

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). <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK_ID</div> ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2020 or fiscal plan year beginning FORM_PLAN_YEAR_BEGIN_DATE and ending FORM_TAX_PRD			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a single-employer 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 DFE (specify) ____	
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> the final return/report FINAL_FILING_IND <input type="checkbox"/> a short plan year return/report (less than 12 months) SHORT_PLAN_YR_I	
C If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/> Form 5558 F5558_APPLICATION_FILED_IND ... <input type="checkbox"/> automatic extension EXT_AUTOMATIC_IND ... <input type="checkbox"/> the DFE DFVC_PROGRAM_IND		
D Check box if filing under:	<input type="checkbox"/> Form 5558 EXT_SPECIAL_IND ... <input type="checkbox"/> special extension (enter description) EXT_SPECIAL_TEXT		

Part II Basic Plan Information —enter all requested information	
1a Name of plan <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PLAN_NAME</div>	1b Three-digit plan number (PN) ▶ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SPONS_DFE_PN</div>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	1c Effective date of plan <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PLAN_EFF_DATE</div> 2b Employer identification Number (EIN) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SPONS_DFE_EIN</div> 2c Plan Sponsor's telephone number <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SPONS_DFE_PHONE_NUM</div> 2d Business code (see instructions) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">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	Signature of plan administrator <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ADMIN_MANUAL_SIGNED_DATE</div>	SIGN HERE	Enter name of plan administrator <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ADMIN_MANUAL_SIGNED_NAME</div>
SIGN HERE	Signature of employer/plan sponsor <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SPONS_MANUAL_SIGNED_DATE</div>	SIGN HERE	Enter name of individual signing as employer or plan sponsor <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SPONS_MANUAL_SIGNED_NAME</div>
SIGN HERE	Signature of DFE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DFE_MANUAL_SIGNED_DATE</div>	SIGN HERE	Enter name of individual signing as DFE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DFE_MANUAL_SIGNED_NAME</div>

