5330 Form

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Filer	tax year beginning , and ending					
Α		ВБ	iler's ide	ntifyin	g number (see inst	ructions)
		E	mployer	identif	ication number (EII	۷)
	Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions)					
		S	Social se	curity r	number (SSN)	
	City or town, state, and ZIP code				1	
	No. of the second secon	- -	Plan spor	2001'0	EINI	
С	Name of plan		iaii spoi		LIIN	
	Name and address of plan sponsor	F F	Plan year	ending	g (MM/DD/YYYY)	
_			•	·	,	
Н	If this is an amended return, check here	G F	lan num	ber		
Pai	Taxes. You can only complete one section of Part I for each Form 5330 fi	امط	(saa i	netru	ctions)	
ı aı	Taxes. For earl only complete one section of Fart For each Form 5000 in	ica	FOR	113114		
	ection A. Taxes that are reported by the last day of the 7th month after the end of ax year of the employer (or other person who must file the return)	the	IRS USE ONLY			
1	Section 4972 tax on nondeductible contributions to qualified plans (from Schedule	Α,				
	line 12)		161	1		+
2	Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accoun	ts	101	2		
	(from Schedule B, line 12)	•	164	2		+
32	Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)		159	За		
	Section 4975(b) tax on failure to correct prohibited transactions		224	3b		
-	coolidit 1070(b) tax off falliare to correct profilibited traffications	•				
4	Section 4976 tax on disqualified benefits for funded welfare plans		200	4		
5a	Section 4978 tax on ESOP dispositions		209	5a		
b	The tax on line 5a is a result of the application of: \square Sec. 664(g) \square Sec. 1042	2		5b		
_	0 11 40704		000	6		
6	Section 4979A tax on certain prohibited allocations of qualified ESOP securities	٠	203	0		
7	Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17			7		
S	ection B. Taxes that are reported by the last day of the 7th month after the end of	the	emplo	yer's	tax year or 8	1/2
n	nonths after the last day of the plan year that ends within the filer's tax year		-			
8a	Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)		163	8a		
b	Section 4971(b) tax for failure to correct minimum funding standards		225	8b		
_				9a		
	Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)		226	9b		+
D	Section 4971(f)(2) tax for failure to correct liquidity shortfall	٠	221	35		+
10a	Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation	on				
	plan (see instructions)		450	10a		
b	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critic					
	status (from Schedule F, line 1c)		451	10b		
	Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)		452	10c	. i.e de i e le . Ale . e	<u> </u>
	ection B1. Tax that is reported by the last day of the 7th month after the end of the inge benefits were paid to the employer's employees	e ca	iiendai	yea	r in which the	excess
11	Section 4977 tax on excess fringe benefits (from Schedule G, line 4)		201	11		
12	Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17 .	•		12		
	ection C. Tax that is reported by the last day of the 15th month after the end of the	e pla	an yea		1	
13	Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2					
	Enter here and on Part II, line 17	<u></u>	205	13		\perp

Page 2 Form 5330 (Rev. 4-2009) Filer's identifying number: Name of Filer: Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 14 Section E. Tax that is reported by the last day of the month following the month in which the failure occurred Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 15 228 Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 16 237 Part II Tax Due 17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) 18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return . . . Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) " on your payment 19 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Your signature Telephone number Date Date Preparer's SSN or PTIN Preparer's **Paid** Check if signature self-employed ___ Preparer's

Firm's name (or

yours if self-employed), address, and ZIP code

Use Only

Form **5330** (Rev. 4-2009)

EIN

Phone no.

Name of Filer: Filer's identifying number:

Rep	edule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section orted by the last day of the 7th month after the end of the tax year of the employer (or othe return)			le
1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1		
2	Amount allowable as a deduction under section 404	2		
3	Subtract line 2 from line 1	3		
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86			
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year . 5			
6	Subtract line 5 from line 4			
7	Amount of line 6 carried forward and deductible in this tax year			
8	Subtract line 7 from line 6	8		
9	Tentative taxable excess contributions. Add lines 3 and 8	9		
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10		
11	Taxable excess contributions. Subtract line 10 from line 9	11		
12			No.	
Rep	edule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4 orted by the last day of the 7th month after the end of the tax year of the employer (or oth return)			le
1	Total amount contributed for current year less rollovers (see instructions)	1		
2	Amount excludable from gross income under section 403(b) (see instructions)			
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0	3		
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4		
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0	5		
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6		
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7		
8	Taxable excess contributions. Add lines 3 and 7	8		
9	Multiply line 8 by 6%	9		
10	Enter the value of your account as of the last day of the year	10		
		l		

Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2

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Name of	Filer:	Filer's	identifying number:	
		ibited Transactions (Section 4975) (see instructions) Represer of the employer (or other person who must file the		y of the 7th month
	ne excise tax a re	sult of a prohibited transaction that was (box "a" or box "b other than discrete (a lease or a loa		
		elow to disclose the prohibited transactions and figure the in	nitial tax (see instruction	ons)
(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
<i>(i)</i>				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

Add amounts in column (e); enter here and on Part I, line 3a .

Schedule C. Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) (continued)

5	5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).						
	(a) Item no.	(b) Name and address of	(c) EIN or SSN	(d) Date of	(e) Description of correction		

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 ½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer		
	plans) (see instructions)	1	
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a	2	

(om 5000 (ion 1 2000)				
Name of Filer:	Filer's identifying number:			

Sch	edule E. Tax on Failure to Pay Liquid	dity Shortfall (See	ction 4971(f)(1))	Reported by the	ne last day	of th	ne 7th month a	fter
	end of the employer's tax year or 8							
		(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Qu	uarter	(e) Total Add cols. a-d fo	r line 3
1	Amount of shortfall 1							
2	Shortfall paid by the due date 2							
3	Net shortfall amount 3							
4	Multiply line 3 column (e) by 10% (line 9a	<u> </u>			. •	4		
last	edule F. Tax on Multiemployer Plans day of the 7th month after the end of s within the filer's tax year							
1	Section 4971(g)(3) tax on failure to meet r	equirements for pla	ns in endangered	or critical status .		1		
a			_			1a		
k			•	•		1b		
c						1c		
2	Section 4971(g)(4) tax on failure to ac					2		
a		on the accumulat		ciency under sec		2a		
k	Enter the number of days during the ta of the 240 day period and ending on the					2b		
C	Multiply line 2b by \$1,100					2c		
	edule G. Tax on Excess Fringe Benefit ndar year in which the excess fringe b				th month a	after 1	the end of the	
1	Did you make an election to be taxed	d under section 4	977?	□ Yes	☐ No			
2	If "Yes," enter the calendar year (YYYY) in which the exce	ess fringe benefits	s were paid L				
3	If line 1 is "Yes," enter the excess frie					3		
4	Enter 30% of line 3 here and on Part					4		
	edule H. Tax on Excess Contributions of the plan year	to Certain Plans (Section 4979) R	eported by the I	ast day of	the 1	5th month after	the
1	Enter the amount of an excess contribut	ion under a cash o	r deferred arrange	ment that is part	of a plan			
	qualified under section 401(a), 403(a), 403	(b), 408(k), or 501(c)(18) or excess ag	gregate contribution	ons	1		
2	Multiply line 1 by 10% and enter here	e and on Part I, li	ne 13		<u></u> ▶	2		
	edule I. Tax on Reversion of Qualifie th following the month in which the			Section 4980) F	Reported b	y the	last day of the	e
1	Date reversion occurred		► MM	_ DD Y	Y			
2a	Employer reversion amount		b Excise tax	rate				
3	Multiply line 2a by line 2b and enter t		and on Part I, lin	e 14	. •	3		
4	Explain below why you qualify for a r	ate other than 50	%:					
	edule J. Tax on Failure to Provide N				als (Sectio	n 498	0F) Reported I	by the
ıast	day of the month following the mon					-		
1	Enter the number of applicable individuals					1		
2	Enter the effective date of the amend					2		
3	Enter the number of days in the nonc					3		
4	Enter the total number of failures to provide		. ,	,		4		
5	Multiply line 4 by \$100. Enter here an				. •	5		
6	Provide a brief description of the failu							
	edule K. Tax on Prohibited Tax Shelter							
follo 1	wing the close of the entity manager's Enter the number of prohibited tax				_	taxs	shelter transact	ion
	party to		•	•		1		
2	Multiply line 1 by \$20,000. Enter the	result here and or	n Part I, line 16			2		