

Form 5500-SF <div>TABLE:Efast_09.F_5500_sf_2009</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		Short Form Annual Return/Report of Small Employee Benefit Plan <div>This form is required to be filed 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).</div> <div>ACK_ID</div> <div>Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information For calendar plan year 2022 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD					
<div>A This return/report is for: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div>SF_PLAN_ENTITY_CD</div>					
<div>B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report SF_FINAL_FILING_IND</div> <div>SF_SF_AMENDED_IND <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) SF_SHORT_PLAN_YR_IND</div>					
<div>C Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program</div> <div>SF_SF_EXT_SPECIAL_IND <input checked="" type="checkbox"/> special extension <input type="checkbox"/> SF_DFVC_PROGRAM_IND</div> <div>SF_SF_5558_APPLICATION_FILED_IND <input checked="" type="checkbox"/> an application filed under SF_5558 <input type="checkbox"/> SF_EXT_AUTOMATIC_IND <input type="checkbox"/> automatic extension</div> <div>SF_SF_5558_APPLICATION_FILED_IND <input checked="" type="checkbox"/> an application filed under SF_5558 <input type="checkbox"/> SF_EXT_AUTOMATIC_IND <input type="checkbox"/> automatic extension</div>					
Basic Plan Information —enter all requested information SF_ADOPTED_PLAN_PERMITTED_SECURE_ACT					
1a Name of plan SF_PLAN_NAME		1b Three-digit plan number (PN) <input type="checkbox"/> SF_PLAN_NUM		1c Effective date of plan SF_PLAN_EFF_DATE	
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) Refer to Page 4, Part II 2a		2b Employer's EIN SF_SPONS_EIN		2c Sponsor's telephone number SF_SPONS_PHONE_NUM	
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. Refer to Page 4, Part II 3a		3b Administrator's EIN SF_ADMIN_EIN		3c Administrator's telephone number SF_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 plan number from the last return/report. a Sponsor's name SF_LAST_RPT_SPONS_NAME c Plan Name SF_LAST_RPT_PLAN_NAME		4b EIN SF_LAST_RPT_SPONS_EIN		4d PN SF_LAST_RPT_PLAN_NUM	
5a Total number of participants at the beginning of the plan year		5a SF_TOT_PARTCP_BOY_CNT		5b SF_TOT_ACT_RTD_SEP_BENEF_CNT	
b Total number of participants at the end of the plan year		b SF_TOT_ACT_RTD_SEP_BENEF_CNT		c SF_PARTCP_ACCOUNT_BAL_CNT	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		c SF_TOT_ACT_PARTCP_BOY_CNT		d SF_TOT_ACT_PARTCP_EOY_CNT	
d 1 Total number of active participants at the beginning of the plan year		d 1 SF_TOT_ACT_PARTCP_EOY_CNT		e SF_SEP_PARTCP_PARTL_VSTD_CNT	
d 2 Total number of active participants at the end of the plan year		d 2 SF_TOT_ACT_PARTCP_EOY_CNT		e SF_SEP_PARTCP_PARTL_VSTD_CNT	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		e SF_SEP_PARTCP_PARTL_VSTD_CNT		e SF_SEP_PARTCP_PARTL_VSTD_CNT	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is shown. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Signature of plan administrator SF_ADMIN_SIGNED_DATE SF_ADMIN_SIGNED_NAME		SIGN HERE Signature of employer/plan sponsor SF_SPONS_SIGNED_DATE SF_SPONS_SIGNED_NAME		SIGN HERE Signature of individual signing as employer or plan sponsor SF_SPONS_SIGNED_DATE SF_SPONS_SIGNED_NAME	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF 2022 v.220413		For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF 2022 v.220413		For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF 2022 v.220413	

SF_ELIGIBLE_ASSETS_IND

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☐ 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 ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____
- If "No" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____

Part III Financial Information

7 Plan Assets and Liabilities	a Beginning of Year	b End of Year
a Total plan assets	SF_TOT_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
b Total plan liabilities	SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 7b from line 7a)	SF_NET_ASSETS_BOY_AMT	SF_NET_ASSETS_EOY_AMT

