

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> <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;">2021</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2021 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:	<input type="checkbox"/> Form 5558 <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> <input type="checkbox"/> 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 (100-999) <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>		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>
	<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>		

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.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;"> ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE </div> <div style="width: 20%;"> ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1 ADMIN_FOREIGN_ADDRESS2 </div> <div style="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 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	4b EIN 4c EIN
5 Total number of participants at the beginning of the plan year	5
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan) the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan) (6) <input type="checkbox"/> G (Financial Transaction)

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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