

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

- A** This return/report is for: a single-employer plan 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 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description) SEE IRS LETTER FOR FINAL FILING
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

| | | |
|--|--|--|
| 1a Name of plan <u>CONNER LOGISTICS 401(K) PLAN</u> | | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| | | 1c Effective date of plan <u>01/01/2018</u> |
| 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>CONNER LOGISTICS, INC.</u> <u>4057 W. SHAW AVENUE, SUITE 110</u> <u>FRESNO, CA 93722</u> | | 2b Employer Identification Number (EIN) <u>01-0642543</u> |
| | | 2c Sponsor's telephone number <u>888-939-4637</u> |
| | | 2d Business code (see instructions) <u>484120</u> |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| 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 | | 4b EIN |
| | | 4d PN |
| 5a Total number of participants at the beginning of the plan year..... | | 5a <u>36</u> |
| b Total number of participants at the end of the plan year | | 5b <u>0</u> |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 5c <u>0</u> |
| d(1) Total number of active participants at the beginning of the plan year | | 5d(1) <u>36</u> |
| d(2) Total number of active participants at the end of the plan year..... | | 5d(2) <u>0</u> |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | | 5e <u>0</u> |

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. | <u>09/12/2023</u> | <u>MEGAN CONNER</u> |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | <u>09/12/2023</u> | <u>MEGAN CONNER</u> |
| | 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 | 66734 | 0 |
| b Total plan liabilities..... | 7b | 269 | 0 |
| c Net plan assets (subtract line 7b from line 7a)..... | 7c | 66465 | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers..... | 8a(1) | 16816 | |
| (2) Participants..... | 8a(2) | 37199 | |
| (3) Others (including rollovers)..... | 8a(3) | | |
| b Other income (loss)..... | 8b | 9349 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... | 8c | | 63364 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | 8d | 129809 | |
| e Certain deemed and/or corrective distributions (see instructions)..... | 8e | | |
| f Administrative service providers (salaries, fees, commissions)..... | 8f | 20 | |
| g Other expenses..... | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)..... | 8h | | 129829 |
| i Net income (loss) (subtract line 8h from line 8c)..... | 8i | | -66465 |
| 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: 2A 2D 2F 2G 2J 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 | | 400000 |
| 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 | | 20 |
| 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? 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 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) |
|--|---------------|--------------|
| PEOPLEASE, LLC/PLC SERVICES, LLC 401(K) PLAN | 57-0993401 | 001 |

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 section 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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for: a single-employer plan 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: a one-participant plan a foreign plan
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

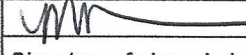

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

Part II Basic Plan Information -- enter all requested information

| | |
|---|---|
| 1a Name of plan Conner Logistics 401(k) Plan | 1b Three-digit plan number (PN) ▶ 001 |
| 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) Conner Logistics, Inc. 4057 W. Shaw Avenue, Suite 110 US Fresno CA 93722 | 1c Effective date of plan 01/01/2018 2b Employer Identification Number (EIN) 01-0642543 2c Sponsor's telephone number (888) 939-4637 2d Business code (see instructions) 484120 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number |
| 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 | 4b EIN 4d PN |
| 5a Total number of participants at the beginning of the plan year | 5a 36 |
| b Total number of participants at the end of the plan year | 5b 0 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c 0 |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) 36 |
| d(2) Total number of active participants at the end of the plan year | 5d(2) 0 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e 0 |

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  | <u>9/12/23</u> | Megan Conner |
| Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE  | <u>9/12/23</u> | Megan J. Conner |
| Signature of employer/plan sponsor | Date <u>9/12/23</u> | Enter name of individual signing as employer or plan sponsor |

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

Form 5500-SF (2019)
v.190130

- 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 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 | 66,734 | 0 |
| b Total plan liabilities | 7b | 269 | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 66,465 | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 16,816 | |
| (2) Participants | 8a(2) | 37,199 | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 9,349 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 63,364 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 129,809 | |
| e Certain deemed and/or corrective distributions (see instructions) ... | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 20 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 129,829 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | (66,465) |
| 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:
 2A 2D 2F 2G 2J 2T 3E
- 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 | N/A | 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 | | | 400,000 |
| 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 | | | 20 |
| 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| | |
|-----------------|--|
| Part VII | Plan Terminations and Transfers of Assets |
|-----------------|--|

| | |
|--|---|
| 13a Has a resolution to terminate the plan been adopted in any plan year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

| | | |
|---|------------|---|
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | 0 |
|---|------------|---|

| | |
|--|---|
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) |
|--|---------------|--------------|
| Poeplease, LLC/PLC Services, LLC 401(k) Plan | 57-0993401 | 001 |

