#### 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Repor	rt Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 12	2/31/2014	
_		🔀 a single-employer plan		plan (not multiemployer)		
A This re	eturn/report is for:		_ ` ` ` ` `	loyer information in accor	dance with the for	m instructions)
_		a one-participant plan	a foreign plan			
<b>B</b> This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
<b>C</b> Observed	have to the second second	X Form 5558	automatic extension		☐ DFVC p	orogram
C Check	box if filing under:		<del></del>			
		special extension (enter descript	uon)			
Part II	Basic Plan Inf	formation—enter all requested infor	mation			
1a Name			0 40440 55055		1b Three-digi	
EDUCATIO	NAL & PROFESSIO	NAL SERVICES INTERNATIONAL, INC	C. 401(K) PROFIT SHA	ARING PLAN	plan numb (PN) ▶	oer 001
					1c Effective of	
						01/01/2011
2a Plan s	sponsor's name and a	address; include room or suite number	(employer, if for a singl	e-employer plan)	<b>2b</b> Employer	Identification Number
EDUCATION	NAL & PROFESSION	IAL SERVICES INTERNATIONAL, INC	<b>C</b> .		(EIN)	26-4349880
						telephone number
616 SW 293						06-429-2756
FEDERAL V	VAY, WA 98023					code (see instructions)
3a Dlon	administrator's name	and address VSame as Blan Spansor	•		<b>3b</b> Administra	611000
<b>Ja</b> Plan a	administrator's name	and address XSame as Plan Sponsor	1.		3D Administra	IIOI S EIIN
					<b>3c</b> Administra	tor's telephone number
4 If the	nome and/or FINI of t	the plan energy has showed since th	a last ratura/rapart filed	for this plan system the	<b>4b</b> EIN	
		the plan sponsor has changed since the number from the last return/report.	e iast retum/report illed	ioi triis piari, eriter trie	4D EIN	
	sor's name	·			4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	6
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	8
C Numb	per of participants wit	h account balances as of the end of the	e plan year (defined be	nefit plans do not	5c	
	,				36	3
d(1) To	tal number of active p	participants at the beginning of the plan	ı year		5d(1)	4
<b>d(2)</b> To	tal number of active p	participants at the end of the plan year.			5d(2)	(
<b>e</b> Numb	er of participants that	terminated employment during the pla	n year with accrued be	nefits that were	` '	(
less th	nan 100% vested		·		5e	
		e or incomplete filing of this return/r				
		other penalties set forth in the instruction and signed by an enrolled actuary, as				
	true, correct, and cor		well as the electronic v	craiori or triis return/repor	t, and to the best	or my knowledge and
SIGN	Filed with authorize	d/valid electronic signature.	08/20/2015	KAREN VANDER AR	K	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	ın administrator
SIGN	Jagarana C. pian					
HERE	Signature of array	Jovernien enence:	Data	Enter name of individual	dual aigning as	uplovor or plan ananas
Preparer's		loyer/plan sponsor name, if applicable) and address (incli	Date ude room or suite numb			ployer or plan sponsor phone number (optional)
	, ,	, ,		, · · · /		( )

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X Ye		No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not det	ermin	ed
Par	t III   Financial Information	1	Г		-					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		0500	
	Total plan assets	7a	3194	0	-			34	8523	
	Total plan liabilities	7b	3194					2/	8523	
	Net plan assets (subtract line 7b from line 7a)	7c		120			4 > -		0020	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	187	741						
	(2) Participants	8a(2)	12	200						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	144	114						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	4355	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	46	655						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	6	600						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						,	5255	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	9100	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charac	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
<u>_</u>	Was the plan covered by a fidelity bond?			10c	X				45	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	

	Form 5500-SF 2014 Page <b>3</b> - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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?	X	Yes N	lo	
	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	s 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):	13c(2) E	IN(s)	13c(3	<b>B)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

