

**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 10/01/2023 and ending 09/30/2024

- 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 <u>SP CONTROLS, INC. 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>
	<b>1c</b> Effective date of plan	<u>10/01/2002</u>
<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>SP CONTROLS, INC.</u>  <u>930 LINDEN AVENUE</u> <u>SOUTH SAN FRANCISCO, CA 94080</u>	<b>2b</b> Employer Identification Number (EIN)	<u>77-0462516</u>
	<b>2c</b> Sponsor's telephone number	<u>650-392-7880</u>
	<b>2d</b> Business code (see instructions)	<u>335310</u>
<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>	<u>12</u>
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>	<u>10</u>
<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>	<u>11</u>
<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>	<u>9</u>
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b>	<u>2</u>
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b>	<u>2</u>
<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>	<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>	<u>Filed with authorized/valid electronic signature.</u>	<u>01/14/2025</u>	<u>PAUL BROWN</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	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>	1668268	1292331
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1668268	1292331
<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>	0	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	288370	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		288370
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	664307	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		664307
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-375937
<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: 2A 2E 2G 2J 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		0
<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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

J & A HAGEN  
MONDAY JAN 6th 2025  
7348 Pacheco School Rd.  
Redding CA 96002

Post,

GREETINGS FROM TETACHAPI CA. HOPEFULLY  
YOUR 2024 WAS GOOD FOR YOU. OURS WAS GOOD.

ENCLOSED, YOU WILL FIND OUR 401 PAPER WORK  
ADDITIONALLY, WE HAVE INCLUDED OUR CHECK FOR  
INVOICE #3526A IE 2024 ADMINISTRATION OF SIX HUNDRED  
FIFTY DOLLARS FOR THE 2024 YEAR.

WE DO HAVE SOME NEEDS FOR IMMEDIATE ATTENTION  
NAMELY, OUR 2025 MINIMUM DISPERSMENT AMOUNTS  
AS WELL AS 2024 1099's

I WILL CALL.

SINCERELY

MIKE & BARBARA BLANKIE

**NH HICKS, INC.**

1294 E 1st Ave Ste 110  
Chico, CA 95926 US  
(530) 891-4975  
nuihicks@nhhicks.com  
www.nhHicks.com



**BILL TO**

Mike Blackie  
BJB Development  
P.O. Box 2657  
Tehachapi, CA 93581

**INVOICE 35264**

**DATE 11/03/2024 TERMS 1/2 due**

**DUE DATE 03/15/2025**

DESCRIPTION	QTY	RATE	AMOUNT
December 2024 Annual Administration - 401(k) Plan	1	650.00	650.00

\*\*\*\*\*

Payment Terms: 1/2 Balance of this invoice is due by March 15, 2025. Balance will be due upon receipt of completed work. Final Year Administration must be prepaid before assets are released.

\*\*\*\*\*

Fees may change depending on actual number of participants and other expenses such as: trust accounting, rush fees, extensions and terminating participants.

\*\*\*\*\*

Annual Administration Includes:  
IRS Forms: 5500 filing, Employee Meetings, Participant Certificates, Annual Summary Report, D.O.L. Filing

Annual Administration Fees - Administrator request for information will follow via email

**TOTAL DUE \$650.00**

**2024 DISTRIBUTION ADDITIONS SCHEDULE FOR CLIENT OFFICE OF  
BTS Development, Inc.**

Record only those who were paid or 1 in 2024 and a 1099-R needs to be prepared.  
If you had no distributions, please write "NONE" on this form and either mail, fax or email back to our office.

<u>Name</u>	<u>Complete Address</u>	<u>SSH</u>	<u>Date Paid</u>	<u>Gross Amount</u>	<u>**TAX WITHHELD</u>	<u>Net Paid</u>
BARBARA BLANKIE			1-16-2024	4686 <u>72</u>		
MIKE BLANKIE			1st QT			
BARBARA BLANKIE			4-4-24	4686 <u>72</u>		
MIKE BLANKIE			2nd QT			
BARBARA BLANKIE			7-8-24	4686 <u>72</u>		
MIKE BLANKIE			3rd QT			
BARBARA BLANKIE			10-4-24	4686 <u>72</u>		
MIKE BLANKIE			4th QT			

Mike Blankie  
Signature of Person Completing this form

1-6-2025  
Date of form signed

MIKE BLANKIE

## TRUST FINANCIAL INFORMATION

Plan Name: BJB Development, Inc.

