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Action	Date	Signature
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Reviewers changes are in blue

CHECK CUMULATIVE CHANGES

Department of the Treasury

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979,

OMB No. 1545-0575

Interna	al Revenue Service 4979A, 4980, and 4980F of the Internal Revenue Code	e)				
Filer	tax year beginning , and ending				1.4	
Α	Name of filer (see page 3 of the instructions)	B Fi	ler's ide	entifying	g number <mark>(See ins</mark>	tructions)
	Number, street, and room or suite no. (If a P.O. box, see page 3 of the instructions)	E PI	an spo	nsor's	EIN	
	City or town, state, and ZIP code	F PI	g (MM/DD/YYYY)	1		
С	Name of plan	G PI	an num	nber		
	·					
D	Name and address of plan sponsor					
Н	If this is an amended return, check here					
Pa	Taxes. You can only complete one Section of Part I for each Form 533	30 filed	(se e	instru	uctions).	
S	ection A—Taxes that are reported by the last day of the 7th month after the end tax year of the employer (or other person who must file the return)	d of the	FOR IRS USE ONLY			
1	Section 4972 tax on nondeductible contributions to qualified plans (from Schedutine 12)	ule A,	161	1		
2	Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial acc (front Schedule B, line 12)	counts	164	2		
3а	Section 4975(a) tax on prohibited transactions (from schedule C, line 3)		159	3a		
b	Section 4975(b) tax on failure to correct prohibited transactions		224	3b		
4	Section 4976 tax on disqualified benefits for funded welfare plans		200	4		
5a b	Section 4978 tax on ESOP dispositions	 1042	209	5a 5b		
6	Section 4979A tax on certain prohibited allocations of qualified ESOP securities		203	6		
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 months after the last day of the plan year that ends within the				s tax year or	8 1/2
8a	Section 4971(a) tax on failure to meet minimum funding standards (from Schedu	ule D,				
	line 2)		163 225	8a 8b		
				0.5		
9a	Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, fine 4) .		226 227	9a 9b		
	Section 4971(f)(2) tax for failure to correct liquidity shortfall		221	JD		
	Section 4971(g)(2) tax on failure to comply with a funding improvement or rehability See instructions		450	10a		
	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or of status (from Schedule F, fine 1c)		451	10b		
C	Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, fine 2	<mark>2d)</mark> .	<mark>45</mark> 2	10c		
11	Section 4977 tax on excess fringe benefits (from Schedule G, line 4)		201	11		
	Total Section B taxes. Add lines 8a through 11. Enter here and of Part II, the 17	, b	00.000	12		
	section C—Tax that is reported by the last day of the 15th month after the end of		ап уе 	ar		1
13	Section 4979 tax on excess contributions to certain plans (from Schedule 41, line Enter here and on Part II, fine 17		205	13		
Eor	Privacy Act and Paperwork Reduction Act Notice, see page 9 of the instructions.				Form 5330 (R	ov 1 200

VERSION B

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FORM 5330, PAGE 2 of 6
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Form 5330 (Rev. 1-2008)					Page 2
Name of Filer:		Filer's <mark>identifyir</mark>	g number:	1	
Section D—Tax that is reported by	the last day of the month foll	owing the month in w	hich the re	eversion occui	red
Section 4980 tax on reversion of comme 3). Enter here and on Part II,	qualified plan assets to an emp e 1 <mark>7</mark>	loyer (from ≪ chedule <mark>I</mark>	204	4	
Section E—Tax that is reported by	-			ailure occurred	1
15 Section 4980F tax on failure to pro- (from Schedule J, line 5). Enter her				5	
Section F—Taxes reported on or be taxable year during which the plan				entity manag	er's
Section 4965 tax on prohibited tax (K) fine 2). Enter here and on Fart II				6	
Part II Tax Due					
17 Enter the amount from Part I, line	£ 12, 13, 14, 15, or 16 (whiche	ver is applicable) .	4	17	
18 Enter amount of tax paid with Form	n 5558 or any other tax paid pr	ior to filing this return	1	8	
19 Tax due. Subtract line 18 from line check or money order payable to "Uplan number," and "Form 5330, Sec	Jnited States Treasury." Write yo		ımber,	9	
Sign Here and belief, it is true, correct, and correct and belief, it is true, correct and belief, it is	that I have examined this return, including nplete. Declaration of preparer (other than	n taxpayer) is based on all info	rmation of whic	ch preparer has any	
Your signature		Telephone numb	er	Date	
Preparer's Signature Preparer's Preparer's Signature		Date Check self-e	κ if mployed □	Preparer's SSN o	r PTIN
Use Only Firm's name (or yours if self-employed), address and ZIP code			EIN Phone no	()	

