

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 MY DAD'S PLACE INC 401K
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2021
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) MY DADS PLACE INC 25956 QUAIL RIDGE DR ELKHART, IN 46514
2b Employer Identification Number (EIN) 35-1691516
2c Sponsor's telephone number 574-238-2296
2d Business code (see instructions) 722410
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 37
b Total number of participants at the end of the plan year 40
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 37
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 40
d(1) Total number of active participants at the beginning of the plan year 17
d(2) Total number of active participants at the end of the plan year 15
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/20/2026, KELLEY NEASE. Row 2: 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	74239	88126
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	74239	88126
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	7400	
(2) Participants	8a(2)	10644	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	8596	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26640
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12193	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	560	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12753
i Net income (loss) (subtract line 8h from line 8c)	8i		13887
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 2S 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		8000
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		14367
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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

My Dad's Place Inc
Sondra Rodgers
25956 Quail Ridge Dr
Elkhart IN 46514

January 16, 2026

Internal Revenue Service
Department of Labor

Dear EBSA Representative,

This letter serves as a formal request for reasonable cause relief from penalties for the late filing of the Form 5500 for My Dad's Place Inc 401K, Plan No: 294772 for the plan year ending December 31, 2024.

We acknowledge the Form 5500 was not filed by the extended due date of October 15, 2025.

The reasons for the delay are as follows:

The business, and property, of My Dad's Place, an eating and drinking establishment in Elkhart IN, was pending sale as of July 31, 2025, due to overhead costs greater than sales for a couple of years.

Because of this, there was distraction as ownership devoted time preparing for closing of the business she had owned for 17 years, working with agencies, creditors, realtors, land contract owner, dispute with property lines, etc, etc.

ALSO: the HR and employee manager, Amber Bundy, was involved in a motorcycle accident which left her with multiple broken bones on the right side of her body, brain swelling and memory loss.

Amber had been the person who dealt with and authorized plan filings and activity. In addition, communication via computer ceased as she took the company computer tower.

And, ownership was not as informed as should have been, which was realized once the ADP representative informed me of the late filing at the time the owner, myself, Sandy Rodgers, contacted ADP to inquire about plan termination in December 2025.

Plan #294772, My Dad's Place Inc, will terminate as of January 30. 2026.

All assets have been disbursed, leaving the owner with unpaid bills to creditors and no means to pay them. Legal action is pending or forthcoming because of the shortfall between business sale income and money owed.

We exercised all ordinary business care and prudence, but these unforeseen circumstances prevented timely filing.

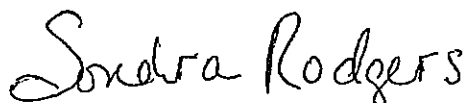
We have attached the closing statement for the sale of the business and property located at 51425 State Road 19, Elkhart IN on August 15, 2025.

And the 1st page of the plan termination contract. And an excerpt from online notice about Amber's accident

We are now on point and Form 5500 for 2025 plan year will be filed timely.

We are also participating in the IRS Delinquent Filer Voluntary Compliance Program (DFVC).

We respectfully request that the Department of Labor waive penalties for this late filing based on these facts.

A handwritten signature in cursive script that reads "Sondra Rodgers".

Sondra Rodgers

Owner

574-612-1121

Soro1105@aol.com

And please copy to:

Klnease61@gmail.com



Fidelity National Title Company, LLC
 401 W. High Street
 Elkhart, IN 46516
 Phone: (574)293-2341 Fax: (574)674-7231

Settlement Statement

Settlement Date: August 15, 2025
Disbursement Date: August 15, 2025
Order Number: 792400045
Escrow Officer: Alicia Head
Buyer: Sunshine Enterprise LLC
Seller: Sondra Rodgers
 P.O. Box 1242
 Elkhart, IN 46515
Property: 51425 State Road 19
 Elkhart, IN 46514
 APN/Parcel ID: 20-02-17-251-004.000-026

Seller			Buyer	
Debit	Credit		Debit	Credit
	500,000.00	Purchase Price		
		Purchase Price	500,000.00	
		Commissions		
12,500.00		Listing Agent Commission to Rock Auctioneers & Real Estate \$500,000.00 @ 2.5000% = \$12,500.00		
12,500.00		Selling Agent Commission to Rock Auctioneers & Real Estate \$500,000.00 @ 2.5000% = \$12,500.00		
		Title/Escrow Charges		
300.00		Closing Fee to Fidelity National Title Company, LLC	300.00	
500.00		Search, Exam, Copies to Fidelity National Title Company, LLC		
5.00		Title Insurance Enforcement Fund Fee to Fidelity National Title Company, LLC		
		Wire Fee to Fidelity National Title Company, LLC	25.00	
100.00		Document Prep Fee to Edward W. Hardig, Jr., Attorney at Law		
1,075.00		Owner's Policy Premium to Fidelity National Title Company, LLC Coverage: \$500,000.00 Version: ALTA Owner's Policy 2021		
		Recording Charges		
25.00		Recording Fee to Fidelity National Title Company, LLC	25.00	
3.00		Recording e-Filing Fee to Fidelity National Title Company, LLC	3.00	
30.00		Sales Disclosure Fee/ Transfer Fee to Fidelity National Title Company, LLC	30.00	