8 Income, Expenses, and Transfers for this Plan Year	a Amount	b Total
a Contributions received or receivable from:		
1) Employers	SF_EEMPLR_CONTRIB_INCOME_AMT	
2) Participants	SF_PARTICIP_CONTRIB_INCOME_AMT	
3) Others (including rollovers)	SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	SF_OTHER_INCOME_AMT	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	SF_TOT_INCOME_AMT
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	SF_TOT_DISTRIB_BNFT_AMT	
e Certain deemed and/or corrective distributions (see instructions)	SF_CORRECTIVE_DEEMED_DISTR_AMT	
f Administrative service providers (salaries, fees, commissions)	SF_ADMIN_SRVC_PROVIDERS_AMT	
g Other expenses	SF_OTH_EXPENSES_AMT	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	SF_TOT_EXPENSES_AMT
i Net income (loss) (subtract line 8h from line 8c)	8i	SF_NET_INCOME_AMT
j Transfers to (from) the plan (see instructions)	SF_TOT_PLAN_TRANSFERS_AMT	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: SF_TYPE_PENSION_BNFT_CODE
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: SF_TYPE_WELFARE_BNFT_CODE

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and Program) SF_FAIL_TRANSMIT_CONTRIB_IND			SF_FAIL_TRANSMIT_CONTRIB_AMT
b Were there any nonexempt transactions with any party (See instructions and SF_PARTY_IN_INT_NOT_RPTD_IND)			SF_PARTY_IN_INT_NOT_RPTD_AMT
c Was the plan covered by a fidelity bond? SF_PLAN_INS_FDLTY_BOND_IND			SF_PLAN_INS_FDLTY_BOND_AMT
d Did the plan have a loss, whether or not reimbursed by the plan or by fraud or dishonesty? SF_LOSS_DISCV_DUR_YEAR_IND			SF_LOSS_DISCV_DUR_YEAR_AMT
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides services to the plan? (See instructions.) SF_BROKER_FEES_PAID_IND			SF_BROKER_FEES_PAID_AMT
f Has the plan failed to provide any benefit when due under the plan? (See instructions.) SF_FAIL_PROVIDE_BENEF_DUE_IND			SF_FAIL_PROVIDE_BENEF_DUE_AMT
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) SF_PARTICIP_LOANS_IND			SF_PARTICIP_LOANS_EOY_AMT
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) SF_PLAN_BLACKOUT_PERIOD_IND			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. SF_COMPLY_BLACKOUT_NOTICE_IND			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 SF_UNP_MIN_CONT_CUR_YRTOT_AMT

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes. SF_PBGC_NOTIFIED_CD
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

SF_PBGC_NOTIFIED_EXPLAN_TEXT

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☐ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. SF_DC_PLAN_FUNDING_REQD_IND

a If a waiver of the minimum funding requirements is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. SF_RULING_LETTER_GRANT_DATE Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB Form 5500, and skip to line 13.

b Enter the minimum required contribution for this plan year SF_SEC_412_REQ_CONTRIB_AMT

c Enter the amount contributed by the employer to the plan for this plan year SF_EMPLR_CONTRIB_PAID_AMT

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 1 SF_FUNDING_DEFICIENCY_AMT

e Will the minimum funding amount reported on line 12d be met by the funding deadline? SF_FUNDING_DEADLINE_IND ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? SF_RES_TERM_PLAN_ADPT_IND ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. SF_RES_TERM_PLAN_ADPT_AMT

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC? SF_ALL_PLAN_AST_DISTRIB_IND ☐ Yes ☐ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s)	13c 2 EIN(s)	13c 3 PN(s)
TABLE:Efast_09.F_5500_sf_part1_2009		

SF_PLAN_TRANSFER_NAME

SF_PLAN_TRANSFER_EIN

SF_PLAN_TRANSFER_PN

ROW_ORDER

Part II 2a Variables

- SF_SPONSOR_NAME
- SF_SPONSOR_DFE_DBA_NAME
- SF_SPONS_US_ADDRESS1
- SF_SPONS_US_ADDRESS2
- SF_SPONS_US_CITY
- SF_SPONS_US_STATE
- SF_SPONS_US_ZIP
- SF_SPONS_FOREIGN_ADDRESS1
- SF SPONS FOREIGN ADDRESS2
- SF_SPONS_FOREIGN_CITY
- SF_SPONS_FOREIGN_PROV_STATE
- SF_SPONS_FOREIGN_CNTRY
- SF_SPONS_FOREIGN_POSTAL_CD

Part II 3a Variables

- SF_ADMIN_CARE_OF_NAME
- SF_ADMIN_US_ADDRESS1
- SF_ADMIN_US_ADDRESS2
- SF_ADMIN_US_CITY
- SF_ADMIN_US_STATE
- SF_ADMIN_FOREIGN_ADDRESS1
- SF_ADMIN_FOREIGN_ADDRESS2
- SF_ADMIN_FOREIGN_CITY
- SF_ADMIN_FOREIGN_PROV_STATE
- SF_ADMIN_FOREIGN_CNTRY
- SF_LAST_RPT_SPONS_NAME
- SF_ADMIN_FOREIGN_POSTAL_CD