#### 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accordance	ordance with the instru	ctions to the Form 550	0-SF.	
Part I	Annual Report	dentification Information				
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/20	)13	and ending 1	2/31/2013	
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-par	rticipant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	· —	
C Check I	box if filing under:	Form 5558  special extension (enter descrip)	automatic extension		☐ DFVC pro	ogram
Dowt II	Dania Dian Info					
Part II		rmation—enter all requested infor	mation		41	
1a Name ADVANCED	•	DSCAPING, INC. RETIREMENT SA	VINGS PLAN		<b>1b</b> Three-digit plan numbe (PN) ▶	r 011
					1c Effective da	te of plan
		dress; include room or suite number	(employer, if for a single-	-employer plan)		8/01/2000 entification Number
ADVANCED	EXCAVATING & LAN	DSCAPING, INC.			(=:: 1)	I-1662559
409 QUAKE	R STREET				2c Sponsor's te 845	-564-0549
WALLKILL, I	NY 12589					de (see instructions)
		d address Same as Plan Sponsor		n Sponsor Address	<b>3b</b> Administrato	or's EIN 4-1662559
DVANCED E	EXCAVATING & LAND	SCAPING, INC. 409 QUAKEF WALLKILL, N				or's telephone number -564-0549
name,		plan sponsor has changed since the other from the last return/report.	e last return/report filed f	or this plan, enter the	<b>4b</b> EIN <b>4c</b> PN	
name, <b>a</b> Sponse	, EIN, and the plan nun or's name		· 	·		7
name,	EIN, and the plan nun or's name number of participants number of participants	at the beginning of the plan year			4c PN	7
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan nun or's name number of participants number of participants er of participants with a	at the beginning of the plan year	e plan year (defined bene	efit plans do not	4c PN 5a	
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan nun or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car t plan, is it covered under the PBGC	e plan year (defined bene iible assets? (See instruc- of an independent qualifie y and conditions.) nnot use Form 5500-SF insurance program (see	efit plans do not  ctions.)ed public accountant (IQI  and must instead use  ERISA section 4021)?	4c PN 5a 5b 5c PA) Form 5500. Yes No	. X Yes No . X Yes No . Not determined
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants or of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car t plan, is it covered under the PBGC or incomplete filing of this return/r	e plan year (defined bene- ible assets? (See instruc- of an independent qualifie y and conditions.) nnot use Form 5500-SF insurance program (see	efit plans do not  ctions.) ed public accountant (IQI and must instead use ERISA section 4021)?.  unless reasonable cau	4c PN 5a 5b 5c PA) Form 5500. Yes No	7 5 . X Yes No . X Yes No . Not determined
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan nun or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car t plan, is it covered under the PBGC or incomplete filing of this return/re ther penalties set forth in the instruction disigned by an enrolled actuary, as	e plan year (defined bene- iible assets? (See instruct of an independent qualifier y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have	efit plans do not  ctions.)ed public accountant (IQI  and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep	4c PN  5a  5b  5c  PA)  Form 5500.  Yes No  se is established. bort, including, if ap	7 5 . X Yes No . Yes No . Not determined
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car t plan, is it covered under the PBGC or incomplete filing of this return/re ther penalties set forth in the instruction disigned by an enrolled actuary, as	e plan year (defined bene- iible assets? (See instruct of an independent qualifier y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have	efit plans do not  ctions.)ed public accountant (IQI  and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep	4c PN  5a  5b  5c  PA)  Form 5500.  Yes No  se is established. bort, including, if ap	7 5 . X Yes No . Yes No . Not determined
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car typian, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction of signed by an enrolled actuary, as a leite.	e plan year (defined bene ible assets? (See instruc- of an independent qualifie y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c PN  5a  5b  5c  PA)  Form 5500.  Yes No  se is established port, including, if apply, and to the best of	7 5 . X Yes No . X Yes No . Not determined . Pplicable, a Schedule my knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car typian, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction of signed by an enrolled actuary, as a leite.	e plan year (defined bene- ible assets? (See instruc- of an independent qualifie y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report william NOBLE	4c PN  5a  5b  5c  PA)  Form 5500.  Yes No  se is established port, including, if apply, and to the best of	7 5 . X Yes No . X Yes No . Not determined . Pplicable, a Schedule my knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car tylan, is it covered under the PBGC or incomplete filing of this return/repenalties set forth in the instruction disigned by an enrolled actuary, as elete.  Administrator	e plan year (defined bene- iible assets? (See instruct of an independent qualifier y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver  10/13/2014  Date  Date	efit plans do not  ctions.)	4c PN  5a  5b  5c  PA)  Form 5500.  See is established. Pand to the best of th	. X Yes No . X Yes No . Not determined . Plicable, a Schedule my knowledge and administrator
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car tylan, is it covered under the PBGC or incomplete filing of this return/repenalties set forth in the instruction of signed by an enrolled actuary, as elete.	e plan year (defined bene- iible assets? (See instruct of an independent qualifier y and conditions.) nnot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver  10/13/2014  Date  Date	efit plans do not  ctions.)	4c PN  5a  5b  5c  PA)  Form 5500.  See is established. Pand to the best of th	. X Yes No . X Yes No . Not determined . Policable, a Schedule my knowledge and

