

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: 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>A CUT ABOVE GRADING, INC 401 (K) PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/2019</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>A CUT ABOVE GRADING, INC</u>		2b Employer Identification Number (EIN)	<u>46-2972185</u>
<u>33580 CYCLAMEN LN</u> <u>MURRIETA, CA 92563-3425</u>		2c Sponsor's telephone number	<u>951-760-1173</u>
<u>33580 CYCLAMEN LN</u> <u>MURRIETA, CA 92563-3425</u>		2d Business code (see instructions)	<u>238290</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>4</u>	
b Total number of participants at the end of the plan year	5b	<u>4</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>4</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>4</u>	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>4</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>4</u>	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		

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.	<u>11/03/2025</u>	<u>MARK KOPPENHAVER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>11/03/2025</u>	<u>MARK KOPPENHAVER</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	75144	95986
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	75144	95986
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	3469	
(2) Participants	8a(2)	5269	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	12304	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		21042
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	200	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		200
i Net income (loss) (subtract line 8h from line 8c)	8i		20842
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: 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	
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

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

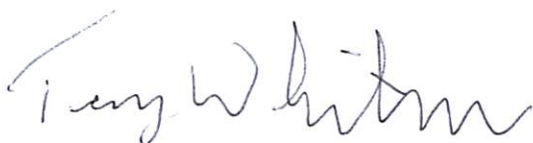
15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A.

Late file of 5500 due to inability of DOL to process return on due date.

Please reference Case # 01018564 issued to me on 10/15/2025. Due to processing issues at the EFAST site, our return could not be processed. We tried repeatedly to file, but met no success and are now forced to file a manual return entered directly on the EFAST site. Please also note the attached pages showing the attempts to file with our usual Lacerte software. EFAST efile customer support said that we should attempt to refile with our software. Lacerte software tec support told me that we had to wait for a response of not accepted from EFAST before we could refile with the software. It eventually became obvious that the software efile update of processing would not show any messages as it was apparently not processed at all. We have used this software for years. We initially attempted to file in July but the signature procedure was unsuccessful. We then filed an extension, corrected our problem and refiled on 10/15. That was when the return was unprocessed at EFAST.

Thank you for your attention to our plight. If any other information is needed please feel free to contact me at the number or email below.

Preparer

A handwritten signature in black ink that reads "Terry Whitener". The signature is written in a cursive style with a large initial "T" and a long, sweeping underline.

Terry Whitener

909 771-6335

Terryw5782@roadrunner.com

04:43 PM

Client 1	- A CUT ABOVE GRADING, INC	EIN: 46-2972185	Plan #001
US:	Even Return.....	\$0	
US-8955-SSA:	\$0	

Activity

Federal

US - SENT TO LACERTE 10/15/2025 (Current Status)

Submission ID:

Previous Activity

- 10/15/2025 Received at Lacerte
- 10/15/2025 Ready to Send
- 10/15/2025 Passed Validation
- 07/29/2025 Rejected

Filing Rejected - This filing was rejected by the taxing agency on July 29, 2025. You need to fix errors that caused the rejection before it can be accepted by the agency. Follow these instructions for fixing the errors and you can transmit again at no additional charge.

Reject: Error SIGNATURE: [UNPROCESSABLE] THE FILING YOU WERE ATTEMPTING TO SUBMIT WAS NOT RECEIVED BY THE GOVERNMENT. Required signatures are blank or invalid.

Please correct the problem and attempt your filing submission again. If you need assistance resolving this problem, contact your software provider or the EFAST2 helpdesk (1-866-463-3278).

Resolution: Please first verify that you have either left the Administrator Information blank indicating that the sponsor and administrator information is the same OR that you have completed the administrator information completely. You should not enter "Same" in the administrator name or partially complete the section for e-file returns.

This reject is usually due to an incorrect User Profile being setup with the DOL or an account setup on the DOL site which did not include a password. Please review the following items:

Have the signer (not the preparer) filing to www.efast.dol.gov and log in with the appropriate EFAST2 User ID and 8 to 16 character password. Successfully logging in to the EFAST2 website confirms the EFAST2 account is active. Once logged in, the user should go to the Profile & PIN page to verify the 4 digit PIN. If desired, the PIN can be changed using the "Change PIN" option.

The "Filing Signer" user type must be selected for the User ID and PIN signature to be considered "valid." Changes to the selected user type(s) can be made using the "Change Profile" option.

A filing that received the status of Filing Unprocessable should be submitted again in its entirety and not marked Amended.

If the filing is still rejected, you must contact the DOL help desk number 866-463-3278.

10:33 AM

Client 1	- A CUT ABOVE GRADING, INC	EIN: 46-2972185	Plan #001
US:	Even Return.....	\$0	
US-8955-SSA:	\$0	

Activity

Federal

US - FAILED TRANSMISSION 10/17/2025 (Current Status)

Submission ID:

Previous Activity

- 10/17/2025 Ready to Send
- 10/17/2025 Passed Validation
- 10/17/2025 Failed Transmission
- 10/15/2025 Sent to the IRS
- 10/15/2025 Sent to Lacerte
- 10/15/2025 Received at Lacerte
- 07/29/2025 Rejected

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02:33 PM

Client 1	- A CUT ABOVE GRADING, INC	EIN: 46-2972185	Plan #001
US:	Even Return.....	\$0	
US-8955-SSA:	\$0	

Activity

Federal

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11:04 AM

Client 1	- A CUT ABOVE GRADING, INC	EIN: 46-2972185	Plan #001
US:	Even Return.....	\$0	
US-8955-SSA:	\$0	

Activity

Federal

US - FAILED TRANSMISSION 10/17/2025 (Current Status)
 Submission ID: 20251015180200NAL0002842547008

Previous Activity

- 10/17/2025 Ready to Send
- 10/17/2025 Passed Validation
- 10/17/2025 Failed Transmission
- 10/15/2025 Sent to the IRS
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- 10/15/2025 Received at Lacerte
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