Form **5330** (Rev. 1-2008)

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING INSTRUCTIONS TO PRINTERS FORM 5330, PAGE 3 of 6 MARGINS: TOP 13mm (½ "), CE MARGINS: TOP 13mm (½"), CENTER SIDES.
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Page 3 Form 5330 (Rev. 1-2008) Name of Filer: Filer's identifying number: Schedule A—Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) 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) Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 498(k), or 408(p)) plan Amount allowable as a deduction under section 404 2 Subtract line 2 from line 1. 3 3 Enter amount of any prior year nondeductible contributions made for 4 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 Subtract line 5 from line 4 6 Amount of line 6 carried forward and deductible in this tax year . 8 Subtract line 7 from line 6. Tentative taxable excess contributions. Add lines 3 and 8 9 Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax 10 10 Taxable excess contributions. Subtract line 10 from line 9 11 11 Multiply line 11 by 10%. Enter here and on Fart I, line 1 Schedule B—Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) 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) Total amount contributed for current year less rollovers (see page 5 of the instructions) 1 Amount excludable from gross income under section 403(b) (see page 5-of the instructions) 2 2 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 fine 8 Contribution credit. If time 2 is more than time 1, enter the excess; otherwise, enter -0-5 5 Total of all prior years' distributions out of the account included in your gross income under 6 6 section 72(e) and not previously used to reduce excess contributions Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4 7 7 Taxable excess contributions. Add lines 3 and 7 8 8 Multiply line 8 by 6% 9 9 10 10 Enter the value of your account as of the last day of the year .

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

Multiply line 10 by 6%

11

11

12

I.R.S. SPECIFICATIONS

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I.R.S. SPECIFICATIONS

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FORM 5330, PAGE 4 of 6
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Name of	Filer:		Filer's identifying numbe	r:
Schedule	C—Tax on Prohibi	ed Transactions (Section 4975) (See instruction	ons) Reported by the last	day of the 7th month
		of the employer (or other person who must of a prohibited transaction that was (box "a" or		
a	discrete	b other than discrete (a lease	or a loan)	
2 Con	nplete the table below	to disclose the prohibited transactions and figu	, ,	
(a) Transaction number	(b) Date of transaction (see page 6-of the instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see page 6 of the instructions)	(e) Initial tay on prohibited transaction (multiply each transaction in column (e) by the appropriate rate (see page 6 of the instructions))
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(V)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)			9	
(xii)				
3 Add	amounts ir column	(e); enter here and on Fart I, line 3a		

VERSION B

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I.R.S. SPECIFICATIONS

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FORM 5330, PAGE 5 of 6
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Form 5330 (Rev				Page \$		
Name of Filer: Filer's identifying number:						
	—Tax on Prohibited Transactions r of the employer (or other person			of the 7th month after the end of		
5 Complete (see instr	e the table below, if applicable, of ot ructions).	ther participating disqualified p	persons and	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 7th month a the filer's ta	—Tax on Failure To Meet Minimur after the end of the employer's tax ax year	m Funding Standards (Section 8% months after the second section 10%	on 4971(a)) R he last day o	Reported by the last day of the of the plan year that ends within		
	ate unpaid required contributions (assee instructions)					

