

**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 12/31/2023

- 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**

<b>1a</b> Name of plan JAMAICA COTTAGESHOP, INC 401(K) PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	01/01/2021
<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) JAMAICA COTTAGESHOP INC  170 WINHALL STATION RD SOUTH LONDONDERRY, VT 05155		<b>2b</b> Employer Identification Number (EIN)	87-0866450
		<b>2c</b> Sponsor's telephone number	802-366-3023
		<b>2d</b> Business code (see instructions)	321900
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<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		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	73	
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>	74	
<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) .....	<b>5c(1)</b>	13	
<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) .....	<b>5c(2)</b>	14	
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b>	73	
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b>	74	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b>		

**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.	10/16/2024	GREER WARD
	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.)

<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>	231778	315820
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	231778	315820
<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>	24812	
<b>(2)</b> Participants .....	<b>8a(2)</b>	52575	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	41245	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		118632
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	30772	
<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>	3818	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		34590
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		84042
<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: 2E 2F 2G 2J 2T 3C 3D
<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	
<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		6841
<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>		X	
<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**

**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**

**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 10/15/2023 (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**Form 5500-SF**

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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  
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**2023**

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**Part I Annual Report Identification Information**

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- 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**

<b>1a</b> Name of plan Jamaica CottageShop, Inc 401(k) Plan	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	01/01/2021
<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) Jamaica CottageShop Inc  170 Winhall Station Rd  South Londonderry, VT 05155	<b>2b</b> Employer Identification Number (EIN)	87-0866450
	<b>2c</b> Sponsor's telephone number (802) 366-3023	
	<b>2d</b> Business code (see instructions)	321900
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year ..... <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) ..... <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) ..... <b>d(1)</b> Total number of active participants at the beginning of the plan year ..... <b>d(2)</b> Total number of active participants at the end of the plan year ..... <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5a</b>	73
	<b>5b</b>	74
	<b>5c(1)</b>	13
	<b>5c(2)</b>	14
	<b>5d(1)</b>	73
	<b>5d(2)</b>	74
	<b>5e</b>	

**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	<i>AWard</i>	10/10/25	Greer Ward
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....  Yes  No  
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	7a	231778	315820
<b>b</b> Total plan liabilities	7b		
<b>c</b> Net plan assets (subtract line 7b from line 7a)	7c	231778	315820
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers	8a(1)	24812	
(2) Participants	8a(2)	52575	
(3) Others (including rollovers)	8a(3)		
<b>b</b> Other income (loss)	8b	41245	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		118632
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30772	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e		
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f	3818	
<b>g</b> Other expenses	8g		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		34590
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	8i		84042
<b>j</b> 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 3C 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
<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)	10a		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
<b>c</b> Was the plan covered by a fidelity bond?	10c		X	
<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?	10d		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.)	10e		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	10f		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		6841
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
<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.	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

**a** 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)

**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 10/15/2023 (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



• 4 Bedford Farms • Ste 106 • Bedford, NH 03110 •  
(603) 471 – 3369 • [www.setawayllc.com](http://www.setawayllc.com) • [info@setawayllc.com](mailto:info@setawayllc.com)

## Obtaining Electronic Signature Credentials from the DOL

The U.S. Department of Labor (DOL) requires retirement plans to file the Form 5500 electronically through their ERISA Filing Acceptance System (EFAST2). SetAway prepares your plan's Form 5500 filing as part of our compliance services, but we do not file the forms on your behalf. Your signature as Plan Sponsor and/or Plan Administrator is required, but signing of the forms must be done electronically. Each authorized person responsible for signing your Form 5500 must apply for Electronic Signature Credentials on the DOL's EFAST2 website.

The first opportunity for you to interact with the EFAST2 system maintained by the U.S. Department of Labor (DOL) is a feature known as I-REG (Internet Registration). The person(s) who signs the face of the Form 5500 on behalf of either the employer/plan sponsor or the plan administrator (or both) must apply for "signer" credentials using the I-REG system. There are several important rules about these electronic credentials.

- If different individuals will be signing as the employer/plan sponsor and the plan administrator, both will need to obtain separate signing credentials.
- The credentials belong to you as an individual, not the business for which you work. Please keep your profile up to date with your current email address so that any notification from the DOL is delivered to you in a timely fashion.