#### 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

2014

This Form Is Open to Public Inspection

	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	tructions to the Form 55	00-SF.	
PartI		Identification Information		70700	20200	
For calenda	ar plan year 2014 or fi	, m	01/01/2014	and ending		31/2014
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) ( oyer information in accord		ring this box must attach a list ne form instructions)
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	=	rn/report (less than 12 m	onths)	
		[		The post (1000 than 12 mi	-	
C Check b	oox if filing under:	X Form 5558	automatic extension		☐ DF	VC program
		special extension (enter descript	tion)			
Dort II	Boole Dies Info	amotion				
Part II  1a Name		rmation—enter all requested infor	mation		dla Ti	4.11 F
	ONAL & PROFES	SSIONAL SERVICES INTER	NATIONAL, INC.	401(k) PROFIT	1b Three plan (PN)	number 001
						tive date of plan 01/2011
<b>2a</b> Plan sp EDUCATI	oonsor's name and ad IONAL & PROFES	dress; Include room or suite number SSIONAL SERVICES INTER	(employer, if for a single NATIONAL, INC.	e-employer plan)		oyer Identification Number 26-4349880
616 SW	293RD ST				206	sor's telephone number -429-2756
FEDERAL		WA 98023			6110	
3a Plan ac	iministrator's name ar	nd address XSame as Plan Sponsor	9		3b Admlr	nistrator's EIN
name,	EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	for this plan, enter the	4b EIN	
name, a Sponso	EIN, and the plan nur or's name	mber from the last return/report.			4c PN	
a Sponso	EIN, and the plan nur or's name number of participants	at the beginning of the plan year			4c PN 5a	6
name, a Sponso 5a Total n b Total n	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN	6 8
a Sponso 5a Total n b Total n C Number comple	EIN, and the plan number's name number of participants number of participants er of participants with the this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	p plan year (defined ben	efit plans do not	4c PN 5a	
name, a Sponso 5a Total n b Total n C Number comple	EIN, and the plan number's name number of participants number of participants er of participants with the this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	p plan year (defined ben	efit plans do not	4c PN 5a 5b	8
a Sponso  5a Total n  b Total n  c Number completed(1) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	plan year (defined ben year	efit plans do not	4c PN 5a 5b 5c 5d(1)	8 8 4
a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number	EIN, and the plan nur or's name number of participants number of participants er of participants with a set this Item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year	yearyear with accrued ben	efit plans do not	4c PN 5a 5b 5c	8
a Sponso 5a Total n b Total n c Number completed(1) Total d(2) Total e Number less that	EIN, and the plan nur or's name number of participants number of participants er of participants with a ste this Item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year erminated employment during the plan	year	efit plans do not efits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	8 8 4 6
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schee	EIN, and the plan nur or's name number of participants number of participants er of participants with a set this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year  principants at the end of the plan year	year	efit plans do not efits that were unless rossonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including	8 8 4 6 0 Ished.
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schee belief, it is to	EIN, and the plan nur or's name number of participants number of participants er of participants with a stet this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year  principants at the end of the plan year	year	efit plans do not efits that were unless rossonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including and to the including and the includi	8 8 4 6 0 Ished.
name, a Sponso 5a Total n b Total n c Number comple d(1) Tota e Number less tha Caution: A Under pena SB or Schee belief, it is tr	EIN, and the plan numer's name number of participants number of participants with a set this item)	at the beginning of the plan year	year with accrued benoming year with accrued benoming the second of the second year will be assessed ones. I declare that I have well as the electronic version of the second year.	efit plans do not  efits that were  unless reasonable cau examined this return/report, KAREN VANDER A	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable cort, including and to the including and	8 8 4 6 0 Ished. g, if applicable, a Schedule pest of my knowledge and
name, a Sponso 5a Total n b Total n c Number comple d(1) Tota e Number less tha  Caution: A Under pena SB or Schee belief, it is tr	EIN, and the plan nur or's name number of participants number of participants er of participants with a set this item)	at the beginning of the plan year	year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report,	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable cort, including and to the including and	8 8 4 6 0 Ished. g, if applicable, a Schedule pest of my knowledge and
name, a Sponso 5a Total n b Total n c Number comple d(1) Total e Number less the Caution: A Under pena SB or Schee belief, it is to SIGN HERE	EIN, and the plan number's name number of participants number of participants with a set of participants of active participants that team 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan ticipants at the beginning of the plan rticipants at the end of the plan year  principants at the beginning of the plan year  principants at the end of the plan	plan year (defined ben- year  n year with accrued ben- eport will be assessed ons, I declare that I have well as the electronic ver  8/20/15  Date  Date	efit plans do not  efits that were  unless rossonable cau examined this return/report, KAREN VANDER A Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including and to the including and the incl	8 8 4 6 0 Ished. g, if applicable, a Schedule pest of my knowledge and splan administrator
name, a Sponso 5a Total n b Total n c Number comple d(1) Total e Number less the Caution: A Under pena SB or Schee belief, it is to SIGN HERE	EIN, and the plan number's name number of participants number of participants with a set of participants of active participants that team 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan rticipants at the beginning of the plan rticipants at the end of the plan year  erminated employment during the plan principants at the end of the plan year  erminated employment during the plan principants at the end of the plan year  erminated employment during the plan principants at the end of the plan year  erminated employment during the plan principants at the end of the plan year  erminated employment during the plan year  er	plan year (defined ben- year  n year with accrued ben- eport will be assessed ons, I declare that I have well as the electronic ver  8/20/15  Date  Date	efit plans do not  efits that were  unless rossonable cau examined this return/report, KAREN VANDER A Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including and to the including and the incl	8 8 4 6 0 Ished. g, if applicable, a Schedule pest of my knowledge and

