

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 01/01/2024 and ending 12/31/2024

- 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: [X] 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: LEVELIFT FOUNDATIONS, LLC 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): LEVELIFT FOUNDATIONS, LLC
2b Employer Identification Number (EIN): 47-2032485
2c Sponsor's telephone number: 410-480-4848
2d Business code (see instructions): 332900
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: 7
5b Total number of participants at the end of the plan year: 8
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 6
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 8
5d(1) Total number of active participants at the beginning of the plan year: 6
5d(2) Total number of active participants at the end of the plan year: 5
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Filed with authorized/valid electronic signature, Signature of plan administrator, 06/19/2025, EDWARD P. SCHEID. Row 2: Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, 06/19/2025, EDWARD P. SCHEID.

- 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>                              |   | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b>                              | Total plan assets .....   | 7a 729808                    | 919082                 |
| <b>b</b>                              | Total plan liabilities .....  | 7b                           |                        |
| <b>c</b>                              | Net plan assets (subtract line 7b from line 7a) .....                                       | 7c 729808                    | 919082                 |
| <b>8</b>                              |   | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b>                              | Contributions received or receivable from:  |                              |                        |
|                                       | (1) Employers .....   | 8a(1) 19446                  |                        |
|                                       | (2) Participants .....  | 8a(2) 71790                  |                        |
|                                       | (3) Others (including rollovers) .....  | 8a(3)                        |                        |
| <b>b</b>                              | Other income (loss) .....   | 8b 111019                    |                        |
| <b>c</b>                              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | 8c                           | 202255                 |
| <b>d</b>                              | Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | 8d                           |                        |
| <b>e</b>                              | Certain deemed and/or corrective distributions (see instructions) .                         | 8e                           |                        |
| <b>f</b>                              | Administrative service providers (salaries, fees, commissions) .....                        | 8f                           |                        |
| <b>g</b>                              | Other expenses .....  | 8g 12981                     |                        |
| <b>h</b>                              | Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | 8h                           | 12981                  |
| <b>i</b>                              | Net income (loss) (subtract line 8h from line 8c) .....                                     | 8i                           | 189274                 |
| <b>j</b>                              | Transfers to (from) the plan (see instructions) .....                                       | 8j                           |                        |

| <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:<br>2A 2E 2F 2G 2J 2T 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>                          |  | <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) ..... | 10a        | X         |               |
| <b>b</b>                           | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  | 10b        | X         |               |
| <b>c</b>                           | Was the plan covered by a fidelity bond? .....   | 10c        | X         | 72981         |
| <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? .....   | 10d        | 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.) .....   | 10e        | X         | 4295          |
| <b>f</b>                           | Has the plan failed to provide any benefit when due under the plan? .....  | 10f        | X         |               |
| <b>g</b>                           | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....  | 10g        | X         |               |
| <b>h</b>                           | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | 10h        | 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 .....   | 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 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704308A.

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).

OMB Nos. 1210-0110  
1210-0089

2024

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Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information

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

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 [ ] 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: Levelift Foundations, LLC 401(k) Profit Sharing Plan 1b Three-digit plan number (PN): 001

1c Effective date of plan: 01/01/2018

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): Levelift Foundations, LLC 10370 Baltimore National Pike 2nd Floor Ellicott City MD 21042 2b Employer Identification Number (EIN): 47-2032485

2c Sponsor's telephone number: 410-480-4848

2d Business code (see instructions): 332900

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

a Sponsor's name c Plan Name

5a Total number of participants at the beginning of the plan year: 7

b Total number of participants at the end of the plan year: 8

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 6

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 8

d(1) Total number of active participants at the beginning of the plan year: 6

d(2) Total number of active participants at the end of the plan year: 5

e 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Signature of plan administrator, Date 6.19.25, Name Edward P. Scheid. Row 2: Signature of employer/plan sponsor, Date 6.19.25, Name Edward P. Scheid.

