

**Annual Return of One-Participant
(Owners and Their Spouses) Retirement Plan**

2015

Department of the Treasury
Internal Revenue Service

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.**

**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.

<p>1a Name of plan</p>	<p>1b Three-digit plan number (PN) ▶</p>	
	<p>1c Date plan first became effective (MM/DD/YYYY)</p>	
<p>2a Employer's name</p> <p>Trade name of business (if different from name of employer)</p> <p>In care of name</p> <p>Mailing address (room, apt., suite no. and street, or P.O. Box)</p> <p>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p>	<p>2b Employer Identification Number (EIN) (Do not enter your Social Security Number)</p>	
	<p>2c Employer's telephone number</p>	
	<p>2d Business code (see instructions)</p>	
<p>3a Plan administrator's name (If same as employer, enter "Same")</p> <p>In care of name</p> <p>Mailing address (room, apt., suite no. and street, or P.O. Box)</p> <p>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p>	<p>3b Administrator's EIN</p>	
	<p>3c Administrator's telephone number</p>	
<p>4a Name of trust (answering 4a, 4b, 4c, and 4d is optional)</p>	<p>4b Trust's EIN</p>	
<p>4c Name of trustee or custodian</p>	<p>4d Trustee or custodian's telephone number</p>	
<p>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:</p> <p>a Employer's name</p>	<p>5b EIN</p>	
	<p>5c PN</p>	
<p>6a(1) Total number of participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the beginning of the plan year</p> <p>b(1) Total number of participants at the end of the plan year</p> <p>b(2) Total number of active participants at the end of the plan year</p> <p>c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b(1)</p> <p>6b(2)</p> <p>6c</p>	

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		

