Form 5500-EZ

Department of the Treasury

Internal Revenue Service

Annual Return of A One-Participant (Owners/Partners and Their Spouses) Retirement Plan or A Foreign Plan This form is required to be filed under section 6058(a) of the Internal Revenue Code.

Certain foreign retirement plans are also required to file this form (see instructions).

► Complete all entries in accordance with the instructions to the Form 5500-EZ.

► Go to www.irs.gov/Form5500EZ for instructions and the latest information.

OMB No. 1545-1610

2021

This Form is Open to Public Inspection.

Part I Annual Return Identification Information	
For the calendar plan year 2021 or fiscal plan year beginning (MM/DD/YYYY)	and ending
· · · · · · · · · · · · · · · · · · ·	return filed for the plan; plan year return (less than 12 months)
•	
C If this return is for a foreign plan, check this box (see instructions)D If this return is for the IRS Late Filer Penalty Relief Program, check this box (see instructions).	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, chec	,
Part II Basic Plan Information — enter all requested information.	k here
1a Name of plan	1b Three-digit plan number (PN) ▶
	1c Date plan first became effective (MM/DD/YYYY)
2a Employer's name	2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
Trade name of business (if different from name of employer)	2c Employer's telephone number
In care of name	2d Business code (see instructions)
Mailing address (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 instruction)	ctions)
3a Plan administrator's name (If same as employer, enter "Same")	3b Administrator's EIN
In care of name	3c Administrator's telephone number
Mailing address (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 instruction)	ctions)
4 If the employer's name, the employer's EIN, and/or the plan name has changed return filed for this plan, enter the employer's name and EIN, the plan name number for the last return in the appropriate space provided.	
a Employer's name	4b EIN
4c Plan name	4d PN
 5a(1) Total number of participants at the beginning of the plan year a(2) Total number of active participants at the beginning of the plan year b(1) Total number of participants at the end of the plan year b(2) Total number of active participants at the end of the plan year c Number of participants who terminated employment during the plan year w 	5a(2) 5b(1) 5b(2)
benefits that were less than 100% vested	
Part III Financial Information	
On Tatal along accepts	(1) Beginning of year (2) End of year
6a Total plan assets	
b Total plan liabilities	

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Part	III Financial Information				
7	Contributions received or receivable from:			Amount	
а	Employers	7a	<u> </u>		
		l			
b	Participants	7b	 		
С	Others (including rollovers)	7c			
_	IV Plan Characteristics	1.0			
8	Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the	e instr	uctions		
•					
Dart	V Compliance and Funding Questions				
rait	Ye Compliance and Funding Questions	s No	Т	Amount	
9	During the plan year, did the plan have any participant loans?	3 140	-	Amount	
J	If "Yes," enter amount as of year end				
10	Is this a defined benefit plan that is subject to minimum funding requirements?				
. •	If "Yes," complete Schedule SB (Form 5500) and line 10a below. (See instructions.)				
а	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500),				
	line 40	10a	1		
11	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code?				
	If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable.				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan				
	year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver	4.4			
	(see instructions)	118	_		
b	Enter the minimum required contribution for this plan year	11k			
С	Enter the amount contributed by the employer to the plan for this plan year	110	-		
d	Subtract the amount in line 11c from the amount in line 11b. Enter the result (enter a minus sign				
	to the left of a negative amount)	110	1		
	Ye	s No	N/A		
е	Will the minimum funding amount reported on line 11d be met by the funding				
	deadline?			ia aatabliab	
Ca	ution: A penalty for the late or incomplete filing of this return will be assessed unless reason				
	Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 55 signed by an enrolled actuary, and, to the best of my knowledge and belief, it is true, correct, and complete.				
Sign					
Here					
	Signature of employer or plan administrator Date Type or print name of in plan administrator	ndividua	l signing	as employer or	