

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ..... ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>PECOS VENTURES INDUSTRIES, INC. DEFINED BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>	
	<p><b>1c</b> Effective date of plan <u>01/01/2014</u></p>	
<p><b>2a</b> 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>PECOS VENTURES INDUSTRIES, INC.</u>  <u>234 N SHERMAN AVE</u> <u>CORONA, CA 92882</u></p>	<p><b>2b</b> Employer Identification Number (EIN) <u>38-3788307</u></p>	
	<p><b>2c</b> Sponsor's telephone number <u>951-371-1530</u></p>	
	<p><b>2d</b> Business code (see instructions) <u>331200</u></p>	
<p><b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.</p>	<p><b>3b</b> Administrator's EIN</p>	
	<p><b>3c</b> Administrator's telephone number</p>	
<p><b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p>	
	<p><b>4d</b> PN</p>	
<p><b>5a</b> Total number of participants at the beginning of the plan year .....</p>	<b>5a</b>	<u>23</u>
<p><b>b</b> Total number of participants at the end of the plan year.....</p>	<b>5b</b>	<u>0</u>
<p><b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p>	<b>5c(1)</b>	
<p><b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p>	<b>5c(2)</b>	
<p><b>d(1)</b> Total number of active participants at the beginning of the plan year.....</p>	<b>5d(1)</b>	<u>18</u>
<p><b>d(2)</b> Total number of active participants at the end of the plan year.....</p>	<b>5d(2)</b>	<u>0</u>
<p><b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<b>5e</b>	<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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/14/2024	CAMERON KEITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	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 517835. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	3223561	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3223561	0
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>		
<b>(2)</b> Participants.....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	68390	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		68390
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	3291951	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		3291951
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-3223561
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 1H 1I
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		5000000
<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>10d</b>		X	
<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>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</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.....	<b>10i</b>			

**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** 0

**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

**a** 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?  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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>PECOS VENTURES INDUSTRIES, INC. DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PECOS VENTURES INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3788307</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>3209215</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>3209215</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<u>5</u>	<u>12712</u>	<u>12712</u>
<b>c</b> For active participants .....	<u>18</u>	<u>3127877</u>	<u>3131199</u>
<b>d</b> Total .....	<u>23</u>	<u>3140589</u>	<u>3143911</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.25 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>0</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>0</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>03/19/2024</u>	Date
	<u>T. WILLIAM VAN OSS</u>	<u>23-04844</u>	Most recent enrollment number
	<u>CURCIO WEBB LLC</u>	<u>415-743-5699</u>	Telephone number (including area code)
	<u>610 16TH STREET SUITE 205 OAKLAND, CA 94612</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-7.38</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		84884
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> % .....		4626
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		89510
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.07 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.07 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	116.89 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Pecos Ventures Industries, Inc. Defined Benefit Plan  
 EIN/PN: 38-3788307/002  
 2023 Schedule SB (Form 5500) Attachment

**Schedule SB, line 26a – Schedule of Active Participant Data**

Attained Age	Years of credited service:																				Total No.	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.		
Under 25	0		0		0		0		0		0		0		0		0		0		0	0
25 to 29	0		0		0		0		0		0		0		0		0		0		0	0
30 to 34	0		3		0		1		0		0		0		0		0		0		0	4
35 to 39	0		0		0		1		0		0		0		0		0		0		0	1
40 to 44	0		1		1		0		0		0		0		0		0		0		0	2
45 to 49	0		0		0		0		1		0		0		0		0		0		0	1
50 to 54	0		0		0		0		1		0		1		0		0		0		0	2
55 to 59	0		1		1		0		2		0		0		0		0		0		0	4
60 to 64	0		0		2		0		0		0		0		0		0		0		0	2
65 to 69	0		0		1		0		1		0		0		0		0		0		0	2
70 & up	0		0		0		0		0		0		0		0		0		0		0	0
Total	0		5		5		2		5		0		1		0		0		0		0	18

