

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 01/01/2022 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>TERRIL & COMPANY EMPLOYEES RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>04/01/2002</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>TERRIL & COMPANY</u> <u>10777 SUNSET OFFICE DRIVE</u> <u>SUITE 317</u> <u>ST. LOUIS, MO 63127</u>		2b Employer Identification Number (EIN) <u>90-0173131</u>
		2c Sponsor's telephone number <u>314-965-0344</u>
		2d Business code (see instructions) <u>523900</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>12</u>
b Total number of participants at the end of the plan year		5b <u>14</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>10</u>
d(2) Total number of active participants at the end of the plan year.....		5d(2) <u>10</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.	10/27/2023	JOHN J TERRIL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/27/2023	JOHN J TERRIL
	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	4072471	4150627
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	4072471	4150627
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	96573	
(2) Participants.....	8a(2)	96030	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	71772	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		264375
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	180005	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	6214	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		186219
i Net income (loss) (subtract line 8h from line 8c).....	8i		78156
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 2J 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		300
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? 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)

Terril Final as Filed

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.

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 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 TERRIL & Company Employees Retirement 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) TERRIL & Company 10777 Sunset Office Drive Suite 317 US St. Louis MO 63127		1c Effective date of plan	04/01/2002
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		2b Employer Identification Number (EIN)	90-0173131
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		2c Sponsor's telephone number (314)	965-0344
5a Total number of participants at the beginning of the plan year		2d Business code (see instructions)	523900
b Total number of participants at the end of the plan year		3b Administrator's EIN	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		3c Administrator's telephone number	
d(1) Total number of active participants at the beginning of the plan year		4b EIN	
d(2) Total number of active participants at the end of the plan year		4d PN	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5a	12
		5b	14
		5c	14
		5d(1)	10
		5d(2)	10
		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	Signature of plan administrator	Date	12/21/22	John Joseph Terril
SIGN HERE	Signature of employer/plan sponsor	Date	12/21/22	John Joseph Terril

- 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. Yes No
- 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	4,072,471	4,150,627
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4,072,471	4,150,627
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	96,573	
(2) Participants	8a(2)	96,030	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	71,772	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	180,005	264,375
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	6,214	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		186,219
i Net income (loss) (subtract line 8h from line 8c)	8i		78,156
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 2J 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		300
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			

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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? 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)

TERRIL & COMPANY 2022
PLAN ADMINISTRATOR'S AUTHORIZATION
TO SERVICE PROVIDER TO SUBMIT 2021 FORM 5500
OR FORM 5500SF ELECTRIC FILING AND DISCLOSURES

To: Susan E Reynolds and Reynolds Associates, LLC ("Service Provider")

From: TERRIL & COMPANY
TERRIL & COMPANY

("Plan Administrator")
("Employer")

Re: TERRIL & COMPANY EMPLOYEES RETIREMENT PLAN 002

INSTRUCTIONS AND DISCLOSURES

The above-named Service Provider hereby informs the Plan Administrator that:

1. Signing this Authorization authorizes the Service Provider to affix its electronic signature to the Form 5500 or Form 5500SF filed for the Plan and to file the return with the DOL under EFAST2.
2. In addition to signing and returning this Authorization to the Service Provider, the Plan Administrator must manually sign a paper copy of the completed Form 5500 or Form 5500SF and return the signed copy to the Service Provider. The Service Provider will include a PDF copy of the first two pages of the; manually signed Form 5500 or Form 5500SF as an attachment to the electronic Form 5500 or Form 5500SF submitted to EFAST2.
3. By electing to use this electronic signature option, the image of the Plan Administrator's manual signature (and that of the Employer, if applicable) will be included with the rest of the Form 5500 or Form 5500SF posted by the Department of Labor on the Internet for public disclosure.
4. The Service Provider will retain a copy of this Authorization in the Service Provider's records.
5. The Service Provider will communicate to the Plan Administrator/Employer any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the Form 5500 or Form 5500SF.

AUTHORIZATION

By signing this Authorization, the undersigned Plan Administrator:

1. Authorizes the Service Provider to submit electronically the Plan's 2021 Form 5500 or Form 5500SF; and
2. States that it has read and understands the Instructions and Disclosures above.

Date: _____

JOHN JOSEPH TERRIL, PRESIDENT, TERRIL &
COMPANY PLAN ADMINISTRATOR

Date

10/14/22

signing



Dear Ms. or Mr. who is reading this,

Firstly, I am so sorry that these papers are late. I am an old timer with just basic knowledge of computers and machinery. I have been working in retirement plans all my adult life. I am now eighty one and a small group of plans remains from the practice. I keep the part time practice to help my grandchildred through school and grad-school.

I started working on this three weeks before due-date. I already had the information for the plans. I prepare a booklet each year that is given to all members of the plan(s). The information is quite like the way you do the second sheet in the materials we prepare for you.

Just about every thing went wrong this year. Firstly I have health problems. I have Datair for my plans. They didn't have anyone to help me for a week. After that, I was talking to two people almost daily. There were some changes in your materials that I had trouble with. They helped me, but it was often hard to get hold of them and often one or two days before I could talk with them. I kept at it and did figure out some of the questions myself. But I could not have done what I did without those two people helping me. I knew I was getting over the time to submit this, but I didn't have everything done right yet. I kept after this every day, including weekends.

I am also lucky to have a computer expert who helps me when it is time to submit these documents. He is doing that today.

I hope I can continue along for a few more years, but I can't do so without the good people that help me.

I ask you to forgive my lateness in submitting these to you. One is still missing. He has been on a long vacation to an island and is supposed to be back on Nov 6 or 7. He is 86 and I will see that this is sent to you as quickly as I can.

I again apologize for being late and ask for any help you may give me. Your help will be greatly appreciated.

Susan E Reynolds