-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inte D	rnal Revenue Service	This form is required to be file Income Security Act of 1974	(ERISA), and sections 60	057(b) and 6058(a) of the		2018 This Form is Open to
	Benefits Security Administration Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	Revenue Code (the Cod	,	500-SF	Public Inspection
Part I		Identification Information				
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2			2/31/2018	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (I employer information in ac		ing this box must attach a ith the form instructions.)
<b>B</b> This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report		urn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram
		special extension (enter descr	iption)			
Part II	Basic Plan Info	prmation—enter all requested inf	ormation			
1a Name	•				1b Three	e-digit number
LONGVIEW	SURGICAL CENTER	, LLC 401(K) PROFIT SHARING P	LAN	-	(PN)	• 001
					1c Effec	tive date of plan 01/01/2006
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		structions)	2b Empl (EIN)	oyer Identification Number 16-1678767
	SURGICAL CENTER,	e, country, and ZIP or foreign post, , LLC		siructions)	2c Spor	sor's telephone number 360-442-7900
	JRGICAL CENTER				2d Busir	ess code (see instructions)
PO BOX 960 CENTRALIA	0 A, WA 98531-0960					621493
<b>3a</b> Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name ha			4b EIN	
•	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
C Plan N	Name					
5a Total	number of participants	at the beginning of the plan year			5a	31
		at the end of the plan year			5b	32
		account balances as of the end of			5c	32
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)	19
		articipants at the end of the plan year			5d(2)	32
than	100% vested	terminated employment during the			5e	1
		or incomplete filing of this return her penalties set forth in the instruct				
SB or Sch	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	as well as the electronic v	ersion of this return/report	t, and to the	best of my knowledge and
SIGN	Filed with authorized	/valid electronic signature.	08/29/2019	KEVIN MCHUGH		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing a	as plan administrator
HERE For Paperw	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individu	ual signing a	as employer or plan sponsor Form 5500-SF (2018)
FUI Faperw		.e, see the manuchons for Form 3300				v.171027

	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 ir If "Yes" is checked, enter the My PAA confirmation number from th Int III Financial Information	nsurance pro	gram (see ERISA section 402	1)?	Yes No Not determine
га 7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
<u>a</u>	Total plan assets	7a	(a) Beginning of Tear 1748650		(b) End of Year 1739312
	Total plan liabilities	7a 7b	0		0
	Net plan assets (subtract line 7b from line 7a)	7c	1748650		1739312
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	65579		
	(2) Participants	8a(2)	123685		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-88329		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			100935
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109860		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	413		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			110273
i	Net income (loss) (subtract line 8h from line 8c)	8i		_	-9338
J	Transfers to (from) the plan (see instructions)	8j			
Pa	rt IV Plan Characteristics				
Эa	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D 3H 2A	feature code	es from the List of Plan Charac	cterist	ic Codes in the instructions:
		eature codes	from the List of Plan Characte	eristic	Codes in the instructions:

а	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	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		174865
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	х		651
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.)	10g	Х		12145
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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu		t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	ADDE at the Manufacture Dat		2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the li	nternal	This Form is Open to
Pension Benefit Guaranty Corporation	➤ Complete all entries in a	accordance with the Inst	ructions to the Form 550	0-SF.	Public Inspection
Part I Annual Report I	dentification Information				
For calendar plan year 2018 or fisc	cal plan year beginning	01/01/2018	and ending	12/3	1/2018
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (F nployer information in acc		
<b>B</b> This return/report is	a one-participant plan	📋 a foreign plan			
	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)	
C Check box if filing under:	X Form 5558	automatic extension		] DFVC pr	ogram
	special extension (enter descr				
	mation-enter all requested inf	ormation			
1a Name of plan				1b Three	
Longview Surgical	Center, LLC 401(k)	Profit Sharing H	Plan	plan r (PN)	number ▶ 001
			-		ive date of plan
<b>2</b> 0 Division 1					01/2006
2a Plan sponsor's name (employe Mailing address (include room,	, apt., suite no, and street, or P.O.	. Box)			over Identification Number
City or town, state or province, Longview Surgical	country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)		sor's telephone number
Pacific Surgical C				360-	-442-7900
PO Box 960				2d Busin	ess code (see instructions)
Centralia	WA 98531-0	2060			
3a Plan administrator's name and				6214	
	address A came as Fian opon	507.		3D Admir	istrator's EIN
				<b>3c</b> Admir	istrator's telephone number
4 If the name and/or EIN of the p	olan sponsor or the plan name has or's name, EIN, the plan name ar	s changed since the last n	eturn/report filed for	4b EIN	
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>	or siname, Env, me plan name ar	id the plan number from th		4d PN	
5a Total number of participants at	the beginning of the plan year			5a	31
	the end of the plan year			5b	32
<ul> <li>C Number of participants with account of the second second</li></ul>	count balances as of the end of th	ne plan vear (only defined	contribution plans	5c	
d(1) Total number of active partic	ipants at the beginning of the pla			5d(1)	32
d(2) Total number of active partic				5d(2)	32
<ul> <li>e Number of participants who ter</li> </ul>	rminated employment during the	plan year with accrued be	nefits that were less	5e	
Caution: A penalty for the late or	incomplete filing of this roturn	honori will be		1	1
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	penalties set forth in the instruct signed by an enrolled actuary as	ions. I declare that I have	examined this return/rone	et includio	a if applicable a Schadula
SIGN			Kevin McHugh		······································
HERE Signature of plan adm	ninistrator	Date \$/29/19	Enter name of individua	l signing a	s plan administrator
SIGN	$\bigcirc$	9/01/11		¥¥	
HERE Signature of employer	r/plan sponsor	Date	Enter name of individua	l signing as	s employer or plan sponsor
For Paperwork Reduction Act Notice, s	see the Instructions for Form 5500-5	SF.			Form 5500-SF (2018)

