

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 06/01/2008 and ending 05/31/2009	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WORKSAFE TECHNOLOGIES N.W., INC. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/10/2005
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WORKSAFE TECHNOLOGIES N.W., INC. 11624 NE 94TH PLACE KIRKLAND, WA 98033	2b Employer Identification Number (EIN) 20-2971428 2c Sponsor's telephone number 425-822-6997 2d Business code (see instructions) 454390

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 accompanying schedules, statements and attachments, 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.	03/16/2010	CLYDE MASON JR.
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WORKSAFE TECHNOLOGIES N.W., INC. 11624 NE 94TH PLACE KIRKLAND, WA 98033	3b Administrator's EIN 20-2971428 3c Administrator's telephone number 425-822-6997
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	2
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 3G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☐ **H** (Financial Information)
 (2) ☒ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 06/01/2008 and ending 05/31/2009		
A Name of plan WORKSAFE TECHNOLOGIES N.W., INC. DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WORKSAFE TECHNOLOGIES N.W., INC.		D Employer Identification Number (EIN) 20-2971428

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	1097653	1198827
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	1097653	1198827
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	375159	
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	-273985	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		101174
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		
k Net income (loss) (subtract line 2j from line 2d)	2k		101174
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.				
		Yes	No	Amount
a Partnership/joint venture interests	3a	X		50000
b Employer real property	3b			
c Real estate (other than employer real property)	3c	X		376000
d Employer securities	3d			
e Participant loans	3e	X		61070

	Yes	No	Amount
3f Loans (other than to participants)			
g Tangible personal property	X		30840

Part II	Compliance Questions
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4	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.)		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e	Was the plan covered by a fidelity bond?		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	X		376000
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l	Has the plan failed to provide any benefit when due under the plan?		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**Schedule SB, Part V - Statement of Actuarial
Assumptions/Methods**

Plan Name: **Worksafe Technologies NW, Inc. Defined Benefit
Pension Plan**

Plan Sponsor's EIN: **20-2971428**

Plan Number: **001**

Weighted Average Retirement Age: 69

Withdrawal Rates: No pre-retirement terminations

Assumed Annual Salary Increases: 0%

Assumed Form of Distribution: Lump Sum

Mortality Table: IRC Section 417(e) Applicable
Mortality Table (Post
retirement)

Actuarial Value of Assets: Fair Market Value

Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name: Worksafe Technologies NW, Inc. Defined Benefit Pension Plan

Plan Sponsor's EIN: 20-2971428

Plan Number: 001

The assumed retirement age was changed from age 65 to age 69.

The new assumptions better reflect future plan experience at this time.

Schedule SB, line 19 - Discounted Employer Contributions			
Effective Interest Rate:	5.57%	5%	Quarterly Due Dates
Valuation Date:	6/1/2008		9/15/2008
Quarterly Payment:	52,068		12/15/2008
			3/15/2009
			6/15/2009
			Adjusted to
Date of Contribution	Amount		Valuation Date
Prior yr CB applied to MRC	83218		0
08/14/09	30,000	lq	26,947
10/20/09	20,000	lq	17,636
11/02/09	2,068	lq	1,817
11/02/09	27,932	lq	24,828
02/15/10	24,136	lq	20,843
02/15/10	52,068	lq	45,479
02/15/10	52,068	lq	46,012
02/15/10	166,887		152,127
Totals	375,159		335,689

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 06/01/2008 and ending 05/31/2009.

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WORKSAFE TECHNOLOGIES NW, INC.</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ <u>WORKSAFE TECHNOLOGIES NW, INC.</u>		D Employer Identification Number (EIN) <u>20-2971428</u>
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Multiple-C	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 06 Day 01 Year 2008

2 Assets:

a Market value	2a	<u>724,435</u>
b Actuarial value	2b	<u>724,435</u>

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	
b For terminated vested participants	3b	
c For active participants:		
(1) Non-vested benefits	3c(1)	
(2) Vested benefits	3c(2)	<u>742,607</u>
(3) Total active	3c(3)	<u>742,607</u>
d Total	3d	<u>742,607</u>

4 If the plan is in at-risk status, check the box and complete lines 4a and 4b ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate 5.57 %

6 Target normal cost 409,402

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Gary Mevorah
Signature of actuary

3/15/2010
Date

GARY J. MEVORAH

Type or print name of actuary

PENSIONS BY DESIGN, INC.