SPONSOR_DFE_NAME SPONS_DFE_DBA_NAME SPONS_DFE_CARE_OF_NAME SPONS_DFE_MAIL_US_ADDRESS1 SPONS_DFE_MAIL_US_ADDRESS2 SPONS_DFE_MAIL_US_CITY SPONS_DFE_MAIL_US_STATE SPONS_DFE_MAIL_US_ZIP SPONS_DFE_MAIL_FOREIGN_ADDR1 SPONS_DFE_MAIL_FOREIGN_ADDR2 SPONS_DFE_MAIL_FOREIGN_CITY	SPONS_DFE_MAIL_FORGN_PROV_ST SPONS_DFE_MAIL_FOREIGN_CNTRY SPONS_DFE_MAIL_FORGN_POSTAL_CD SPONS_DFE_LOC_US_ADDRESS1 SPONS_DFE_LOC_US_ADDRESS2 SPONS_DFE_LOC_US_CITY SPONS_DFE_LOC_US_STATE SPONS_DFE_LOC_US_ZIP SPONS_DFE_LOC_FOREIGN_ADDRESS1 SPONS_DFE_LOC_FOREIGN_ADDRESS2 SPONS_DFE_LOC_FOREIGN_CITY
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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor		<div style="border: 1px solid black; padding: 2px;">ADMIN_NAME_SAME_SPON_IND</div> <div style="border: 1px solid black; padding: 2px;">ADMIN_ADDRESS_SAME_SPON_IND</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20%;"> ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE </div> <div style="border: 1px solid black; padding: 2px; width: 20%;"> ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1 ADMIN_FOREIGN_ADDRESS2 </div> <div style="border: 1px solid black; padding: 2px; width: 20%;"> ADMIN_FOREIGN_CITY ADMIN_FOREIGN_PROV_STATE ADMIN_FOREIGN_CNTRY ADMIN_FOREIGN_POSTAL_CD ADMIN_PHONE_NUM_FOREIGN </div> </div>		3b Administrator's EIN <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_EIN</div>	
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:		3c Administrator's telephone number <div style="border: 1px solid black; padding: 2px; width: 100%;">ADMIN_PHONE_NUM</div>			
a Sponsor's name <div style="border: 1px solid black; padding: 2px; width: 100%;">LAST_RPT_SPONS_NAME</div>		4b EIN <div style="border: 1px solid black; padding: 2px; width: 100%;">LAST_RPT_SPONS_EIN</div>			
c Plan Name <div style="border: 1px solid black; padding: 2px; width: 100%;">LAST_RPT_PLAN_NAME</div>		4c Plan number <div style="border: 1px solid black; padding: 2px; width: 100%;">LAST_RPT_PLAN_NUM</div>			
5 Total number of participants at the beginning of the plan year		5 <div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_PARTCP_BOY_CNT</div>			
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).		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
a(1) Total number of active participants at the beginning of the plan year.....		<div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACT_PARTCP_BOY_CNT</div>			
a(2) Total number of active participants at the end of the plan year		<div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACTIVE_PARTCP_CNT</div>			
b Retired or separated participants receiving benefits.....		<div style="border: 1px solid black; padding: 2px; width: 100%;">RTD_SEP_PARTCP_RCVG_CNT</div>			
c Other retired or separated participants entitled to future benefits		<div style="border: 1px solid black; padding: 2px; width: 100%;">RTD_SEP_PARTCP_FUT_CNT</div>			
d Subtotal. Add lines 6a(2) , 6b , and 6c		<div style="border: 1px solid black; padding: 2px; width: 100%;">SUBTL_ACT_RTD_SEP_CNT</div>			
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		<div style="border: 1px solid black; padding: 2px; width: 100%;">BENEF_RCVG_BNFT_CNT</div>			
f Total. Add lines 6d and 6e		<div style="border: 1px solid black; padding: 2px; width: 100%;">TOT_ACT_RTD_SEP_BENEF_CNT</div>			
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<div style="border: 1px solid black; padding: 2px; width: 100%;">PARTCP_ACCOUNT_BAL_CNT</div>			
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<div style="border: 1px solid black; padding: 2px; width: 100%;">SEP_PARTCP_PARTL_VSTD_CNT</div>			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7 <div style="border: 1px solid black; padding: 2px; width: 100%;">CONTRIB_EMPLRS_CNT</div>			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="border: 1px solid black; padding: 2px; width: 100%;">TYPE_PENSION_BNFT_CODE</div>					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <div style="border: 1px solid black; padding: 2px; width: 100%;">TYPE_WELFARE_BNFT_CODE</div>					
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)			
(1) <input type="checkbox"/> Insurance	<div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_INSURANCE_IND</div>	(1) <input type="checkbox"/> Insurance	<div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_INSURANCE_IND</div>		
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_SEC412_IND</div>	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_SEC412_IND</div>		
(3) <input type="checkbox"/> Trust	<div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_TRUST_IND</div>	(3) <input type="checkbox"/> Trust	<div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_TRUST_IND</div>		
(4) <input type="checkbox"/> General assets of the sponsor	<div style="border: 1px solid black; padding: 2px; width: 100%;">FUNDING_GEN_ASSET_IND</div>	(4) <input type="checkbox"/> General assets of the sponsor	<div style="border: 1px solid black; padding: 2px; width: 100%;">BENEFIT_GEN_ASSET_IND</div>		
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		b General Schedules			
(1) <input type="checkbox"/> R (Retirement Plan Information)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_R_ATTACHED_IND</div>	(1) <input type="checkbox"/> H (Financial Information)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_H_ATTACHED_IND</div>		
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan) - signed by the plan actuary	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_MB_ATTACHED_IND</div>	(2) <input type="checkbox"/> I (Financial Information)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_I_ATTACHED_IND</div>		
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_SB_ATTACHED_IND</div>	(3) <input type="checkbox"/> A (Insurance Information)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_A_ATTACHED_IND</div>		
		(4) <input type="checkbox"/> C (Service Provider Information)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_C_ATTACHED_IND</div>		
		(5) <input type="checkbox"/> D (DFE/Participating Plan)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_D_ATTACHED_IND</div>		
		(6) <input type="checkbox"/> G (Financial Transaction)	<div style="border: 1px solid black; padding: 2px; width: 100%;">SCH_G_ATTACHED_IND</div>		
		<div style="border: 1px solid black; padding: 2px; width: 100%;">NUM_SCH_A_ATTACHED_CNT</div>			

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 and 29 CFR 2520.101-2.) ☐ Yes ☐ No

COMPLIANCE_M1_FILING_REQ_IND

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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