Form	5500-EZ	Annual Return of A One-Participant (Owners/Pa	artners a	nd	OMB No. 1545-1610
Their Spouses) Retirement Plan or A Foreign Plan This form is required to be filed under section 6058(a) of the Internal Revenue Code. Certain foreign retirement plans are also required to file this form (see instructions).					2021
Department of the Treasury Complete all entries in accordance with the instructions to the Form 5500-EZ.					This Form is Open
	Internal Revenue Service Go to www.irs.gov/Form5500EZ for instructions and the latest information.				to Public Inspection.
Part		Return Identification Information			-
For th		year 2021 or fiscal plan year beginning (MM/DD/YYYY)		and endi	ng
Α	This return is:	(1) $\Box$ the first return filed for the plan (3) $\Box$ the final return f		•	
_		(2) an amended return (4) a short plan yea	ar return (le	ss than 12	2 months)
В	Check box if fill	ng under Form 5558 automatic extension			
с	If this roturn is f	□ special extension (enter description) or a foreign plan, check this box (see instructions)			
D		for the IRS Late Filer Penalty Relief Program, check this box (see instructions)			▶□
E		actively adopted plan permitted by SECURE Act section 201, check h			
Part		an Information — enter all requested information.			<u>····</u>
1a	Name of plan		1b Three	digit	
				umber (Pl	N) ►
				olan first b DD/YYYY)	ecame effective
2a	Employer's nan	ne	-	-	fication Number (EIN) ocial Security Number)
	Trade name of	business (if different from name of employer)	(		,
			2c Emplo	ver's tele	ohone number
	In care of name			,	
			2d Busine	ess code (	see instructions)
	Mailing address	s (room, apt., suite no. and street, or P.O. box)			
	City or town, state	e or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
3a	Plan administra	tor's name (if same as employer, enter "Same")	<b>3b</b> Administrator's EIN		
	In care of name		3c Admin	istrator's	telephone number
	Mailing address	s (room, apt., suite no. and street, or P.O. box)			
	City or town, state	e or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
4	last return filed	's name, the employer's EIN, and/or the plan name has changed sir for this plan, enter the employer's name and EIN, the plan name, a r the last return in the appropriate space provided			
а	Employer's nan			b EIN	
a					
4c	Plan name		4	d PN	
5a(1	) Total number o	f participants at the beginning of the plan year		a(1)	
		f active participants at the beginning of the plan year		a(2)	
		f participants at the end of the plan year		D(1)	
		f active participants at the end of the plan year		b(2)	
С		ticipants who terminated employment during the plan year with a ere less than 100% vested		ōc	
Part		Information			
			I) Beginning	of year	(2) End of year
				-	
6a	Total plan asse	ts			
b	Total plan liabil	ities			
с	Net plan assets	(subtract line <b>6b</b> from <b>6a</b> ) 6 <b>c</b>			
		perwork Reduction Act Notice, see the Instructions for Form 5500-EZ.	Catalog Numb	ber 63263R	Form <b>5500-EZ</b> (2021)

Form 58	500-EZ (2021)		Page <b>2</b>					
Part	III Financial Information (continued)		1					
7	Contributions received or receivable from:		Amount					
а	Employers	7a						
	Deuticia ante	71.						
b	Participants	7b						
с	Others (including rollovers)	7c						
Part								
8								
Part								
-	Yes	No	Amount					
9	During the plan year, did the plan have any participant loans? If "Yes," enter amount as of year end							
10	If "Yes," enter amount as of year end							
10	If "Yes," complete Schedule SB (Form 5500) and line 10a below (see instructions) <b>10</b>							
а	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500),							
-	line 40	10a						
11	Is this a defined contribution plan subject to the minimum funding requirements							
	of section 412 of the Code?							
	If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable.							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan							
	year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver							
		11a						
b	Enter the minimum required contribution for this plan year	11b 11c						
c d	Enter the amount contributed by the employer to the plan for this plan year	110						
u	to the left of a negative amount)	11d						
	Yes	No	N/A					
е	Will the minimum funding amount reported on line 11d be met by the funding							
	deadline?							
Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.								
	Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 55 signed by an enrolled actuary, and, to the best of my knowledge and belief, it is true, correct, and complete.							
Sign								
Here								
	Signature of employer or plan administrator Date Type or print name of ind plan administrator	ividual	signing as employer or					

Form **5500-EZ** (2021)