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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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: [ ] 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
SHIMADA ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
SHIMADA ENTERPRISES INC

14009 DINARD AVE
SANTA FE SPRINGS, CA 90670-4922

2b Employer Identification Number (EIN) 95-4097892

2c Sponsor's telephone number 562-802-8811

2d Business code (see instructions) 541990

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**	21
b Total number of participants at the end of the plan year	**5b**	23
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)**	16
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)**	16
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	12
d(2) Total number of active participants at the end of the plan year	**5d(2)**	14
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	LOUISE SONG
	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.) [X] 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.) [X] 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	325211	410030
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	325211	410030
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	3205	
(2) Participants	8a(2)	22965	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	64188	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		90358
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	5539	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5539
i Net income (loss) (subtract line 8h from line 8c)	8i		84819
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

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 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		32521
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 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

PINEAPPLE PAYMENTS

11 Stanwix St Ste 1202, Pittsburgh, PA 15222

YOUR CARD PROCESSING STATEMENT

CELESTIAL LIGHTING
MICK SHIMADA
14009 DINARD AVE
SANTA FE SPRINGS CA 90670-4922

THIS IS NOT A BILL

Statement Period	11/01/25 - 11/30/25
Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

SUMMARY

An overview of account activity for the statement period.

Page	1	**Total Amount Submitted**	$7,215.85
Page	2	**Chargebacks/Reversals**	0.00
Page	2	**Adjustments**	0.00
Page	2	**Fees**	-$496.67
Total Amount Processed			**$6,719.18**

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

A new version of the P2PE Instruction Manual (PIM) is now available. Access the latest version of the document here: https://support.cardpointe.com/security-resources#p2pe-instruction-manual

SUMMARY BY DAY

Date Submitted	Submitted Amount	Chargebacks/ Reversals	Adjustments	Fees	Amount Processed
11/20/25	$7,215.85	0.00	0.00	0.00	$7,215.85
Month End Charge	0.00	0.00	0.00	-$496.67	-$496.67
Total	**$7,215.85**	**0.00**	**0.00**	**-$496.67**	**$6,719.18**

SUMMARY BY CARD TYPE

Card Type	Average Ticket	Total Gross Sales You Submitted		Refunds		Total Amount You Submitted	
		Items	Amount	Items	Amount	Items	Amount
Mastercard	$7,215.85	1	$7,215.85	0	0.00	1	$7,215.85
Total		**1**	**$7,215.85**	**0**	**0.00**	**1**	**$7,215.85**

YOUR CARD PROCESSING STATEMENT

Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

Statement Period 11/01/25 - 11/30/25

SUMMARY BY BATCH

Batch	Submit Date	Average Ticket	Total Gross Sales You Submitted		Refunds		Total Amount You Submitted	
			Items	Amount	Items	Amount	Items	Amount
202201524795	11/20/25	$7,215.85	1	$7,215.85	0	0.00	1	$7,215.85
Total			**1**	**$7,215.85**	**0**	**0.00**	**1**	**$7,215.85**

CHARGEBACKS/REVERSALS

Transactions that are challenged or disputed by a cardholder or card-issuing bank.

Date	Reference No.	Description	Card Number (Last 4 Digits)	Amount
No Chargebacks/Reversals for this Statement Period				
Total				**0.00**

ADJUSTMENTS

The amounts credited to, or deducted from, your account to resolve processing and billing discrepancies.

Date	Description	Amount
No Adjustments for this Statement Period		
Total		**0.00**

FEES

Amount charged to authorize, process and settle card transactions, along with transaction-based and/or fixed amounts charged for specific card processing services.

