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Early releases of draft forms and instructions are at <u>IRS.gov/draftforms</u>. Please note that drafts may remain on IRS.gov even after the final release is posted at <u>IRS.gov/downloadforms</u>, and thus may not be removed until there is a new draft for the subsequent revision. All information about all revisions of all forms, instructions, and publications is at <u>IRS.gov/formspubs</u>.

Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at IRS.gov/form1040; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at IRS.gov/schedulea. If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with "www.". Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the <u>Comment on Tax Forms and Publications</u> page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

Form **5500-EZ**

Department of the Treasury Internal Revenue Service

Annual Return Identification Information

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	e calendar plan year 2015 or fiscal plan year beginning (MM/DD/YYYY)		and	ending	
A B C	This return is: (1) the first return filed for the plan; (3) the final return (2) an amended return; (4) a short plan y If filing under an extension of time, check this box (see instructions)	rear return	(less t	han 12 months). ▶ □	
Part	Basic Plan Information — enter all requested information.				
1a	Name of plan Cello	1c Date	n num e plan	ber (PN) ▶ first became effective YYYY)	
2a	Employer's name		-	Identification Number (EIN) or your Social Security Number)	
	Trade name of business (if different from name of employer)	2c Emr	olover	's telephone number	
	In care of name				
	Mailing address (room, apt., suite no. and street, or P.O. Box)	2d Bus	iness	code (see instructions)	
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions	s)			
3a	Plan administrator's name (If same as employer, enter "Same")	3b Adn	ninistr	ator's EIN	
	In care of name	3c Adn	3c Administrator'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	s)			
4a	Name of trust (answering 4a, 4b, 4c, and 4d is optional)	4b Trus	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 enter the name, EIN, and plan number for the last return in the appropriate space p		5b	EIN	
а	Employer's name		5с	PN	
a(2 b(1 b(2	Total number of participants at the beginning of the plan year	accrued	6a(1) 6a(2) 6b(1) 6b(2)		
Part			'		
		(1) Beginnii	ng of y	ear (2) End of year	
7a	Total plan assets				
b	Total plan liabilities				
С	Net plan assets (subtract line 7b from 7a)				

Form 5500-EZ (2015) Page 2 Part III (Continued) Contributions received or receivable from: **Amount** Employers. 8a Participants Others (including rollovers) **Plan Characteristics** Part IV 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? If "Yes," enter amount as of year end 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? (optional) . 13a 13a Date the last plan amendment/restatement for the required law changes was adopted (MM/DD/YYYY) . (optional) Enter the applicable code (see instructions for tax law changes and codes). (optional) 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 . (optional) 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) Yes No N/A Were required minimum distributions made to 5% owners who have attained age 14 70½ (regardless of whether or not retired) as required under section 401(a)(9)? (optional) 14 Did the plan trust incur unrelated business taxable income? (optional) If "Yes," enter amount 15 15 16 Were in-service distributions made during the plan year? (optional) 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 Signature of employer or plan administrator Date Type or print name of individual signing as employer or plan administrator Preparer's name (including firm name, if applicable) and address, including room or suite number (optional) Preparer's telephone number (optional)