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

2015

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2015 or fiscal plan year beginning (MM/DD/YYYY) and 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 return (less than 12 months).

B 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 II Basic Plan Information — enter all requested information.

1a Name of plan	**1b** Three-digit plan number (PN) ▶
	1c Date plan first became effective (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)	
In care of name	**2c** Employer's telephone number
Mailing address (room, apt., suite no. and street, or P.O. Box)	**2d** Business code (see instructions)
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")	**3b** Administrator's EIN
In care of name	**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)	
4a Name of trust (answering 4a, 4b, 4c, and 4d is optional)	**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:	**5b**	EIN
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 . . .	**6a(2)**	
b(1) 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)**	
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
7a Total plan assets . . .	**7a**		
b Total plan liabilities . . .	**7b**		
c Net plan assets (subtract line **7b** from **7a**) . . .	**7c**		

Part III *(Continued)*

			Amount
8	Contributions received or receivable from:		
a	Employers	8a	
b	Participants	8b	
c	Others (including rollovers)	8c	

Part IV **Plan Characteristics**

9 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	N/A	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				
a	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 of section 412 of the Code? If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicable:	12				
a	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				
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 minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	12e				
13a	Has the plan been timely amended for all required tax law changes? (optional)	13a				

b 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)

c 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)

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) ______________. (optional)

			Yes	No	N/A	
14	Were required minimum distributions made to 5% owners who have attained age 70½ (regardless of whether or not retired) as required under section 401(a)(9)? (optional)	14				
15	Did the plan trust incur unrelated business taxable income? (optional) If "Yes," enter amount	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)