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 12/31/2022

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 [ ] 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 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
LOGIX SERVICE COMPANY 401 (K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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)
LOGIX SERVICE COMPANY

22930 SHAW RD STE A45
STERLING, VA 20166-9448

22930 SHAW RD STE A45
STERLING, VA 20166-9448

2b Employer Identification Number (EIN) 52-1661322

2c Sponsor's telephone number 703-481-0204

2d Business code (see instructions) 541519

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	0
b Total number of participants at the end of the plan year	**5b**	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	0
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.	06/11/2025	CAROLINE ABDEL-RAZEQ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2025	CAROLINE ABDEL-RAZEQ
	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.) [X] 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.) [X] 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 [X] 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	324	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	324	0
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	0	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0
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	324	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		324
i Net income (loss) (subtract line 8h from line 8c)	8i		-324
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 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? (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
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)

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

OMB Clearance No.: 1545-1610

In reply refer to: 0424541315
May 21, 2025 LTR 1074C 0
52-1661322 202212 74 001
00027633
BODC: TE

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448

009215

Employer Identification Number: 52-1661322
Name of Plan: Logix Services Company 401K Plan

Plan Number: 001
Plan Year Ended: Dec. 31, 2022

Dear Taxpayer:

Thank you for your response dated Nov. 21, 2024.

You must complete and file a "Final" 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

009215.551068.42375.14550 1 AB 0.593 693

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448

009215

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0437500001
Dec. 26, 2024 LTR 2645C KO
52-1661322 202212 74 001
Input Op: 0509909623 00027026
BODC: WI

LOGIX SERVICE COMPANY
% CAROL ABDEL RAZEQ
22930 SHAW RD STE A45
STERLING VA 20166-9448

010896

Taxpayer identification number: 52-1661322
Tax periods: Dec. 31, 2022

Form: 5500

Dear Taxpayer:

Thank you for your inquiry of Nov. 21, 2024.

We're working on your account. However, we need an additional 60 days to send you a complete response on what action we are taking on your account. We don't need any further information from you right now.

If you prefer, you can write to that office at the address we provided in this letter.

If you have questions, you can call 1-877-829-5500.

If you prefer, you can write to the address at the top of the first page of this letter.

Find tax forms or publications by visiting IRS.gov/forms or calling 800-TAX-FORM (800-829-3676).

Whenever you write, include a copy of this letter and your telephone numbers along with the hours we can reach you.

Keep a copy of this letter for your records.

Thank you for your cooperation.

0437500001
Dec. 26, 2024 LTR 2645C K0
52-1661322 202212 74 001
Input Op: 0509909623 00027027

LOGIX SERVICE COMPANY
% CAROL ABDEL RAZEQ
22930 SHAW RD STE A45
STERLING VA 20166-9448

Sincerely yours,

Ms. Holcomb

Ms. Holcomb
Program Manager, AM OPS 1

LOGIX SERVICE COMPANY

November 19, 2024

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0018

RE: Form 5500SF Plan #: 001, Plan Year Ending 12-31-22
Taxpayer Ident. Num: 52-1661322

To Whom It May Concern:

We are in receipt of your notice CP406 dated 2024-10-21, please note, that this is the first time we have received any notice reference the above.

This Plan was administered by a third party, Future Plan, who had originally started the Plan. Prior to August 1, 2018, we only had one (1) employee, Ashley Pilkerton who had participated in this plan. Ashley terminated her employment with Logix Service Company, and her last day was July 31, 2018. After this date there weren't any Logix Service Company employees participating in this plan.

In early 2022, we had advised Future Plan that we would like to terminate the Plan as there were no participants, and none of our employees wanted to participate in the Plan. There had been an extension of time until 10/15/2022, to file Form 5500-SF & Form 8955-SSA, at that time Future Plan should have completed the form 5500-SF Part VII for Plan Termination, and indicated that on the 2021 Form 5500 was a "[x] Final Return" by checking that Box, which they did not, and I unfortunately missed it completely.

Sincerely,

Caroline Abdel-Razeq
General Manager

22930 Shaw Road, Suite A45, Sterling, VA 20166 Tel. (703) 481-0204 Fax (703) 481-0206

IRS Department of the Treasury
Internal Revenue Service

003049
BOD CD-TE
** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 10-21-2024
TAXPAYER IDENT. NUM: 52-1661322
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2022

OGDEN UT 84201-0018

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448154

001248

FINAL NOTICE-YOUR ANNUAL FORM 5500 or 5500-SF IS OVERDUE
WRITTEN RESPONSE REQUIRED

Why Are You Getting This Notice?

We did not receive a response, or an explanation as to why you are not required to file, to our previous notice asking you to file Form 5500SF for the plan number and plan year ending indicated below:

Plan Number	Plan Period Ending
001	12-31-2022

If we do not hear from you immediately, we will conclude that you did not intend to file your return and we may take the following actions:

- Ask you to come into our office with your books and records,
- Begin an audit of your plan.

What You Need To Do

We urge you to review the items below, complete the appropriate section of the notice and return it to us by 11-21-2024.

1. Complete Section I if you have already filed the return with the Employee Benefits Security Administration (EBSA).
2. Complete Section I if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
3. Complete Section II if you are not required to file a return file for the plan number and/or plan year ending shown above.
4. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to www.efast.dol.gov.
5. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, www.dol.gov/ebsa. If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.

003049
BOD CD-TE

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 10-21-2024
TAXPAYER IDENT. NUM: 52-1661322
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2022

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448154

[ ] DFVC Program Date applied _____

Penalties for not Filing

If you were required to file and failed to do so, you may be liable under DOL regulations for civil penalties of up to $2,259 (for 2021) per day for each return/report. In addition, you may be liable for IRS penalties under IRC 6652(e) of $250 per day (up to a maximum of $150,000 per plan year on returns required to be filed after December 31, 2019).

How to Get Forms, Instructions and Publications

Forms, instructions and publications are available on the IRS website at www.irs.gov or by calling the IRS Forms Distributions Center toll-free at 1-800-TAX-FORM (1-800-829-3676).

How To Get Help

For more information about this notice visit the Retirement Plans Community web page at www.irs.gov/ep, click on "EP FAQs" in the left navigational box and click on "Form 5500 Notices - CP 403/406" under Plan Operations or if you need additional information on whom should file refer to Section 1 of the Form 5500 or Form 5500-SF instructions. If you do not find the information you need, call the IRS Help Line at 1-877-829-5500 (toll free).

Response Due Date

Please send the information to us by 11-21-2024.

How to Send the Information to Us

Depending on how you respond to this notice, send us the information using one of the following:

1. If you already filed, complete Section I of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
2. If you are not required to file, complete Section II of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
3. If you are responding to this notice for multiple Plans, please complete the applicable sections for each plan as indicated above.

003049
BOD CD-TE

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 10-21-2024
TAXPAYER IDENT. NUM: 52-1661322
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2022

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448154

001248

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 number:

Plan 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.

[X] Other: SEE ATTACHED LETTER

Section III
Reason for not filing on time

Explain why you did not file on time:

.

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0018

001248.486061.304486.7851 1 MB 0.622 858

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448154

001248

Be sure the IRS address appears in your envelope window.

Notice Number: CP406
Notice Date : 2024-10-21
Tax Period : 202212

BODCD-TE
SELCD-

521661322

LOGIX SERVICE COMPANY
22930 SHAW RD STE A45
STERLING VA 20166-9448154

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0018

521661322 HT 0000 01 2 202212 000 0000000