

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [ ] Form 5558 [ ] automatic extension [X] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TWIN RESTAURANT HOLDING EMPLOYEE 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): TWIN RESTAURANT HOLDINGS, LLC
2b Employer Identification Number (EIN): 46-1747711
2c Sponsor's telephone number: 972-941-3150
2d Business code (see instructions): 722511
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 1147
5b Total number of participants at the end of the plan year: 922
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 58
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 60
5d(1) Total number of active participants at the beginning of the plan year: 1133
5d(2) Total number of active participants at the end of the plan year: 909
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for Plan Administrator and Employer/Plan Sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

| <b>Part III Financial Information</b>  |              |                              |                        |
|--|--------------|------------------------------|------------------------|
| <b>7</b> Plan Assets and Liabilities   |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 2190195                      | 2865214                |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    | 0                            | 0                      |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 2190195                      | 2865214                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year  |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:  |              |                              |                        |
| <b>(1)</b> Employers .....   | <b>8a(1)</b> | 206949                       |                        |
| <b>(2)</b> Participants .....  | <b>8a(2)</b> | 475842                       |                        |
| <b>(3)</b> Others (including rollovers) .....  | <b>8a(3)</b> | 22826                        |                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 282202                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 987819                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 246490                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .                         | <b>8e</b>    | 0                            |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 66310                        |                        |
| <b>g</b> Other expenses .....  | <b>8g</b>    | 0                            |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                              | 312800                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 675019                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    | 0                            |                        |

| <b>Part IV Plan Characteristics</b> |   |
|-------------------------------------|---|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                         |

| <b>Part V Compliance Questions</b>  |            |            |           |               |
|---|------------|------------|-----------|---------------|
| <b>10</b> During the plan year:   |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... | <b>10a</b> | X          |           | 61857         |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....   | <b>10c</b> | X          |           | 130000        |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>10d</b> |            | X         |               |
| <b>e</b> 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.) .....   | <b>10e</b> | X          |           | 79            |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....  | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>10h</b> |            | X         |               |
| <b>i</b> 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 .....   | <b>10i</b> |            |           |               |

**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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation \_\_\_\_\_

**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.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**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. Month \_\_\_\_\_ 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**

**c** 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**

**e** 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  No

**a** 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 brought under the control of the PBGC?  Yes  No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
|                         |               |              |

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702830A.

**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

Go to [www.irs.gov/Form5330](http://www.irs.gov/Form5330) for instructions and the latest information.

|   |  |
|---|--|
| Filer tax year beginning 01/01/2024, and ending 12/31/2024  |  |
| <b>A</b> Name of filer (see instructions)<br>Twin Restaurant Holdings, LLC  | <b>B</b> Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) |
| Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.)<br>5151 Belt Line Road Suite 1200 |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>Dallas TX 75254                                   |  |
| <b>C</b> Name of plan<br>Twin Restaurant Holding Employee 401(k) Plan   | <b>E</b> Plan sponsor's EIN<br>46-1747711  |
| <b>D</b> Name and address of plan sponsor Twin Restaurant Holdings, LLC<br>5151 Belt Line Road Suite 1200 Dallas TX 75254     | <b>F</b> Plan year ending (MM/DD/YYYY)<br>12/31/2024   |
| <b>H</b> If this is an amended return, check here <input type="checkbox"/>  | <b>G</b> Plan number<br>001  |

**Part I Taxes.** You can only complete one section of Part I for each Form 5330 filed. See instructions.

| Section A. Taxes that are 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) | FOR IRS USE ONLY |    |        |
|--|------------------|----|--------|
| 1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)  | 161              | 1  |        |
| 2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)                                       | 164              | 2  |        |
| 3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)  | 159              | 3a | 401.74 |
| 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 Section 4978 tax on ESOP dispositions   | 209              | 5a |        |
| b The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042                              |                  | 5b |        |
| 6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity  | 203              | 6  |        |
| 7 <b>Total Section A taxes.</b> Add lines 1 through 6. Enter here and on Part II, line 17  |                  | 7  | 401.74 |

| Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year                       | FOR IRS USE ONLY |     |  |
|--|------------------|-----|--|
| 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              | 9a  |  |
| b Section 4971(f)(2) tax for failure to correct liquidity shortfall  | 227              | 9b  |  |
| 10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)           | 450              | 10a |  |
| b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c) | 451              | 10b |  |
| c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)                                    | 452              | 10c |  |
| d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)            | 453              | 10d |  |

| Section B1. Tax that is 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 | FOR IRS USE ONLY |    |  |
|--|------------------|----|--|
| 11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)  | 201              | 11 |  |
| 12 <b>Total Section B taxes.</b> Add lines 8a through 10d or 11. Enter here and on Part II, line 17  |                  | 12 |  |

| Section C. Tax that is reported by the last day of the 15th month after the end of the plan year                           | FOR IRS USE ONLY |    |  |
|--|------------------|----|--|
| 13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17 | 205              | 13 |  |

Name of filer: Twin Restaurant Holdings, LLC Filer's identifying number: 46-1747711

**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

|           |   |     |           |  |
|-----------|---|-----|-----------|--|
| <b>14</b> | 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 . . . . . | 204 | <b>14</b> |  |
|-----------|---|-----|-----------|--|

**Section E. Tax that is reported by the last day of the month following the month in which the failure occurred**

|           |  |     |           |  |
|-----------|--|-----|-----------|--|
| <b>15</b> | 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 . . . . . | 228 | <b>15</b> |  |
|-----------|--|-----|-----------|--|