v.171027

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver 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	an indeper and condit	ndent qualified public a	account	ant (IC	2PA)	X Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the						hered been
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year		·····	(b) End of Year
а	Total plan assets	7a		748,			1,739,312
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	748,	650		1,739,312
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from:		(				<u></u>
	(1) Employers	8a(1)		65,			
·	(2) Participants	8a(2)		123,	685		
•••••	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b		-88,	329		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					100,935
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		109,	860		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			413		
a	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					110,273
	Net income (loss) (subtract line 8h from line 8c)	8i					-9,338
	Transfers to (from) the plan (see instructions)						<b>7,300</b>
r	t IV Plan Characteristics	8j			I		·····
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D 3H 2A	feature coo	des from the List of Pl	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	octerist	tic Cod	es in the instructions:
Par	t V Compliance Questions						· · · · · · · · · · · · · · · · · · ·
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x	
b		? (Do not li	nclude transactions	10b		х	
с	Was the plan covered by a fidelity bond?			10c	Х		174,865
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	id, that was caused	100		х	······································
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e	х		651
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	Х		12,145
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instrue	ctions and 29 CFR	10h		х	

10i

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.

Page 3-

Part	VI	Pension Funding Compliance						<u> </u>
11	ls th (Foi	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)	complete Sch	edule S	В		Yes [	] No
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a				
12	ls ti ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 SA?	Code or section				Yes [	No
a		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions and	lantart	ha data a	f the lett	or rulin	~
	grar	nting the waiver.	Month	Day		Year	errum	9
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Entei	r the minimum required contribution for this plan year		12b				
		the amount contributed by the employer to the plan for this plan year		12c				
d	Sub nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	e left of a	12d				
<u>e</u>		the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	No	[] N/	Ά
		Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ught under the			] Yes [	X No	
С	lf, dı	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider sh assets or liabilities were transferred.			<b> </b>			
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(	3) PN(:	s)

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.
 Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer	's identif	ying numb	oer (se	ee instruct	tions)
	Longview Surgical Center, LLC		Emp	loyer ider	ntification r	umbe	er (EIN) (9 c	ligits XX-XXXXXXX
	Number, street, and room or suite no. (If a P.O. box, see instructions)				16	-16	78767	
	PO Box 960		Soci	al securit	y number (	(SSN)	(9 digits X	XX-XX-XXXX)
	City or town, state, and ZIP code							
	Centralia, WA 98531-0960							
0	Plan name		Pla			Plan	year en	ding —
			numl	ber	MM		DD	YYYY
	Longview Surgical Center, LLC 401(k) Profit Sharing Plan	0	0	1	12		31	2018
Pai	Extension of Time To File Form 5500 Series, and/or Form 899	55-5	SA					
1	Check this box if you are requesting an extension of time on line 2 to file the in Part I, C above.	first	Form	5500 s	eries retu	urn/r€	eport for	the plan listed
2	I request an extension of time until <u>10 / 15 /2019</u> to file Form 5 Note: A signature IS NOT required if you are requesting an extension to file Forr				nstructio	ns.		
3	I request an extension of time until <u>10 / 15 /2019</u> to file Form 8				struction	<b>s</b> .		
	Note: A signature IS NOT required if you are requesting an extension to file Forr	n 89	55-SS	SA.				
	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 t	line	3 (ab	ove) if (	a) the Ec	mm 5	EEQ In fi	lad on or hofer
 Æ17	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor	mis e mal (	xten	sion is i	requeste	d; an	id <b>(b)</b> the	a date on line :
	Ind/or line 3 (above) is not later than the 15th day of the 3rd month after the nor     Extension of Time To File Form 5330 (see instructions)	mal	due c	sion is i	requeste	d; an	id (b) the	e date on line
Par 4	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor	mal 0	due c	sion is l late.	requeste	d; an	id <b>(b)</b> the	e date on line
	Ine 3 (above) is not later than the 15th day of the 3rd month after the nor     Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form 5	mal of 5330. nom	due c	sion is l late.	requeste	d; an	id <b>(b)</b> the	e date on line
4	And/or line 3 (above) is not later than the 15th day of the 3rd month after the nor     Extension of Time To File Form 5330 (see Instructions)      I request an extension of time until/ / to file Form 5     You may be approved for up to a 6-month extension to file Form 5330, after the	mal of 5330. nom	due c	sion is l late.	requeste	d; an	id <b>(b)</b> the	e date on line
4 a	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id <b>(b)</b> the	e date on line
4 a	And/or line 3 (above) is not later than the 15th day of the 3rd month after the nor     Extension of Time To File Form 5330 (see instructions)      I request an extension of time until/ / to file Form 5     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	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	e date on line
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	e date on line
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	e date on line
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	
a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	e date on line :
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	
4 a b c	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ / to file Form 5 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 reversion/a	mal o 5330. norn ►	nal di	sion is i late. ue date	of Form	d; an	id (b) the	
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