| Form 5330 |
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| (Rev. December 2013) |
| Department of the Treasury Internal Revenue Service |
| Filer tax year begin |

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.

| iler | tax year beginning , a | and ending , |
|------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Α | Name of filer (see instructions) | 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.) | Employer identification number (EIN) |
| | City or town, state or province, country, and ZIP or foreign postal code | Social security number (SSN) |
| С | | E Plan sponsor's EIN |
| D | Name and address of plan sponsor | F Plan year ending (MM/DD/YYYY) |
| н | If this is an amended return, check here | ▶ □ G Plan number |

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed (see instructions).

| - | | | | | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|--------------------------|-------|
| | tion A. Taxes that are reported by the last day of the 7th month after the end of the tax r 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 b | Section 4975(a) tax on prohibited transactions (from Schedule C, line 3) | 159 224 | 3a 3b | | |
| 4 | Section 4976 tax on disqualified benefits for funded welfare plans | 200 | 4 | | |
| 5a b | Section 4978 tax on ESOP dispositions | 209 | 5a 5b | | |
| 6 | Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity | 203 | 6 | | |
| 7 | Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17 | | 7 | | |
| | tion B. Taxes that are reported by the last day of the 7th month after the end of the emp or the last day of the plan year that ends within the filer's tax year | loyer | 's tax | x year or $8^{1/2}$ mo | onths |
| 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 | | | |
| Ň | | 220 | ⊢ xn | | |
| 02 | | | 8b | | |
| 34 | Section $4971(fl(1))$ tax on failure to pay liquidity shortfall (from Schedule F. line A) | | | | |
| h | Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4) | 226 | 9a | | |
| b | Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4) | 226 227 | | | |
| | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 | 9a 9b | | |
| 10a | Section 4971(f)(2) tax for failure to correct liquidity shortfall | | 9a | | |
| 10a b | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 | 9a 9b | | |
| 10а b с | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 | 9a 9b 10a 10b 10c | | |
| 10a b c Sec | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 | 9a 9b 10a 10b 10c | | ccess |
| 10a b c Sec | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 | 9a 9b 10a 10b 10c | | cess |
| 10a b c Sec | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 | 9a 9b 10a 10b 10c | | cess |
| 10a b c Sec frin | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 450 451 452 100ar | 9a 9b 10a 10b 10c year | | ccess |
| 10a b c Sec frin 11 | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 ndar | 9a 9b 10a 10b 10c year | | cess |
| 10a b c Sec frin 11 | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 ndar | 9a 9b 10a 10b 10c year 11 | | cess |
| 10a b c Sec frin 11 | Section 4971(f)(2) tax for failure to correct liquidity shortfall | 227 450 451 452 ndar | 9a 9b 10a 10b 10c year 11 | | cess |

| Form 533 | 30 (Rev | v. 12-2013) | | | | | | Page 2 |
|--------------|---------|---------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|----------------------------|----------|----------|---------------|
| Name o | of File | er: | F | iler's identifying r | number: | | | |
| Sect | ion D | . Tax that is reported by the last da | ay of the month following the n | nonth in which tl | ne revers | sion oc | curred | |
| 14 | Secti | on 4980 tax on reversion of qualifi | ed plan assets to an employer | r (from Schedule | l, | | | |
| | line 3 |). Enter here and on Part II, line 17 . | | | 204 | 14 | | |
| Sect | ion E | . Tax that is reported by the last da | ay of the month following the n | nonth in which th | ne failure | occur | red | • |
| 15 | Secti | on 4980F tax on failure to provide | notice of significant reduction | in future accrua | ıls | | | |
| | (from | Schedule J, line 5). Enter here and o | n Part II, line 17 | | 228 | 15 | | |
| Sect | ion F | . Taxes reported on or before the | 15th day of the 5th month fo | llowing the clos | e of the | entity | manager' | s taxable |
| year | durir | ng which the plan became a party t | o a prohibited tax shelter trans | saction | | | | |
| 16 | Secti | on 4965 tax on prohibited tax shelte | er transactions for entity manag | ers (from Schedu | le | | | |
| | K, lin | e 2). Enter here and on Part II, line 17 | , | | 237 | 16 | | |
| 18 | Enter | the amount from Part I, line 7, 12, 13 amount of tax paid with Form 5558 | or any other tax paid prior to filin | g this return . | | 17 18 | | |
| | | due. Subtract line 18 from line 17. I k or money order payable to "United | | | | | | |
| | | number, and "Form 5330, Section(s) | | payment | | 19 | | |
| Sign Here | | Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. Dec | e examined this return, including accomp | anying schedules and | statements tion of whic | , and to | | |
| <u> </u> | | Print/Type preparer's name | Preparer's signature | Date | Check | ⊐ if | PTIN | |
| Paid | | | | | self-empl | oved | | |
| Prepa | | Firm's name | | | Firm's EIN | , | 1 | |
| Use C | Jnly | Firm's address | | | Phone no | | | |
| | | | | | | • | | |

