#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

rei	ISION DE	nent Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ictions to the Form 5500	0-SF.		•			
Pa			Identification Information								
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
<b>A</b> T	his ret	urn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan			
<b>B</b> T	his ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	)				
<b>C</b> C	heck b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am			
			special extension (enter descri	ption)							
Par	tⅡ	Basic Plan Info	rmation—enter all requested info	rmation							
1a 1	Name (	of plan				1b	Three-digit				
B & J (	CONS	TRUCTION CO., INC.	MONEY PURCHASE PLAN				plan number				
							(PN) <b>•</b>	010			
						1c	Effective date o	•			
<b>2a</b> F	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 3 & J CONSTRUCTION CO., INC.						Employer Identi				
Dav	s a vicino movimoni co., inc.						(=114)	52663			
646 S0	46 SOUTH STREET						Sponsor's telep				
NEW E	BRITA	IN, CT 06051				2d	Business code (	(see instructions)			
			nd address Same as Plan Sponso	<b>—</b>	ın Sponsor Address	3b	Administrator's	EIN 952663			
& J C(	ONST	RUCTION CO., INC.	646 SOUTH NEW BRITA	I STREET AIN, CT 06051		3c		telephone number			
						860-224	4-0306				
			e plan sponsor has changed since the	ne last return/report filed f	for this plan, enter the	4b EIN					
		cr's name	mber from the last return/report.			4c PN					
5a	Total r	number of participants	at the beginning of the plan year			5a		2			
b	Total r	number of participants	at the end of the plan year			5b		2			
			account balances as of the end of th	' '	•	Ea		2			
_		,	during the plan year invested in all			5с		X Yes No			
_			s during the plan year invested in eli the annual examination and report	- '							
	under	29 CFR 2520.104-463	? (See instructions on waiver eligibil	ity and conditions.)		·····		X Yes No			
	lf you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.				
Caut	ion: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is	established.				
			her penalties set forth in the instruct								
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and			
SIGN		Filed with authorized/	valid electronic signature.	03/27/2013	BRIEN BALAVENDER						
HERE		Signature of plan a	dministrator	Date	Enter name of individu	ual siç	ning as plan adr	ninistrator			
SIGN											
HERI	E	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual siç	ning as employe	er or plan sponsor			
Prepa	arer's i	name (including firm n	ame, if applicable) and address; inc	lude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)			

Form 5500-SF 2012 Page **2** 

Pai	t III Financial Information											_
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear			_
	Total plan assets	7a	(a) Beginning of Tea			108	24		_			
	Total plan liabilities	7b	100						100	,,		_
	Net plan assets (subtract line 7b from line 7a)	7c	105	54					108	84		_
	Income, Expenses, and Transfers for this Plan Year	,,,			(b) Total							-
	Contributions received or receivable from:		(a) Amount				(D) I	otai				_
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	3	80								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3	0		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0		
	Net income (loss) (subtract line 8h from line 8c)	8i							3	30		
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	_ vj										_
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	S:			_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:				_
Daw	V Campliana Ovastiana											-
Pari	•			1	V	NI-		_				_
10	During the plan year:	tiono withi	n the time naried described in		Yes	No		Am	ount			_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		X						
f	Has the plan failed to provide any benefit when due under the plan					X						_
				10f							—	_
g h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?		,	10g		X						
i	2520.101-3.)			10h		X						_
Part	vi Pension Funding Compliance	1-3		10i								
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	, <sub>Г</sub>	No	_
112	5500) and line 11a below)								168	,	140	<u> </u>
	a Enter the amount from Schedule SB line 39								_			
12	· · · · · · · · · · · · · · · · · · ·			or se	ction	3U2 Of	EKISA?	L	1 68	X	INO	<u>_</u>
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard for a prior year is being standard for a prior year.	ng amortiz	ed in this plan year, see instru		and	_	l ne date of ti			uling	<del></del>	_
14	granting the waiveryou completed lines 3, 9, and 10 of Schedule			เเท		Day		Yea	ar			_
		•			I							_
<b>ل</b>	Enter the minimum required contribution for this plan year					12b						

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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		
е	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 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 brought under the of the PBGC?	control	Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

