

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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 01/01/2022 and ending 12/31/2022

- 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)
- 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>FIREWATER RESPONSE 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/2000</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>FIREWATER RESPONSE, LLC</u> <u>1130 LEBANON ROAD</u> <u>PITTSBURGH, PA 15122</u>	2b Employer Identification Number (EIN) <u>27-0777547</u>
	2c Sponsor's telephone number <u>412-381-2800</u>
	2d Business code (see instructions) <u>811410</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 <u>FIREWATER RESTORATION, INC.</u> c Plan Name <u>FIREWATER RESTORATION, INC. 401(K) PROFIT SHARING PLAN</u>	4b EIN <u>25-1643302</u>
	4d PN <u>001</u>
5a Total number of participants at the beginning of the plan year.....	5a <u>19</u>
b Total number of participants at the end of the plan year	5b <u>17</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>14</u>
d(1) Total number of active participants at the beginning of the plan year	5d(1) <u>15</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2) <u>16</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>10/12/2023</u> <u>SCOTT SCHAMING</u>
	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 for Form 5500-SF.

Form 5500-SF (2022)
v.220413

- 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	1232027	1128324
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	1232027	1128324
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	32652	
(2) Participants.....	8a(2)	100107	
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-220467	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-87708
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	11805	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	4190	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		15995
i Net income (loss) (subtract line 8h from line 8c).....	8i		-103703
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 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		150000
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		2043
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)

Form 5500-SF

Department of the Treasury
Internal Revenue Service

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Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110
1210-0089

2022

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Part II Basic Plan Information—enter all requested information

1a Name of plan FIREWATER RESPONSE 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) Firewater Response, LLC 1130 Lebanon Road Pittsburgh PA 15122	1c Effective date of plan 01/01/2000 2b Employer Identification Number (EIN) 27-0777547 2c Sponsor's telephone number 412-381-2800 2d Business code (see instructions) 811410
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 Firewater Restoration, Inc. c Plan Name FIREWATER RESTORATION, INC. 401(K) PROFIT SHARING PLAN	4b EIN 25-1643302 4d PN 001
5a Total number of participants at the beginning of the plan year.....	5a 19
b Total number of participants at the end of the plan year.....	5b 17
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c 14
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 15
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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>10/12/23</u>	SCOTT SCHAMING
	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		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1,232,027	1,128,324
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	1,232,027	1,128,324
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	32,652	
(2)	Participants	100,107	
(3)	Others (including rollovers)		
b	Other income (loss)	-220,467	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-87,708
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	11,805	
e	Certain deemed and/or corrective distributions (see instructions)		
f	Administrative service providers (salaries, fees, commissions)	4,190	
g	Other expenses		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		15,995
i	Net income (loss) (subtract line 8h from line 8c)		-103,703
j	Transfers to (from) the plan (see instructions)		

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 2T 3D
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10		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	X		2,043
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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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 _____

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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**

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13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Special Authorization Form for Payment of Certain Fees from the Plan – Fee Based



Employer Name Firewater Response, LLC Client ID 267677
Plan Name Firewater Response 401(k) Plan

I. Direction to debit plan assets according to the following special instructions

A plan administrator may incur expenses during the administration of the plan that he or she may wish to pay from the plan's assets. Certain restrictions apply limiting the plan administrator's ability to pay expenses from plan assets. In general, expenses incurred prior to or during plan establishment, in deciding to amend the plan, except for mandatory regulatory amendments, or in making the decision to terminate the plan, are considered settlor decisions and may not be taken from the plan. Other expenses, such as those listed below, may be charged to the plan depending on the circumstances surrounding such expenses.

I have considered the plan document provisions, rules and regulations regarding plan expenses and authorize a debit from the plan's assets for the following expenses:

\$ 859.20 Amount to be debited

- Recordkeeping Fees. Invoice Number(s) _____
- Third Party Fees (e.g., accountant, attorney, auditor, and consultant). Please provide either an invoice number or include a copy of the invoice.
Invoice Number(s) BTVAN6761 EIN 23-2932984 (required for payment)
- Other (e.g., Audit kits, enrollment books and meetings, gain/loss calculation fees) _____

II. Payee Information (if request applies to Third Party Fee)

Payee Name Baker Tilly Vantage, LLC
Street Address 2599 Wilmington Road
Second Address Line _____
City New Castle State PA Zip Code 16105

III. Payment Instructions

All selected fees should be deducted from the plan in the manner selected below:

- Administrative Fee Credit Account (AFCA) – Fees will be deducted from AFCA first, if there are insufficient funds to pay for the above expenses, the remaining fees will be deducted as selected below. If no selection is made, a balance may still be due and will need to be paid by the employer.
- Forfeiture Account: Please check the plan document to confirm if the plan permits this option. If there are insufficient funds to pay for the above expenses, the remaining fees will be deducted as selected below. If no selection is made, a balance may still be due and will need to be paid by the employer.
- Deduct assets from participant accounts. Must select one method:
- Pro Rata – Fees will be deducted pro-rata based upon total account balance on record (including any outside assets or self-directed brokerage account balances).
 - Per Capita – Fees will be deducted equally between all participants with a balance in the plan.
- Other _____

By signing this form, I understand I am authorizing a single deduction of the listed expenses from plan assets. I understand a separate *Special Authorization Form* is needed for each future deduction of a fee if that fee is not authorized in the *Billing Authorization Form* or *Recordkeeping Service Agreement*. I understand I am responsible for ensuring that the above fees are paid, and the plan documents, rules, and regulations allow for payment of such fees out of the plan assets or the forfeiture account. I understand and acknowledge that potential compliance issues could result from the implementation of the above special instructions. I acknowledge that Ascensus has not provided tax or legal advice in this determination, and I have been advised to seek independent tax or legal advice. I authorize Ascensus to debit the plan assets as indicated above, and I agree to indemnify and hold Ascensus harmless from all adverse consequences and liabilities that may result from this direction.

Name SCOTT R. SCHAMING Title PRESIDENT
(Please Print or Type)

Authorized Representative [Signature] Date 10/12/23
(Plan Administrator or Plan Trustee only)

Please fax to 215-648-4888 Attn: Client Services