| Form | 5330 | (Rev. 12-2013) |
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| Form 5 | 330 (Rev. 12-2013) | | | | | | Page 3 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------|----|-----------|--------|
| Name | e of Filer: Fil | er's i | dentifyi | ng numbe | r: | | |
| Repo | dule A. Tax on Nondeductible Employer Contributions to Qualified Emplo orted by the last day of the 7th month after the end of the tax year of the e eturn) | - | • | | | must file | |
| 1 | Total contributions for your tax year to your qualified employer plan (u 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 | 4 | | | | | |
| 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 | 6 | | | | | |
| 7 | Amount of line 6 carried forward and deductible in this tax year | 7 | | | | | |
| 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 | x. | | | 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 | | |

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)

| 1 | Total amount contributed for current year less rollovers (see instructions) | 1 | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|--|
| 2 | Amount excludable from gross income under section 403(b) (see instructions) | 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 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 | | |
| 11 | Multiply line 10 by 6% | 11 | | |
| 12 | Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2 | 12 | 5000 | |

Form 5330 (Rev. 12-2013)

Name of Filer:

Filer's identifying number:

Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) 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)

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):

a discrete b other than discrete (a lease or a loan)

| (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) b the appropriate rate (see instructions)) |
|-------------------------------------|---------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <i>(i)</i> | | | | |
| (ii) | | | | |
| (iii) | | | | |
| (iv) | | | | |
| (v) | | | | |
| (vi) | | | | |
| (vii) | | | | |
| (viii) | | | | |
| (ix) | | | | |
| (x) | | | | |
| (xi) | | | | |
| (xii) | | | | |

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

Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . ► □ Yes □ No

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

Name of Filer:

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 |
| | | | | |
| | | | | |
| | | | | |
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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 | |

Form 5330 (Rev. 12-2013)