OGDEN UT 84201-0046

RECEIVED JUN 27


046290.331608.260032.25997 1 AB 0.507 854



 CONNER LOGISTICS INC
4069 W SHAW AVE STE 103
FRESNO CA 93722-6215

046290

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.
0423227011

BODCD-

Use for payments

Letter Number: LTR1074C
Letter Date : 2023-06-22
Tax Period : 201912



*****2543

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0046

CONNER LOGISTICS INC
4069 W SHAW AVE STE 103
FRESNO CA 93722-6215

OGDEN UT 84201-0046

In reply refer to: 0423227011
June 22, 2023 LTR 1074C 0
01-0642543 201912 74 001
00021886
BODC: TE

CONNER LOGISTICS INC
4069 W SHAW AVE STE 103
FRESNO CA 93722-6215

046290

Employer Identification Number: 01-0642543
Name of Plan: Conner Logistics 401K Plan & Trust
Plan Number: 001
Plan Year Ended: Dec. 31, 2019

Dear Taxpayer:

Thank you for your correspondence dated May 19, 2023.

You must complete and file a "Final" 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

OGDEN UT 84201-0046

In reply refer to: 0423227011
June 22, 2023 LTR 1074C 0
01-0642543 201912 74 001
00021886
BODC: TE

CONNER LOGISTICS INC
4069 W SHAW AVE STE 103
FRESNO CA 93722-6215



046290

Employer Identification Number: 01-0642543
Name of Plan: Conner Logistics 401K Plan & Trust
Plan Number: 001
Plan Year Ended: Dec. 31, 2019

Dear Taxpayer:

Thank you for your correspondence dated May 19, 2023.

You must complete and file a "Final" 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Notice 1155-G

Disaster Relief from the IRS



The Federal Emergency Management Agency (FEMA) recently issued a disaster declaration. The IRS announced that taxpayers in your area may qualify for administrative disaster tax relief. Administrative disaster tax relief generally includes postponement of most filing and payment deadlines. If your IRS address of record is in the covered disaster area listed in the news release, you will automatically receive IRS administrative disaster tax relief. Visit www.irs.gov and search "[IRS News From Around the Nation](#)" to view the news release.

Also, taxpayers in a federally declared disaster area have the option of claiming disaster-related casualty losses on their federal income tax return for either the year in which the event occurred, or the prior year. See Publication 547 Casualties, Disasters and Thefts for claiming disaster-related casualty and theft losses. Disaster questions, please call the IRS Disaster Hotline at 866-562-5227.

Aviso 1155-G

Alivio de Desastre por parte del IRS



La Agencia Federal para el Manejo de Emergencias (*Federal Emergency Management Agency* o *FEMA*, por sus siglas en inglés) emitió recientemente una declaración de desastre. El *IRS* anunció que los contribuyentes en su área pueden calificar para el alivio tributario administrativo por desastre. Por lo general, el alivio tributario administrativo por desastre incluye el aplazamiento de la mayoría de los plazos de presentación y pago. Si su dirección registrada ante el *IRS* se encuentra en la zona de desastre cubierta que se indica en el comunicado de prensa, usted recibirá automáticamente del *IRS* el alivio tributario administrativo por desastre. Visite www.irs.gov/espanol y busque "[Alrededor de la Nación](#)" para ver el comunicado de prensa.

Además, los contribuyentes en una zona declarada de desastre por el gobierno federal, tienen la opción de reclamar las pérdidas por hechos fortuitos relacionadas con el desastre en su declaración de impuestos federales sobre los ingresos ya sea para el año en que ocurrió el evento o bien para el año anterior. Consulte la Publicación 547 (sp), Hechos Fortuitos, Desastres y Robos, para reclamar las pérdidas por hechos fortuitos y robos relacionadas con desastres. Para las preguntas sobre desastres, por favor, llame a la línea directa del *IRS* para desastres al 866-562-5227.

Attachment RE:

Conner Logistics 401(k) Plan & Trust
EIN: 01-0642543
Plan Number: 001
Plan Year Ended: December 31, 2019 (Final filing)
Reference Number: 0423227011

The 2022 Form 5500 was used to electronically file for the plan year ending December 31, 2019. A copy of the signed 2019 Form 5500 is attached.

Per attached correspondence with the IRS, please accept this electronic filing as the final for the Conner Logistics 401(k) Plan & Trust. This is Plan Number 001.