

**TY2025 Form 4720 MeF ATS Scenario 2**

**EIN: 00-9000004**

**Filed by Self-dealer**

**Forms Required:**

- Form 4720

**Attachments:**

1. Item B, Multiple4720RequiredStatement
2. Schedule A, CorrectiveActionTakenStatement (self-dealing transaction only)

**PreparerFirmGrp**

**PreparerFirmEIN** – 00-5000002

**PreparerFirmName** – Hatch Accountancy Services

**PreparerFirmUSAddress** – 123 Jefferson Avenue Bedford Falls NY 10507

**MultSoftwarePackagesUsedInd** -- no

**OriginatorGrp**

**EFIN** – as assigned

**OriginatorTypeCd** – ERO

**PractitionerPINGrp**

**EFIN** – as assigned

**PIN** – 15512

**PinEnteredByCd** – ERO or N/A for Online Filer

**SignatureOptionCd** – PIN Number or Binary Attachment 8453 Signature Document

**ReturnTypeCd** – 4720

**TaxPeriodBeginDt** – 1/1/2025

**TaxPeriodEndDt** – 12/31/2025

**Filer**

**EIN** – 00-9000004

**BusinessName** – Bailey Brothers Building & Loan

**BusinessNameControlTxt** – BAIL

**USAddress** – 25 Genesee Street Bedford Falls NY 10507

**BusinessOfficerGrp**

**PersonNm** – George Bailey

**PersonTitleTxt** -- President

**PhoneNum** – 518-555-212

**EmailAddressTxt** --

**SignatureDt** – self-select

**TaxpayerPIN** – self-select

**DiscussWithPaidPreparerInd** – Y

**PreparerPersonDetail****PreparerPersonNm** – Martin Hatch**PTIN** – P90000009**PhoneNum** – 914-555-1212**EmailAddressTxt** --**PreparationDt** – self select**SelfEmployedInd** -- Y**SigningOfficerGrp****PersonFirstNm** - George**PersonLastNm** – Bailey**SSN** – 999-00-9999**IRSResponsiblePrtyInfoCurrInd** -- Y**binaryAttachmentCnt** – 0

**Note:** This scenario is based upon the following Chapter 42 events reported by Bailey Park Foundation:

- Section 4941 self-dealing transaction involving one non-manager disqualified person, which was approved and carried out by two of the organization's four managers.
- Section 4943 excess business holdings
- Two section 4945 taxable expenditures.
  - Taxable expenditure attributable to the self-dealing transaction
  - Taxable expenditure attributable to a scholarship grant made without prior approval. Grant made by one manager, acting alone.

Complete reporting of these events will require the following Form 4720 returns:

1. By the organization
2. By the disqualified person who participated in the self-dealing transaction (the return attached to this cover page)
3. By manager 1, involved in the self-dealing/taxable expenditures transaction
4. By manager 2, involved in the self-dealing/taxable expenditures transaction
5. By manager 3, involved in the scholarship grant taxable expenditure transaction.

Form **4720****Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944,  
4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

OMB No. 1545-0047

**2025**Department of the Treasury  
Internal Revenue Service

For calendar year 2025 or other tax year beginning				, 2025, and ending		, 20	
Name of organization, entity, or person subject to tax <b>Bailey Brothers Building &amp; Loan</b>						EIN or SSN <b>00-9000004</b>	
Number and street (or P.O. box if mail is not delivered to street address) <b>320 Sycamore Avenue</b>				Room or suite no.		<input type="checkbox"/> Amended return	
City or town <b>Bedford Falls</b>		State or province <b>NY</b>		Country		Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input checked="" type="checkbox"/> Other <input type="checkbox"/> Form 5227	
ZIP or foreign postal code <b>10507</b>							

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>A</b> Is the organization a foreign organization described in section 4948(b)? . . . . .<br>Show conversion rate to U.S. dollars. See instructions . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>B</b> <b>Entity (other than the organization) or person subject to tax:</b> Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions . . . . .<br>If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year. | <input checked="" type="checkbox"/> |                                     |

