Form **5500-EZ**

Department of the Treasury Internal Revenue Service

Annual Return Identification Information

Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan

This form is required to be filed under section 6058(a) of the Internal Revenue Code. Certain foreign retirement plans are also required to file this form (see instructions).

▶ Complete all entries in accordance with the instructions to the Form 5500-EZ.

▶ Information about Form 5500-EZ and its instructions is at www.irs.gov/form5500ez.

OMB No. 1545-0956

This Form is Open to Public Inspection.

_			_			
	e calendar plan year 2015 or fiscal plan year beginning (MM/DD/YYYY)			ending		
A This return is: (1) ☐ the first return filed for the plan; (3) ☐ the final return filed for the plan;						
_	(2) an amended return; (4) a short plan year		•			
В	If filing under an extension of time, check this box (see instructions)			. =		
C	If this return is for a foreign plan, check this box (see instructions)					
Part	Basic Plan Information — enter all requested information.					
1a	Name of plan	1b Thre	e-dig	it		
				plan number (PN) ►		
				first became effective		
		(IVII)	/I/DD/	YYYY)		
		Oh Emi	200101	Identification Number (CINI)		
2 a	Employer's name	2b Employer Identification Number (EIN) (Do not enter your Social Security Number)				
	Trade name of business (if different from name of employer)	(00)	not ente	your oocial occurry Number		
	Trade flame of business (if different from flame of employer)	20 Emr	olovor'	a talanhana numbar		
	In care of name	2C EIII¢	oloyer	s telephone number		
	in care of hame	2d Rus	inocc	code (see instructions)		
	Mailing address (room, apt., suite no. and street, or P.O. Box)	_ Zu Dus	111633	code (see instructions)		
	maining address (195111, april, suite 1191 and subset, of 1 191 2019					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	1				
	, , , , , , , , , , , , , , , , , , ,					
3a	Plan administrator's name (If same as employer, enter "Same")	3b Adn	ninistra	ator's EIN		
	In care of name	3c Adn	ninistra	ator's telephone number		
				· 		
	Mailing address (room, apt., suite no. and street, or P.O. Box)					
		-				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					
				,		
4a	Name of trust (skip questions 4a, 4b, 4c, and 4d)	4b Trus	st's Ell	V		
	Name of trustee or custodian	4d Trustee or custodian's telephone number				
4c	Name of trustee of custodian	4a irus	tee or	custodian's telephone number		
5	If the name and/or EIN of the employer has changed since the last return filed for the	⊥ is plan.	5b	EIN		
•	enter the name, EIN, and plan number for the last return in the appropriate space pro			LIIN		
а	Employer's name		5c	PN		
_	Employer smarre			1 10		
6a(1	Total number of participants at the beginning of the plan year		6a(1)			
a(2) Total number of active participants at the beginning of the plan year		6a(2)			
) Total number of participants at the end of the plan year		6b(1)			
b(2	?) Total number of active participants at the end of the plan year		6b(2)			
С	Number of participants that terminated employment during the plan year with a	accrued				
	benefits that were less than 100% vested		6c			
Part	III Financial Information					
		1) Beginnii	ng of v	ear (2) End of year		
		, -9	J J	(_, 0. , 0		
7a	Total plan assets					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
b	Total plan liabilities					
C	Net plan assets (subtract line 7b from 7a)					

Form 5500-EZ (2015) Part III (Continued) Contributions received or receivable from: **Amount** Employers. 8a Others (including rollovers) Part IV **Plan Characteristics** Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions: Part V **Compliance and Funding Questions** Yes No **Amount** 10 During the plan year, did the plan have any participant loans? 10 Is this a defined benefit plan that is subject to minimum funding requirements? 11 If "Yes," complete Schedule SB (Form 5500) and line 11a below. (See instructions.) 11 Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500), line 40 11a 12 Is this a defined contribution plan subject to the minimum funding requirements 12 If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicable: If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver (see instructions) 12a Enter the minimum required contribution for this plan year 12b Enter the amount contributed by the employer to the plan for this plan year 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign 12d Yes No N/A Will the minimum funding amount reported on line 12d be met by the funding deadline? 12e Has the plan been timely amended for all required tax law changes? (skip this question) 13a 13a Date the last plan amendment/restatement for the required law changes was adopted (MM/DD/YYYY) (see instructions for tax law changes and codes). (skip this question) question) Enter the applicable code If the employer is an adopter of a pre-approved master and prototype (M&P), or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter (MM/DD/YYYY) and the letter's serial number . (skip this question) If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter (MM/DD/YYYY) . (skip this question) Yes No N/A Were required minimum distributions made to 5% owners who have attained age 70½ 14 (regardless of whether or not retired) as required under section 401(a)(9)? (skip this question) 14 Did the plan trust incur unrelated business taxable income? (skip this question) If "Yes," enter amount 15 15 16 Were in-service distributions made during the plan year? (skip this question) If "Yes," enter amount 16 Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established. Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Here Date Type or print name of individual signing as employer or Signature of employer or plan administrator plan administrator

Preparer's name (including firm name, if applicable) and address, including room or suite number (skip this question)

Preparer's telephone number (skip this question)