

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 03/31/2023

- 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

1a Name of plan AXIS AUTOMOTIVE, INC. 401(K)	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/2013	
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) AXIS AUTOMOTIVE, INC. 22403 WEST LOWER BUCKEYE ROAD BUCKEYE, AZ 85326	2b Employer Identification Number (EIN)	33-0902400	
	2c Sponsor's telephone number	714-366-3437	
	2d Business code (see instructions)	336100	
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	2	
b Total number of participants at the end of the plan year.....	5b	0	
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	0	
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	2	
d(2) Total number of active participants at the end of the plan year.....	5d(2)	0	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	0	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2024	TROY SUMITOMO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2024	TROY SUMITOMO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	477479	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	477479	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	880	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	24190	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25070
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	502329	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	220	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		502549
i Net income (loss) (subtract line 8h from line 8c)	8i		-477479
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (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		48000
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

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.)

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 01 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number _____.



22403 W Lower Buckeye Rd
Buckeye, AZ 85326
www.fiveaxis.net

Axis Automotive, Inc
22403 W Lower Buckeye Rd
Buckeye, AZ 85326
EIN: 33-0902400
Form: FINAL FORM 5500
Tax Year: 2023

December 12, 2024
Original written November 11, 2024

Dear IRS,

I'm writing to request tax penalty abatement or reduction for failure to timely file Final Form 5500 for the 2023 tax year with reasonable cause. We are late with tax filings because of major communication issues withing ADP and a misinterpretation of our Final Form 5500 filing confirmation from ADP.

On Friday Oct 27, 2023 I received an email from our Payroll service company, ADP, stating that our Final Form 5500 was published and available for review, approval, and filing. I went through all the proper steps and assumed the forms were successfully processed because on Tuesday Nov 1, I received an email congratulating us on a successful filing of our Form 5500. I presumed it was for the Final Form 5500 but apparently it was not. Please find supporting documentation attached.

Upon inquiring with the IRS about a related issue, our missing 2021 and 2022 5500 filings, I discovered that our Final Form 5500 was never filed and would have actually been incorrectly filed under the wrong EIN, similar to our 2021 and 2022 5500 filings anyways. I further confirmed our Final Form 5500 was never approved and filed on the Relius Government Forms site, and also confirmed the wrong EIN was noted anyway. Please find supporting documentation attached.

On Nov 11, the date of my original Reasonable Cause Letter, ADP requested I email them my Reasonable Cause Letter and they would attach it to a new publication of our 2023 Final 5500 on the Relius site for me to review and approve. Unfortunatly, this process to refile has required 7 separate follow up inquiries, 3 separate republication attempts by ADP, and one month later to get this successfully accomplished by ADP's inept team! We cannot express the level of frustration knowing each day is penalized by the IRS!

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22403 W Lower Buckeye Rd
Buckeye, AZ 85326
www.fiveaxis.net

We acknowledge that a late filing has substantial penalties. Imposing these penalties will have a strong negative impact on our finances and business. We made too many assumptions with the accuracy of the ADP Team and should have confirmed all filings with the IRS, not depending on just an email confirmation. We are concurrently in the process of correcting the misfiled 2021 and 2022 5500 reports, caused by an inaccurate EIN number also inputted by ADP.

ADP Payroll Services had been processing our payroll and retirement services for numerous years but no longer provide services for us. Two years ago we moved our home and business from CA to AZ. We created a new AZ Corp, Five Axis LLC (EIN 87-3897223), and later dissolved CA corporation, Axis Automotive, Inc. (EIN 33-0902400), the company in question.

During this transition, ADP provided services for both companies and mixed the EIN numbers on several filings including our 2021 and 2022 Form 5500. The original un-filed Final Form 5500 (attached) had the incorrect EIN number on it as well. Unfortunately, we had several issues related to ADP related mistakes so the mix up with this Final Form 5500 filing does not surprise me.

For over 20 years we have timely filed our federal income tax return and have not received first time penalty abate in the past. We understand this filing is late but we have since dissolved Axis Automotive, Inc. and moved the retirement plan. We are hoping that we can finally close this chapter and file our Final Form 5500 with minimal penalties and financial impact to our company.

Please accept my petition for abatement or reduction of penalties with reasonable cause. Thank you very much for your time and cooperation.

