Form 5500-SF

This Detpart/meeprotre is for:

	a single-employer plan	a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	the first return/report	the final return/report
	an amended return/report	a short plan year return/report (less than 12 months)
Part II Basic Plan Info	ormation enter all requested in	oformation
1a Name of plan		

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6a	Were all of the	Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Yes No
	line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined

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Part VI	Pension Fundig /764Pc51ance5.9	2 Td ()TFundig /76 ≱ r-FF	V(hới Śirŧ́nGC	ʿA0﴿ntŤ∰G.,,ŤrénGCOÓN\$Ť#Ť##\$Cਊb.%	.k 8jq8
				11a unt reported on line 11a is greater than \$0, has I	