**Section F. Taxes 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**

|           |   |     |           |  |
|-----------|---|-----|-----------|--|
| <b>16</b> | Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 . . . . . | 237 | <b>16</b> |  |
|-----------|---|-----|-----------|--|

**Part II Tax Due**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>17</b> | Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) . . . . .         | <b>17</b> | 401.74 |
| <b>18</b> | Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return . . . . . | <b>18</b> | 0.00   |
| <b>19</b> | <b>Tax due.</b> Subtract line 18 from line 17. If the result is greater than zero, enter here . . . . . | <b>19</b> | 401.74 |

**Sign Here** 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.

*Scott Neary* 713-823-1248 10-16-25  
 Your signature Telephone number Date

|                               |                            |                                  |            |   |              |
|-------------------------------|----------------------------|----------------------------------|------------|---|--------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature             | Date       | Check <input type="checkbox"/> if self-employed | PTIN         |
|                               | Amy Vincent                | <i>Amy Vincent</i>               | 10/16/2025 |   | P01077129    |
|                               | Firm's name                | Sunwest Actuarial Services, LLC  |            | Firm's EIN                                      | 82-1591673   |
|                               | Firm's address             | PO Box 4712 Albuquerque NM 87196 |            | Phone no.                                       | 505-358-3126 |

Name of filer: **Twin Restaurant Holdings, LLC**

Filer's identifying number: **46-1747711**

**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)**

|           |   |          |           |
|-----------|---|----------|-----------|
| <b>1</b>  | Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p)) . . . . .                         |          | <b>1</b>  |
| <b>2</b>  | Amount allowable as a deduction under section 404 . . . . .   |          | <b>2</b>  |
| <b>3</b>  | Subtract line 2 from line 1 . . . . .   |          | <b>3</b>  |
| <b>4</b>  | Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86 . . . . .  | <b>4</b> |           |
| <b>5</b>  | 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 . . . . . | <b>5</b> |           |
| <b>6</b>  | Subtract line 5 from line 4 . . . . .   | <b>6</b> |           |
| <b>7</b>  | Amount of line 6 carried forward and deductible in this tax year . . . . .  | <b>7</b> |           |
| <b>8</b>  | Subtract line 7 from line 6 . . . . .   |          | <b>8</b>  |
| <b>9</b>  | Tentative taxable excess contributions. Add lines 3 and 8 . . . . .   |          | <b>9</b>  |
| <b>10</b> | Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax . . . . .  |          | <b>10</b> |
| <b>11</b> | Taxable excess contributions. Subtract line 10 from line 9 . . . . .  |          | <b>11</b> |
| <b>12</b> | Multiply line 11 by 10%. Enter here and on Part I, line 1 . . . . .   |          | <b>12</b> |

**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)**

|           |   |           |
|-----------|---|-----------|
| <b>1</b>  | Total amount contributed for current year less rollovers. See instructions . . . . .  | <b>1</b>  |
| <b>2</b>  | Amount excludable from gross income under section 403(b). See instructions . . . . .  | <b>2</b>  |
| <b>3</b>  | Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0- . . . . .  | <b>3</b>  |
| <b>4</b>  | Prior year excess contributions not previously eliminated. If zero, go to line 8 . . . . .  | <b>4</b>  |
| <b>5</b>  | Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0- . . . . .  | <b>5</b>  |
| <b>6</b>  | 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 . . . . . | <b>6</b>  |
| <b>7</b>  | Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4 . . . . .   | <b>7</b>  |
| <b>8</b>  | Taxable excess contributions. Add lines 3 and 7 . . . . .   | <b>8</b>  |
| <b>9</b>  | Multiply line 8 by 6% . . . . .   | <b>9</b>  |
| <b>10</b> | Enter the value of your account as of the last day of the year . . . . .  | <b>10</b> |
| <b>11</b> | Multiply line 10 by 6% . . . . .  | <b>11</b> |
| <b>12</b> | <b>Excess contributions tax.</b> Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . . . .   | <b>12</b> |





Name of filer: Twin Restaurant Holdings, LLC

Filer's identifying number: 46-1747711

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 4 main rows and sub-rows (a, b, c, d) for each. Columns include description and a shaded box for entry. Rows include: 1 Section 4971(g)(3) tax on failure to meet requirements...; 2 Section 4971(g)(4) tax on failure to adopt rehabilitation plan.

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

Table with 4 rows. Columns include description and a shaded box for entry. Rows include: 1 Did you 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;

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

Table with 2 rows. Columns include description and a shaded box for entry. Rows include: 1 Enter the amount of an excess contribution under a cash or deferred arrangement...; 2 Multiply line 1 by 10% and enter here and on Part I, line 13

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

Table with 4 rows. Columns include description and a shaded box for entry. Rows include: 1 Date reversion occurred; 2a Employer reversion amount; 3 Multiply line 2a by line 2b and enter the amount here and on Part I, line 14

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

Table with 6 rows. Columns include description and a shaded box for entry. Rows include: 1 Enter the number of applicable individuals who were not provided ERISA section 204(h) notice; 2 Enter the effective date of the amendment; 3 Enter the number of days in the noncompliance period; 4 Enter the total number of failures to provide ERISA section 204(h) notice; 5 Multiply line 4 by \$100; 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

Table with 2 rows. Columns include description and a shaded box for entry. Rows include: 1 Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to; 2 Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16

Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 2 rows. Columns include description and a shaded box for entry. Rows include: 1 Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted; 2 Multiply line 1 by \$100. Enter the result here and on Part I, line 10d