- 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 |
|--|---|-----------------------|-----------------|
| <b>a</b>   | Total plan assets   | 7a 729,808            | 919,082         |
| <b>b</b>   | Total plan liabilities  | 7b                    |                 |
| <b>c</b>   | Net plan assets (subtract line 7b from line 7a)                                       | 7c 729,808            | 919,082         |
| 8 Income, Expenses, and Transfers for this Plan Year |   | (a) Amount            | (b) Total       |
| <b>a</b>   | Contributions received or receivable from:  |                       |                 |
| (1)  | Employers   | 8a(1) 19,446          |                 |
| (2)  | Participants  | 8a(2) 71,790          |                 |
| (3)  | Others (including rollovers)  | 8a(3)                 |                 |
| <b>b</b>   | Other income (loss)   | 8b 111,019            |                 |
| <b>c</b>   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                  | 8c                    | 202,255         |
| <b>d</b>   | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d                    |                 |
| <b>e</b>   | Certain deemed and/or corrective distributions (see instructions)                     | 8e                    |                 |
| <b>f</b>   | Administrative service providers (salaries, fees, commissions)                        | 8f                    |                 |
| <b>g</b>   | Other expenses  | 8g 12,981             |                 |
| <b>h</b>   | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                    | 12,981          |
| <b>i</b>   | Net income (loss) (subtract line 8h from line 8c)                                     | 8i                    | 189,274         |
| <b>j</b>   | 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: 2A 2E 2F 2G 2J 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 |
|--------------------------|--|-----|----|--------|
| <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) | 10a | X  |        |
| <b>b</b>                 | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10b | X  |        |
| <b>c</b>                 | Was the plan covered by a fidelity bond?   | 10c | X  | 72,981 |
| <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?   | 10d | 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.)   | 10e | X  | 4,295  |
| <b>f</b>                 | Has the plan failed to provide any benefit when due under the plan?  | 10f | X  |        |
| <b>g</b>                 | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  | 10g | X  |        |
| <b>h</b>                 | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h | 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   | 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.)

| <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 11/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704308a.

## Memorandum

**To:** Authorized Signer of Form 5500/Form 5500-SF

**Re:** EFAST2 Electronic Filing Procedures

Form 5500 filing procedures require that you sign and file Form 5500 “electronically.” In order to do so, you will need to authorize Pollard & Associates (Pollard) to sign and file on your behalf or obtain “filing signer” credentials.

### Option 1 – Authorize Pollard to file on your behalf

We will need your authorization to submit on your behalf as well as your manual signature on a copy of your Form 5500, which will accompany the electronic copy posted on the DOL’s public disclosure website. Once complete, we will certify that the filing has been submitted to the DOL.

### Option 2 – Obtain your own filing credentials

You must register on the DOL’s website. Once you are on the website, the steps are self explanatory; however, we can provide detailed instructions upon request. Once you are registered, we will send you further instructions to review and sign your Form 5500. If you obtained filing credentials in the past, you may use the same User ID and PIN previously provided by the DOL.

*Please complete the form below and return to Pollard at your earliest opportunity so that we know how to proceed with your 5500 filing. Your filing is due by July 31, 2025. If you are electing Option 1, we will also need your signed EFAST2 Filing Authorization (page 2 of this notice) and a copy of the signed Form 5500. You may return these documents to us via email, fax, or regular mail.*

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**Please complete the form below and submit to your Pollard Administrator.**

**Plan Name:** Levelift Foundations, LLC 401(k) Profit Sharing Plan

**Your Name:** Edward P. Schied

**Please select one of the following:**

- Option 1:** *I would prefer Pollard to file on our behalf and have completed the attached EFAST2 Filing Authorization necessary for you to do so. I have also manually signed the 1<sup>st</sup> page of Form 5500 / Form 5500-SF twice (as Plan Administrator and Employer) and am returning a copy with a manual signature.*
- Option 2:** *I have successfully obtained my filing signer credentials from the DOL. Please email me instructions on electronically signing and filing my Form 5500/Form 5500-SF.*
- I have questions on my options.** *Please call me to help me decide the most appropriate method.*



**EFAST2 Filing Authorization  
To Pollard & Associates, Inc.**

**Plan Sponsor:** Levelift Foundations, LLC

On behalf of the above-named Plan Sponsor, the undersigned hereby grants authorization to Pollard & Associates (Pollard) to electronically file our **2024** Form 5500/Form 5500-SF through EFAST2. The Plan(s) to which this authorization is applicable are as follows:

**Plan Name:** Levelift Foundations, LLC 401(k) Profit Sharing Plan

I understand that Pollard:

1. Has obtained EFAST2 signing credentials as a practitioner;
2. May not submit our Plan filings without this signed authorization;
3. Will maintain a copy of this signed authorization in their records;
4. Will not be able to file for us without a manually signed Form 5500/Form 5500-SF, timely executed and returned to Pollard for filing;
5. Will notify the Plan Sponsor about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this filing; and
6. Will not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

I hereby acknowledge and understand the requirements listed above for Pollard to file the **2024** Form 5500/Form 5500-SF electronically on our behalf and further understand that the image of the manual signature of the person signing on our behalf will be included with the electronic filing posted by the Department of Labor on their electronic public disclosure website. I understand that this authorization is applicable only to the **2024** filing for the above-named plan(s).

 6.19.25

**Plan Sponsor's Signature**

**Date**

PHIL SCHUED - PRESIDENT

**Print Name & Title**