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1	Tax on undistributed income—Schedule B, line 4 . . . . .	1	
2	Tax on excess business holdings—Schedule C, line 7 . . . . .	2	
3	Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (f) . . . . .	3	
4	Tax on taxable expenditures—Schedule E, Part I, column (h) . . . . .	4	
5	Tax on political expenditures—Schedule F, Part I, column (f) . . . . .	5	
6	Tax on excess lobbying expenditures—Schedule G, line 4 . . . . .	6	
7	Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e) . . . . .	7	
8	Tax on premiums paid on personal benefit contracts . . . . .	8	
9	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) . . . . .	9	
10	Tax on taxable distributions—Schedule K, Part I, column (f) . . . . .	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement . . . . .	11	
12	Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2 . . . . .	12	
13	Tax on excess executive compensation—Schedule N . . . . .	13	
14	Tax on net investment income of private colleges and universities—Schedule O . . . . .	14	
15	<b>Total</b> (add lines 1–14) . . . . .	15	

**Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code <b>Bailey Park Foundation Inc. 25 Genesee Street Bedford Falls NY 10507</b>		Employer identification number <b>00-9000001</b>	
1	Tax on self-dealing—Schedule A, Part II, column (d); and Part III, column (d) . . . . .	1	7,500
2	Tax on investments that jeopardize charitable purposes—Schedule D, Part II, column (d) . . . . .	2	0
3	Tax on taxable expenditures—Schedule E, Part II, column (d) . . . . .	3	0
4	Tax on political expenditures—Schedule F, Part II, column (d) . . . . .	4	0
5	Tax on disqualifying lobbying expenditures—Schedule H, Part II, column (d) . . . . .	5	0
6	Tax on excess benefit transactions—Schedule I, Part II, column (d); and Part III, column (d) . . . . .	6	0
7	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, column (d) . . . . .	7	0
8	Tax on taxable distributions—Schedule K, Part II, column (d) . . . . .	8	0
9	Tax on prohibited benefits—Schedule L, Part II, column (d); and Part III, column (d) . . . . .	9	0
10	<b>Total</b> —Add lines 1 through 9 . . . . .	10	7,500

**Part III Tax Payments**

1	Total tax (Part I, line 15 or Part II, line 10) . . . . .	1	7,500
2	Total payments including amount paid with Form 8868 (see instructions) . . . . .	2	0
3	<b>Tax due.</b> If line 1 is larger than line 2, enter amount owed (see instructions) . . . . .	3	7,500
4	<b>Overpayment.</b> If line 1 is smaller than line 2, enter the difference. This is your refund. To elect direct deposit for this amount, complete and attach Form 8050. See instructions . . . . .	4	

**SCHEDULE A—Initial Taxes on Self-Dealing** (Section 4941)**Part I Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act	
		Yes	No		
1	06/28/2025	✓		Sale of residential real property by Bailey Brothers Building and Loan to Bailey Park Foundat	
2					
3					
4					
5					
(e) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the act		(f) Amount involved in act		(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))
1(a)(1)		75,000		7,500	3,750

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)
Bailey Brothers Building and Loan	1	7,500	7,500

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B—Initial Tax on Undistributed Income** (Section 4942)

<b>1</b>	Undistributed income for years before 2024 (from Form 990-PF for 2025, Part XII, line 6d)	<b>1</b>	
<b>2</b>	Undistributed income for 2024 (from Form 990-PF for 2025, Part XII, line 6e)	<b>2</b>	
<b>3</b>	Total undistributed income at end of current tax year beginning in 2025 and subject to tax under section 4942 (add lines 1 and 2)	<b>3</b>	
<b>4</b>	<b>Tax</b> —Enter 30% of line 3 here and on Part I, line 1	<b>4</b>	

**SCHEDULE C—Initial Tax on Excess Business Holdings** (Section 4943)**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
<b>1</b>	Foundation holdings in business enterprise . . . . .	<b>1</b> %	%	
<b>2</b>	Permitted holdings in business enterprise . . . . .	<b>2</b> %	%	
<b>3</b>	Value of excess holdings in business enterprise	<b>3</b>		
<b>4</b>	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) . . . . .	<b>4</b>		
<b>5</b>	Taxable excess holdings in business enterprise— line 3 minus line 4 . . . . .	<b>5</b>		
<b>6</b>	<b>Tax</b> —Enter 10% of line 5 . . . . .	<b>6</b>		
<b>7</b>	<b>Total tax</b> —Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	<b>7</b>		

- 8** Did the organization dispose of excess holdings subject to tax reported on line 6? . . . . . **Yes** **No**  
Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							

**Total**—Column (f). Enter here and on Part I, line 3

**Total**—Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)**

**Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient	(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure	(h) Initial tax imposed on foundation (20% of col. (b))	(i) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col. (b))
			Yes	No				
1								
2								
3								
4								
5								
(f) Description of expenditure and purposes for which made								
<b>Total</b> —Column (h). Enter here and on Part I, line 4 . . . . .								
<b>Total</b> —Column (i). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .								