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 08/31/2023

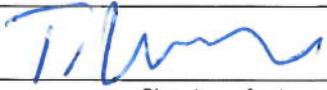
▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>PECOS VENTURES INDUSTRIES, INC. DEFINED BENEFIT PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PECOS VENTURES INDUSTRIES, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>38-3788307</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>3209215</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>3209215</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<u>5</u>	<u>12712</u>	<u>12712</u>
<b>c</b> For active participants .....	<u>18</u>	<u>3127877</u>	<u>3131199</u>
<b>d</b> Total .....	<u>23</u>	<u>3140589</u>	<u>3143911</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.25 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>0</u>	

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>3/19/2024</u>
	Signature of actuary	Date
<u>T. WILLIAM VAN OSS</u>	Type or print name of actuary	<u>23-04844</u>
		Most recent enrollment number
<u>CURCIO WEBB LLC</u>	Firm name	<u>415-743-5699</u>
		Telephone number (including area code)
<u>610 16TH STREET SUITE 205 OAKLAND, CA 94612</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-7.38</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		84884
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> % .....		4626
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		89510
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.07%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.07%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	116.89%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 5.00%	3rd segment: 5.74%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age ..... **22** 65

23 Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

28 Unpaid minimum required contributions for all prior years ..... **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	<b>31a</b>	0
b Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment .....	0	0
b Waiver amortization installment .....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement .....	0	0
36 Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**Schedule SB, Part V – Summary of Plan Provisions**

The following summary of plan provisions was used to perform the actuarial valuation as of January 1, 2023.

Plan Name	Pecos Ventures Industries, Inc. Defined Benefit Plan.																				
Effective Date	Originally effective January 1, 2014. Amended and restated effective January 1, 2020 for PPA. Amended and restated effective 1/1/2021 to change participation and waiting period. Amended January 1, 2021 for benefit accrual rate changes. Amended April 30, 2023 and July 30, 2023 for benefit accrual rate freeze and plan termination, respectively.																				
Participation	Eligible Employees enter the plan on the January 1 or July 1 coincident with or next following 1 Year of Eligibility Service.																				
Normal Retirement Eligibility	The first day of the month coincident with or next following the date a Participant reaches age 65.																				
Benefit	Percentage of Compensation for each Years of Benefit Service.																				
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">Group</th> <th style="width: 15%;">Applicable 1/1/2014 to 12/31/2020</th> <th style="width: 15%;">Effective 1/1/2021</th> <th style="width: 15%;">Effective 1/1/2023</th> </tr> </thead> <tbody> <tr> <td>A. President</td> <td>7.5%</td> <td>20.0%</td> <td>0.0%</td> </tr> <tr> <td>B. Vice President</td> <td>0.1%</td> <td>3.0%</td> <td>0.0%</td> </tr> <tr> <td>C. HCEs not in Group A</td> <td>0.1%</td> <td>0.1%</td> <td>0.0%</td> </tr> <tr> <td>D. All other Participants</td> <td>0.5%</td> <td>0.5%</td> <td>0.0%</td> </tr> </tbody> </table>	Group	Applicable 1/1/2014 to 12/31/2020	Effective 1/1/2021	Effective 1/1/2023	A. President	7.5%	20.0%	0.0%	B. Vice President	0.1%	3.0%	0.0%	C. HCEs not in Group A	0.1%	0.1%	0.0%	D. All other Participants	0.5%	0.5%	0.0%
Group	Applicable 1/1/2014 to 12/31/2020	Effective 1/1/2021	Effective 1/1/2023																		
A. President	7.5%	20.0%	0.0%																		
B. Vice President	0.1%	3.0%	0.0%																		
C. HCEs not in Group A	0.1%	0.1%	0.0%																		
D. All other Participants	0.5%	0.5%	0.0%																		
Offset	None.																				
Early Retirement	No special early retirement benefits are payable.																				