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	· ·			(b) End	of V			
	Total plan assets	7a	1323			(b) End of Year 11015					
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	1323	5	+				11015	5	
	Income, Expenses, and Transfers for this Plan Year	70					(b) Total				
	Contributions received or receivable from:		(a) Amount				(a) 10	Mai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	57	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							579		
	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	279	9							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2799	)	
	Net income (loss) (subtract line 8h from line 8c)	8i							-2220	)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>	l								
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instruction	ons:			
_											
Par							1				
10	During the plan year:				Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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			40		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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											
11	Is this a defined benefit plan subject to minimum funding requirem								Voc		No
44-	5500) and line 11a below)								Yes	Ц	INO
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		_			
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_#! ··			a deta C		44	li.e	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day		ne le Yea		iing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	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					
	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 coof the PBGC?	ontrol 		Yes X No				
С	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.)							
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust'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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Part I		Identification Information								
For calend	ar plan year 2013 or fi	scal plan year beginning 01,	01/2013	and ending	12/31/20	13				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
B This ref	turn/report is:	the first return/report	he final return/report							
		an amended return/report	short plan year return	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram				
		special extension (enter description	)							
Part II	Basic Plan Info	ormation—enter all requested information	ion							
1a Name					1b Three-digit					
ADVANC	ED EXCAVATING	& LANDSCAPING, INC. RET	'IREMENT SAVII	NGS PLAN	plan number	011				
					(PN)					
					1c Effective dat 08/01/20					
2a Plans	ponsor's name and ad	ddress; include room or suite number (en	ployer, if for a single-	employer plan)	2b Employer Ide	entification Number				
ADVANC	ED EXCAVATING	& LANDSCAPING, INC.			(EIN) 14-1	662559				
					2c Sponsor's te	The state of the s				
409 QU	AKER STREET				845-564-					
		10500				de (see instructions)				
WALLKI:		NY 12589	По	0	561730	2- EIN				
		nd address Same as Plan Sponsor Na & LANDSCAPING, INC.	ime USame as Piar	Sponsor Address	<b>3b</b> Administrato 14–16625					
115 11110	DD DIIOIIVIII 2110	a minorial may also			A SHOW OF THE PROPERTY OF THE	r's telephone number				
409 QU	AKER STREET				845-564-	0549				
WALLKI	LL	NY 12589								
		e plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN					
		s at the beginning of the plan year	************		<del>                                     </del>	7				
		s at the end of the plan year			5b	7				
		account balances as of the end of the pl			30					
		account balances as of the end of the pr			5c	5				
		s during the plan year invested in eligible				X Yes No				
		of the annual examination and report of a				X Yes No				
		? (See instructions on waiver eligibility a either line 6a or line 6b, the plan canno	A SECTION OF THE PROPERTY OF T			A 103 140				
0.00		fit plan, is it covered under the PBGC ins				☐ Not determined				
-										
		or incomplete filing of this return/repo								
		ther penalties set forth in the instructions and signed by an enrolled actuary, as wel								
	true, correct, and com		. 456 5.5555		,	,eage ae				
SIGN	10 111	61111		WILLIAM NOBLE						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan	administrator				
SICN	6 / ///	113/11/12	Date	WILLIAM NOBLE	dar signing as plant	administrator				
SIGN HERE	Signature of emplo	world an enonger	Date	Enter name of individ	ual cianina ac ampl	over or plan enoneor				
Preparer's		name, if applicable) and address; include				one number (optional)				
	, ,	, , ,								