Firm name

18100 VON KARMAN AVENUE, SUITE 120
IRVINE CA 92612

Address of the firm

08-5055

Most recent enrollment number

858-657-9083

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v11.3

Schedule SB (Form 5500) 2008

Part II	Beginning of year carryover and prefunding balances
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Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8	Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9	Amount remaining (line 7 minus line 8)	83,218	N/A
10	Interest on line 9 using prior year's actual return of _____ %	N/A	N/A
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (line 38 from prior year)		N/A
b	Interest on line 11a using prior year's effective rate of _____ %		N/A
c	Total available at beginning of current plan year to add to prefunding balance		N/A
d	Portion of line 11c to be added to prefunding balance		N/A
12	Reduction in balances due to elections or deemed elections		N/A
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	83,218	N/A

Part III	Funding percentages
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Part III Funding percentages			
14	Funding target attainment percentage	14	86.35 %
15	Adjusted funding target attainment percentage	15	86.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	86.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and liquidity shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
08/14/2009	30,000					
10/20/2009	20,000					
11/02/2009	30,000					
02/15/2010	295,159					
			Totals ▶	18(b)	375,159	18(c)

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid benefit restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	335,689

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

C If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:	1st segment:	2nd segment:	3rd segment:	<input type="checkbox"/> N/A, full yield curve used
a Segment rates:	5.13 %	6.01 %	6.53 %	
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 69

23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes", see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes", see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes", see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	409,402
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount.	33	
34 Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33)	34	409,402
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	83,218	
36 Additional cash requirement (line 34 minus line 35)	36	326,184
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	37	335,689
38 Interest-adjusted excess contributions for current year (see instructions)	38	10,034
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	
40 Unpaid minimum required contribution for all years	40	

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Worksafe Technologies NW, Inc. Defined Benefit Pension Plan

Plan Sponsor's EIN: 20-2971428

Plan Number: 001

Primary Plan Provisions

Effective Date: June 10, 2005

Plan Year: June 1 through May 31

Eligibility: Upon date of hire

Year of Credited Service: 500 hours in a plan year

Normal Retirement: Age 65

Normal Retirement Benefit: 20% of average annual compensation (over three years) for each year of credited service (up to 5 years).

Accrued Benefit: Normal retirement benefit prorated by credited service.

Vesting: 100% immediate vesting

Termination Benefit: Actuarial equivalent of normal form of payment of normal retirement benefit

Death Benefit: Present value of accrued benefit

Normal Form of Payment: 100% joint and survivor annuity, fully subsidized

Optional Forms of Payment: Lump sum, annuities; actuarially equivalent to normal form of payment.

Actuarial Equivalence (Annuities): 5%, IRC Section 417(e) Applicable Mortality Table (post retirement)

Actuarial Equivalence (Lump Sums): Greater of actuarial equivalence for annuities and IRC Section 417(e) Applicable

Mortality Table (post retirement) and Applicable Interest Rates

Changes in Plan Provisions

None.

**Schedule SB, line 22 - Description of Weighted Average
Retirement Age**

Plan Name: Worksafe Technologies NW, Inc. Defined Benefit
Pension Plan

Plan Sponsor's EIN: 20-2971428

Plan Number: 001

Age 68	50% of participants
Age 70	50% of participants

Since the geometric average age of retirement is age 69,
the assumed weighted average retirement age is deemed to be
age 69.

**Application for Extension of Time
To File Certain Employee Plan Returns**

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only**Part I Identification****A** Name of filer, plan administrator, or plan sponsor (see instructions)**WORKSAFE TECHNOLOGIES NW, INC.**

Number, street, and room or suite no. (If a P.O. box, see instructions)

11624 NE 94TH PLACE

City or town, state, and ZIP code

KIRKLAND, WA 98033**B** Filer's identifying number (see instr.)☒ Employer identification number (EIN).**20-2971428**☐ Social security number (SSN)**C**

Plan name

Plan
number

Plan year ending -

MM

DD

YYYY

1 **WORKSAFE TECHNOLOGIES NW, INC. DEFINED BENEFI****001****5****31****2009**

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3

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)1 I request an extension of time until **03/15/2010** to file Form 5500 or Form 5500-EZ.The application is **automatically approved** to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶ **a**b Enter the payment amount attached ▶ **b**c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶ **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ▶

12/22/09Form **5558** (Rev. 1-2008)