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)**

**Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
<b>Total</b> —Column (f). Enter here and on Part I, line 5 . . . . .							
<b>Total</b> —Column (g). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .							

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

DRAFT — DO NOT FILE

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**SCHEDULE G—Tax on Excess Lobbying Expenditures** (Section 4911)

<b>1</b>	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.) . . . . .	<b>1</b>	
<b>2</b>	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.) . . . . .	<b>2</b>	
<b>3</b>	Excess lobbying expenditures—enter the larger of line 1 or line 2 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax</b> —Enter 25% of line 3 here and on Part I, line 6 . . . . .	<b>4</b>	

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col. (b))
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>Total</b> —Column (e). Enter here and on Part I, line 7 . . . . .					
<b>Total</b> —Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions** (Section 4958)

<b>Part I Excess Benefit Transactions and Tax Computation</b>				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
(e) Amount of excess benefit		(f) Initial tax on disqualified persons (25% of col. (e))		(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued****Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)****Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)**

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 —Listed 2 —Subsequently listed 3 —Confidential 4 —Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Yes                      No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

**Total**—Column (h). Enter here and on Part I, line 9 . . . . .



**Part II**    **Tax Imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966).** See the instructions.

## Part I Taxable Distributions and Tax Computation

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution		(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
<b>Total</b> —Column (f). Enter here and on Part I, line 10 . . . . .			
<b>Total</b> —Column (g). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .			

## Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

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**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).  
See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>			
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit	
1			
2			
3			
4			
5			
(d) Amount of prohibited benefit		(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

  

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

  

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

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**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs  
Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

**Part I Failures to Meet Section 501(r)(3)**

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II Computation of Tax**

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) . . . . .	<b>1</b>	
2	<b>Tax</b> —Enter \$50,000 multiplied by line 1 here and on Part I, line 12 . . . . .	<b>2</b>	

**SCHEDULE N—Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions . . . . .			

**Total** (add column (e) items 1–6) . . . . .

**Tax.** Enter 21% of the amount above here and on Part I, line 13 . . . . .

**SCHEDULE O—Excise Tax on Net Investment Income of Private Colleges and Universities** (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary . . . . .					
6	<b>Total</b> . . . . .					
7	<b>Excise Tax on Net Investment Income.</b> Enter 1.4% of the amount in 6(f) here and on Part I, line 14 . . . .					

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.						
	Signature of officer or trustee		Title		Date		
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person				Date		
	May the IRS discuss this return with the preparer shown below? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Paid Preparer Use Only	Preparer's name		Preparer's signature		Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name Hatch Accountancy Services					Firm's EIN 00-5000002	P90000009
	Firm's address 123 Jefferson Avenue, Bedford Falls, NY 10507					Phone no. 914-555-1212	

DRAFT – DO NOT FILE

DRAFT – DO NOT FILE

**Bailey Brothers Building & Loan**  
**EIN 00-9000004**  
**(Re: Bailey Park Foundation, Inc., EIN 00-9000001)**

**Multiple4720RequiredStatement, Line B**

<b>Name</b>	<b>EIN</b>
Bailey Brothers Building & Loan	00-9000004
Shiloh Gardens Foundation	00-9000021

**CorrectiveActionTakenStatement, Schedule A**

<b>Sch/Part</b>	<b>Line number</b>	<b>Description of the act/transaction to which the tax relates</b>	<b>Description of the corrective action</b>	<b>Date of correction*</b>
Sch A, Pt I	1	Sale of residential real property by Bailey Brothers Building & Loan to Bailey Park Foundation, Inc.	Partial correction - BPF is under contract to sell the real property to a charity for \$60,000.	January 15, 2026
Sch A, Pt I	1	Sale of residential real property by Bailey Brothers Building & Loan to Bailey Park Foundation, Inc.	Partial correction - Cash payment from Bailey Bros. in the amount of \$15,075.	December 1, 2025