Sincerely,

Troy Sumitomo
President
Five Axis

Attachments

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Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions) AXIS AUTOMOTIVE, INC.</p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions) 22403 WEST LOWER BUCKEYE ROAD</p> <p>City or town, state, and ZIP code BUCKEYE AZ 85326</p>	<p>B Filer's identifying number (see instructions)</p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX) 87-3897223 WRONG EIN!!</p> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>																							
<p>C</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Plan number</th> <th colspan="3" style="text-align: center;">Plan year ending—</th> </tr> <tr> <td style="border-bottom: none;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AXIS AUTOMOTIVE, INC. 401(K)</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>PROFIT SHARING PLAN</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td style="border-bottom: none; text-align: center;">0 0 1</td> <td style="border-bottom: none; text-align: center;">3</td> <td style="border-bottom: none; text-align: center;">31</td> <td style="border-bottom: none; text-align: center;">2023</td> </tr> </table>		Plan number	Plan year ending—			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AXIS AUTOMOTIVE, INC. 401(K)</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>PROFIT SHARING PLAN</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	AXIS AUTOMOTIVE, INC. 401(K)					PROFIT SHARING PLAN					0 0 1	3	31	2023				
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Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 1 / 16 / 2024 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- | | | |
|--|---|--|
| a Enter the Code section(s) imposing the tax ▶ | a | |
| b Enter the payment amount attached ▶ | b | |
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ | c | |

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Date ▶

Form 5500-SF

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110

1210-0089

2022

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefits for Private Sector Employees

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).

This Form is Open to Public Inspection

ORIGINAL FINAL 5500 PUBLISHED OCT 27, 2023 NEVER FILED

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2023 and ending 03/31/2023

- A This return/report is for: [X] 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 [X] the final return/report
[] an amended return/report [X] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] 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: AXIS AUTOMOTIVE, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): AXIS AUTOMOTIVE, INC.
2b Employer Identification Number (EIN): 87-3897223
2c Sponsor's telephone number: (714) 366-3437
2d Business code (see instructions): 336100
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 2
5b Total number of participants at the end of the plan year: 0
5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 0
5d(1) Total number of active participants at the beginning of the plan year: 2
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

WRONG EIN!!

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

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

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 477,479	0
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 477,479	0
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 880	
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 24,190	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	25,070
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 502,329	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 220	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	502,549
i	Net income (loss) (subtract line 8h from line 8c)	8i	-477,479
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10	During the plan year:	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	48,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
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** 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.)

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

EMAIL RECEIVE FROM ADP REGARDING FINAL FORM 5500 CREATED AND ACCESSED RELIUS ACCOUNT 10/27/2023

From: rgf.messaging@fisglobal.com on behalf of Compliance@adp.com rgf.messaging@fisglobal.com
Subject: Final Form 5500 Available: AXIS AUTOMOTIVE, INC. 401(K) - 229036
Date: October 27, 2023 at 6:54 AM
To: TROY@fiveaxis.net TROY@FIVEAXIS.NET



Dear TROY156:

ADP Retirement Services has established an account for you to complete information online. The information obtained online is needed to complete your Form 5500 and attachments. Once complete, we will provide you with access to all the forms online, so that you may sign and e-file them with the Department of Labor.

Click the URL listed below, or cut & paste into your browser.

<https://rgf.fisglobal.com/5500Client/Site/Security/Home.aspx?id=EC8GaVgkHueAZKPjsLUzaQe1q2ua88le1q2ua88l>

Enter your personal information:

Username: TROY156

When you login to the website for the first time you will need to answer a set of security questions. Remember the answers, because you will be asked one of these questions if you login using a different computer, or if more than four weeks have passed since your last login. After answering the security questions, click Apply.

To view and change user settings, select User Profile by clicking on your name in the Web Session Control Bar at the top of the screen. From here, you may view and change your User Profile, User Settings, and Security Settings. When you log in you will see a screen with your plan(s) listed.

Here are some tips to get you started!

When you log in to 5500 Web Client you will see the Plan Selection screen. Select the plan year you need from the dropdown box in the top right corner of the screen. All available planbooks for the selected year will be listed in the grid. Below the grid are detailed instructions to follow.

Most screens will contain a section with detailed instructions to follow. Be sure to read and follow these instructions carefully.

Select Content Help from the Help menu or the "?" on the Web Session Control Bar for more information.

