

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- 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 <u>PRESTON BUNNELL 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>01/01/2000</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRESTON BUNNELL, LLC</u> <u>C/O MEGAN CARLE, PERSONAL REPRESENTATIVE OF ESTATE OF GREG BUNNELL</u> <u>6055 SW 90TH AVE</u> <u>6055 SW 90TH AVE</u> <u>PORTLAND, OR 97223-7213</u> <u>PORTLAND, OR 97223-7213</u>		2b Employer Identification Number (EIN) <u>82-5197558</u>
		2c Sponsor's telephone number <u>503-863-1590</u>
		2d Business code (see instructions) <u>541110</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN
		4d PN
5a Total number of participants at the beginning of the plan year	5a	<u>2</u>
b Total number of participants at the end of the plan year	5b	<u>2</u>
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)	<u>2</u>
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)	<u>2</u>
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>2</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>2</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</u>

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>01/28/2025</u>	<u>MEGAN M. CARLE</u>
	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
a Total plan assets	7a	525100	578638
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	525100	578638
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	62021	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		62021
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	8483	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8483
i Net income (loss) (subtract line 8h from line 8c)	8i		53538
j Transfers to (from) the plan (see instructions)	8j	0	

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 3B 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	
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		2836
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? (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. Yes No

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 07 / 07 / 2014 (MM/DD/YYYY) and the Opinion Letter serial number J599544A.

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A This return/report is for: [X] 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 [X] 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 PRESTON BUNNELL 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2000
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) PRESTON BUNNELL, LLC
2b Employer Identification Number (EIN) 82-5197558
2c Sponsor's telephone number 503-863-1590
2d Business code (see instructions) 541110
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.
a Sponsor's name
c Plan Name
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 2
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 2
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 2
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 2
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE Signature of plan administrator Date 1/28/25 Megan M. Carle 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		(a) Beginning of Year	(b) End of Year
a	Total plan assets	525100	578638
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	525100	578638
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	0	
	(2) Participants	0	
	(3) Others (including rollovers)	0	
b	Other income (loss)	62021	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		62021
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0	
e	Certain deemed and/or corrective distributions (see instructions) ..	0	
f	Administrative service providers (salaries, fees, commissions)	8483	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8483
i	Net income (loss) (subtract line 8h from line 8c)		53538
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Part V Compliance Questions				
10		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	X		2836
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

Part VI Pension Funding Compliance

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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).

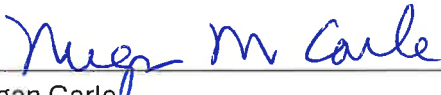
- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

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 07 / 07 / 2014 (MM/DD/YYYY) and the Opinion Letter serial number J599544A.

**PLAN ADMINISTRATOR'S AUTHORIZATION, UNDERSTANDING AND ATTESTATION
FOR VINCENT P. CACCIOTTOLI TO ELECTRONICALLY FILE AND SIGN FORM 5500s**

I am the Plan Administrator of the Preston Bunnell 401(k) Plan (the "Plan"). In my capacity as the Plan Administrator, I authorize, understand and attest to the following:

1. I authorize Vincent P. Cacciottoli, attorney with Foster Garvey PC (CAF #8000-15373R), to electronically file and electronically sign the Form 5500s for the 2019, 2020, 2021 and 2022 Plan Years on my behalf.
2. Foster Garvey PC will retain a copy of this authorization in its records;
3. The electronic filing of each of the Form 5500s will include as an attachment a true and correct PDF copy of that form, without schedules or attachments, but with my manual signature as the Plan Administrator of the Plan, under penalty of perjury;
4. I am aware that, by selecting this electronic filing option, the image of my manual signature as the Plan Administrator will be shown on the Form 5500 filings that the Department of Labor posts online for public disclosure; and
5. Mr. Cacciottoli will communicate to me any inquiries and information received from EFAST2, the Department of Labor or the Internal Revenue Service regarding the Form 5500 filings.



