## Form **5500-EZ**

Department of the Treasury

Internal Revenue Service

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

2016

This Form is Open to Public Inspection.

For the calendar plan year 2016 or fiscal plan year beginning (IMM/DD/YYYY)   and ending	Part	Annual Return Identification Information				•		
C  an amended return:   (4) a short plan year return (less than 12 months):   C  if this return is for a foreign plan, check this box (see instructions).   C  if this return is for a foreign plan, check this box (see instructions).   C  if this return is for a foreign plan, check this box (see instructions).   C  if this return is for a foreign plan, check this box (see instructions).   C  if this return is for a foreign plan post of the less than 100 the less than 12 months).   C  If this return is for a foreign plan hours   C  If this return is for a foreign plan hours   C  If this return is for a foreign plan hours   C  If the less than 12 months   C  If th	For th	e calendar plan year 2016 or fiscal plan year beginning (MM/DD/YYYY)			and	ending		
B if filing under an extension of time, check this box (see instructions).  If this return is for a foreign plan, check this box (see instructions)  If this return is for a foreign plan, check this box (see instructions)  If this return is for a foreign plan, check this box (see instructions)  If this return is for the IRS Late Filer Penalty Relief Program, check this box (see instructions)  It plan number (PN)  It Date plan first became effective (MM/DD/YYY)  It Date plan first became effective (MM/DD/YYYY)  It Date plan first became effective (MM/DD/YYYY)  It Date plan first became effective (MM/DD/YYYY)  In care of name  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)  3a Plan administrator's name (if same as employer, enter "Same")  In care of name  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 Trust's EIN  4c Name of truste or custodian  4d Trustee or custodian's telephone number enter the name, EIN, and plan number for the last return in the appropriate space provided:  5 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:  5 EIN  6a(1) Total number of participants at the beginning of the plan year  4d) Trustee or custodian's telephone number for the last return in the appropriate space provided:  5 EIN  6a(1) Total number of participants at the beginning of the plan year  4d) Total number of participants at the beginning of the plan year  5c PN  6a(1) Total number of participants at the end of the plan year  6b(2)  Charlet III Financial Information  (1) Beginning of year  (2) End of year	Α	This return is: (1) the first return filed for the plan; (3) the fin	ne final return filed for the plan;					
C if this return is for the ISS Late Filer Penalty Relief Program, check this box (see instructions)  ☐ If this return is for the ISS Late Filer Penalty Relief Program, check this box (see instructions)  ☐ Ib Three-digit plan number (PN) ☐ Date plan Information — enter all requested information.  ☐ Ib Three-digit plan number (PN) ☐ Date plan first became effective (MM/DD/YYYY) ☐ Date plan first became effective (MM/DD/YYYY) ☐ Date plan first became effective (MM/DD/YYYY) ☐ Date plan first became effective (MM/DD/YYYYY) ☐ Date plan first became effective (PM/DD/YYYYY) ☐ Date plan first became effective (PM/DD/YYYYYY) ☐ Date plan first became effective (PM/DD/YYYYYY) ☐ Date plan first became effective (PM/DD/YYYYYY) ☐ Date plan first became effective (PM/DD/YYYYYYY) ☐ Date plan first became effective (PM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY								
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Part II   Basic Plan Information — enter all requested information.   1b Three-digit plan number (PN) ▶   1c Date plan first became effective (MM/DD/YYY) ▶   2c Employer's name   2d Employer Identification Number (EIN) (Do not enter your Social Security Number)   2c Employer's telephone number   2d Business code (see instructions)   2d Business code (	С	= ·						
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4a Name of trust (skip questions 4a, 4b, 4c, and 4d)  4b Trust's EIN  4c Name of trustee or custodian  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 this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  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 6b(1) b(2) Total number of active participants at the end of the plan year 6b(1) b(2) c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 6c  Part III Financial Information  (1) Beginning of year (2) End of year								
4c Name of trustee or custodian  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 this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  6a(1) Total number of participants at the beginning of the plan year		City or town, state or province, country, and ZIP or foreign postal code (if foreign, see ins	structio	ons)				
4c Name of trustee or custodian  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 this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  6a(1) Total number of participants at the beginning of the plan year								
5 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  6a(1) Total number of participants at the beginning of the plan year	4a	Name of trust (skip questions 4a, 4b, 4c, and 4d)		4b Trus	st's EIN			
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enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  6a(1) Total number of participants at the beginning of the plan year	4c	Name of trustee or custodian		4d Trus	tee or c	ustodian's telephone number		
enter the name, EIN, and plan number for the last return in the appropriate space provided:  a Employer's name  5c PN  6a(1) Total number of participants at the beginning of the plan year								
a Employer's name  6a(1) Total number of participants at the beginning of the plan year	5				5b	EIN		
6a(1) Total number of participants at the beginning of the plan year		enter the name, EIN, and plan number for the last return in the appropriate	space	provided:				
a(2) Total number of active participants at the beginning of the plan year	а	Employer's name			5с	PN		
a(2) Total number of active participants at the beginning of the plan year								
b(1) Total number of participants at the end of the plan year					6a(1)			
b(2) Total number of active participants at the end of the plan year								
c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested								
benefits that were less than 100% vested	b(2				6b(2)			
Part III     Financial Information       7a     Total plan assets         7a     Total plan assets         7a     Total plan assets         7a     Total plan assets	С							
7a Total plan assets	_				6c			
7a Total plan assets	Part	Hinancial Information		(4) D		ou (0) First of cons		
				(1) Beginni	ng of ye	ar (2) End of year		
	_	T	_					
b Total plan liabilities	7a	ı otal plan assets	/a					
b rotal plan liabilities	1	Total plan liabilities	71-					
	D	Total plan liabilities	/D					
c Net plan assets (subtract line <b>7b</b> from <b>7a</b> ) <b>7c</b>	c	Net plan assets (subtract line <b>7b</b> from <b>7a</b> )	70					

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Part	(Continued)												
8	Contributions received or receivable from:							Amoun	t				
						_							
а	Employers					8a							
	Davidianasta					O.L.							
b	Participants				•	8b							
С	Others (including rollovers)					8c							
Part			_ 00										
9	Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions:												
Part	V Compliance and Funding Questions				1								
10	During the plan year did the plan have any participant leane?		ı		Yes	No		Amoun	ıt				
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 requirement			10									
•••	If "Yes," complete Schedule SB (Form 5500) and line 11a below. (See inst			11									
а	Enter the unpaid minimum required contributions for all years from Schedule S		,		40	11a							
12	Is this a defined contribution plan subject to the minimum funding r	requir	rements										
	of section 412 of the Code?			12									
	If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicab												
а	If a waiver of the minimum funding standard for a prior year is being a												
	year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling (see instructions)		•			10-							
b	Enter the minimum required contribution for this plan year					12a 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 res					0							
	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	_		12e									
13a	If the plan is a master and prototype plan (M&P) or volume submitter plan that letter, enter the date of the letter (MM/DD/YYYY) and the			orab	le IRS	opinio							
h	If the plan is an individually-designed plan that received a favorable determined the second		l number	from	tho IE	)S or	. ` .	this ques	•				
b			uestion).	11011	i iiie ir	10, EI	itei tiii	e date of	uie				
	(**************************************		,-		Yes	No							
14	Was any plan participant a 5% owner who had attained at least age 701	½ du	ring the		1.00								
	prior plan year? (skip this question)			14									
15	Defined Benefit Plan or Money Purchase Pension Plan only: Were any												
	made during the plan year to an employee who attained age 62 a												
	separated from service? (skip this question)			15	<u> </u>								
Ca	ution: A penalty for the late or incomplete filing of this return will be as												
	Under penalties of perjury, I declare that I have examined this return including, if applicable, signed by an enrolled actuary, and to the best of my knowledge and belief, it is true, correct, ar			uue N	ing (Form	1 5500)	or Sch	eaule SB (F	-orm 5500)				
Sign	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
Here	<b>)</b>												
	Signature of employer or plan administrator Date		Type or print name of individual signing as employer or										
			plan admini	strato	r								
Prepare	r's name (including firm name, if applicable) and address, including room or suite number (skip t	his que	estion)				ephone	number (sk	ip this				
					question	1)							