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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Parti	Annuai Repor	t identification information									
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018						
A This ret	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
5 :		a one-participant plan	a foreign plan								
B This retu	ırn/report is	the first return/report	the final return/repor	t							
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)						
C Check b	oox if filing under:	X Form 5558	automatic extension	. [DFVC progra	am					
		special extension (enter desc	• /								
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name	of plan				1b Three-dig	it					
MARTINS AL	UTO CLINIC 401(K)	PLAN			plan numl	ber					
					(PN) ▶	001					
					1c Effective	date of plan					
						01/01/2005					
		loyer, if for a single-employer plan)			2b Employer	Identification Number					
		om, apt., suite no. and street, or P.0			(EIN)	41-2056969					
-		nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	2c Sponsor's	s telephone number					
MARTINS AU	JTO CLINIC, INC.					60-687-0239					
					2d Business	code (see instructions)					
8206 219TH						811110					
BATTLE GRO	OUND, WA 98604					011110					
3a Plan ad	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN					
				-	2- 41:::						
					3C Administra	ator's telephone number					
		he plan sponsor or the plan name h onsor's name, EIN, the plan name			4b EIN						
a Sponso		onsor's name, Lin, the plan name	and the plan number nom	the last return/report.	4d PN						
C Plan N											
- 1 101111	u										
5a Total r	number of participan	ts at the beginning of the plan year.			5a	8					
b Total r	number of participan	ts at the end of the plan year			5b	9					
		n account balances as of the end of		-	5c	9					
'	,	participants at the beginning of the p		T T	5d(1)	5					
		participants at the end of the plan ye	•	Ť.	5d(2)	6					
		to terminated employment during th		F							
than 1	100% vested				5e	0					
		or incomplete filing of this return									
SB or Sche	dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,									
	rue, correct, and cor		40/45/0040	DENIEEN							
SIGN HERE		d/valid electronic signature.	10/15/2019	DENEEN MARTIN							
TIENE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pl	an administrator					
SIGN											
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as er	dual signing as employer or plan sponsor					

Form 5500-SF (2018) Page **2**

If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If It high plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 191039 196812 196812 1974 plan assets (a) Assets (a) Total plan assets (a) Control plan (a)	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No		
a Total plan assets	Pai	rt III Financial Information	•							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	19	91039				186812	
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b		0					
a Contributions received or receivable from: (1) Employers (2) Participants	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	19	91039				186386	
(1) Employers				(a) Amoun	ıt	_		(b)	Γotal	
(3) Others (including rollovers)	_а 		8a(1)		6907					
b Other income (loss)		(2) Participants	8a(2)		5075					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		16635					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-4653	
f Administrative service providers (salaries, fees, commissions)	d 		8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 94653 i Net income (loss) (subtract line 8h from line 8c) 8i 94653 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			_				
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	<u>_i</u>		8i						-4653	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10										
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in the instr	uctions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.). • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b		•		10b		Х			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			250	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 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	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>				10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
	i	·			10i					

Form 5500-SF (2018)	Page 3 - 1
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Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
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?		Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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)	EIN(s)		13c(3)	PN(s)				

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Parti		t identification information				///		
For calend	lar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31,	/2018		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (l nployer information in ac				
B		a one-participant plan	a foreign plan					
B This ret	um/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	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	I	DFVC prog	ram		
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name	A CONTRACTOR OF THE PARTY OF TH				1b Three-d	9		
Mati	in Real Estat	e 401(k) Plan			plan nur	nber 001		
				-	(PN) >			
					1c Effective 01/01	. /2017		
	ponsor's name (empl			er Identification Number				
		om, apt., suite no. and street, or P.o ce, country, and ZIP or foreign pos		ructions)		5-4597954		
	n Real Estat		tar code (ir foroign, coo inca	dollono		r's telephone number		
				-		85-2180		
5441	. SW Macadam .	Avenue, #208			Zu Busines	s code (see instructions)		
Port	land	OR 972	39		53121	0		
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor		3b Administrator's EIN			
The state of the s								
					3c Adminis	trator's telephone number		
		ne plan sponsor or the plan name h			4b EIN			
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name	and the plan number from ti	ne last return/report.	4d PN			
C Plan N					4u FN			
O Fidiri	tame							
5a Total	number of participants	s at the beginning of the plan year.			5a	3		
b Total	number of participants	s at the end of the plan year			5b	2		
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	2		
V-0.000	-	articipants at the beginning of the p			5d(1)	3		
		articipants at the beginning of the plan ye			5d(2)			
5. 750	50	o terminated employment during th		-				
than	100% vested				5e	0		
		or incomplete filing of this retur ther penalties set forth in the instru						
SB or Sche		and signed by an enrolled actuary,						
SIGN		D	10/15/19	Jordan Matin				
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as t	olan administrator		
SIGN	J. J	J		- Indiana				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as e	employer or plan sponsor		
in a contract of the contract		- Torrest transfer to the second seco			9 9			

