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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accomplete all entries in accomplete.	rdance wit	h the instructions to the Form 5500)-SF.			
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20)11	and ending 1	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descrip						
	art II Basic Plan Information—enter all requested information	mation		41			
	Name of plan			1b	Three-digit plan number		
PRG	PACKING CORPORATION 401(K) PLAN				(PN)	001	
				1c	Effective date of		
					01/01/		
2a	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identif	ication Numbe	er
	PACKING CORPORATION	(- -)-,	3 1 7 7 7 7 7 7		(EIN) 13-39		
				2c	Sponsor's telepl	none number	
1560	BOONE AVENUE				718-328		
	NX, NY 10460			2d	Business code (see instruction	ıs)
					31111	0	
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	9")	3b	Administrator's E		
PRG	PACKING CORPORATION 1560 BOON BRONX, N	VE AVENUE				74458	
	BRONA, N	1 10400		3c	Administrator's t		ber
4	If the name and/or EIN of the plan sponsor has changed since the	loot roturn/	roport filed for this plan, enter the	4b		5-0039	
_	name, EIN, and the plan number from the last return/report.	e iasi retum/	report filed for trils plant, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			70
b	Total number of participants at the end of the plan year			5b			69
C	Number of participants with account balances as of the end of the		 	JU			
·	complete this item)		·	5c			9
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)			X Yes	No
b			,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condit	ions.)			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	546930			567944	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7с	546930			567944	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,				
	(1) Employers	8a(1)	14398	_			
	(2) Participants	8a(2)	43050				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-1353				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				56095	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	28312				
е	Certain deemed and/or corrective distributions (see instructions).	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	6769				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				35081	
i	Net income (loss) (subtract line 8h from line 8c)					21014	
i	Transfers to (from) the plan (see instructions)		0				
	, , , , , , , , , , , , , , , , , , , ,	oj					

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Form	5500	SF.	2011

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Part IV	Plan	Characteri	ietice

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
 - 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							
0	During the plan year:		Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		Aillou		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
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				
е	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					5919
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.)	10q	Χ				1	09021
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						
art	VI Pension Funding Compliance	•	•					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
				12b				
	Enter the minimum required contribution for this plan year			12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>-</u>		Yes	No	П	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?				res X N)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
	of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13	c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/27/2012	ANA C. GONZALEZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/27/2012	ANA C. GONZALEZ
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **5558**(Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's iden	tifying number (s	ee instruction	is)
	PRG Packing Corporation			entification numbe		,
	Number, street, and room or suite no. (If a P.O. box, see instructions)		13-397445		ar (EIIA):	
	1560 Boone Avenue	-				
	City or town, state, and ZIP code		Social secul	rity number (SSN)	(see instruction	ns)
	Bronx NY 10460	ı				
				The state of the s		
	Plan name	ĺ	Plan number		year endir	
			number	MM	DD	YY
	PRG Packing Corporation 401(k) Plan					İ
	toppozaczon tot(x) Fidu	0	0 1	12	31	20
	2		1 1			1
			_!!			
	3	İ	f I			1
	rt II Extension of Time To File Form 5500 Series, and/or Form					
	I request an extension of time until <u>10 / 15 / 2012</u> to find the Note. A signature IS NOT required if you are requesting an extension to file Fo	le Form 5500 rm 5500 serie	series (see ins s.	tructions).		
!	I request an extension of time until / / to fi					
'		le Form 8955-	SSA (see instr	uctions).		
	Note. A signature IS required if you are requesting an extension to file Form 85	55-SSA.				
	_					
	The application is automatically approved to the date about an in-					
	and/or	line 2 (above)	if: (a) the Forr	n 5558 is filed o	n or hefore	
	The application is automatically approved to the date shown on line 1 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not letter than the 45th decrease.	Avtoneian ie i	raculantad and	n 5558 is filed o I (b) the date on	n or before line 1	
art	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the result. Extension of Time To File Form 5330 (see instructions)	Avtoneian ie i	raculantad and	n 5558 is filed o	n or before line 1	
	and/or line 2 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until	e extension is increased and i	requested, and	I (b) the date on	n or þefore I line 1	
	and/or line 2 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions)	e extension is increased and the date of t	requested, and	I (b) the date on	n or þefore I line 1	
	and/or line 2 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until	e extension is increased and the date of t	requested, and	I (b) the date on	n or before line 1	
1	and/or line 2 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to fill You may be approved for up to a 6 month extension to file Form 5330, after the	e extension is increased and the date of t	requested, and e.	30.	n or before line 1	
1	I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension:	e Form 5330.	ate of Form 53	30.	line 1	
1	and/or line 2 (above) is not later than the 15th day of the third month after the research of time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached	e Form 5330.	ate of Form 53	30.	b	
1	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
1	I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension:	e Form 5330.	ate of Form 53	30.	b	
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3	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
art b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	
3	Extension of Time To File Form 5330 (see instructions) I request an extension of time until You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the revision/ar State in detail why you need the extension: Client information is not yet complete.	e Form 5330.	ate of Form 53	30.	b	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Departms 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 4055 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the internal Revenue Code (the Code). 2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information 01/01/2011 12/31/2011 For the calendar plan year 2011 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: a one-participant plan 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) DFVC program automatic extension Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number PRG Packing Corporation 401(k) Plan (PN) ▶ 001 1c Effective date of plan 01/01/2003 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number PRG Packing Corporation (EIN) 13-3974458 2C Plan sponsor's telephone number (718) 328-0059 1560 Boone Avenue 2d Business code (see instructions) 311110 US Bronx NY 10460 3b Administrator's EIN 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3C Administrator's telephone number 4b EIN 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. 4c PN Sponsor's Name 5a Total number of participants at the beginning of the plan year . . . 70 5b 69 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not X Yes Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year ä Total plan assets . 7a 546,930 567,944 b 7b Total plan flabilities O 546,930 567,944 7c Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 14,398 8a(1) (1) Employers . . 43,050 (2) Participants 8a(2) (3) Others (including rollovers). 8a(3) (1,353)Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . 8c 56,095 Benefits paid (including direct rollovers and insurance premiums 28,312 8d Certain deemed and/or corrective distributions (see instructions) 80 0 6,769 Administrative service providers (salaries, fees, commissions) . 8f Other expenses 8g g Total expenses (add lines 8d, 8e, 8f, and 8g) 35,081 h 8h 21,014 Net income (loss) (subtract line 8h from line 8c). 8j Transfers to (from) the plan (see instructions) 81

