

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

TABLE:Efast_09.F_5500_sf_2009

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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).

2023

This Form is Open to
Public Inspection

ACK_ID entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD

A This return/report is for: ☐ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (If a multiple-employer plan, check this box. If a multiemployer plan, the plan administrator must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

SF_PLAN_ENTITY_CD

B This is the first return/report ☐ the first return/report ☐ the final return/report SF_FINAL_FILING_IND

SF_AMENDED_IND ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) SF_SHORT_PLAN_YR_IND

C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program

SF_5558_APPLICATION_FILED_IND ☐ special extension SF_EXT_SPECIAL_IND SF_EXT_AUTOMATIC_IND SF_DFVC_PROGRAM_IND

D If the plan is a collectively-bargained plan, check here ☐ COLLECTIVELY_BARGAINED

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐ SF_ADOPTED_PLAN_PERMITTED_SECURE_ACT

Part II Basic Plan Information—enter all requested information

1a Name of plan

1b Three-digit plan number (PN) 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 Identification Number (EIN) SF_SPONS_EIN

2c Sponsor's telephone number SF_SPONS_PHONE_NUM

2d Business code (see instructions) SF_BUSINESS_CODE

3a Plan administrator's name and address ☐ 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 SF_TOT_PARTCP_BOY_CNT

b Total number of participants at the end of the plan year SF_TOT_ACT_RTD_SEP_BENEF_CNT

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) SF_PARTCP_ACCOUNT_BAL_CNT_BOY

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) SF_PARTCP_ACCOUNT_BAL_CNT

d(1) Total number of active participants at the beginning of the plan year SF_TOT_ACT_PARTCP_BOY_CNT

d(2) Total number of active participants at the end of the plan year SF_TOT_ACT_PARTCP_EOY_CNT

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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 established.

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	SF_ADMIN_SIGNED_DATE	SF_ADMIN_SIGNED_NAME
	Signature of plan administrator	Date
SIGN HERE	SF_SPONS_SIGNED_DATE	SF_SPONS_SIGNED_NAME
	Signature of employer/plan sponsor	SF_SPONS_MANUAL_SIGNED_DATE

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

Form 5500-SF (2023)
v. 230728

		SF_ELIGIBLE_ASSETS_IND
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.)	SF_IQPA_WAIVER_IND SF_COVERED_PBGC_INSURANCE_IND
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined <input type="checkbox"/>
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		SF_PREMIUM_FILING_CONFIRM_NO

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	SF_TOT_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
b Total plan liabilities	7b	SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 7b from line 7a)	7c	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:		SF_EMPLR_CONTRIB_INCOME_AMT	
(1) Employers	8a(1)	SF_PARTICIP_CONTRIB_INCOME_AMT	
(2) Participants	8a(2)	SF_OTH_CONTRIB_RCVD_AMT	
(3) Others (including rollovers)	8a(3)	SF_OTHER_INCOME_AMT	
b Other income (loss)	8b		SF_TOT_INCOME_AMT
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	SF_TOT_DISTRI_BNFT_AMT	
e Certain deemed and/or corrective distributions (see instructions)	8e	SF_CORRECTIVE_DEEMED_DISTR_AMT	
f Administrative service providers (salaries, fees, commissions)	8f	SF_ADMIN_SRVC_PROVIDERS_AMT	
g Other expenses	8g	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)	8j	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Process.)	SF_FAIL_TRANSMIT_CONTRIB_IND		SF_FAIL_TRANSMIT_CONTRIB_AMT
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	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's fidelity bond, that was caused 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 some or all of the benefits under 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?	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_PARTCP_LOANS_IND		SF_PARTCP_LOANS_EOY_AMT
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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.	10i		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 **SF_DB_PLAN_FUNDING_REQD_IND**
- 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 **SF_DC_PLAN_FUNDING_REQD_IND**
- (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.
- a** If a waiver of the **SF_RULING_LETTER_GRANT_DATE** is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 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) **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? ☐ Yes ☐ No **SF_RES_TERM_PLAN_ADPT_IND**
- a** 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 control of the PBGC? ☐ Yes ☐ No **SF_ALL_PLAN_AST_DISTIB_IND**
- 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

Part VIII IRS Compliance Questions

- 14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No **SF_FUNDING_DEADLINE_IND**
- 14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
- ☐ Design-based safe harbor method **SF_401K_DESIGN_BASED_SAFE_HARBOR**
- ☐ "Prior year" ADP test **SF_401K_PRIOR_YEAR_ADP_TEST_IND**
- ☐ "Current year" ADP test **SF_401K_CURRENT_YEAR_ADP_TEST**
- ☐ N/A **SF_401K_NA_IND**
- 15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter (MM/DD/YYYY) and the Opinion Letter serial number **SF_OPIN_LETTER_SERIAL_NUM** **SF_OPIN_LETTER_DATE**

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