P	aq	е	2

	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 indepen and conditi	dent qualified public a	ccount	ant (IC	PA)	x	
С	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 the	nsurance pr	rogram (see ERISA se	ection 4	021)?		Yes No No	ot determined instructions.)
Pai	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Ye	ar
а	Total plan assets	7a		24,	528			51,388
b	Total plan liabilities	7b		4,	123			3,493
C	Net plan assets (subtract line 7b from line 7a)	7c		20,	405			47,895
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		5,	230			
	(2) Participants	8a(2)		20,	830	o Const		
All an annual and	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		1,	430	900		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			5.00			27,490
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						C
i	Net income (loss) (subtract line 8h from line 8c)	8i						27,490
j	Transfers to (from) the plan (see instructions)	8j				S.L.		
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D 2K	feature coo	des from the List of Pla	an Cha	racteri	stic Co	des in the instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	tic Cod	es in the instructions	s:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amou	nt
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		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	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 by fraud or dishonesty?			10d		х		
е	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.)	ner persons ne or all of t	s by an insurance the benefits under	10e		х		
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	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? 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		SERVICE CONTRACTOR CON	10i				

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Page 3-

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В	. Ye	s 🗌 No	
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	code or sectio	n 302 of	f 	Ye	s X No	
а	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. Day Year						
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				
	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 negative amount)	left of a	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 brougeontrol of the PBGC?	ght under the]	Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred.	ify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		

Form **5558** (Rev. September 2018)

Application for Extension of Time To File Certain Employee Plan Returns

see instructions.

OMB No. 1545-0212

Department of the Treasury Internal Revenue Service

Part I Identification

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

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

File With IRS Only

9 -						
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)				
	Matin Real Estate	Employer ider	ntification number (E	IN) (9 digits	N) (9 digits XX-XXXXXXX)	
	Number, street, and room or suite no. (If a P.O. box, see instructions)		45-4597	954		
	5441 SW Macadam Avenue, #208	Social securit	ty number (SSN) (9 d	ligits XXX-X	X-XXXX)	
	City or town, state, and ZIP code		, , , , , , , , , , , , , , , , , , , ,	. •		
	Portland, OR 97239	1				
C	Maria de la compansa del compansa de la compansa de la compansa del compansa de la compansa de l	Plan	Plan ve	ar endin	a-	
	Plan name	number	MM	DD	YYYY	
			W 1007	15 (9)	CARRESTON	
	Matin Real Estate 401(k) Plan	0 0 1	12	31	2018	
Da	mt II Extension of Time To File Form 5500 Series, and/or Form 89	EE CCA				
	Extension of Time Forme Form 3300 Series, and/or Form 69	33-33A				
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 return/repo	ort for the	plan listed	
_	10 / 15 /2010	5500 ! 0 !				
2		5500 series. See i	nstructions.			
	Note: A signature IS NOT required if you are requesting an extension to file For	m 5500 series.				
3	I request an extension of time until 10 / 15 /2019 to file Form	8955-SSA. See in:	ata iationa			
3	Note: A signature IS NOT required if you are requesting an extension to file Form		structions.			
	Note: A signature to NOT required if you are requesting all extension to life Poli	III 6900-33A.				
	The application is automatically approved to the date shown on line 2 and/or	line 3 (above) if I	a) the Form 555	Q is filed	on or hoforo	
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which	this extension is i	requested: and	b) the da	ate on line 2	
	and/or line 3 (above) is not later than the 15th day of the 3rd month after the nor	rmal due date.		V- 4		
Des	Futuration of Time To File Forms 5000 (continued to a)					
FE	Extension of Time To File Form 5330 (see instructions)					
		- A-			***	
4	I request an extension of time until / / to file Form 9	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	a Enter the Code section(s) imposing the tax	▶ a				
b	Enter the payment amount attached		▶ ь	1		
					N. S. C.	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a	amendment date	> c	:		
5	State in detail why you need the extension:					

Under	r penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on epare this application.	this form are true, cor	rrect, and complete,	and that I a	am authorized	
	110/1/	. 1.60				
Signa	ature ▶ Date ▶ (U(1)	("	=			
	Cat. No. 12005T	5.	F	orm 5558	(Rev. 9-2018)	