Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information as a courtesy. **Do not file draft forms.** Also, do not rely on draft instructions and publications for filing. We generally do not release drafts of forms until we believe we have incorporated all changes. However, in some cases unexpected issues arise, or legislation is passed, necessitating a change to a draft form we have posted on IRS.gov. Also, forms generally are subject to OMB approval before they are officially released. Drafts of instructions and publications are usually subject to at least some changes before being officially released.

All early releases of draft forms, instructions, and publications are available at www.IRS.gov/draftforms. All information about forms, instructions, and publications is accessible from www.IRS.gov/formspubs.

If you have any comments on this draft, you can email us at taxforms@irs.gov or submit them to us on our IRS.gov page titled Comment on Forms and Publications. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision.

(Rev. December 2013)

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)

▶ Information about Form 5330 and its instructions is at www.irs.gov/form5330.

OMB No. 1545-0575

Filer	tax year beginning , and ending				,	
Α	Name of filer (see instructions)				umber (Enter e t both. See ins	
	Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.)	Employ	er ide	entificat	ion number (EIN	1)
	City or town, state or province, country, and ZIP or foreign postal code	Social s	securi	ty numl	ber (SSN)	
С	Name of plan	Plan sp	lan sponsor's EIN			
	11100 75 71			7	M/DD/YYYY)	
	If this is an amended return, check here	Plan nu	ımber	U		
Par		ì		ction	s).	
	ction A. Taxes that are reported by the last day of the 7th month after the end of the ta ar of the employer (or other person who must file the return)	X G	FOR IRS USE ONLY			
1	Section 4972 tax on nondeductible contributions to qualified plans (from Schedule	А,				
	line 12)		161	1		-
2	Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial account	unts				
	(from Schedule B, line 12)		164	2		_
3a	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	. 2	200	4		
5a	Section 4978 tax on ESOP dispositions	,	209	5a		
b	The tax on line 5a is a result of the application of: Sec. 664(g) Sec. 1042		209	5b		
6	Section 4979A tax on certain prohibited allocations of qualified ESOP securities or owners	ship				
Ū	of synthetic equity		203	6		_
7	Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17			7		
Se	ction B. Taxes that are reported by the last day of the 7th month after the end of the		yer's	- 1	year or 81/2	months
	er the last day of the plan year that ends within the filer's tax year					
8a	• • • • • • • • • • • • • • • • • • • •		163	8a		
b	Section 4971(b) tax for failure to correct minimum funding standards	. 2	225	8b		+
9a	Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	. 2	226	9a		
b	Section 4971(f)(2) tax for failure to correct liquidity shortfall	. 2	227	9b		
10a	(9/()					
	(see instructions)		450	10a		
b	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or crit status (from Schedule F, line 1c)		451	10b		
С	Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d) .		452	10c		
	ction B1. Tax that is reported by the last day of the 7th month after the end of the	calend	lar y	ear in	n which the	excess
frii	nge benefits were paid to the employer's employees					
11	Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	- 2	201	11		
12	Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17			12		
	ction C. Tax that is reported by the last day of the 15th month after the end of the plan					
13	Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). E	nter				
	here and on Part II, line 17		205	13		
For P	rivacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 11870M			For	m 5330 (Re	v. 12-2013)

Form 5330 (Rev. 12-2013) Page 2 Name of Filer: Filer's identifying number: 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, 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 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 16 Part II Tax Due Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) 17 17 18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return 18 19 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 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 Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** self-employed

Preparer

Use Only

Firm's name

Firm's address ▶

Form **5330** (Rev. 12-2013)

Firm's EIN ▶

Phone no.

12

Name of Filer: Filer's identifying number:

-	ted by the last day of the 7th month after the end of the tax year of the employer (or other per turn)	son v	vho must file	
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 4	Subtract line 2 from line 1	3		
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 8	Amount of line 6 carried forward and deductible in this tax year	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	Multiply line 11 by 10%. Enter here and on Part I, line 1	12		
-	dule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a rted by the last day of the 7th month after the end of the tax year of the employer (or other per turn)		vho must file	
-	rted by the last day of the 7th month after the end of the tax year of the employer (or other per		vho must file	
he re	ted by the last day of the 7th month after the end of the tax year of the employer (or other per turn)	son v	vho must file	
he re	rted by the last day of the 7th month after the end of the tax year of the employer (or other per turn) Total amount contributed for current year less rollovers (see instructions)	son v	vho must file	
the re	Total amount contributed for current year less rollovers (see instructions)	1 2	vho must file	
the re	Total amount contributed for current year less rollovers (see instructions)	1 2 3	vho must file	
1 2 3 4	Total amount contributed for current year less rollovers (see instructions)	1 2 3	vho must file	
1 2 3 4 5	Total amount contributed for current year less rollovers (see instructions)	1 2 3 4 5	vho must file	
1 2 3 4 5 6	Total amount contributed for current year less rollovers (see instructions)	1 2 3 4 5	vho must file	
1 2 3 4 5 6 7	Total amount contributed for current year less rollovers (see instructions)	1 2 3 4 5 6 7	vho must file	
1 2 3 4 5 6 7 8	Total amount contributed for current year less rollovers (see instructions)	1 2 3 4 5 6 7 8	vho must file	

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

3	Add amounts in column (e); enter here and on Part I, line 3a	>
4	Have you corrected all of the prohibited transactions that you are reporting on this return? If	"Yes "

(xi)

(xii)

Yes

Name of Filer's identifying number:

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 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

·				
(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
			9	
		25	20	48
		79,		
			FI	

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 $8^{1/2}$ 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	

Page 5

Name of Filer: Filer's identifying number: Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 81/2 months after the last day of the plan year that ends within the filer's tax year (e) Total (a) 1st Quarter (b) 2nd Quarter (c) 3rd Quarter Add cols. a-d for line 3 1 Amount of shortfall 1 2 Shortfall paid by the due date Net shortfall amount . . . 3 3 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 81/2 months after the last day of the plan year that ends within the filer's tax year Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status . . . a Enter the amount of contributions necessary to meet the applicable benchmarks or requirements 1a 1b c Enter the greater of line 1a or line 1b, here and on Part I, line 10b . . . 1c Section 4971(g)(4) tax on failure to adopt rehabilitation plan 2 Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) 2a Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶ 2b 2c d Enter the greater of line 2a or line 2c, here and on Part I, line 10c 2d Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees Did vou make an election to be taxed under section 4977? 2 If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶ If line 1 is "Yes." enter the excess fringe benefits on this line (see instructions) 3 Enter 30% of line 3 here and on Part I, line 11 Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions . 2 Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred 1 Date reversion occurred **b** Excise tax rate 2a Employer reversion amount 3 Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 . . . 4 Explain below why you qualify for a rate other than 50%: Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶ Enter the effective date of the amendment ▶ MM DD YY 2 2 3 3 Enter the number of days in the noncompliance period ▶ 4 Enter the total number of failures to provide ERISA section 204(h) notice (see instructions) . 4 Multiply line 4 by \$100. Enter here and on Part I, line 15 5 5 6 Provide a brief description of the failure, and of the correction, if any Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction Enter the number of prohibited tax shelter transactions you caused the same plan to be a Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16

Page 6