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 03/31/2023

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 [X] the final return/report
[ ] an amended return/report [X] 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
CS REEDER, PC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
CS REEDER, PC

11766 WILSHIRE BLVD STE 1470
LOS ANGELES, CA 90025

2b Employer Identification Number (EIN) 82-4802625

2c Sponsor's telephone number 310-480-2625

2d Business code (see instructions) 541110

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**	5
b Total number of participants at the end of the plan year	**5b**	0
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)**	
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)**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	
d(2) Total number of active participants at the end of the plan year	**5d(2)**	
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.	11/07/2025	CHRISTOPHER REEDER ORTIZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	266288	-1
b Total plan liabilities	**7b**		-1
c Net plan assets (subtract line 7b from line 7a)	**7c**	266288	

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**		
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	0	
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**		
g Other expenses	**8g**		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		
i Net income (loss) (subtract line 8h from line 8c)	**8i**		
j Transfers to (from) the plan (see instructions)	**8j**	-266288	

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**
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		20000
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** 1

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)
REEDER MCCREARY LLP 401K	92-3018113	001

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_____.

THIS TAX RETURN IS BEING FILED LATE BECAUSE THE ADMINISTRATOR DID NOT FILE THE TAX RETURN AS THEY INDICATED THEY WOULD. THE ASSETS FROM THIS PLAN WERE TRANSFERRED TO ITS REPLACEMENT PLAN IN MARCH 2023 BY THE ADMINISTRATOR. THE ADMINISTRATOR FILED THE TAX RETURNS FOR THE REPLACEMENT PLAN AND PREPARED ALL THE DOCUMENTATION NECESSARY TO ADMINISTER THE REPLACEMENT PLAN. HOWEVER, THEY DID NOT FILE THIS FINAL TAX RETURN FOR THE ORIGINAL RETIREMENT PLAN.

PLEASE WAIVE THE LATE FILING PENALTY. THIS WAS NOT FILED LATE INTENTIONALLY BUT RATHER OUT OF THE INACTIONS OF THE FORMER THIRD PARTY ADMINISTRATOR.

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0018

002452.586070.150535.17669 2 MB 0.672 1019

CS REEDER PC
11766 WILSHIRE BLVD STE 1470
LOS ANGELES CA 90025-6579700

002452

Be sure the IRS address appears in your envelope window.

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SELCD-

Notice Number: CP403
Notice Date : 2025-09-08
Tax Period : 202312

824802625

CS REEDER PC
11766 WILSHIRE BLVD STE 1470
LOS ANGELES CA 90025-6579700

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0018

824802625 RW 0000 01 2 202312 000 0000000

IRS Department of the Treasury
Internal Revenue Service

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BOD CD-TE

** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 09-08-2025
TAXPAYER IDENT. NUM: 82-4802625
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2023

OGDEN UT 84201-0018

CS REEDER PC
11766 WILSHIRE BLVD STE 1470
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002452

REQUEST FOR INFORMATION ABOUT YOUR FORM 5500 or FORM 5500-SF
WRITTEN RESPONSE REQUIRED

Why Are You Getting This Notice?

We do not have a record of receiving your Form 5500SF information from the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) for the plan number and/or plan period ending indicated below:

Plan Number	Plan Period Ending
001	12-31-2023

What You Need To Do

We urge you to review the items below, complete the appropriate section of this notice and return it to us by 10-08-2025.

1. If you filed the return within the last four weeks and used the name, employer identification number (EIN) and plan number shown above, disregard this notice.
2. Complete Section I of this notice if you have already filed the return.
3. Complete Section I of this notice if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
4. Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
5. 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.
6. 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.

   [ ] DFVC Program Date applied _____

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BOD CD-TE

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 09-08-2025
TAXPAYER IDENT. NUM: 82-4802625
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2023

CS REEDER PC
11766 WILSHIRE BLVD STE 1470
LOS ANGELES CA 90025-6579700

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 10-08-2025.

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.

001565
BOD CD-TE

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 09-08-2025
TAXPAYER IDENT. NUM: 82-4802625
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2023

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11766 WILSHIRE BLVD STE 1470
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002452

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.
[ ] Other:_____

Section III
Reason for not filing on time

Explain why you did not file on time:

002452

Notice 1462 (en-sp)

Important! You Have More Time to File and Pay Your Taxes Due to a Disaster

The Federal Emergency Management Agency (FEMA) issued a disaster declaration for your area. This means the IRS has automatically granted you disaster relief which includes a **postponement of the deadline for you to file your return and make your payment**. This means you have additional time to pay beyond the due date listed on any other notice in this mailing.

Please note: You do not need to contact us to get this extra time to pay; it is automatic.

To determine your filing and payment due date, scan the code below or visit IRS.gov/DisasterTaxRelief to locate your specific state and county by disaster area. Remember to **pay the amount you owe by the extended due date, to avoid paying additional penalties and interest**.

Scan here to find your extended payment due date based on your disaster area.

For disaster questions, please call the IRS Disaster Hotline at 866-562-5227.

Notice 1462 (en-sp) (Rev. 7-2023) Catalog Number 94158V
Department of the Treasury **Internal Revenue Service**
www.irs.gov

Aviso 1462 (en-sp)

¡Importante! Usted tiene más tiempo para presentar y pagar sus impuestos debido a un desastre

La Agencia Federal de Gestión de Emergencias (*FEMA*, por sus siglas en inglés) emitió una declaración de desastre para su área. Esto significa que el *IRS* le ha otorgado automáticamente alivio por desastre, que incluye un **aplazamiento de la fecha límite para que presente su declaración y realice su pago**. Esto significa que usted tiene tiempo adicional para pagar más allá de la fecha de vencimiento indicada en cualquier otro aviso en este correo.

Por favor, tenga en cuenta: No es necesario que se comunique con nosotros para obtener este tiempo adicional para pagar; es automático.

Para determinar la fecha de vencimiento de su presentación y pago, escanee el código a continuación o visite *IRS.gov/aliviopordesastre* para ubicar su estado y condado específicos por área de desastre. Recuerde **pagar la cantidad que adeuda para la fecha de vencimiento prorrogada, para evitar pagar multas e intereses adicionales**.

Escanee aquí para encontrar la fecha de vencimiento prorrogada de su pago, según su área de desastre.

Si tiene preguntas sobre desastres, por favor, llame al *IRS* a la línea directa de desastres, al 866-562-5227.

Notice 1462 (en-sp) (Rev. 7-2023) Catalog Number 94158V
Department of the Treasury **Internal Revenue Service**
www.irs.gov