachment **PEN_LIAB_MULT_PLANS_IND** ☐

PEN_INVST_GRADE_DEBT_PRCNT

PEN_HI_YLD_DEBT_PRCNT

PEN_REAL_ESTATE_PRCNT

19 If the total number of participants is 1,000 or more

a Enter the percentage of plan assets held as:

PEN_STOCK_PRCNT

Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ **PEN_AVERAGE_DURATION_CD** or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): **PEN_OTHER_DURATION_TYPE_TEXT**

PEN_DURATION_MEASURE_CD

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from S **PEN_UNPAID_MIN_RQD_CONTRIB_IND** ☐ 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:

☐ Yes.

PEN_PBGC_NOTIFIED_CD

☐ 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_EXPLANATION_TEXT**