

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan 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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	<input checked="" 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.)
B This return/report is	<input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information													
1a Name of plan <u>F2M FIRE AND DRAFTINGS DESIGNS INC</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <div style="text-align: right;"><u>01/01/2020</u></div> </td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <div style="text-align: right;"><u>01/01/2020</u></div>									
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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) <u>F2M FIRE DRAFTING DESIGNS INC</u> <u>1231 LAFAYETTE AVE 2ND FL #BXL</u> <u>BRONX, NY 10474</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>82-1429026</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <div style="text-align: right;"><u>917-484-3373</u></div> </td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <div style="text-align: right;"><u>541310</u></div> </td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>82-1429026</u>		2c Sponsor's telephone number <div style="text-align: right;"><u>917-484-3373</u></div>		2d Business code (see instructions) <div style="text-align: right;"><u>541310</u></div>							
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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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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 c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
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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 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center;"><u>2</u></td> </tr> <tr> <td>5b</td> <td style="text-align: center;"><u>3</u></td> </tr> <tr> <td>5c</td> <td style="text-align: center;"><u>1</u></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: center;"><u>2</u></td> </tr> <tr> <td>5d(2)</td> <td style="text-align: center;"><u>3</u></td> </tr> <tr> <td>5e</td> <td style="text-align: center;"><u>0</u></td> </tr> </table>	5a	<u>2</u>	5b	<u>3</u>	5c	<u>1</u>	5d(1)	<u>2</u>	5d(2)	<u>3</u>	5e	<u>0</u>
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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	Filed with authorized/valid electronic signature.	03/25/2022	FARAH MCKENLEY
	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

- 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
- 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 ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a		222
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	0	222
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	32	
(2) Participants	8a(2)	160	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	31	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		223
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	1	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1
i Net income (loss) (subtract line 8h from line 8c)	8i		222
j Transfers to (from) the plan (see instructions)	8j		

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:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			

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 **11a**

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.
- ☐ 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 _____

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

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 _____ 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 **12b**

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

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) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ 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

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ 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)



Department of Labor
200 Constitution Ave NW
Washington, DC 20210

12/20/2021

Dear Sir/Madam,

Plan #: 282019
The plan year 2020

RE: Request for abatement of file

My name is Farah Mckenley, the executive director of F2M Fire & Drafting Designs Inc. I am writing regarding the late filing of form 5500/8955-SSA; there was an oversight because it was my first time filing this document. I did not know I needed to submit the information myself to the IRS. I thought that ADP would have presented all the information the way they submitted payroll information. As a result, I did not provide my accountant with the document when he filed the business taxes earlier in the year. I also did not get any instruction from ADP telling me what I needed to do. However, ADP filed an extension on our behalf, and I did not receive any correspondence that I needed to get this done.

I reached out to the IRS to get assistance figuring out the situation and was informed that because of COVID, the notice is delayed by up to six months. In addition, IRS obtained the request for an extension from ADP in the summer but did not inform me until the last week when I received a letter dated November 29, 2021. **(Please see attached letter from IRS dated November 29, 2021).** The IRS representative stated that they usually sent out the letter no later than the first week of September. Since receiving the notice, I have worked with IRS and ADP to get it sorted. Would you consider waiving this fee since it is my first time dealing with this situation?

Many thanks for considering my request.


Farah

1231 Lafayette Ave, Fl 2, Bronx, New York, 10474 | 718-928-3009 | info@f2mfadds.com

f2mfadds.com





Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

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F2M FIRE DRAFTING DESIGNS INC
1231 LAFAYETTE AVE UNIT 2 # BXL
BRONX NY 10474-5367



001966

We approved your request for an extension of time to file your return

File your return by OCT. 15, 2021

We approved your Form 5558, Application For Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA for plan number 001. Your return is now due OCT. 15, 2021.

What you need to do

- You must file your return by OCT. 15, 2021.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 001 for the tax period ending December 31, 2020, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give him or her a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional information

- Visit www.irs.gov/cp216f.
 - You can find more information about requesting extensions of time to file on our website at www.irs.gov, search term "retirement plan extension of time."
 - For tax forms, instructions, and publications, visit www.irs.gov or call 800-TAX-FORM (800-829-3676).
 - Keep this notice for your records.
- If you need assistance, please don't hesitate to contact us.

Notice	CP216F
Notice date	November 29, 2021
Employer ID number	82-1429026
Tax period	December 31, 2020
Form	5500/8955-SSA
Plan number	001
To contact us	Phone 877-829-5500