

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. ACK_ID	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning FORM_PLAN_YEAR_BEGIN_DATE and ending FORM_TAX_PRD	
A TYPE_PLAN_ENTITY_CD	<input type="checkbox"/> a multiemployer 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 single-employer plan <input type="checkbox"/> a DFE (specify)
B This return/report is:	<input type="checkbox"/> the first INITIAL_FILING_IND <input type="checkbox"/> the final return/report FINAL_FILING_IND <input type="checkbox"/> an amended AMENDED_IND <input type="checkbox"/> a short plan year return/report SHORT_PLAN_YR_IND
C If the plan is a collectively-bargained plan, check here. COLLECTIVE_BARGAIN_IND	
F5558_APPLICATION_FILED_IND <input type="checkbox"/> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic EXT_AUTOMATIC_IND <input type="checkbox"/> the DFVC program DFVC_PROGRAM_IND EXT_SPECIAL_IND <input type="checkbox"/> special extension (enter description) EXT_SPECIAL_TEXT
E If this is a retroactively adopted plan permitted by SECURE Act section	ADOPTED_PLAN_PERMITTED_SECURE_ACT

Part II Basic Plan Information—enter all requested information

1a Name of plan PLAN_NAME	1b Three-digit plan number SPONS_DFE_PN
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	1c Effective date of plan PLAN_EFF_DATE 2b Employer Identification Number (EIN) SPONS_DFE_EIN 2c Plan Sponsor's telephone number SPONS_DFE_PHONE_NUM 2d Business code (see instructions) BUSINESS_CODE
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	

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

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_NAME</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_CARE_OF_NAME</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_US_ADDRESS1</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_US_ADDRESS2</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_US_CITY</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_US_STATE</div></div><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_US_ZIP</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_ADDRESS1</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_ADDRESS2</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_NAME_SAME_SPON_IND</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_CITY</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_PROV_STATE</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_CNTRY</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_FOREIGN_POSTAL_CD</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_PHONE_NUM_FOREIGN</div></div></div>		3b Administrator's EIN <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_EIN</div>
3c Administrator's telephone number <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ADMIN_PHONE_NUM</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: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">a Sponsor's name <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">LAST_RPT_SPONS_NAME</div>c Plan Name <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">LAST_RPT_PLAN_NAME</div></div><div style="width: 45%;">4b EIN <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">LAST_RPT_SPONS_EIN</div>4d PN <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">LAST_RPT_PLAN_NUM</div></div></div>		
5 Total number of participants at the beginning of the plan year <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">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="display: flex; justify-content: space-between;"><div style="width: 70%;">a(1) Total number of active participants at the beginning of the plan year<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">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; margin-bottom: 2px;">TOT_ACTIVE_PARTCP_CNT</div>b Retired or separated participants receiving benefits.....<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">RTD_SEP_PARTCP_RCVG_CNT</div>c Other retired or separated participants entitled to future benefits<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">RTD_SEP_PARTCP_FUT_CNT</div>d Subtotal. Add lines 6a(2), 6b, and 6c.....<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SUBTL_ACT_RTD_SEP_CNT</div>e Deceased participants whose beneficiaries are receiving or are entitled to receive bene.....<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BENEF_RCVG_BNFT_CNT</div>f Total. Add lines 6d and 6e.....<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">TOT_ACT_RTD_SEP_BENEF_CNT</div>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plan complete this item)<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PARTCP_ACCOUNT_BAL_CNT_BOY</div>g(2) 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; margin-bottom: 2px;">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; margin-bottom: 2px;">SEP_PARTCP_PARTL_VSTD_CNT</div></div><div style="width: 25%; text-align: center;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6a(1)</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6a(2)</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6b</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6c</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6d</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6e</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6f</div></div></div>		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">CONTRIB_EMPLRS_CNT</div>		
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">TYPE_PENSION_BNFT_CODE</div>		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">TYPE_WELFARE_BNFT_CODE</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; margin-left: 400px;">BENEFIT_INSURANCE_IND</div>		
9a Plan funding arrangement (check all that apply) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">FUNDING_INSURANCE_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">FUNDING_SEC412_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">FUNDING_TRUST_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">FUNDING_GEN_ASSET_IND</div></div></div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(5) <input type="checkbox"/> Other</div>	9b Plan benefit arrangement (check all that apply) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(1) <input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BENEFIT_SEC412_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(3) <input type="checkbox"/> Trust <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BENEFIT_TRUST_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(4) <input type="checkbox"/> General assets of the sponsor <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BENEFIT_GEN_ASSET_IND</div></div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(5) <input type="checkbox"/> Other</div></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) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">a Pension Schedules <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(1) <input type="checkbox"/> R (Retirement Plan Information) <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SCH_R_ATTACHED_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(2) <input type="checkbox"/> MB (Multiemployer Defined Contribution Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SCH_MB_ATTACHED_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(3) <input type="checkbox"/> SB (Single-Employer Defined Contribution Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SCH_SB_ATTACHED_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(4) <input type="checkbox"/> DCG (Defined Contribution Plan Actuarial Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SCH_DCG_ATTACHED_IND</div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) - signed by the plan actuary <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SCH_MEP_ATTACHED_IND</div></div></div><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(6) <input type="checkbox"/> Other</div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(7) <input type="checkbox"/> Other</div></div></div></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(8) <input type="checkbox"/> Other</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">(9) <input type="checkbox"/> Other</div>		

