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| 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  2021  This Form is Open to Public Inspection | | | |
| Part I | | Annual Report Identification Information | | | | | | | | | | | |
| For calendar plan year 2021 or fiscal plan year beginning and ending | | | | | | | | | | | | | |
| A This return/report is for: | | | X a multiemployer plan | | X a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | | | |
|  | | | X a single-employer plan | | X a DFE (specify) \_C\_ | | | | | | | | |
| B This return/report is: | | | X the first return/report | | X the final return/report | | | | | | | | |
|  | | | X an amended return/report | | X a short plan year return/report (less than 12 months) | | | | | | | | |
| C If the plan is a collectively-bargained plan, check here. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . X | | | | | | | | | | | | | |
| D Check box if filing under: | | | X Form 5558 | | X automatic extension | | | | X the DFVC program | | | | |
|  | | | X special extension (enter description) ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | | | | | |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . . . . . . . . . . . X | | | | | | | | | | | | |  |
| Part II | | Basic Plan Information—enter all requested information | | | | | | | | | | | |
| 1a Name of plan  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | | | | | | | | | 1b Three-digit plan number (PN)  | 001 | |
| 1c Effective date of plan YYYY-MM-DD | | |
| 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) 012345678 | | |
| ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  D/B/A ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  c/o ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  123456789 ABCDEFGHI ABCDEFGHI ABCDE  123456789 ABCDEFGHI ABCDEFGHI ABCDE  CITYEFGHI ABCDEFGHI AB, ST 012345678901 UK | | | | | | | | | | | 2c Plan Sponsor’s telephone number 0123456789 | | |
| 2d Business code (see instructions) 012345 | | |
|  | | |
| **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 |  | | | | | YYYY-MM-DD | ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | |
| Signature of plan administrator | | | | | Date | Enter name of individual signing as plan administrator | | | | | | |
| SIGN HERE |  | | | | | YYYY-MM-DD | ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | |
| Signature of employer/plan sponsor | | | | | Date | Enter name of individual signing as employer or plan sponsor | | | | | | |
| SIGN HERE |  | | | | | YYYY-MM-DD | ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | |
| 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. 201209 | | | | | |

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| 3a Plan administrator’s name and address X Same as Plan Sponsor  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  c/o ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  123456789 ABCDEFGHI ABCDEFGHI ABCDE  123456789 ABCDEFGHI ABCDEFGHI ABCDE  CITYEFGHI ABCDEFGHI AB, ST 012345678901 UK | | | 3b Administrator’s EIN 012345678 | | |
| 3c Administrator’s telephone number 0123456789 | | |
|  | | |
| 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: | | | 4b EIN012345678 | | |
| a Sponsor’s name  c Plan Name | | | 4d PN 012 | | |
| 5 Total number of participants at the beginning of the plan year | | | | 5 | 123456789012 |
| 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 | | | | 6a(1) |  |
| a(2) Total number of active participants at the end of the plan year | | | | 6a(2) |  |
| b Retired or separated participants receiving benefits | | | | 6b | 123456789012 |
| c Other retired or separated participants entitled to future benefits | | | | 6c | 123456789012 |
| d Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | | | | 6d | 123456789012 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | | | | 6e | 123456789012 |
| f Total. Add lines **6d** and **6e**. | | | | 6f | 123456789012 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans   complete this item) | | | | 6g | 123456789012 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were   less than 100% vested | | | | 6h | 123456789012 |
| 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) | 9b Plan benefit arrangement (check all that apply) | | | | |
| **(1)** X Insurance | **(1)** X Insurance | | | | |
| **(2)** X Code section 412(e)(3) insurance contracts | **(2)**  X Code section 412(e)(3) insurance contracts | | | | |
| **(3)** X Trust | **(3)**  X Trust | | | | |
| **(4)** X General assets of the sponsor | **(4)**  X 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** | | b **General Schedules** | | | |
| **(1)** X **R** (Retirement Plan Information) | | **(1)** X **H** (Financial Information) | | | |
| **(2)** X **MB**  (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | | **(2)** X **I**  (Financial Information – Small Plan) | | | |
| **(3)** X \_\_\_ **A** (Insurance Information) | | | |
| **(4)** X **C** (Service Provider Information) | | | |
| **(3)** X **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | **(5)** X **D** (DFE/Participating Plan Information) | | | |
| **(6)** X **G** (Financial Transaction Schedules) | | | |

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| **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.) ........................………..…. X Yes X 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.) ……..... X Yes X No | |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |