Form 5500-EZ Department of the Treasury		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.				OMB No. 1545-0956			
	Revenue Service	► Information about Form 5500-EZ and its instructions is at www.i				to Public Inspection.			
Part	Annual	Return Identification Information							
For th	e calendar pla	n year 2015 or fiscal plan year beginning (MM/DD/YYYY)		and	d endi	ing			
A B C		(1) \Box the first return filed for the plan;(3) \Box the final retu(2) \Box an amended return;(4) \Box a short planan extension of time, check this box (see instructions)for a foreign plan, check this box (see instructions).	year retur	n (less t	than 1	· · · · · • 🗖			
Part	II Basic P	lan Information — enter all requested information.							
1a	Name of plan		р	nree-dig lan num ate plar	iber (F	PN) ►			
			1)	MM/DD/	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 Employer's telephone number				
	In care of nam	e	2d B	ueineee	code	(see instructions)			
	Mailing addres	ss (room, apt., suite no. and street, or P.O. Box)							
	City or town, sta	te or province, country, and ZIP or foreign postal code (if foreign, see instructio	ns)						
3a	Plan administrator's name (If same as employer, enter "Same")				3b Administrator's EIN				
	In care of nam	e	3 c A	dministr	ator's	telephone number			
	Mailing addres	ss (room, apt., suite no. and street, or P.O. Box)							
	City or town, sta	te or province, country, and ZIP or foreign postal code (if foreign, see instructio	ns)						
4a	Name of trust	(skip questions 4a, 4b, 4c, and 4d)	4b T	rust's El	N				
4c	Name of truste	ee or custodian	4d Tr	ustee or	custo	dian's telephone number			
5		d/or EIN of the employer has changed since the last return filed for e, EIN, and plan number for the last return in the appropriate space			EIN				
а	Employer's na	me		5c	PN				
		of participants at the beginning of the plan year		6a(1)					
		of active participants at the beginning of the plan year		6a(2) 6b(1)	1				
		of active participants at the end of the plan year		6b(2)					
	Number of pa	articipants that terminated employment during the plan year wit vere less than 100% vested	h accrued						
Part		al Information							
			(1) Begir	ining of y	/ear	(2) End of year			
7a	Total plan ass	ets							

b	Total plan liabilities	7b	
C	Net plan assets (subtract line 7b from 7a)	7c	
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For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 5500-EZ.

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Part	II (Continued)							
8	Contributions received or receivable from:							Amount
а	Employers					8a		
b	Participants					8b		
с	Others (including rollovers)					8c		
Part								
9	Enter the applicable two-character feature codes from th	e List of Plan Charac	teristics C	odes	in the	instr	uction	IS:
Part	Compliance and Funding Questions							
		_			Yes	No		Amount
10	During the plan year, did the plan have any participant load of "Yes," enter amount as of year end .			10				
11	Is this a defined benefit plan that is subject to minimum f							
	If "Yes," complete Schedule SB (Form 5500) and line 11a	a below. (See instruc	tions.)	11				
a	Enter the unpaid minimum required contribution for all years Is this a defined contribution plan subject to the mir			line 4	.0 I	11a		
2	of section 412 of the Code?	0 1		12				
	If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e be		• •					
а	If a waiver of the minimum funding standard for a prior year, enter the month, day, and year (MM/DD/YYYY) of	or year is being amo of the letter ruling g	ranting the	e waiv	/er			
Ь						12a		
b C	Enter the minimum required contribution for this plan yea Enter the amount contributed by the employer to the plan					12b 12c		
d	Subtract the amount in line 12c from the amount in line 1 to the left of a negative amount)	2b. Enter the result (enter a mir	nus si	gn	12d		
					Yes	No	N/A	
е	Will the minimum funding amount reported on line 12d be m			12e				
3a b	Has the plan been timely amended for all required tax law cl Date the last plan amendment/restatement for the required l	• • • •	,	13a עערור				. (skip
D	question) Enter the applicable code (se	•				des).	(skip t	` `
с	If the employer is an adopter of a pre-approved master a favorable IRS opinion or advisory letter, enter the date of serial number . (skip this question)					olan t	hat is	subject to a and the lett
d	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)							
4	Were required minimum distributions made to 5% owners	who have attained	age 70%		Yes	No	N/A	
.	(regardless of whether or not retired) as required under section			14				
15	Did the plan trust incur unrelated business taxable income? (skip this	. , .		15				
6 Car	Were in-service distributions made during the plan year? (skip this ition: A penalty for the late or incomplete filing of this			16 s roa	sonal			e oetablieboo
	Under penalties of perjury, I declare that I have examined this return in signed by an enrolled actuary, and to the best of my knowledge and belie	cluding, if applicable, any	related Scheo					
ign Iere								
	Signature of employer or plan administrator	Date	Type or prir plan admini			ividual	signing	as employer or
epare	's name (including firm name, if applicable) and address, including room c	or suite number (skip this qu	estion)		Prepare	r's telep	hone nu	mber (skip this ques