

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500. <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2022 or fiscal plan year beginning <div style="border: 1px solid black; padding: 2px;">FORM_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; padding: 2px;">FORM_TAX_PRD</div>		
A	<div style="border: 1px solid black; padding: 2px;">TYPE_PLAN_ENTITY_CD</div> <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return <div style="border: 1px solid black; padding: 2px;">INITIAL_FILING_IND</div> <input type="checkbox"/> the final return/report <div style="border: 1px solid black; padding: 2px;">FINAL_FILING_IND</div> <input type="checkbox"/> an amended return <div style="border: 1px solid black; padding: 2px;">AMENDED_IND</div> <input type="checkbox"/> a short plan year return/report <div style="border: 1px solid black; padding: 2px;">SHORT_PLAN_YR_I</div>
C	If the plan is a collectively-bargained plan, check here.	<div style="border: 1px solid black; padding: 2px;">COLLECTIVE_BARGAIN_IND</div>
D	Check box if filing under:	<div style="border: 1px solid black; padding: 2px;">F5558_APPLICATION_FILED_IND</div> <input type="checkbox"/> automatic extension <div style="border: 1px solid black; padding: 2px;">EXT_AUTOMATIC_IND</div> <input type="checkbox"/> the DFVC program <div style="border: 1px solid black; padding: 2px;">DFVC_PROGRAM_IND</div> <div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_IND</div> special extension <div style="border: 1px solid black; padding: 2px;">EXT_SPECIAL_TEXT</div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .	<div style="border: 1px solid black; padding: 2px;">ADOPTED_PLAN_PERMITTED_SECURE_ACT</div>

Part II Basic Plan Information—enter all requested information		
1a	Name of plan <div style="border: 1px solid black; padding: 2px;">PLAN_NAME</div>	1b Three-digit number (Plan sponsor's DFE number) <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PN</div>
		1c Effective date of plan <div style="border: 1px solid black; padding: 2px;">PLAN_EFF_DATE</div>
2a	<div style="border: 1px solid black; padding: 2px;">SPONSOR_DFE_NAME</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_DBA_NAME</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_CARE_OF_NAME</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_US_ADDRESS1</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_US_ADDRESS2</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_US_CITY</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_US_STATE</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_US_ZIP</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FOREIGN_ADDR1</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FOREIGN_ADDR2</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FOREIGN_CITY</div>	<div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FORGN_PROV_ST</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FOREIGN_CNTRY</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_MAIL_FORGN_POSTAL_CD</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_US_ADDRESS1</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_US_ADDRESS2</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_US_CITY</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_US_STATE</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_US_ZIP</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_FOREIGN_ADDRESS1</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_FOREIGN_ADDRESS2</div> <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_LOC_FOREIGN_CITY</div>
		2b Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_EIN</div> 2c Plan Sponsor's telephone number <div style="border: 1px solid black; padding: 2px;">SPONS_DFE_PHONE_NUM</div> 2d Business code (see instructions) <div style="border: 1px solid black; padding: 2px;">BUSINESS_CODE</div>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<div style="border: 1px solid black; padding: 2px;">ADMIN_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">ADMIN_MANUAL_SIGNED_NAME</div>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<div style="border: 1px solid black; padding: 2px;">SPONS_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">SPONS_MANUAL_SIGNED_NAME</div>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		<div style="border: 1px solid black; padding: 2px;">DFE_MANUAL_SIGNED_DATE</div>	<div style="border: 1px solid black; padding: 2px;">DFE_MANUAL_SIGNED_NAME</div>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ADMIN_NAME
ADMIN_CARE_OF_NAME
ADMIN_US_ADDRESS1
ADMIN_US_ADDRESS2
ADMIN_US_CITY
ADMIN_US_STATE

ADMIN_US_ZIP
ADMIN_FOREIGN_ADDRESS1
ADMIN_FOREIGN_ADDRESS2

ADMIN_ADDRESS_SAME_SPON_IND

ADMIN_NAME_SAME_SPON_IND
ADMIN_FOREIGN_CITY
ADMIN_FOREIGN_PROV_STATE
ADMIN_FOREIGN_CNTRY
ADMIN_FOREIGN_POSTAL_CD
ADMIN_PHONE_NUM_FOREIGN

3b Administrator's EIN

ADMIN_EIN

3c Administrator's telephone number

ADMIN_PHONE_NUM

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name, and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name

LAST_RPT_SPONS_NAME

LAST_RPT_PLAN_NAME

4b EIN

LAST_RPT_SPONS_EIN

4d PN

LAST_RPT_PLAN_NUM

5 Total number of participants at the beginning of the plan year

TOT_PARTCP_BOY_CNT

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).**a(1)** Total number of active participants at the beginning of the plan year

TOT_ACTIVE_PARTCP_BOY_CNT

a(2) Total number of active participants at the end of the plan year

TOT_ACTIVE_PARTCP_CNT

b Retired or separated participants receiving benefits

RTD_SEP_PARTCP_RCVG_CNT

c Other retired or separated participants entitled to future benefits

RTD_SEP_PARTCP_FUT_CNT

d Subtotal. Add lines **6a(2)**, **6b**, and **6c**

SUBTL_ACT_RTD_SEP_CNT

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

BENEF_RCVG_BNFT_CNT

f Total. Add lines **6d** and **6e**

TOT_ACT_RTD_SEP_BENEF_CNT

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

PARTCP_ACCOUNT_BAL_CNT

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

SEP_PARTCP_PARTL_VSTD_CNT

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

CONTRIB_EMPLRS_CNT

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

TYPE_PENSION_BNFT_CODE

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

TYPE_WELFARE_BNFT_CODE

BENEFIT_INSURANCE_IND

BENEFIT_SEC412_IND

9a Plan funding arrangement (check all that apply)(1) ☐

Insurance

FUNDING_INSURANCE_IND

(2) ☐

Code section 412(e)(3) insurance contracts

FUNDING_SEC412_IND

(3) ☐

Trust

FUNDING_TRUST_IND

(4) ☐

General assets of the sponsor

FUNDING_GEN_ASSET_IND

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

BENEFIT_INSURANCE_IND

(2) ☐

Code section 412(e)(3) insurance contracts

BENEFIT_SEC412_IND

(3) ☐

Trust

BENEFIT_TRUST_IND

(4) ☐

General assets of the sponsor

BENEFIT_GEN_ASSET_IND

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☐

R (Retirement Plan Information)

SCH_R_ATTACHED_IND

(2) ☐

MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

SCH_MB_ATTACHED_IND

(3) ☐

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

SCH_SB_ATTACHED_IND

b General Schedules(1) ☐

H (Financial Information)

SCH_H_ATTACHED_IND

(2) ☐

I (Financial Information)

SCH_I_ATTACHED_IND

(3) ☐

A (Insurance Information)

SCH_A_ATTACHED_IND

(4) ☐

C (Service Provider Information)

SCH_C_ATTACHED_IND

(5) ☐

D (DFE/Participating Plan)

SCH_D_ATTACHED_IND

(6) ☐

G (Financial Transaction)

SCH_G_ATTACHED_IND

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c. [SUBJ_M1_FILING_REQ_IND](#)

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions.) [COMPLIANCE_M1_FILING_REQ_IND](#) .. ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code [M1_RECEIPT_CONFIRMATION_CODE](#)

SAMPLE