Security Information:

Our website brings together a combination of industry-approved security technologies to protect your data. It features a VeriSign-issued Digital ID for the Internet Service Provider hosting our website, Secure Sockets Layer (SSL) protocol for data encryption, and a router and firewall to regulate the inflow and outflow of server traffic.

Secure Data Transfer:

Once a server session is established on an https secure page, you and the server are in a secured environment. Because the server has been certified as a 128-bit secure server by VeriSign, data traveling between you and the server is encrypted with Secure Sockets Layer (SSL) protocol. With SSL, data that travels between the service provider and you is encrypted and can only be decrypted with the public and private key pair. In short, the data collection server issues a public key to your browser and creates a temporary private key. These two keys are the only combination possible for that session. When the session is complete, the keys expire and the whole process starts over when a new end user makes a server session.

Router and Firewall:

Secure forms must filter through a router and firewall before they are permitted to reach the server. A router, a piece of hardware, works in conjunction with the firewall, a piece of software, to block and direct traffic coming to the server. The configuration begins by disallowing ALL traffic and then opens holes only when necessary to process acceptable data requests, such as retrieving web pages or sending customer requests to the data collection server.

With these technologies, you can be confident that your Web site transactions are secure.

For additional assistance or questions, please contact your ADP Retirement Services Client Service Team.

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. In addition, please be aware that any message addressed to our domain is subject to archiving and review by persons other than the intended recipient. Thank you.

 | Relius Government Forms

Plan Summary AXIS AUTOMOTIVE, INC. 401(K)

Plan ID: 229036 Plan Year End: 3/31/2023 Form Year: 2022 Plan Year: 2023
 EIN: 87-3897223

Plan #: 001

WRONG EIN!!**Status Information**

Form	Form Status	Filing Status
5500 Package	Viewed	not filed
5500 Filing extension (5558)	Viewed	

E-File

[File EFAST Forms](#)
 Electronically file your
 5500 return (EFAST)

Instructions

This is the Plan Summary page. Above this pane you can see additional details for this plan and to the right you can see several features you can access. Depending on what has been published to you, you may not see all of the features listed below.

E-File Section

File EFAST Forms – This link will open a wizard that will guide you from reviewing the 5500 series forms to signing and filing them electronically to EFAST. Your Preparer may limit the available features that you can access in this filing process.

File 8955-SSA – This link will open a wizard to guide you through the Form 8955-SSA electronic filing process to the IRS FIRE system.

Links Section

View Plan – Click on this link to view all of the forms in the plan and its attachments. This is the quick way to see the plan if you just want to view and edit the documents.

Print Plan – Click this link to print the plan and its attachments. If you just need to print, this is the place to go. You can also print the plan when filing or viewing the plan.

Review Complete – If you needed to edit the plan and have completed your editing, click here to lock the plan for further editing and notify your Preparer that you have finished.

View Status History – Click here to view a history of the plan's progress toward filing.

Links

[View Plan](#)
 View forms and attachments
 in the filing

[Print Plan](#)
 Print forms and attachments
 in the filing

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**ORIGINAL FINAL 5500 PUBLISHED OCT 27, 2023
 NEVER FILED!**



From: RS-Plan-Admin@adp.com
Subject: Congratulations! You have successfully filed your Plan's Form 5500.
Date: November 1, 2023 at 2:00 AM
To: trini@fiveaxis.net, troy@fiveaxis.net



RETIREMENT SERVICES

Important Information

About your ADP Retirement Plan



Congratulations! You have successfully filed your Plan's Form 5500.

(Please do not respond to this message...it comes from an unattended mailbox.)

Thought this was for the successful filing of FINAL FORM 5500

Plan Name: Axis Automotive, Inc. 401(k)
Plan Number: 229036

Congratulations! You have successfully filed your Plan's Form 5500 and related schedules with the Department of Labor.

For additional information on the status of your Form 5500:

- Simply log into the Plan Sponsor Website;
- Click on the COMPLIANCE – FORM 5500 Tile.

Sincerely,

ADP Retirement Services

To ensure that you continue receiving our emails, please add us to your address book or safe list. This is an automated email, please do not reply to this email. Unless otherwise disclosed or agreed to in writing with a client, ADP, Inc. and its affiliates do not offer investment, financial, tax or legal advice, and nothing in these materials is intended to be, nor should be construed as, advice or a recommendation for a particular situation. Please consult with your own advisors for such advice.

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