Pecos Ventures Industries, Inc. Defined Benefit Plan

EIN/PN: 38-3788307/002

2023 Schedule SB (Form 5500) Attachment

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Late Retirement

Eligibility

Past Normal Retirement Eligibility (including in-service distributions).

Benefit

Greater of Accrued Benefit at Late Retirement Date and Actuarial Equivalent of Normal Retirement Benefit unless suspension of benefits notice was provided.

Pre-Retirement Death

Eligibility

Beneficiary of Vested Participant who dies prior to commencing benefits.

Benefit

Actuarial Equivalent of Normal Retirement Benefit times the Vested Percentage.

Pre-Retirement Disability

No special disability benefits are payable.

Pre-Retirement Termination

Eligibility

Vested Participant who terminates employment prior to Normal Retirement Date.

Benefit

Actuarial Equivalent of Vested Accrued Benefit at Normal Retirement Date payable at any time after the plan year including the date of termination.

Top Heavy Minimum

Eligibility

Non-Key employee who completes a Year of Service while the Plan is Top Heavy.

Benefit

If the Non-Key employee participates in a Defined Contribution Plan, then a 5% allocation to the Eligible Participant's Defined Contribution Plan Account will be provided in lieu of any Top-Heavy Benefit under this plan. Otherwise, 2% of Average Annual Compensation (over 5 highest consecutive years) multiplied by Years of Benefit Service as a Participant (up to 10) while the Plan is Top Heavy.

Vested Percentage

100% vesting upon retirement or in-service death. Otherwise:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	0%
2	0%
3	100%

Pecos Ventures Industries, Inc. Defined Benefit Plan  
EIN/PN: 38-3788307/002  
2023 Schedule SB (Form 5500) Attachment

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Normal Payment Form	Single Life Annuity.
Standard Payment Form	Married Participants: Qualified Joint & Survivor Annuity that is actuarially equivalent to the Normal Payment Form. Unmarried Participants: Normal Payment Form.
Optional Payment Forms	Single Life Annuity. 50%, 75%, or 100% Joint and Survivor Annuity. Lump Sum.
Actuarial Equivalent	Plan Factors: Pre-retirement: 5.0% interest. Post-retirement: 5.0% interest and Applicable Mortality table (post-retirement only).  Lump Sums: Greater of 5.0% and the Applicable Mortality Table, or the Applicable Interest Rate for the second calendar month preceding the Plan Year and Applicable Mortality table (post-retirement only).
Average Annual Compensation	Participant's Compensation averaged over his/her entire employment period.
Compensation	Earned Income or W-2 compensation; including Section 125, 402(e)(3), 402(e)(3), 402(h)(1)(B), 403(b), 457(b), and 132(f)(4) deferrals; excluding compensation earned prior to the plan year which an employee becomes a participant; limited by Section 401(a)(17).
Highly Compensated Employee	Employee who was a 5% owner during the current Plan Year or the look-back year, or Employee with Section 415 Compensation in the look-back year greater than \$80,000 as adjusted under Section 415 regardless of whether they were in the top 20%.
Plan Year	January 1 – December 31.
Year of Benefit Service	Year of Service while a participant.
Year of Service	Plan Year in which an employee completes 1000 Hours of Service for eligibility, 1000 Hours of Service for vesting, and 1000 Hours of Service for benefit accrual purposes.

**Changes Since the Prior Valuation**

- The plan was frozen and terminated in 2023.
- There were no other significant changes since the prior valuation.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following actuarial assumptions and methods were used to perform the actuarial valuation as of January 1, 2023.

**Funding Assumptions**

Interest Rate

The plan sponsor has elected to use the segment rates based on the corporate bond yield curve for the 24-month period ending 4 months prior to the valuation date.