I.R.S. SPECIFICATIONS

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FORM 5330, PAGE 6 of 6
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			r year in which the fringe benefits					
		were pa	aid to the					
Form	5330 (Rev. 1-2008)	employ	er's employees					Page 6
Nam	ne of Filer:			_	Filer's identify	ing numbe	<mark>er:</mark>	
Sch the	edule E—Tax on Fallure To Pa end of the employer's tax year	y Liquid or 8 ½	dity Shortfall (Sementer t	ection 4971(f)(1) he last day of t) Reported by t he plan year th	the last da at ends v	ay of vithin	the 7th month after the filer's tax year
			(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Qı	uarter	(e) Total Add cols. a-d for line 3
1 2	Amount of shortfall Shortfall paid by the due date	1 2						-
3	Net shortfall amount	3						
4	Multiply line 3 column (e) by line 9a						4	
Sch	edule F—Tax on Multiemploye	r Plans	in Endangered	or Critical State	us (Se ction 497	'1(g)(3), 🙀	71(g)	(4)) Reported by the
	day of the 7th month after the swithin the filer's tax year	end o	f the employer's	s tax year or 8 ½	months afte	r the last	day o	of the plan year that
1	Section 4971(g)(3) tax on failure to	meet re	quirements for plar	ns in endangered o	or critical status .		1	
(Enter the amount of contributions	s necess	ary to meet the ap	plicable benchma	<mark>rks or requirement</mark>	t <mark>s</mark>	1a	
<u> </u>	Enter the amount of the accu	//					1b	
	Inter the greater of line 1a or						1c 2	
2	Section 4971(g)(4) tax on failure	to add	opt rehabilitation	plan				
(6	Enter the amount of the excise 4971(a)(2) from Schedule D, I		on the accumulati		,	tion 	2a	
A	Enter the number of days during of the 240 day period and ending						2 b	
	Multiply line 2b by \$1,100 Enter the greater of line 2a or f	ne 2c, I	nere and on Fart I	I, line 10c			2c 2d	
Sch	edule <mark>G</mark> —Tax on Excess Fringe I	3enefits	s (Section 4977) F	Reported by the	last day of the	7th month		the end of the
							year	
1	Did you make an election to be					☐ No		
2 3	If "Yes," enter the calendar year If line 1 is "Yes," enter the exce						3	
4	Enter 30% of line 3 here and o					•	4	
	edule <mark> H</mark> —Tax on Excess Contrib of the plan year	utions 1	to Certain Plans	(Section 4979) R	eported by the	last day of	f the 1	15th month after the
1	Enter the amount of an excess co	ntributie	n under a cash or	deferred arrange	ment that is part	of a plan		
2	qualified under section 401(a), 463 Multiply line 1 by 10% and ent	a), 408(l	k), or 581(c)(18) or	excess aggregate	contributions		1	
Sch	edule <mark> I</mark> —Tax on Reversion of C	Qualifie	d Plan Assets to	o an Employer (by the	e last day of the
	nth following the month in which				55 40			
1	Date reversion occurred			► (MM)	_ (<mark>UU</mark>) (Y`	Υ <u>'</u>		
2a 3	Date reversion occurred Employer reversion amount Multiply line 2a by line 2b and	ontor th	an amount hore a	b Excise tax	rate		3	
4	Explain below why you qualify			,	5 <mark>14</mark>			
-								
	edule J—Tax on Failure to Pro day of the month following the					als (Section	on 49	80F) Reported by the
1	Enter the number of applicable indi						1	
2	Enter the effective date of the a						2	
3	Enter the number of days in the						3	
4	Enter the total number of failures to	provide	ERISA section 20	4(h) notice (see pa	age 8 of the instru	ctions)	4	
5	Multiply Kae 4 by \$100. Enter h				. 🛑	. •	5	
6	Provide a brief description of th		,		~~ 			
	edule <mark>K</mark> —Tax on Prohibited Tax S wing the close of the entity mana							
1	Enter the number of prohibite	d tax s	helter transactio	ns you caused	the same plan	to be a		
2	party to ►	or tha m	scult hara and a	Wart I line 10			2	
_	iviality iiiie i by \$20,000. Ellit	י נווכ ול	South Here alla OF	T all i, iiiie io			2	

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