TRANSACTION FEES	Type	Amount
MASTERCARD		
MC-NTWK ACCESS AUTH FEE NONUS 1 TRANSACTIONS AT .029500	Fees	-$0.03
MASTERCARD ASSESSMENT FEE 0.0014 TIMES $7215.85	Interchange charges	-$10.10
MC-INT CON RTE 3 BASE PREM	Interchange charges	-$137.10
MC ASSESSMNT TRAN AMT >=$1K 0 X TRNS $7215.85	Interchange charges	-$0.72
MASTERCARD SALES DISCOUNT 0.012 DISC RATE TIMES $7215.85	Service charges	-$86.59
MASTERCARD SALES TRANS FEE 1 TRANSACTIONS AT 0.1	Service charges	-$0.10
MC LICENSE VOLUME FEE 0.000046 DISC RATE TIMES $7215.85	Service charges	-$0.33
CNP AVS FEE 1 TRANSACTIONS AT 0.01	Fees	-$0.01
MASTERCARD AUTH FEE 1 TRANSACTIONS AT 0.6	Fees	-$0.60
Other		
CARDPOINTE PLATFORM FEE	Service charges	-$49.95
MC-AUTH DIGITAL ENABLEMENT FEE $7215.85 AT0.0002	Fees	-$1.44
BATCH SETTLEMENT FEE 1 TRANSACTIONS AT 0.1	Fees	-$0.10
TOTAL TRANSACTION FEES		**-$287.07**

DEBIT NETWORK FEES	Type	Amount
DEBIT FEE ADJ/REV Non-Receipt of PCI Validation	Fees	-$49.99
TOTAL DEBIT NETWORK FEES		**-$49.99**

ACCOUNT FEES	Type	Amount
MC-MOTO CROSS BORDER FEE .000150 TIMES $7,215.85	Fees	-$1.08
CARDPOINTE TOKENIZATION FEE	Fees	-$19.95
GATEWAY FEE	Fees	-$10.00
REGULATORY PRODUCT FEE	Fees	-$14.95
VISA NETWORK FEE CNP 2-04	Fees	-$9.00
US CROSS BORDER FEE 0 TRANS TOTALING $7215.85	Fees	-$43.30

YOUR CARD PROCESSING STATEMENT

Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

Statement Period 11/01/25 - 11/30/25

FEES

Amount charged to authorize, process and settle card transactions, along with transaction-based and/or fixed amounts charged for specific card processing services.

MC GLOBAL ACQUIRER FEE 0 TRANS TOTALING $7215.85	Fees	-$61.33
TOTAL ACCOUNT FEES		**-$159.61**
TOTAL		**-$496.67**

Total Interchange Charges/Program Fees	**-$147.92**
Total Service Charges	**-$136.97**
Total Fees	**-$211.78**
Total (Service Charges, Interchange Charges/Program Fees, and Fees)	**-$496.67**

INTERCHANGE CHARGES/PROGRAM FEES

These are the variable fees charged by Card Organizations for processing transactions. The Interchange / Program charges in this section are also reflected in the Fee section of the statement.

Product/Description	Sales Total	% Of Sales	Number of Transactions	% of Total Transactions	Interchange/Program Rate	Interchange/Program Cost Per Transaction	Sub Total	Total Interchange/Program Charges
MASTERCARD								
MC-INT CON RTE 3 BASE PREM	$7,215.85	100%	1	100%	0.0190	0.000	-$137.10	
MASTERCARD TOTAL	**$7,215.85**		**1**					**-$137.10**
TOTAL	**$7,215.85**		**1**					**-$137.10**

TOTAL GROSS REPORTABLE SALES BY TIN

Total dollar amount of aggregate reportable payment card transactions funded and third party network transactions, for each participating payee, without regard to any adjustments for credits, cash equivalents, discount amount, fees, refunded amounts, or any other amounts per respective tax identification number.

Month	Description	Total
October	GROSS REPORTABLE SALES-TIN##########7892	$5,306.79
	2025 YTD Gross Reportable Sales	**$417,348.96**

PINEAPPLE® PAYMENTS

11 Stanwix St Ste 1202, Pittsburgh, PA 15222

YOUR CARD PROCESSING STATEMENT

CELESTIAL LIGHTING
MICK SHIMADA
14009 DINARD AVE
SANTA FE SPRINGS CA 90670-4922

THIS IS NOT A BILL

Statement Period	08/01/25 - 08/31/25
Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

SUMMARY

An overview of account activity for the statement period.