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

	Form 5500-SF 2011 Page 2-]					
6.51	Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	haracteristic	Code	s in the i	nstructions:		
	2 P 2 P 2 P 2 P 3 D						
D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Che	al actoristic		HI BIG III	SUCCIONS.		
Č.	Compliance Questions						
10	During the plan year:		Yes	No	An	nount	
	Was there a failure to transmit to the plan any participant contributions within the time period describe	d in	a	x			
ħ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report	ted		x			
	on line 10a.)	10		x			
C		• • •	╫-	+			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	10	<u>d</u>	X			
€	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,		-				
	insurance services or other organization that provides some or all of the benefits under the plan? (Seinstructions.)	10	e X				5,919
f		10	•	X			<u></u>
ç	the board to a second to the s	•	g X				L09,021
- 7	if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10	h	x			
i	If 10h was answered "Ves." check the hox if you either provided the required notice or one of the	10					
6	exceptions to providing the notice applied under 29 CFR 2520.101-3	• • • • • • • • • • • • • • • • • • • •			SCATAL STATE VIOLENCE LA	in the second second second	rodina Nicolari, Patrike adalah
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				* * * *	∐Yes	
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	tion 3	02 of ER	ISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			•			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	 Month_ 	and e	nter the Day	date of the le	etter ruling (ear	
	Enter the minimum required contribution for this plan year			12b	ĺ		
_	C Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the			12d			
	negative amount)		• •		Yes	∏No	□N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>·</u>			·	
13:						Yes	X No
	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 bro	ought under	the co	ntrol			
	of the PBGC?		• •	• • •		Yes	∑ No
	which assets or liabilities were transferred. (See instructions.)			13c(2) E	IN(s)	13c/3	PN(s)
	13c(1) Name of plan(s):				(0)		, , , , , , , , , , , , , , , , , , , ,
							-
Car	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable caus	e is e	stablish	ed.		——————————————————————————————————————
Und	der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this relief, it is true, correct, and complete.	s return/rep	ort, inc	luding, il	f applicable, a	a Schedul ledge and	₽
接蓋	W 0 - 1/2	GONZAL	3Z	······			
				ignina as	plan admini	strator	
1839	V 100 0 - 10 0 V 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	GONZAL		J			
				igning as	employer or	plan spor	nsor
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Form 5558 (Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

File With IRS Only

ar	I Identification						
	Name of filer, plan administrator, or plan sponsor (see instructions)	В	File	r's identi	lying number (s	ee instruction	s)
	PRG Packing Corporation		Emj	oloyer idei	ntification numbe	er (EIN)	
•	Number, street, and room or suite no. (If a P.O. box, see instructions)		13-3	974458			
	1560 Boone Avenue		Soc	ial securit	y number (SSN)	(see instructio	ns)
	City or town, state, and ZIP code						
			Pla	n	Plar	ı year endir	ıg
	Plan name		num		MM	DD	YYYY
•			1	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	PRG Packing Corporation 401(k) Plan	0	0	11	12	31	2011
	PRO PROXING COLPOTABLES TOTAL TOTAL		i	1			
			i	i			
	4		<u></u>	- 			
	3		i	i			
ar	Extension of Time To File Form 5500 Series, and/or Form	8955-SSA					<u>.</u>
	I request an extension of time until 10 / 15 / 2012 to file			(see ins	tructions).		
	Note. A signature IS NOT required if you are requesting an extension to file For	n 5500 series	3.				
	I request an extension of time until / / / to file		SSA (see instr	uctions).		
	Note. A signature IS required if you are requesting an extension to file Form 895	5-SSA.					
	The application is automatically approved to the date shown on line 1 and/or li	ne 2 (above)	if: (a)	the Forr	n 5558 is filed	on or before	
art	The application is automatically approved to the date shown on line 1 and/or line normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the notation of Time To File Form 5330 (see instructions)	extension is ı	eque				
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the note. Extension of Time To File Form 5330 (see instructions)	extension is in the state of th	eque e.	sted, and	d (b) the date o		
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the notation of Time To File Form 5330 (see instructions) I request an extension of time until / to file	extension is in the state of th	eque e.	sted, and	d (b) the date o		
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