Funding Segment Rates used to discount expected benefit payments from the expected distribution date to the valuation date:

	<b>24-Month Average Before MAP-21 Corridor</b>	<b>After ARPA Corridor Adjustment</b>
Segment 1	1.41%	4.75%
Segment 2	3.09%	5.00%
Segment 3	3.58%	5.74%

Based on these segment rates, the Effective Interest Rate is 5.25%.

Salary Increases

5.00% per year.

Retirement Age

Normal Retirement Age, or age at end of year if older.

Pecos Ventures Industries, Inc. Defined Benefit Plan  
EIN/PN: 38-3788307/002  
2023 Schedule SB (Form 5500) Attachment

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Mortality	2023 Optional Small Plan Combined Static Mortality Table (no pre-decrement mortality).
Withdrawal	None Assumed.
Disability	None Assumed.
Decrement Timing	Active decrements prior to normal retirement age are assumed to occur at the beginning of the year.
Expenses	\$0 paid from trust.
Profit Sharing Offset	Not Applicable.
Cash Balance Conversion	Not Applicable.
Payment Form	100% Elect Lump Sum.
Valuation Date	End of Year.
IRS Limit Increases	Beginning of Year Limits projected 3% per year. Lump sum effective interest rate assumed to be 5.5%.
Asset Valuation Method	Market value of assets including discounted contributions receivable as of the valuation date.
Funding Method	Pure Unit Credit.

Non-prescribed assumptions are estimates of future experience, based mainly on past experience. For each such assumption, experience is compared to the assumption and appropriate adjustments are made if deviations are significant and expected to continue in the future.

### **Changes Since the Prior Valuation**

- The IRS prescribed segment interest rates and mortality table were updated as required.
- There were no other assumption or method changes since the prior valuation.

### **Actuarial Standards of Practice (ASOP) Disclosures**

- The plan sponsor elected to apply the relevant provisions of the American Rescue Plan Act (ARPA) effective 12/31/2021.
- In our opinion, the combined set of assumptions (other than those prescribed by law) does not have significant bias.
- Retirement, termination, death, and disability benefits are regarded as vested based on each participant's years of vesting service and the plan's vesting schedule.
- Benefit payment default risk or the financial health of the plan sponsor was not taken into account when performing the valuation.
- The IRS prescribed the interest rates and mortality assumptions.
- No provision was made for future mortality improvement.
- In preparing the results, the actuary used ProVal valuation software developed by Winklevoss Technologies, LLC. This software is widely used for the purpose of performing pension valuations. We coded the plan provisions, assumptions, methods, and participant data summarized in this report, and reviewed the liability and cost outputs for reasonableness. We are not aware of any material weaknesses or limitations in the software, and have determined it is appropriate for performing this valuation.

**Schedule SB, line 24 – Change in Actuarial Assumptions**

- There were no assumption changes since the prior valuation.

**Schedule SB, line 4 – Additional Information for Plans in At-Risk Status**

- The plan was not in at-risk status as of the valuation date.

**Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance**

- The amount reported in line 13 of the prior-year Schedule SB has not been adjusted.

**Schedule SB, line 8 – Late Election to Apply Balances to Quarterly Installments**

- There were no late elections to apply balances to quarterly installments.

**Schedule SB, line 19 – Discounted Employer Contributions**

- There were no late quarterly contributions.

**Schedule SB, line 20c – Liquidity Requirement Certification**

- The special rule for nonrecurring circumstances was not used.

**Schedule SB, line 23 – Information on Use of Substitute Mortality Tables**

- Substitute mortality tables were not used.

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

- Retirement rates were not used.

**Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments**

- There were less than 1,000 participants as of the valuation date.

**Schedule SB, Line 32 – Schedule of Amortization Bases**

- There were no amortization bases on the valuation date.

**Schedule SB, line 25 – Change in Actuarial Methods**

The funding method was changed with automatic approval per Rev. Proc. 2017-56 for a change in the valuation date to the day that is the first day of the plan year.