Page	1	**Total Amount Submitted**	$8,933.59
Page	2	**Chargebacks/Reversals**	0.00
Page	2	**Adjustments**	0.00
Page	2	**Fees**	-$479.29
Total Amount Processed			**$8,454.30**

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Effective October 2025, Visa will implement the next phase of its new Commercial Enhanced Data Program (CEDP) that Visa previously rolled out in April 2025. Visa implemented the CEDP to encourage merchants to submit accurate transaction data for business-to-business (B2B) purchases. Transactions containing Level 3 data that Visa verifies as complete and accurate will be eligible for an interchange reduction of up to 0.15%. Transactions submitted with missing or invalid Level 3 data will be assessed the applicable Visa Custom Payment Service (CPS) rate based on the then-current Visa Interchange Qualification guidelines, including whether the transaction contains complete and accurate Level 2 data. Merchants can find the relevant Level 2 and Level 3 data fields here (https://view-su2.highspot.com/viewer/095780d176d5b988faf348a3b3dca891). Merchants currently sending Level 2 and Level 3 data who seek to be CEDP eligible are recommended to take affirmative action to confirm all transaction data being submitted is accurate and consistent across all payment methods.

Based upon recent card organization changes as well as our own pricing considerations, effective October 2025 month-end billing, your discount rates for Visa, MasterCard, Discover, PIN Debit and American Express Full Acquiring transactions, as applicable, will increase by 0.10%. An increase of 0.10% represents a fee increase of 10 cents per $100 in sales. This change will appear beginning on or after your October 2025 month-end statement. Continuing your merchant account with us or use of your merchant per your agreement will constitute your acceptance to these terms.

Based upon recent card organization changes as well as our own pricing considerations, effective October 2025 month-end billing, your auth fees for Visa, MasterCard, Discover, PIN Debit and American Express Full Acquiring transactions, as applicable, will increase by $0.10 per authorization. This change will appear beginning on or after your October 2025 month-end statement. Continuing your merchant account with us or use of your merchant per your agreement will constitute your acceptance to these terms.

SUMMARY BY DAY

Date Submitted	Submitted Amount	Chargebacks/ Reversals	Adjustments	Fees	Amount Processed
08/04/25	$4,046.85	0.00	0.00	0.00	$4,046.85
08/26/25	$4,886.74	0.00	0.00	0.00	$4,886.74

YOUR CARD PROCESSING STATEMENT

Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

Statement Period 08/01/25 - 08/31/25

SUMMARY BY DAY

Date Submitted	Submitted Amount	Chargebacks/ Reversals	Adjustments	Fees	Amount Processed
Month End Charge	0.00	0.00	0.00	-$479.29	-$479.29
Total	**$8,933.59**	**0.00**	**0.00**	**-$479.29**	**$8,454.30**

SUMMARY BY CARD TYPE

Card Type	Average Ticket	Total Gross Sales You Submitted		Refunds		Total Amount You Submitted	
		Items	Amount	Items	Amount	Items	Amount
VISA	$4,466.80	2	$8,933.59	0	0.00	2	$8,933.59
Total		**2**	**$8,933.59**	**0**	**0.00**	**2**	**$8,933.59**

SUMMARY BY BATCH

Batch	Submit Date	Average Ticket	Total Gross Sales You Submitted		Refunds		Total Amount You Submitted	
			Items	Amount	Items	Amount	Items	Amount
042152472986	08/04/25	$4,046.85	1	$4,046.85	0	0.00	1	$4,046.85
262153016342	08/26/25	$4,886.74	1	$4,886.74	0	0.00	1	$4,886.74
Total			**2**	**$8,933.59**	**0**	**0.00**	**2**	**$8,933.59**

CHARGEBACKS/REVERSALS

Transactions that are challenged or disputed by a cardholder or card-issuing bank.

Date	Reference No.	Description	Card Number (Last 4 Digits)	Amount
		No Chargebacks/Reversals for this Statement Period		
Total				**0.00**

ADJUSTMENTS

The amounts credited to, or deducted from, your account to resolve processing and billing discrepancies.