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility: If you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must Instead	nt (IC	PA)	5500	inimanini 		X Yes	; []	No No
_		isurance p		12 1/1		163		⊔ "	ioi dele	HIIII	=u
Pa 7		10.27	(1) 5 . 1 . 1		-		4.50		**		_
a	Plan Assets and Liabilities	7.	(a) Beginning of Yea	1942	23		(b) E	nd of	Year	349	3523
a	Total plan assets	7a 7b		1742	0					340	,523
	Net plan assets (subtract line 7b from line 7a)	<del>                                     </del>	3.	1942	<u> </u>			_		348	3523
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				11	) Tot			
_	Contributions received or receivable from: (1) Employers	8a(1)		1874	11	TE COM		7 10		47	a a a
	(2) Participants	8a(2)		120	00						
	(3) Others (including rollovers)	8a(3)			100						
b	Other income (loss)	8b		1441	L4		TO THE		2 77 17	50	11-1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1						34	1355
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		465	55		10				
e	Certain deemed and/or corrective distributions (see instructions)	8e			fir.		+0.0		Shir.	Ш	
f	Administrative service providers (salaries, fees, commissions)	8f		6(	00	- 8			11 13		
g	Other expenses	8g					100				
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Artino Carlos							5	255
	Net income (loss) (subtract line 8h from line 8c)	Bl			4					29	100
J	Transfers to (from) the plan (see Instructions)	8]					3				
Pari	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions		oo wan ino bot of Fian Ondiac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2011011			-
10	During the plan year:				Yes	No		Α	mount	_	
a	Was there a fallure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			illounic.		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					45	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	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 instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		X					
h				109			imidiz			510	
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h		Х					
Part	exceptions to providing the notice applied under 29 CFR 2520.10			101				1,75			
11	Is this a defined benefit plan subject to minimum funding requirem								∏ Yes		No
112	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr					750	1		1 98		140
12	Is this a defined contribution plan subject to the minimum funding					11a	EDIOAC		Yes	[J]	No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	STORY STREET	o salar or o	: UI SE	CHOIL	3UZ UI	LKISA?	•17	1 08	61	140
a	If a waiver of the minimum funding standard for a prior year is beligranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter ti			letter ru ear	ıling	

	Form 5500-SF 2014 Page 3 -				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	s 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?	X	Yes	No	
	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 under the PBGC?	e control		Пү	es 🛭 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	s) to		1-1	
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c	(3) PN(s)
Name of the last	VIII Trust Information (optional)				
14a	Name of trust	14b 1	rust's E	IN	

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

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.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Pai	tI Identification										
A	Name of filer, plan administrator, or plan sponsor (see instructions)	В		_	/ing number (s		•				
	EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL, INC. Number, street, and room or sulte no. (If a P.O. box, see instructions) S16 SW 293RD ST			Employer identification number (EIN) (9 digits XX-XXXXXXX  26-4349880  Social security number (SSN) (9 digits XXX-XX-XXXXX)							
	City or town, state, and ZIP code	1	Social	aocui ity	Tidifiber (55N	) la digita xxx-	^^-~^^				
	FEDERAL WAY, WA 98023	_									
	Plan name	Η.	Plan- numbe			n year endir DD	YYYY				
	EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL INC. 401(K)	0	0	1	12	31	2014				
Par	PROFIT SHARING PLAN  Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA								
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first	Form 5	500 s	erles return/i	report for the	plan listed				
2	I request an extension of time until 10 / 15 /2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo		,	•	structions).						
3	I request an extension of time until10/_15/2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo				tructions).						
	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 r	this e	extensio	on Is r	a) the Form equested, a	5558 is filed nd <b>(b)</b> the d	on or befor late on line				
Par	Extension of Time To File Form 5330 (see instructions)										
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			date	of Form 533	0.					
а	Enter the Code section(s) imposing the tax	•	a								
b	Enter the payment amount attached	s (e )	e oe oe		· × × •	ь					
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion. State in detail why you need the extension:	/amen	dment	date .	į , <b>-</b>	С					
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