

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>  <b>ACK_ID</b>	OMB Nos. 1210-0110 1210-0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b> For calendar plan year 2024 or fiscal plan year beginning <b>FORM_PLAN_YEAR_BEGIN_DATE</b> and ending <b>FORM_TAX_PRD</b>	<input checked="" type="checkbox"/> <b>TYPE_PLAN_ENTITY_CD</b> <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 provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify)  <b>B</b> This return/report is: <input type="checkbox"/> the first <b>INITIAL_FILING_IND</b> <input type="checkbox"/> an amended <b>AMENDED_IND</b> <input type="checkbox"/> the final return/report <b>FINAL_FILING_IND</b> <input type="checkbox"/> a short plan year return/rep <b>SHORT_PLAN_YR_I</b>  <b>C</b> If the plan is a collectively-bargained plan, check here. ....  <b>D</b> Check box if filing under: <b>F5558_APPLICATION_FILED_IND</b> automatic ext <b>EXT_AUTOMATIC_IND</b> the DFVC program <b>DFVC_PROGRAM_IND</b> <b>EXT_SPECIAL_IND</b> special extension (el <b>EXT_SPECIAL_TEXT</b>  <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check <b>ADOPTED_PLAN_PERMITTED_SECURE_ACT</b>
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<b>Part II Basic Plan Information</b> —enter all requested information	<b>1a</b> Name of plan <b>PLAN_NAME</b>	<b>1b</b> Three-digit number (PN) <b>SPONS_DFE_PN</b>
<b>2a</b> 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	<b>1c</b> Effective date of plan <b>PLAN_EFF_DATE</b>  <b>2b</b> Employer Identification Number (EIN) <b>SPONS_DFE_EIN</b>  <b>2c</b> Plan Sponsor's telephone number <b>SPONS_DFE_PHONE_NUM</b>  <b>2d</b> Business code (see instructions) <b>BUSINESS_CODE</b>	

**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.

<b>SIGN HERE</b>	<b>ADMIN_MANUAL_SIGNED_DATE</b>	<b>ADMIN_MANUAL_SIGNED_NAME</b>
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<b>SPONS_MANUAL_SIGNED_DATE</b>	<b>SPONS_MANUAL_SIGNED_NAME</b>
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<b>DFE_MANUAL_SIGNED_DATE</b>	<b>DFE_MANUAL_SIGNED_NAME</b>
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

**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 last return/report:**a** Sponsor's name**c** Plan Name

LAST\_RPT\_SPONS\_NAME

LAST\_RPT\_PLAN\_NAME

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\_ACT\_PARTCP\_BOY\_CNT

**6a(1)****a(2)** Total number of active participants at the end of the plan year

TOT\_ACTIVE\_PARTCP\_CNT

**6a(2)****b** Retired or separated participants receiving benefits

RTD\_SEP\_PARTCP\_RCVG\_CNT

**6b****c** Other retired or separated participants entitled to future benefits

RTD\_SEP\_PARTCP\_FUT\_CNT

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

SUBTL\_ACT\_RTD\_SEP\_CNT

**6d****e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

BENEF\_RCVG\_BNFT\_CNT

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

TOT\_ACT\_RTD\_SEP\_BENEF\_CNT

**6f****g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

PARTCP\_ACCOUNT\_BAL\_CNT\_BOY

**g(2)** 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

**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\_SEC412\_IND

(2) ☐

Code section 412(e)(3) insurance contracts

(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 Contribution Plan Actuary Purchase Plan Actuarial Information) - signed by the plan actuary

SCH\_MB\_ATTACHED\_IND

(3) ☐

SB (Single-Employer Defined Contribution Plan Actuary Information) - signed by the plan actuary

SCH\_SB\_ATTACHED\_IND

(4) ☐

DCG (Indefinite Continuation of Coverage) - Attached

SCH\_DCG\_ATTACHED\_IND

(5) ☐

MEP (Multiple-Employer Retirement Plan Information)

SCH\_MEP\_ATTACHED\_IND

**b General Schedules**(1) ☐

H (Financial Information)

SCH\_H\_ATTACHED\_IND

(2) ☐

I (Financial Information - Schedule I)

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 Information)

SCH\_D\_ATTACHED\_IND

(6) ☐

G (Financial Transaction Schedule)

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 COMPLIANCE\_M1\_FILING\_REQ\_IND .. ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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