#### 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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I   Annual Report Id	lentification Information								
For calendar plan year 2012 or fisca	al plan year beginning 01/	01/2012	and ending	12/31/2012					
A This return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan					
B This return/report is:	the first return/report t	he final return/report							
	an amended return/report a	short plan year return	n/report (less than 12 me	onths)					
C Check box if filing under:	X Form 5558	automatic extension		DFVC program					
special extension (enter description)									
Part II Basic Plan Inform	nation—enter all requested informat	ion							
1a Name of plan				1b Three-digit					
B & J CONSTRUCTION CO	O., INC. MONEY PURCHASE	PLAN		plan number 010					
				(PN)					
1c Effective date of plan 06/13/1997									
2a Plan sponsor's name and addre	2b Employer Identification Number								
B & J CONSTRUCTION CO		(EIN) 06-0952663  2c Sponsor's telephone number							
646 SOUTH STREET				860-224-0306					
11711 DD 1771 TX	OT 0.6051			2d Business code (see instructions)					
NEW BRITAIN  3a Plan administrator's name and	CT 06051 address Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	237100 <b>3b</b> Administrator's EIN					
B & J CONSTRUCTION CO	<u></u>	Потто по то	. оролоот паптоо	06-0952663					
	,			3c Administrator's telephone number					
646 SOUTH STREET				860-224-0306					
NEW BRITAIN	CT 06051								
4 If the name and/or EIN of the p name, EIN, and the plan numb	olan sponsor has changed since the last per from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participants at	the beginning of the plan year			<b>5a</b> 2					
<b>b</b> Total number of participants at	the end of the plan year			<b>5b</b> 2					
	count balances as of the end of the pla			<b>5c</b> 2					
	during the plan year invested in eligible			X Yes ∏ No					
<b>b</b> Are you claiming a waiver of the	ne annual examination and report of ar	n independent qualifie	ed public accountant (IQ	PA)					
	See instructions on waiver eligibility ar ier line 6a or line 6b, the plan canno								
	incomplete filing of this return/repo								
				port, including, if applicable, a Schedule					
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report	, and to the best of my knowledge and					
SIGN AUX	Sakuelle.	3-27-13	Brien Balaveno	der					
HERE Signature of plan agr	ministrator	Date	Enter name of individ	ual signing as plan administrator					
SIGN ANA DA	lounder	3-27-13	Brien Balaven						
HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor									
	me, if applicable) and address; include			Preparer's telephone number (optional)					
	tw Proof Servi		Principle(0) (875)						
_			z <sup>j</sup>						

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear	
a	Total plan assets	7a	, , ,	105	54		. ,			108
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		105	54					108
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3) 8b		7	30					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			, ,					3
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
<u>g</u>	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								_
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								3
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	<b>.</b>	de a franciska blata (Dlan Oban		1:- 0-		the street or			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	reature co	ides from the List of Plan Char	acteris	stic Cc	aes in	tne instru	ctions	<b>3</b> .	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
	insurance service or other organization that provides some or all or instructions.)			10e		Х				
f						Х				
				10f						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?			10g		X				
	2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							$\int \Gamma$	Yes	s ∏ No
11a	Enter the amount from Schedule SB line 39					11a				
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page <b>3</b> -							
			1					
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						
е	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?	🔲 Y	es X No	ı				
	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 of the PBGC?	ne control Yes X						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
	3c(1) Name of plan(s):	<b>13c(2)</b> El	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

## (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Identification

Part I

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

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

B & J CONSTRUCTION COINC. Number, street, and room or state in city a P.O. box, see instructiones)  646 SOUTH STREET  City or fown, state, and 279 code  NEW BRITAIN, CT 06051  C  Plan name  Plan   Plan	A	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's	identi	fying number (s	ee instru	ıctions)	ions)			
Social security number (SSN) (6 digits XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Emplo	yer ide							
City or town, state, and ZIP code  NEW BRITAIN, CT 06051  Plan name  Plan   Plan   MMM   DD   YYYY   B & J CONSTRUCTION CO. INC. MONEY PURCHASE PLAN    D   1   0   12   31   2012  Part III   Extension of Time To File Form 5500 Series, and/or Form 8955-SSA    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Form 1, Co above. 2 I request an extension of time until   10 / 15 /2013   to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (as an instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (as an instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (as an instructions).  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until / / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax												
NEW BRITAIN, CT 06051  Plan name Plan water and the plan plan plan plan plan plan plan plan				Social	securi	ty number (SSN	) (9 digits	XXX-XX	(-XXXX)			
Plan name Plan year ending— MM DD YYYY  B & J CONSTRUCTION COINC. MONEY PURCHASE PLAN  Part III Extension of Time To File Form 5500 Series, and/or Form 8955-SSA    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.    I request an extension of time until		•										
B & J CONSTRUCTION COINC. MONEY PURCHASE PLAN    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.    Trequest an extension of time until   10 / 15 / 2013   to file Form 5500 series (see instructions).	C			Plan		Pla	n year e	ending	<u> </u>			
Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA    Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.    I request an extension of time until   10 / 15 /2013   to file Form 5500 series (see instructions).     Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).     Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.     The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if: (a) the Form 5580 series, and (b) the date on line 2 and/or line 3 (above) if: (a) the Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5580 is filed on or before the normal due date of Form 5330.    I request an extension of time until		Pian name	n				1					
Part III Extension of Time To File Form 5500 Series, and/or Form 8955-SSA  1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.  2 I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until / / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax			0	1	0	12	3	1	2012			
1  □ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.  2  I request an extension of time until 10 / 15 /2013 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4  I request an extension of time until / / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.  a Enter the Code section(s) imposing the tax				<u> </u>	<u>!</u>				<u> </u>			
I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  3 I request an extension of time until 10 / 15 / 2013 to file Form 8955-SSA (see instructions).  Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until / to file Form 5330.  4 I request an extension of time until / to file Form 5330, after the normal due date of Form 5330.  5 Enter the Code section(s) imposing the tax	Pai	Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA								
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  3 I request an extension of time until	1		first F	orm 5	5500 s	series return/ı	report fo	or the p	olan listed			
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.  3 I request an extension of time until	2	I request an extension of time until 10 / 15 / 2013 to file Form 5	5500 s	eries	(see i	nstructions).						
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until/		· · · · · · · · · · · · · · · · · · ·				,						
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.  The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.  Part III Extension of Time To File Form 5330 (see instructions)  4 I request an extension of time until/												
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b Enter the payment amount attached												
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