Megan Carle

Plan Administrator, Preston Bunnell 401(k) Plan

1/11/2025

Date: _____



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11th Floor
Portland, OR 97204

Main: 503.228.3939
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Direct Phone: 503.553.3181
vince.cacciottoli@foster.com

February 3, 2025

Department of Labor
Via PDF Attachment Uploaded via EFAST

Re: Preston Bunnell 401(k) Plan, Plan Number: 001
DFVCP Filing and Request for Fee Abatement
Preston Bunnell, LLC, Employer's EIN: 82-5197558

On behalf of the Plan Administrator for the above-referenced plan, this is a filing under the Delinquent Filer Voluntary Compliance Program ("DFVCP") for acceptance of the late filings of Form 5500 for the 2019, 2020, 2021 and 2022 plan years. The following are copies of the documents that are included as part of this DFVCP filing:

1. Signed and dated Plan Administrator's Authorization, Understanding and Attestation for Vincent P. Cacciottoli to Electronically File and Sign Form 5500s;
2. Signed and dated Form 5500 for the 2019 plan year;
3. Signed and dated Form 5500 for the 2020 plan year;
4. Signed and dated Form 5500 for the 2021 plan year; and
5. Signed and dated Form 5500 for the 2022 plan year (Final Return).

Given the circumstances in this case, this letter is also a request for a refund/abatement of the \$1,500 DFVCP filing fee.

Here are the extenuating circumstances in this case: this Plan was maintained by a one-person LLC. Gregory Allen Bunnell was the sole member and also the named fiduciary of the Plan. Mr. Bunnell was a practicing attorney in the State of Oregon. However, in the last few years of his life, he suffered from serious health issues and his practice and business affairs, including the maintenance of the Plan, fell into disarray. Mr. Bunnell passed away on November 22, 2020. As a result, Form 5500s for the 2019, 2020, 2021 and 2022 plan years were not filed because of the inability to readily obtain the information required to file for those years.

Megan Carle, a relative of Mr. Bunnell, was appointed as the personal representative of his estate. Since her appointment in 2020, Ms. Carle has used her best efforts to administer Mr. Bunnell's estate and straighten out his business affairs given that Mr. Bunnell's records were in shambles.

FG: 103287299.3

Ms. Carle is a very conscientious person and she insisted on preparing and filing the delinquent Forms 5500 rather than neglecting the matter and leaving it up to the Department of Labor to pursue a closed estate as a nonfiler at some point in the future.

Ms. Carle has expended a considerable amount of time, money and effort in compiling the information needed to file the Forms 5500. All of the Plan's records had been maintained by Mr. Bunnell's bookkeeper. However, at some point, either shortly before or after Mr. Bunnell's death, his bookkeeper destroyed all of those records. Obviously, this was a breach of duty on the bookkeeper's part, but she is retired, elderly and, upon information and belief, she is judgment proof, so there was no point in the estate pursuing her for damages, including the failure to maintain records required under ERISA. Instead, Ms. Carle, with the assistance of my office and the attorney for the Bunnell estate, was diligent in uncovering and recreating the records necessary to file the Forms 5500.


We are requesting that the Department of Labor:

1. Accept these Forms 5500 as filed, since they contain the best information that we were able to find; and
2. Refund/abate the filing fee for this DFVCP filing in recognition of the fact that Ms. Carle went "above and beyond" in her duties in order to close out the delinquent Form 5500 filing issue with the Department of Labor rather than leaving it as an open case for the Department of Labor to investigate and resolve.

As noted earlier, Ms. Carle has authorized us to deal directly with you on this matter. If you have any questions or comments in furtherance of granting the relief requested in this letter, please let me know.

Best,

FOSTER GARVEY P.C.



Vincent P. Cacciotton
Principal

VPC:sms
Attachments

cc (w/encls.): Megan Carle (*via US mail*)
Timothy Wachter (*via US mail*)