

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/03/2022

- A** This return/report is for: 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 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) SEE ATTACHMENTS.
- 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 <u>PRIVATE SUITE HOME CARE AGENCY 401(K) PROFIT SHARING PLAN & TRUST</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>01/01/2021</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>PRIVATE SUITE HOME CARE AGENCY</u> <u>PRIVATE SUITE HOME CARE AGENCY</u>		2b Employer Identification Number (EIN) <u>82-2415293</u>
		2c Sponsor's telephone number <u>248-894-4039</u>
<u>NULL</u> <u>15263 S 14TH PL</u> <u>PHOENIX, AZ 85048-6260</u>		2d Business code (see instructions) <u>812990</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>1</u>
b Total number of participants at the end of the plan year		5b <u>0</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c <u>0</u>
d(1) Total number of active participants at the beginning of the plan year		5d(1) <u>1</u>
d(2) Total number of active participants at the end of the plan year.....		5d(2) <u>0</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>05/24/2025</u>	<u>NADINE LOLLIE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/24/2025</u>	<u>NADINE LOLLIE</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)
v.220413

- 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	1342	0
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	1342	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	102	
(2) Participants.....	8a(2)	128	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	-163	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		67
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	1329	
e Certain deemed and/or corrective distributions (see instructions).....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	80	
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		1409
i Net income (loss) (subtract line 8h from line 8c).....	8i		-1342
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 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	
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)

004043

BOD CD-TE

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 11-11-2024
TAXPAYER IDENT. NUM: 82-2415293
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2022

PRIVATE SUITE HOME CARE AGENCY
15263 S 14TH PL
PHOENIX AZ 85048-6260632



003478

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form Employer Identification
Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number
number:

Section II

Not Required to File

Please check the box that applies to you, a form was not filed
because:

- Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- Plan in question is a Simplified Employee Pension (SEP).
- Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- Other: _____

Section III

Reason for not filing on time

Explain why you did not file on time:

See attached letter.



December 3, 2024,

Internal Revenue Services
Department of Treasury
Ogden, UT 84201-0018

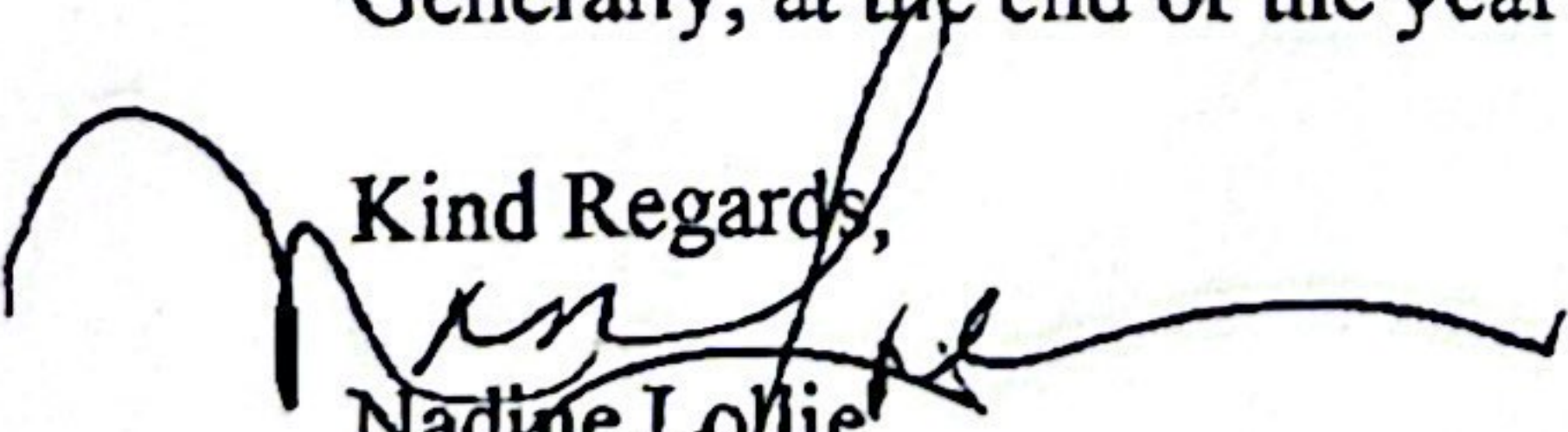
RE: Annual form 5500SF Plan#: 001
Year: 12/31/2022
CP-406
Private suite Home Care Agency, LLC
EIN: 82-2415293