(10) ☐ Other(11) ☐ Other(12) ☐ Other(13) ☐ Other(14) ☐ Other(15) ☐ Other(16) ☐ Other(17) ☐ Other(18) ☐ Other(19) ☐ Other(20) ☐ Other(21) ☐ Other(22) ☐ Other(23) ☐ Other(24) ☐ Other(25) ☐ Other(26) ☐ Other(27) ☐ Other(28) ☐ Other(29) ☐ Other(30) ☐ Other(31) ☐ Other(32) ☐ Other(33) ☐ Other(34) ☐ Other(35) ☐ Other(36) ☐ Other(37) ☐ Other(38) ☐ Other(39) ☐ Other(40) ☐ Other(41) ☐ Other(42) ☐ Other(43) ☐ Other(44) ☐ Other(45) ☐ Other(46) ☐ Other(47) ☐ Other(48) ☐ Other(49) ☐ Other(50) ☐ Other(51) ☐ Other(52) ☐ Other(53) ☐ Other(54) ☐ Other(55) ☐ Other(56) ☐ Other(57) ☐ Other(58) ☐ Other(59) ☐ Other(60) ☐ Other(61) ☐ Other(62) ☐ Other(63) ☐ Other(64) ☐ Other(65) ☐ Other(66) ☐ Other(67) ☐ Other(68) ☐ Other(69) ☐ Other(70) ☐ Other(71) ☐ Other(72) ☐ Other(73) ☐ Other(74) ☐ Other(75) ☐ Other(76) ☐ Other(77) ☐ Other(78) ☐ Other(79) ☐ Other(80) ☐ Other(81) ☐ Other(82) ☐ Other(83) ☐ Other(84) ☐ Other(85) ☐ Other(86) ☐ Other(87) ☐ Other(88) ☐ Other(89) ☐ Other(90) ☐ Other(91) ☐ Other(92) ☐ Other(93) ☐ Other(94) ☐ Other(95) ☐ Other(96) ☐ Other(97) ☐ Other(98) ☐ Other(99) ☐ Other(100) ☐ Other(101) ☐ Other(102) ☐ Other(103) ☐ Other(104) ☐ Other(105) ☐ Other(106) ☐ Other(107) ☐ Other(108) ☐ Other(109) ☐ Other(110) ☐ Other(111) ☐ Other(112) ☐ Other(113) ☐ Other(114) ☐ Other(115) ☐ Other(116) ☐ Other(117) ☐ Other(118) ☐ Other(119) ☐ Other(120) ☐ Other(121) ☐ Other(122) ☐ Other(123) ☐ Other(124) ☐ Other(125) ☐ Other(126) ☐ Other(127) ☐ Other(128) ☐ Other(129) ☐ Other(130) ☐ Other(131) ☐ Other(132) ☐ Other(133) ☐ Other(134) ☐ Other(135) ☐ Other(136) ☐ Other(137) ☐ Other(138) ☐ Other(139) ☐ Other(140) ☐ Other(141) ☐ Other(142) ☐ Other(143) ☐ Other(144) ☐ Other(145) ☐ Other(146) ☐ Other(147) ☐ Other(148) ☐ Other(149) ☐ Other(150) ☐ Other(151) ☐ Other(152) ☐ Other(153) ☐ Other(154) ☐ Other(155) ☐ Other(156) ☐ Other(157) ☐ Other(158) ☐ Other(159) ☐ Other(160) ☐ Other(161) ☐ Other(162) ☐ Other(163) ☐ Other(164) ☐ Other(165) ☐ Other(166) ☐ Other(167) ☐ Other(168) ☐ Other(169) ☐ Other(170) ☐ Other(171) ☐ Other(172) ☐ Other(173) ☐ Other(174) ☐ Other(175) ☐ Other(176) ☐ Other(177) ☐ Other(178) ☐ Other(179) ☐ Other(180) ☐ Other(181) ☐ Other(182) ☐ Other(183) ☐ Other(184) ☐ Other(185) ☐ Other(186) ☐ Other(187) ☐ Other(188) ☐ Other(189) ☐ Other(190) ☐ Other(191) ☐ Other(192) ☐ Other(193) ☐ Other(194) ☐ Other(195) ☐ Other(196) ☐ Other(197) ☐ Other(198) ☐ Other(199) ☐ Other(200) ☐ Other(201) ☐ Other(202) ☐ Other(203) ☐ Other(204) ☐ Other(205) ☐ Other(206) ☐ Other(207) ☐ Other(208) ☐ Other(209) ☐ Other(210) ☐ Other(211) ☐ Other(212) ☐ Other(213) ☐ Other(214) ☐ Other(215) ☐ Other(216) ☐ Other(217) ☐ Other(218) ☐ Other(219) ☐ Other(220) ☐ Other

(2

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.) [COMPLIANCE_M1_FILING_REQ_IND](#) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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