Plan Year Ending: December 31, 2024

### ASSETS AND LIABILITIES

TRUST ASSETS AT MARKET VALUE AS OF THE END OF THE PLAN YEAR (list all accounts ending values such as stocks, bonds, savings accounts)

Name of Asset	Market Value
<u>BLACKIE FAMILY 401 PLAN</u>	\$ _____
<u>BANK OF THE SIERRA CA BALANCE TOTAL</u>	\$ <u>183,024.71</u>
<u>MONEY MARKET CHECKING BALANCE TOTAL</u>	\$ <u>10,123.22</u>
_____	\$ _____
<u>12-31-24 ASSET SUB TOTALS</u>	\$ <u>193,147.93</u>
_____	\$ _____
<u>1955 CORVETTE (550) ACCOUNTING SEE</u>	\$ <u>114,809.38</u>
<u>ATTACHED 550</u>	\$ _____
_____	\$ _____
<u>2023 XPRESS ALUMINUM TRAILER</u>	\$ <u>26,638.36</u>
_____	\$ _____
_____	\$ _____
<u>2024 LIABILITIES</u>	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Assets.....</b>	<b>\$ <u>334,595.67</u></b>

If you have a prepared Balance and Income Statement from your accountant, you may send us those statements instead of completing these forms.

## TRUST FINANCIAL INFORMATION

Plan Name: BLACKIE FAMILY 401 PLAN

Plan Year Ending: December 31, 2024

BANK/BROKER ACCOUNT NAME: BLACKIE FAMILY 401 K PLAN

**ACCOUNT WITHDRAWALS**

Date	Transaction	Amount
<u>1-16-24</u>	<u>1st Qtr RETIREMENT: 1927 + 1528</u>	<u>\$ 4686.72</u>
<u>4-4-24</u>	<u>2nd Qtr RETIREMENT CHK # 1531</u>	<u>\$ 4686.72</u>
<u>7-8-24</u>	<u>3rd Qtr RETIREMENT CHK # 1532</u>	<u>\$ 4686.72</u>
<u>10-4-24</u>	<u>4th Qtr RETIREMENT CHK # 1530</u>	<u>\$ 4686.72</u>
	<u>RETIREMENT Sub TOTAL</u>	<u>\$ 18746.88</u>
<u>1-15-24</u>	<u>WHICKS ADMINISTRATION: CHK # 1526</u>	<u>\$ 550.00</u>
<u>3-1-24</u>	<u>INS 55C: TRAILER CHK # 1529</u>	<u>\$ 1237.00</u>
<u>3-21-24</u>	<u>DMV RENEWAL 55-C CHK # 1530</u>	<u>\$ 175.00</u>
		<u>\$</u>
<u>9-23-24</u>	<u>ALKNORM INTERORS 55-SEA COVERS CHK 1534</u>	<u>\$ 629.41</u>
<u>9-26-24</u>	<u>BERT LUKENS: 55C-REGULATOR RE BUILD: 1535</u>	<u>\$ 115.00</u>
		<u>\$</u>
	<u>TOTAL ACCOUNT WITHDRAWALS</u>	<u>\$ 21453.29</u>
		<u>\$</u>
		<u>\$</u>
		<u>\$</u>
		<u>\$</u>
3.	Total Account Withdrawals.....	<u>\$ 21453.29</u>
4.	Cash on Hand End of Year.....	<u>\$ 183119.43</u>



# 1955 CORVETTE ACCOUNTING

Prepared By	Initials	Date
Approved By		

© WILSON JONES COMPANY

G7594 ColumnWrite

MADE IN U.S.A.

	1	2	3	4
	2023 SHOW TRAILER 26638 <sup>36</sup>	55-C CHECK #	BALANCED	112.652.97
	2024		CHEK AMT	CREDIT PARR
				TOTALS
1	7-1-24 NALERTY INK 55 C	1529	1237 <sup>00</sup>	113889.97
2	3-21-24 DMV RENEWAL	1530	175 <sup>00</sup>	114064.97
3	9-23 ALKNIOCH INTERIORS - SEAT COVERS	1534	629.41	114694.38
4	9-26 BRAD LUKENS - REGULATOR MODERNISE	1535	115.00	114809.38
5				
6		2024 55 C SUB	TOTAL	114809.38
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