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Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a		1323	5					1101
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		1323	5					1101
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		` '							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		57	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								57
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		279	9					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								279
	Net income (loss) (subtract line 8h from line 8c)	8i								-222
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 3D$	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	ne instruc	ctions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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		X				
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									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
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)							JΓ	Yes	s No
11a	Enter the unpaid minimum required contribution for current year fr					11a			-1	
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA?	.   [	Yes	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter the	ie date of	the le		uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		100	<u> </u>	
	Enter the minimum required contribution for this plan year	,				12b				

С	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	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				
	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 und of the PBGC?			Yes X No				
С	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.)							
1	I3c(1) Name of plan(s):	1:	3c(2) Ell	N(s)	<b>13c(3)</b> PN(s)			
					ļ			
Part	VIII Trust Information (optional)				1			
	Name of trust	<b>14b</b> Tr	ust's EIN					

Form 5500-SF 2013

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## Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Part I

Identification

# 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 <a href="https://www.irs.gov/form5558">www.irs.gov/form5558</a>

OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions)			B Filer's identifying number (see instructions)							
	ADVANCED EXCAVATING & LANDSCAPING, INC.		Em	ploy	er ide	ntification num	ber (EIN) (9 digits	s XX-XXXXXXX)			
	Number, street, and room or suite no. (If a P.O. box, see instructions)	1				14-1	662559				
	409 QUAKER STREET		So	cial	securi	tv number (SSI	V) (9 digits XXX-)	XXX-XX-XXXX)			
	City or town, state, and ZIP code	1				, (	, (* * 5 *	,			
	WALLKILL, NY 12589										
С	Plan name		PI	an		Pla	an year endin	ng —			
	rian name	r	านท	nbe	r	ММ	DD	YYYY			
	ADVANCED EXCAVATING & LANDSCAPING, INC. RETIREMENT SAVINGS PLAN	0	,	1	1	12	31	2013			
Par	t II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA	١							
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first f	Forr	n 5	500 s	series return	report for the	e plan listed			
2	I request an extension of time until10 / 15 / 2014 to file Form				•	nstructions)					
	Note. A signature IS NOT required if you are requesting an extension to file For	m 550	00 s	erie	es.						
3	I request an extension of time until 10 / 15 / 2014 to file Form 8	8955-	SSA	A (s	ee in	structions).					
	Note. A signature IS NOT required if you are requesting an extension to file Form			`		o a o o o , .					
Par	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the notation of Time To File Form 5330 (see instructions)	this e	xte	nsic	n is						
4	I request an extension of time until / to file Form										
	You may be approved for up to a 6 month extension to file Form 5330, after the	norm	nal d	due	date	of Form 53	30.				
а	Enter the Code section(s) imposing the tax	•	L	a							
b	Enter the payment amount attached					•	b				
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a	ameno	dme	ent	date	•	С				
5	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

Date ▶