

**SCHEDULE D  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration**DFE/Participating Plan Information**

OMB No. 1210-0110

**2019****This Form is Open to Public  
Inspection.**

For calendar plan year 2019 or fiscal plan year beginning

and ending

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ►
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)  
(Complete as many entries as needed to report all interests in DFEs)****a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN