

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		2025
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).	This Form is Open to Public Inspection
ACK_ID Complete all entries in accordance with the instructions to the Form 5500-SF.		

Part I Annual Report Identification Information		
For calendar plan year 2025 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD		
A	This return/report is for:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> 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.)
		SF_PLAN_ENTITY_CD
B	This	SF_INITIAL_FILING_IND the first return/report <input type="checkbox"/> the final return/report SF_FINAL_FILING_IND
		SF_AMENDED_IND an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) SF_SHORT_PLAN_YR_IND
C	Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic SF_EXT_AUTOMATIC_IND DFVC pro SF_DFVC_PROGRAM_IND
		SF_5558_APPLICATION_FILED_IND special ext SF_EXT_SPECIAL_IND
		plan, check here COLLECTIVELY_BARGAINED
E	If this is a retroactively adopted plan permitted by	SF_ADOPTED_PLAN_PERMITTED_SECURE_ACT

Part II Basic Plan Information —enter all requested information	
1a	Name of plan
	SF_PLAN_NAME
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
3a	Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.
	Refer to Page 4, Part II 3a
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
5a	Total number of participants at the beginning of the plan year
b	Total number of participants at the end of the plan year
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1)	Total number of active participants at the beginning of the plan year
d(2)	Total number of active participants at the end of the plan year
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
1b	Three-digit plan number (PN)
	SF_PLAN_NUM
1c	Effective date of plan
	SF_PLAN_EFF_DATE
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
3b	Administrator's EIN
	SF_ADMIN_EIN
3c	Administrator's telephone number
	SF_ADMIN_PHONE_NUM
4b	EIN
	SF_LAST_RPT_SPONS_EIN
4d	PN
	SF_LAST_RPT_PLAN_NUM
5a	SF_TOT_PARTCP_BOY_CNT
	SF_TOT_ACT_RTD_SEP_BENEF_CNT
	SF_PARTCP_ACCOUNT_BAL_CNT_BOY
5c(1)	SF_PARTCP_ACCOUNT_BAL_CNT
5d(1)	SF_TOT_ACT_PARTCP_BOY_CNT
5d(2)	SF_TOT_ACT_PARTCP_EOY_CNT
	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	Enter name of individual signing as plan administrator
SIGN HERE	SF_SPONS_SIGNED_DATE	SF_SPONS_SIGNED_NAME	
	Signature of employer/plan sponsor	SF_SPONS_MANUAL_SIGNED_DATE	SF_SPONS_MANUAL_SIGNED_NAME

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☐ Yes ☐ No **SF_ELIGIBLE_ASSETS_IND**
- 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 **SF_IQPA_WAIVER_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? ☐ Yes ☐ No ☐ Not determined **SF_COVERED_PBGC_INSURANCE_IND**
- 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		SF_PARTICIP_CONTRIB_INCOME_AMT	
(2) Participants			
(3) Others (including rollovers)		8a(3) SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	8b	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)	8d	SF_TOT_DISTIB_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	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 Characteristic Codes

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" if corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	SF_FAIL_TRANSMIT_CONTRIB_IND		SF_FAIL_TRANSMIT_CONTRIB_AMT
b Were there any nonexempt transactions with any party-in-interest 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 insurer, due to 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 plan's insurance? (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 during the plan year? (See instructions.)	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 SF-DB-PLAN-FUNDING-REQD-IND (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. SF_DB_PLAN_FUNDING_REQD_IND ☐ 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? SF_DC_PLAN_FUNDING_REQD_IND ☐ 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.

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

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 1 SF_SEC_412_REQ_CONTRIB_AMT

c Enter the amount contributed by the employer to the plan for this plan year 1 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) 12 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

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 plan, or brought 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 <div style="border: 1px solid black; padding: 5px; text-align: center;">SF_PLAN_TRANSFER_NAME</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">SF_PLAN_TRANSFER_EIN</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">SF_PLAN_TRANSFER_PN</div>

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

Part II Line 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 Line 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