Simply follow these easy steps in obtaining your Electronic Signature Credentials:

Log On and Register. Click on the following link [Welcome - EFAST2 Filing \(dol.gov\)](https://www.efast.dol.gov/welcome.html). In the middle of the page you will see a button - Click on "Register".

The screenshot shows the EFAST2 Filing (dol.gov) website. The browser address bar displays <https://www.efast.dol.gov/welcome.html>. The page header includes the U.S. Department of Labor logo and the EFAST2 logo. Below the header, there are navigation links for "Your Account", "Filing Search", and "Help". The main content area features a "Welcome" message and three buttons: "Login", "Register", and "Search". The "Register" button is highlighted with a blue arrow pointing to it from the text above. Below the buttons, there is a "New and Noteworthy" section with two bullet points: "On January 1, EFAST released the 2020 Form 5500, 5500-SF, and 5500EZ for filing of annual returns/reports." and "On November 25, EFAST released Form PR for filing pooled plan provider registrations based on the [final rule](#)."

# SetAway

• 4 Bedford Farms • Ste 106 • Bedford, NH 03110 •  
(603) 471 – 3369 • [www.setawayllc.com](http://www.setawayllc.com) • [info@setawayllc.com](mailto:info@setawayllc.com)

The website provides a brief explanation of what you will receive once your registration is complete and then has a continue button. You must click on that button to move to the registration process.

## EFAST2 Registration

You need to register through this website if you wish to sign or submit Form 5500 Series or Form PR filings.

When your registration is complete, you will be provided with EFAST2 credentials:

- User ID (used to identify you)
- PIN (used for your electronic signature)
- Password (used to login to EFAST2 website applications such as [FILE](#))

Click Continue and then follow the prompts to complete the seven-step registration process.



Read the privacy statement, check the box indicating that you have read the privacy statement, and then check the "Acceptance" tab. The website then will take you to the next page – "Register Profile Information".

## Register - Privacy Statement (Step 1 of 7)

Please read and accept the following privacy statement to continue.

**Privacy and Security Statement**

Thank you for visiting the U.S. Department of Labor (DOL or Department) website and reviewing our privacy and security statement. DOL is committed to maintaining the privacy of your personal information and the security of our computer systems. With respect to the collection, use and disclosure of personally identifiable information (PII), DOL makes every effort to ensure compliance with applicable federal law, including, but not limited to, [The Privacy Act of 1974](#), [The Paperwork Reduction Act](#), and [The Freedom of Information Act](#).

As a general rule, the Department does not collect personally identifiable information when you visit our site unless you choose to provide such information. The information we collect varies based on what you do when visiting our site.

**If you respond to an online request for personal information**

The information requested by the Department will be used to respond to your inquiry or to provide you with the service associated with the request. When this information is requested, a customized "Privacy Notice" will describe fully the reasons for collecting it and will provide a description of the Department's intended use of the information. This Privacy Notice will appear in one of two places. It will either be on the webpage where the information is collected or it will be accessible through a link prominently displayed immediately preceding the information request.

I have read this agreement





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(603) 471 – 3369 • [www.setawayllc.com](http://www.setawayllc.com) • [info@setawayllc.com](mailto:info@setawayllc.com)

Provide Profile Information. Complete all asterisked (\*) fields in the Profile Information section. Each registrant will receive a confidential UserID and PIN via the email provided; therefore, it is suggested that you do NOT use a general company email address. The DOL requires a separate and valid email address for each applicant.

## Register - Profile Information (Step 2 of 7)

Enter your profile information below then select Next to continue. Fields marked with an "\*" are required.

You must provide accurate and reliable contact details below so we can correspond with you.

Note that the first three user types require registration by an individual person. The credentials for this account may not be shared with others.

OMB Control Number: 1210-0117 Exp. Date: 11/30/2021

\* First Name:

\* Last Name:

\* Address:

Address 2:

\* City/Town:

\* State:

\* Country:

\* ZIP:

\* Daytime Phone:  [Do not include dashes and do not begin with "1"]

Fax:

\* Email:  ?

\* Company Name:

On the same page, select the **"Filing Signer"** credential and click the "Next" tab Note: You may apply for credentials as a filing author, filing signer, schedule author, transmitter, or third-party software vendor. **ONLY** apply for the filing signer credentials. SetAway will be responsible for the other applicable roles.

