

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.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a single-employer plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ()

Part II Basic Plan Information—enter all requested information

1a Name of plan	1b Three-digit plan number (PN) (
	1c Effective date of plan
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)	2b Employer Identification Number (EIN)

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p>	<p>3b Administrator's EIN</p> <hr/> <p>3c Administrator's telephone number</p>		
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <hr/> <p>4d PN</p>		
<p>5 Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%;"></td> </tr> </table>	5	
5			
<p>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).</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> </table>		
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> </table>	6a(1)	
6a(1)			
<p>a(2) Total number of active participants at the end of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="width:90%;"></td> </tr> </table>	6a(2)	
6a(2)			
<p>b Retired or separated participants receiving benefits</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="width:90%;"></td> </tr> </table>	6b	
6b			
<p>c Other retired or separated participants entitled to future benefits.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="width:90%;"></td> </tr> </table>	6c	
6c			
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="width:90%;"></td> </tr> </table>	6d	
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<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="width:90%;"></td> </tr> </table>	6e	
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<p>f Total. Add lines 6d and 6e</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="width:90%;"></td> </tr> </table>	6f	
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<p>g</p>			

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.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) 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 _____

SCHEDULE A
(Form 5500)

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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Part II Investment and Annuity Contract Information	
Y @^!^Á} áâçä~æ Á&[]: { çæ&c•Áæ!^Á } [çä^á^ÉÁç@^Á^ } ç!^Á*! [~] Á [-Á • ~ &@Á} áâçä~æ Á&[]: { çæ&c•Á , áç@^Áæ&@Á&æ!^Á^ { æ^Á^Áç!^æç^á^æ•Áæ~ } áç- [!Á] ~ ! [•^Á [-Á ç@^Á^Á] [!çÁ	
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SCHEDULE A
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Part III

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Part II Investment and Annuity Contract Information
Y @^!^Á} áççáá~æ|Á& [] c|æ&c•Áæ|Á^Á [] ç|áá^áÉÁc@^Á^Á ç|Á^Á*! [~] Á [-Á • ~ &@Á} áççáá~æ|Á& [] c|æ&c•Á , áç@Á^æ&@Á&æ!iá^Á { æ^Áá^Ác!^æc^ááæ•Áæ~ } áç- [!Á] ~! [•^Á [-Á c@á-Á!^] !cÉÁ

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SCHEDULE A
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Part II Investment and Annuity Contract Information

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c	ÇEááçá [] •KÁÇFDÁÁ [] ç çá~ çá [] •Á^Á [] [•áç^áá^ íá } *Áç@^Á^Á^! / ÇGDÁÁ Öíçáá^ } á^Áæ } á^Á&^Ááç / ÇHDÁÁ [] c^!^c^ & ^áç^Áá^ íá } *Áç@^Á^Á^! / Ç I DÁÁ [] ç~!;^Á^! [[Á^Á] áíæc^Áæ&& [~] ç Ç I DÁÁ [] ç~!;^Á^! [[Á^Á] áíæc^Áæ&& [~] ç Ç I DÁÁ [] ç~!;^Á^! [[Á^Á] áíæc^Áæ&& [~] ç	7c(1)	
		7c(2)	
		7c(3)	
		7c(4)	

			0
			0
ÁÇFDÁÁ Öíçáá^!^Áá^! [{ Á^~ } á^ç [] Á } á^Á^Á^ } ~í&ç@^Áæ } } ~áç^Áá^ íá } *Á^~æ!á		7e(1)	
Ç I DÁÁ [] ç~!;^Á^! [[Á^Á] áíæc^Áæ&& [~] ç		7e(5)	0
f	Óæ æ } &^Áæç ç@^Á^ } á^Á [-Áç@^Á&~!;^ } ç^~Áæ!Áç^* áç æ&c Á } ^Á 7e(5) !-! [{ Á } } ^Á^D	7f	0

Part III

SCHEDULE A
(Form 5500)

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SCHEDULE A
(Form 5500)

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