Date	Description	Amount
	No Adjustments for this Statement Period	
Total		**0.00**

FEES

Amount charged to authorize, process and settle card transactions, along with transaction-based and/or fixed amounts charged for specific card processing services.

TRANSACTION FEES	Type	Amount
VISA		
VI DIGITAL COMMERCE SVCS FEE $8,933.59 AT .000075	Fees	-$0.67
VISA ASSESSMENT FEE CR 0.0014 TIMES $8933.59	Interchange charges	-$12.51
VI-US PURCHASE PRODUCT 3	Interchange charges	-$169.94
VISA SALES DISCOUNT 0.011 DISC RATE TIMES $8933.59	Service charges	-$98.27
VISA SALES TRANS FEE 2 TRANSACTIONS AT 0.1	Service charges	-$0.20
VISA AUTH FEE 2 TRANSACTIONS AT 0.5	Fees	-$1.00
VI NTWK ACQ PROC FEE US CR 2 TRANSACTIONS AT 0.0195	Fees	-$0.04

YOUR CARD PROCESSING STATEMENT

Merchant Number	496279299887
Customer Service	Website - Phone - 1-877-828-0720

Statement Period 08/01/25 - 08/31/25

FEES

Amount charged to authorize, process and settle card transactions, along with transaction-based and/or fixed amounts charged for specific card processing services.

Other		
CARDPOINTE PLATFORM FEE	Service charges	-$49.95
VI BASE II SYSTEM FILE FEE 2 TRANSACTIONS AT 0.0025	Service charges	-$0.01
BATCH SETTLEMENT FEE 2 TRANSACTIONS AT 0.1	Fees	-$0.20
TOTAL TRANSACTION FEES		**-$332.79**
DEBIT NETWORK FEES	**Type**	**Amount**
DEBIT FEE ADJ/REV Non-Receipt of PCI Validation	Fees	-$49.99
TOTAL DEBIT NETWORK FEES		**-$49.99**
ACCOUNT FEES	**Type**	**Amount**
VI-COMMERCIAL SOLUTIONS FEE .000100 TIMES $8,933.59	Fees	-$0.89
VI CEDP COMM ENH DATA PGM FEE $8,933.59 AT .000500	Fees	-$4.47
REGULATORY PRODUCT FEE	Fees	-$14.95
VISA NETWORK FEE CNP 2-06	Fees	-$45.00
MC MONTHLY LOCATION FEE	Fees	-$1.25
GATEWAY FEE	Fees	-$10.00
CARDPOINTE TOKENIZATION FEE	Fees	-$19.95
TOTAL ACCOUNT FEES		**-$96.51**
TOTAL		**-$479.29**

Total Interchange Charges/Program Fees	**-$182.45**
Total Service Charges	**-$148.43**
Total Fees	**-$148.41**
Total (Service Charges, Interchange Charges/Program Fees, and Fees)	**-$479.29**

INTERCHANGE CHARGES/PROGRAM FEES

These are the variable fees charged by Card Organizations for processing transactions. The Interchange / Program charges in this section are also reflected in the Fee section of the statement.

Product/Description	Sales Total	% Of Sales	Number of Transactions	% of Total Transactions	Interchange/Program Rate	Interchange/Program Cost Per Transaction	Sub Total	Total Interchange/Program Charges
VISA								
VI-US PURCHASE PRODUCT 3	$8,933.59	100%	2	100%	0.0190	$0.100	-$169.94	
VISA TOTAL	**$8,933.59**		**2**					**-$169.94**
TOTAL	**$8,933.59**		**2**					**-$169.94**

TOTAL GROSS REPORTABLE SALES BY TIN

Total dollar amount of aggregate reportable payment card transactions funded and third party network transactions, for each participating payee, without regard to any adjustments for credits, cash equivalents, discount amount, fees, refunded amounts, or any other amounts per respective tax identification number.

Month	Description	Total
July	GROSS REPORTABLE SALES-TIN##########7892	$71,154.35
	2025 YTD Gross Reportable Sales	**$403,108.58**