

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

This Form is Open to 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: [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

Table with 2 main columns for plan information and 4 sub-columns for specific details. Includes fields for: 1a Name of plan (DOMINGUEZ FAMILY ENTERPRISES 401(K) PLAN), 1b Three-digit plan number (001), 1c Effective date of plan (01/01/2015), 2a Plan sponsor's name and address (DOMINGUEZ FAMILY ENTERPRISES, INC., 2885 VAN HORN DRIVE, HOOD RIVER, OR 97031), 2b Employer Identification Number (EIN) (93-0701076), 2c Sponsor's telephone number (541-386-6311), 2d Business code (311900), 3a Plan administrator's name and address (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 (Sponsor's name, Plan Name), 4b EIN, 4d PN, and 5a-5e Total number of participants at the beginning/end of the plan year and active participants.

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.

Signature table with columns for SIGN HERE, Signature of plan administrator, Date, and Enter name of individual signing as plan administrator. Includes a row for Signature of employer/plan sponsor.