You must choose at least one User Type, but you may choose more.

I want to:	User Type	Definition
Create, import or amend a filing	<input type="checkbox"/> Filing Author	The person who starts filling out the form 5500/5500-SF/5500-EZ/PR filing and is responsible for submitting it. This user type has no signature authority.
Sign a Filing	<input checked="" type="checkbox"/> Filing Signer	Filing signers are Plan Administrators, Employers/Plan Sponsors, or Direct Filing Entities who electronically sign the Form 5500/5500-SF/5500-EZ. This role should also be selected by plan service providers that have written authorization to file on behalf of the plan administrator under the EFAST2 e-signature option. Filing signers are also pooled plan providers who electronically sign the Form PR. No other filing-related functions may be performed by selecting this user role alone.
Create a schedule but not a filing	<input type="checkbox"/> Schedule Author	A person who has been asked, by the Filing Author, to complete one of the Schedules to include in the Form 5500/5500-SF/5500-EZ filing. This user type cannot start, sign or submit a filing. This is rare.
Submit a filing on behalf of an individual or company	<input type="checkbox"/> Transmitter	An individual or company/organization authorized by the plan sponsor or plan administrator to submit electronic returns for the plan. This is rare.
Develop and certify third party software	<input type="checkbox"/> Third Party Software Developer	A company, trade, business, or other person applying for authorization to be an EFAST2 Software Developer. This is rare.

# SetAway

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The Challenge Information is required for security purposes. Complete the challenge question and answer. You will need to remember your challenge answer since this will be required to complete the profile setup. Once done hit Next and on the "Registration Summary" page hit Submit.

**EFAST**

Your Account ▾ Filing Search Help ▾

### Register - Challenge Information (Step 3 of 7)

Please select a Challenge Question, and provide an answer, then select Next to continue. Your Challenge Answer is required to complete your profile setup so please remember it.

\* Challenge Question: --Select-- ▾

[Back to Top](#)

What is your date of birth?  
Where is your place of birth?

Review your information and hit the Submit button.

### Register - Summary (Step 4 of 7)

Please review the information you provided. Select the Edit option to go back and make corrections or 'Submit' to complete this part of your registration.

\* Last Name: sample  
\* First Name: sample  
\* Address: 123 main  
Address 2:  
\* City/Town: C Town  
\* State: New Hampshire  
\* Country: US - United States  
\* ZIP: 80603  
\* Daytime Phone: (603) 783-5736  
Fax:  
\* Email: admin@setawayllc.com  
\* Company Name: SetAway  
\* User Type:  
 Filing Author  
 Filing Signer  
 Schedule Author  
 Transmitter  
 Third Party Software Developer  
\* Challenge Question: Where is your place of birth?  
\* Challenge Answer: Bedford



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Once you have completed the profile information, you will be sent an email with detailed instructions on where and how to retrieve your User ID and PIN. Read and click the link provided in the email to finish the PIN application process.

Note: The DOL indicates that the email will occur immediately. If you do not see the email within a reasonable period of time, you may want to check your “junk email” folder because it is possible that your system may identify the email as spam.

You will have to Complete the Challenge Question Verification by entering your challenge answer from the steps above and create a Password between 10 and 16 characters including at least one letter and one number. The password you create is only used to access the EFAST website it is not part of your credentials.

Once back in you will need to agree to the pin and signature agreements. At this point you will receive your username and PIN. These are the items that you will need to electronically file your 5500.

You will receive Confirmation that the registration process is complete. Your Signature Credentials are now ready to use for electronic filing of your Form 5500.

### Helpful Hints:

- You are responsible for maintaining your UserID, PIN, and Password. Keep them in a safe secure place.
- Your User ID and PIN are equivalent to your physical signature. This information should not be shared.
- You only need to apply once for EFAST2 Signature Credentials. They will remain active unless they are unused for 3 consecutive years.
- Your signature credentials are not transferable.
- You are able to use the same UserID and PIN to sign for more than one Form 5500 filing.
- You cannot change your UserID. You are able to change your PIN, Password, or profile information by logging into your account at [www.efast.dol.gov](http://www.efast.dol.gov) then click on “User Profile”.