Settlement Statement

Seller			Buyer	
Debit	Credit		Debit	Credit
		Payoffs		
271,251.54		Land Contract Payoff to Estate of John S. Turk		
		Loan Payoff		271,251.54
		Total Payoff		<u>271,251.54</u>
		Taxes		
5,655.80		Current Year		5,655.80
		226 days @ 25.025644 per day at \$9,134.36		
		01/01/25-08/15/25		
9,591.10		24/25 Real Estate Taxes		
313,536.44	500,000.00	Subtotals	500,383.00	5,655.80
		Balance Due FROM Buyer		494,727.20
186,463.56		Balance Due TO Seller		
500,000.00	500,000.00	Totals	500,383.00	500,383.00

See signature page to follow

Amber Bundy, was in a motorcycle accident on her birthday, September 29th. She suffered multiple injuries, including broken bones and skull ... [Read more](#)

2025

ADP Plan Termination Confirmation and IRA Rollover Provider Selection

ADP Plan Number: 294772 Plan Name: My Dad's Place Inc 401k

Action Item: To terminate your plan, you must complete this form and return it to plan_term@adp.com **no later than the last business day prior to the 15th of the month in which your plan is scheduled to terminate.**

You are also required by law to distribute all plan assets within 12 months of the plan's termination date. To accomplish this, the Department of Labor recommends you select an IRA Provider to receive the assets of participants who have not taken a distribution or rollover of their account balance within 12 months after the plan's termination date. ADP has established a process with American Century Investment Services (American Century) to facilitate the timely distribution of plan assets. You may utilize the services of American Century or any other financial institution that performs the duties of a qualified IRA Custodian that accepts IRA Rollovers upon plan termination.

ADP Plan Termination Date: 1/30/2026

This Plan IS or IS NOT a Safe Harbor Plan. Only if this IS a Safe Harbor Plan, check one of boxes below:

- The plan termination IS due to a business acquisition, disposition or substantial hardship
- The plan termination IS NOT due to a business acquisition, disposition or substantial hardship

IRA Rollover Provider Selection (please choose one of the two options below):

- I have elected American Century Investment Services, Inc. (American Century) to assist with automatic rollover and plan termination services pursuant to the Election and Services Agreement, which is incorporated herein, and appoint ADP, Inc. to act as the Plan Sponsor's recordkeeper (hereinafter "Directed Recordkeeper") for purposes of providing support to the Plan Sponsor in connection with the Automatic Rollover Distributions and Plan Termination Services provided by American Century. Distribution of plan assets will occur two months after the confirmed termination date, on or about the 20th of the second month.
- I have contracted with an IRA Rollover provider other than American Century. To proceed with this election, I understand that I must email Plan_Transfer@adp.com for further instructions, which include obtaining a standalone IRA Rollover Provider Election form returning it to ADP in good order to authorize the rollover of plan assets on behalf of each participant in this plan. **NOTE: Failure to return the form, or complete it in good order, will result in your authorization for ADP to rollover all plan assets to American Century.**

Important: By not checking either box in the above section, you hereby authorize ADP to utilize American Century as the IRA Rollover Provider and agree to the above actions and all terms and conditions to the Election and Services Agreement. If no option is selected, distribution of plan assets will occur four months after the confirmed termination date noted above, on or about the 20th of the month.

By signing this Plan Termination and IRA Rollover Provider Election Form, you are authorizing the plan termination as of the above date and directing ADP to process the plan termination and participant distributions in accordance with the terms of this termination package including permitting participants who have terminated service with your company to take a distribution of their Plan account without plan sponsor approval. You represent and warrant that you are the plan sponsor of the above Plan and are authorized to execute this agreement to terminate the Plan and appoint an IRA Rollover Provider. Neither ADP, Inc. nor any company affiliated with ADP, is responsible for the misrepresentation of an authorized signer.

Authorized Signature: Sandra Rodgers

Title: President

Date: 12/30/2025

ADP, Inc.

99-7203-PS-01-0225