| Form 53 | 330 (Rev. 12-2013) | | | | | | | | Page 6 |
|---------|--------------------------------------------------------------------------------|------------|--------------------|---------------------|---------------------------------------|-------------|---------|-------------------------------|---------------|
| Name | of Filer: | | | | Filer's identifyi | ng numbe | r: | | |
| Scheo | dule E. Tax on Failure to Pay Liqui | idity | Shortfall (Section | on 4971(f)(1)) Re | ported by the la | ast day of | the 7 | th month after t | the end |
| of the | employer's tax year or 81/2 mont | hs af | ter the last day | of the plan year | r that ends with | in the file | r's tax | k year | |
| | | | (a) 1st Quarter | (b) 2nd Quarter | (c) 3rd Quarter | (d) 4th Qu | uarter | (e) Total Add cols. a-d fo | or line 3 |
| 1 | Amount of shortfall | 1 | | | | | | | |
| 2 | Shortfall paid by the due date | 2 | | | | | | 1 | |
| 3 | Net shortfall amount | 3 | | | | | | | |
| 4 | Multiply line 3, column (e), by 10% | - | er here and on F | Part I. line 9a . | | • | 4 | | <u> </u> |
| Sched | ule F. Tax on Multiemployer Plan | | | | | | g)(4)) | Reported by the | e last |
| | f the 7th month after the end of th | | | | | | | | |
| the fil | er's tax year | | | | | | | | |
| 1 | Section 4971(g)(3) tax on failure to n | neet r | equirements for p | plans in endanger | ed or critical stat | us | 1 | | |
| а | Enter the amount of contributions ne | ecess | ary to meet the a | pplicable benchn | narks or requirem | ients . | 1a | | |
| b | Enter the amount of the accumula | ted fu | unding deficiency | у | | | 1b | | |
| С | Enter the greater of line 1a or line 1b, here and on Part I, line 10b | | | | | | 1c | | |
| 2 | Section 4971(g)(4) tax on failure to adopt rehabilitation plan | | | | | | 2 | | |
| а | Enter the amount of the excise tax | on th | ne accumulated f | unding deficienc | y under section | 4971(a)(2) | | | |
| | , | | | | | | 2a | | |
| b | Enter the number of days during the | | | | | e first day | | | |
| | of the 240 day period and ending on | | • | | | | 2b | | |
| С | | | | | | | 2c | | _ |
| | Enter the greater of line 2a or line | | | | | | 2d | | |
| | dule G. Tax on Excess Fringe Ben dar year in which the excess fring | | | | | | n atte | er the end of the | 9 |
| | | - | - | | | | | | |
| 1 | Did you make an election to be tax | | | | | s 🗌 No | | | |
| 2 3 | If "Yes," enter the calendar year (YYY If line 1 is "Yes," enter the excess | | | - | · · · · · · · · · · · · · · · · · · · | | 3 | | |
| 4 | Enter 30% of line 3 here and on P | | | | | | 4 | | _ |
| | dule H. Tax on Excess Contributio | | | | | | | 15th month aff | ter |
| | nd of the plan year | | | | | , laot aug | 01 010 | | |
| 1 | Enter the amount of an excess conti | ributic | on under a cash o | r deferred arrange | ement that is part | t of a plan | | | |
| - | qualified under section 401(a), 403(a) | | | • | • | • | 1 | | |
| 2 | Multiply line 1 by 10% and enter h | iere a | nd on Part I, line | . 13 | | 🕨 | 2 | | |
| | dule I. Tax on Reversion of Qualifi ring the month in which the rever | | | n Employer (Sec | tion 4980) Repo | orted by t | he las | t day of the mo | nth |
| 1 | Date reversion occurred | | | . ► MM | DD Y | <i>·</i> | | | |
| 2a | Employer reversion amount | • • | | b Excise tax | | · | | | |
| 3 | Multiply line 2a by line 2b and enter | er the | amount here an | | | | 3 | | |
| 4 | Explain below why you qualify for | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Scheo | dule J. Tax on Failure to Provide N | lotic | e of Significant | Reduction in Fu | uture Accruals (| Section 4 | 980F) | Reported by th | e |
| last d | ay of the month following the mo | nth ir | n which the failu | are occurred | | | _ | | |
| 1 | Enter the number of applicable individ | | | | | | 1 | | |
| 2 | Enter the effective date of the ame | | | | _ DD Y | Y | 2 | | |
| 3 | Enter the number of days in the no | | | | | | 3 | | |
| 4 | Enter the total number of failures t | - | | | | | 4 | | |
| 5 | Multiply line 4 by \$100. Enter here | | | | | 🕨 | 5 | | |
| 6 | Provide a brief description of the f | ailure | e, and of the corr | ection, if any | | | | | |
| | | | | | | | | | |
| Cak - | | + - | | ation (005) D- | | we the de- | | of the Ethern | the |
| | lule K. Tax on Prohibited Tax Shel ring the close of the entity manage | | • | | | | - | | |
| 1 | Enter the number of prohibited | | | | | - | | | |
| | party to | iax S | | ns you caused | the same plan | | 1 | | |
| 2 | Multiply line 1 by \$20,000. Enter th | ne res | sult here and on | Part I, line 16 . | | ► | 2 | | |