

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				2020	
Internal Revenue Service		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	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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 2020 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) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
SF_PLAN_ENTITY_CD					
B The <input type="checkbox"/> SF_INITIAL_FILING_IND <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report SF_FINAL_FILING_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					
SF_AMENDED_IND					
C Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program					
SF_5558_APPLICATION_FILED_IND SF_EXT_SPECIAL_IND SF_EXT_AUTOMATIC_IND SF_DFVC_PROGRAM_IND					
Part II Basic Plan Information—enter all requested information					
1a Name of plan				1b Three-digit plan number (PN)	
SF_PLAN_NAME				SF_PLAN_NUM	
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)				1c Effective date of plan	
Refer to Page 4, Part II 2a				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	
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.				3b Admin	
Refer to Page 4, Part II 3a				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.				4b EIN	
a Sponsor's name				SF_LAST_RPT_SPONS_EIN	
c Plan Name				4d PN	
SF_LAST_RPT_SPONS_NAME				SF_LAST_RPT_PLAN_NUM	
SF_LAST_RPT_PLAN_NAME					
5a Total number of participants at the beginning of the plan year				5a 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 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				5 SF_TOT_ACT_PARTCP_BOY_CNT	
d(2) Total number of active participants at the end of the plan year				5 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		Enter name of individual signing as plan administrator	
SIGN HERE					
Signature of employer/plan sponsor		Date		Enter name of individual signing as employer or plan sponsor	
For Paperwork Reduction Act Notice, see the Instructions		SF_SPONS_SIGNED_DATE		SF_SPONS_SIGNED_NAME	
		SF_SPONS_MANUAL_SIGNED_DATE		SF_SPONS_MANUAL_SIGNED_NAME	
Form 5500-SF (2020) v.200204					

- 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 **SF\_COVERED\_PBGC\_INSURANCE\_IND**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.) **SF\_PREMIUM\_FILING\_CONFIRM\_NO**

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	7a	<b>SF_TOT_ASSETS_BOY_AMT</b>	<b>SF_TOT_ASSETS_EOY_AMT</b>
<b>b</b> Total plan liabilities .....	7b	<b>SF_TOT_LIABILITIES_BOY_AMT</b>	<b>SF_TOT_LIABILITIES_EOY_AMT</b>
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	7c	<b>SF_NET_ASSETS_BOY_AMT</b>	<b>SF_NET_ASSETS_EOY_AMT</b>
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....		<b>SF_EMPLR_CONTRIB_INCOME_AMT</b>	
(2) Participants .....		<b>SF_PARTICIP_CONTRIB_INCOME_AMT</b>	
(3) Others (including rollovers) .....	8a	<b>SF_OTH_CONTRIB_RCVD_AMT</b>	
<b>b</b> Other income (loss) .....	8b	<b>SF_OTHER_INCOME_AMT</b>	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		<b>SF_TOT_INCOME_AMT</b>
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	<b>SF_TOT_DISTRI_BNFT_AMT</b>	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ..	8e	<b>SF_CORRECTIVE_DEEMED_DISTR_AMT</b>	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	8f	<b>SF_ADMIN_SRVC_PROVIDERS_AMT</b>	
<b>g</b> Other expenses .....	8g	<b>SF_OTH_EXPENSES_AMT</b>	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		<b>SF_TOT_EXPENSES_AMT</b>
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	8i		<b>SF_NET_INCOME_AMT</b>
<b>j</b> Transfers to (from) the plan (see instructions) .....	8j	<b>SF_TOT_PLAN_TRANSFERS_AMT</b>	

**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
<b>a</b> 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 DOL's Voluntary Fiduciary Correction Program) .....	<b>SF_FAIL_TRANSMIT_CONTRIB_IND</b>		<b>SF_FAIL_TRANSMIT_CONTRIB_AMT</b>
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>SF_PARTY_IN_INT_NOT_RPTD_IND</b>		<b>SF_PARTY_IN_INT_NOT_RPTD_AMT</b>
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>SF_PLAN_INS_FDLTY_BOND_IND</b>		<b>SF_PLAN_INS_FDLTY_BOND_AMT</b>
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>SF_LOSS_DISCV_DUR_YEAR_IND</b>		<b>SF_LOSS_DISCV_DUR_YEAR_AMT</b>
<b>e</b> 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.) .....	<b>SF_BROKER_FEES_PAID_IND</b>		<b>SF_BROKER_FEES_PAID_AMT</b>
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>SF_FAIL_PROVIDE_BENEF_DUE_IND</b>		<b>SF_FAIL_PROVIDE_BENEF_DUE_AMT</b>
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end) .....	<b>SF_PARTCP_LOANS_IND</b>		<b>SF_PARTCP_LOANS_EOY_AMT</b>
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h		<b>SF_PLAN_BLACKOUT_PERIOD_IND</b>
<b>i</b> 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		<b>SF_COMPLY_BLACKOUT_NOTICE_IND</b>

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 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. ☐ 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: SF\_PBGC\_NOTIFIED\_CD

- ☐ Yes.
- ☐ 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 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) 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 transferred to another 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): <span style="border: 1px solid black; padding: 0 20px;">TABLE:Efast_09.F_5500_sf_part1_2009</span>	13c(2) EIN(s)	13c(3) PN(s)
<span style="border: 1px solid black; padding: 0 20px;">SF_PLAN_TRANSFER_NAME</span>	<span style="border: 1px solid black; padding: 0 20px;">SF_PLAN_TRANSFER_EIN</span>	<span style="border: 1px solid black; padding: 0 20px;">SF_PLAN_TRANSFER_PN</span>