

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- 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>REINHARD DISTRIBUTING CO., INC. 401 (K) PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>01/01/1997</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>REINHARD DISTRIBUTING CO., INC.</u> <u>PO BOX 4246</u> <u>28727 PACIFIC HWY S</u> <u>FEDERAL WAY, WA 98063-4246</u> <u>PO BOX 4246</u> <u>FEDERAL WAY, WA 98003</u>		2b Employer Identification Number (EIN) <u>91-0793384</u>
		2c Sponsor's telephone number <u>253-529-7108</u>
		2d Business code (see instructions) <u>447100</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>26</u>
b Total number of participants at the end of the plan year.....	5b	<u>6</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>24</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>5</u>
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	<u>18</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>09/19/2025</u>	<u>LUCY WONG</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>09/19/2025</u>	<u>LUCY WONG</u>
	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	691227	29554
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	691227	29554
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1910	
(2) Participants.....	8a(2)	10429	
(3) Others (including rollovers)	8a(3)		
b Other income (loss).....	8b	78187	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		90526
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	742323	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	9876	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		752199
i Net income (loss) (subtract line 8h from line 8c).....	8i		-661673
j 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 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? 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		100000
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		4600
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		19698
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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 3190

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

The 401(k) Company, Inc.

May 23, 2023

Attn: Lucy Wong
REINHARD DISTRIBUTING CO. INC.
28727 Pacific Highway S.
Federal Way, WA 98003

Re: Ernie's Fuel Stops, LLC
401(k) Plan Termination

Dear Lucy:

I have been notified to begin the process of terminating your 401(k) Plan. Generally, we set forth the process and administrative needs to terminate the plan in the form of an itemized schedule (see below), which serves to outline the IRS requirements for plan termination. Please review the items below and let me know if you have any questions regarding the outline or any specific administrative issue.

As you know, the Plan Sponsor has certain obligations that must be met in order to terminate a qualified 401(k) retirement plan. The summary below provides a broad description of the plan termination process for you. While we generally know in advance most of the specifics, there is the potential for other requirements as we progress.

1. A formal resolution from Ernie's Fuel Stops, LLC to terminate the plan is required. I will prepare this document for you for signature and return for completion of the file.
2. Upon plan termination, participants must be given the option to transfer their benefits into a new Individual Rollover Account, a successor Employer Qualified plan, or take a direct cash distribution. A distribution packet will be provided to each plan participant. Federal withholding is required to be deducted from the distribution check if the participant elects not to do a rollover and receive cash direct.
3. Final benefits calculations for all participants are required prior to the distribution of plan assets. We will advise you if we need additional information.
4. Plan documents must be up to date at the time of termination. Your plan is updated according to prior regulations and deadlines, however, the DOL and IRS stipulate your plan be fully compliant at the time of termination. This will require your plan document to be restated to meet any new requirements.
5. Benefit distributions will require 1099R filings in the following calendar year, as are all Retirement Plan Distributions. This means early in 2024 and 2025 these forms for distributions will confirm updated home and mailing addresses for all participants receiving benefits.

6. IRS filing, including the certified IRS 5500, needs to be prepared for all plan years in which the trust had eligible assets. This means that if any assets remain in the trust account after December 31, 2023, IRS Form 5500 will have to be filed for plan year 2024. This would also require re-calculation of the plan benefits, as needed.
7. IRS and DOL rules require plan records and filings be made available for 5 years after final Plan termination. Our firm assumes this responsibility with your submission of the signed Plan documents and filing instructions contained in this letter.

X Generally, we will perform all the necessary plan termination requirements for you. Administrative expenses for the plan termination can be deducted from the plan assets, if preferred. This should be determined prior to beginning the termination process as it could affect plan funding.

Please also keep in mind that the final valuations for 2023 and 2024 must be completed regardless of status of plan assets and accounts. These valuations can be completed concurrent to completing the administration requirement necessary to terminate the plan.

After you have reviewed the enclosed estimate for termination services for your 401(k) Plan, please sign the estimate and return to me along with your check necessary to begin the termination process. Or, if you prefer to withdraw funds directly from Trust assets, contact me with any assistance you may need.

Please call if you have any questions.

Sincerely,

Michael F Colasurdo

Enclosure

Ernie's Fuel Stops, LLC 401(k) Plan - Estimate of Services and Fees for final Annual Administration and Plan Termination

Annual Administration

2022 PLAN YEAR

Annual Administration fees for 2022

- Complete 2022 IRS/DOL Reporting \$ 500.00
- Participant Reporting 400.00
- Trust Account Review 250.00

2023 PLAN YEAR

Annual Administration fees for 2023

- 2023 IRS/DOL Reporting \$1,500.00
- Participant Reporting 400.00
- Trust Account Review 250.00

Sub-Total \$3,300.00

Plan Termination Fees - Includes Plan Documents, Actuarial Records and Reviews, Trust Accounting and Administrative Reporting fees for the plan termination as follows:

Administrator's Plan Termination fee \$2,500.00

Actuarial – Investment Policy Section 3(38) \$1,000.00

Third Party Administrator Archive and Record Preservation Fee, through the 5 year IRS requirement \$2,500.00

Participant Distribution calculations and 1099R (est. 25) \$ 2,500.00


Plan Document Restatement and Termination Notices \$ 1,500.00

Sub-Total \$10,000.00

Ernie's Fuel Stops, LLC 401(k) Plan - Estimate of Services and Fees for final Annual Administration and Plan Termination (cont.)

Total Estimated Fees for Plan Termination \$14,300.00

Enclosed is our check in the amount of \$14,300.00 to be credited as prepayment for Actuarial, Plan Documents and Administration fees related to the plan termination process. Distribution fees due upon final processing of benefits.

By:  _____

Title: Trustee _____

Date: 06/09/23 _____

REINHARD DISTRIBUTING CO., INC.
28727 PACIFIC HWY S
Federal Way, WA 98003-3223

UNION BANK
19-1111759

50440

6/9/23

PAY TO THE ORDER OF 401 (K) Company Inc

\$ **14,300.00

Fourteen Thousand Three Hundred and 00/100*****

DOLLARS

401 (K) Company, Inc
PO Box 7488
Olympia, WA 98507



A handwritten signature in black ink is written over a horizontal line. Below the signature is a rectangular stamp with the text "AUTHORIZED SIGNATURE" and a small logo to the right.

MEMO

⑈050440⑈ ⑆ 25000 ⑆ 48 ⑆ 0042023294⑈

REINHARD DISTRIBUTING CO., INC.
401 (K) Company Inc

6/9/23

50440

14,300.00

UB - RDC

14,300.00