Form **5500-EZ**

Department of the Treasury

Annual Return Identification Information

Internal Revenue Service

Part I

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.

For th	ne calendar plan year 2016 or fiscal plan year beginning (MM/DD/YYYY)			and	ending				
Α	This return is: (1) the first return filed for the plan; (3) the fin	al retu	I return filed for the plan;						
		t plan	year return	(less th	nan 12 months).				
В			í` í ▶ □						
С		If this return is for a foreign plan, check this box (see instructions)							
D	If this return is for the IRS Late Filer Penalty Relief Program, check this box	(see i	nstructions)		🕨 🗌				
Part	·								
1a	Name of plan		1b Thre		t ber (PN) ►				
				e plan M/DD/\	first became effective YYYY)				
2a	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)								
			2c Emp	oloyer'	s telephone number				
	In care of name								
			2d Bus	iness o	code (see instructions)				
	Mailing address (room, apt., suite no. and street, or P.O. Box)								
	Other throughout the second of								
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see ins	structio	ons)						
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 ins	structio	ons)						
4a	Name of trust (skip questions 4a, 4b, 4c, and 4d)		4b Trust's EIN						
4c	Name of trustee or custodian		4d Trus	4d Trustee or custodian's telephone number					
5	If the name and/or EIN of the employer has changed since the last return filed for the enter the name, EIN, and plan number for the last return in the appropriate space pro			5b	EIN				
а	Employer's name			5с	PN				
60/	I)Total number of participants at the beginning of the plan year			6a(1)					
•	I) I otal number of participants at the beginning of the plan yearI) Total number of active participants at the beginning of the plan yearIII is a constant.			6a(2)					
				6b(1)					
	1)Total number of participants at the end of the plan year			6b(2)					
C.	Number of participants that terminated employment during the plan year			00(2)					
·	benefits that were less than 100% vested			6c					
Part	III Financial Information								
			(1) Beginni	ng of ye	ear (2) End of year				
7a	Total plan assets	7a							
b	Total plan liabilities	7b							
J		7.5							
C	Net plan assets (subtract line 7b from 7a)	7c							

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Part	(Continued)										
8	Contributions received or receivable from:					Amount					
а	Employers			8a							
b	Participants			8b							
	·		•								
C	Others (including rollovers)		•	8c							
Part 9											
Part	V Compliance and Funding Questions										
,			Yes	No		Amount					
10	During the plan year, did the plan have any participant loans?										
	If "Yes," enter amount as of year end	10									
11	Is this a defined benefit plan that is subject to minimum funding requirements?										
	If "Yes," complete Schedule SB (Form 5500) and line 11a below. (See instructions.)	11	1								
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5.		40	11a							
12	Is this a defined contribution plan subject to the minimum funding requiremen										
	of section 412 of the Code?	12									
	If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicable:		. 1								
а	If a waiver of the minimum funding standard for a prior year is being amortized year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting (see instructions)			12a							
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		120								
	to the left of a negative amount)			12d							
			Yes	No	N/A						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline	? 12 e	;								
13a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory etter, enter the date of the letter (MM/DD/YYYY) and the serial number (skip this question)										
b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the										
	most recent determination letter (MM/DD/YYYY) (skip this question	n).	14								
	Was any plan participant a E0/ surpay who had attained at least are 701/ division the		Yes	No							
14	Was any plan participant a 5% owner who had attained at least age 70½ during the prior plan year? (skip this question)	1e 14									
15	Defined Benefit Plan or Money Purchase Pension Plan only: Were any distribution										
	made during the plan year to an employee who attained age 62 and had n	ot									
	separated from service? (skip this question)	15									
Ca	ution: A penalty for the late or incomplete filing of this return will be assessed un										
	Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Signed by an enrolled actuary, and to the best of my knowledge and belief, it is true, correct, and complete.	chedule N	/IB (Form	า 5500)	or Sch	nedule SB (Form	5500				
Sign Here	•										
		Type or print name of individual signing as employer or plan administrator									
Prepare	r's name (including firm name, if applicable) and address, including room or suite number (skip this question)		Prepar question		ephone	number (skip th	is				