Sir or Ma'am,

I just received a letter stating I did not return a form 5500SF for year ending 12/31/22. I want to assure you I have never receive any request for anything of this form prior to receiving this letter on November 17, 2024. I also want you to be aware that I have no idea what this form was regarding since I had never had to send the form before.

After notifying my tax preparer, she stated this form should have been sent from my payroll company. I had to closed the Paychex services because the business in 2022 was failing. I had to find out who to contact now at Paychex about the forms that weren't sent to the IRS. After several calls I was able to talk to a representative who stated since Private Suite Home Care Agency had discontinued their services, Paychex didn't send the 550SF, yet they did not notify us of this situation. He did state they had a completed 550SF that was a final copy, and he would send it to me. He emailed a copy that they had filled out but had never submit me or to IRS. I have enclosed the copy Paychex sent me in this letter. Paychex did not send this information to me nor tell me they had not sent it to the IRS until I notified them of the letter I received from the IRS. We had to shut down Private Suite Home Care in 2022 to reorganize the business. Generally, at the end of the year Paychex submits all forms to the appropriate designation.

Kind Regards,


Nadine Lollie
Private Suite Home Care Agency, LLC
1-847-235-4811

9898

VOID CORRECTED

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PAYCHEX RETIREMENT SERVICES PO BOX 874 Henrietta NY 14467			1 Gross distribution \$ 1,329 2 Taxable amount \$	OMB No. 1545-0119 2022 Form 1099-R	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2022 General Instructions for Certain Information Returns.
PAYER'S TIN: 16-1470238 RECIPIENT'S TIN: XXX-XX-XXXX			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	3 Capital gain (Included in box 2a) \$ 4 Federal income tax withheld \$	
RECIPIENT'S name NADINE LOLLIE Street address (including apt. no.) 15263 S 14TH PLACE City or town, state or province, country, and ZIP or foreign postal code Phoenix AZ 85048			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s): G IRA/SEP/SIMPLE <input type="checkbox"/>			8 Other \$	9a Your percentage of total distribution: % 9b Total employee contributions: \$	
10 Amount allocable to RRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on this Form 1099R was used to prepare the taxpayer's 2022 Federal tax return by Timing & Sequence LI

3:23

5Gw



3 Messages

1505-6899 Accou...



From: Marks, Paula L

[<pmarks@paychex.com>](mailto:pmarks@paychex.com)

Sent: Monday, January 9, 2023 8:26 AM

To: Martin, Melissa

[<mmartin2@paychex.com>](mailto:mmartin2@paychex.com)

Subject: RE: [1505-6899](tel:1505-6899)

Account closure

Yes, that is correct. We won't be filing or processing anything for 2023. All taxes for 2022 have been taken care of.

From: Martin, Melissa

[<mmartin2@paychex.com>](mailto:mmartin2@paychex.com)

Sent: Monday, January 09, 2023 11:24 AM



Found in PAYCHEX Mailbox 

← From: **Melissa Martin** >

To: **Privatesuitehca** >

January 9, 2023 at 9:49 AM 

Hello Nadine,

All fillings for 2022 we be complete by Paychex; please review the e-mail chain below.

Melissa Martin

Senior Payroll Specialist

2901 North Ventura Road, Ste

200

Oxnard, CA 93036

www.paychex.com

(phone: 818-241-3800 x

5223434

3 fax: 855-886-4837

* mmartin2@paychex.com

