

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

2017

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.**
▶ **Go to www.irs.gov/Form5500EZ for instructions and the latest information.**

**This Form is Open
to Public Inspection.**

Part I Annual Return Identification Information

For the calendar plan year 2017 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)
- D** If this return is for the IRS Late Filer Penalty Relief Program, 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>4 If the employer's name, the employer's EIN, and/or the plan name has changed since the last return filed for this plan, enter the employer's name and EIN, the plan name, and the plan number for the last return in the appropriate space provided.</p> <p>a Employer's name</p>	<p>4b EIN</p>
<p>4c Plan name</p>	<p>4d PN</p>
<p>5a(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 who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>5a(1)</p> <p>5a(2)</p> <p>5b(1)</p> <p>5b(2)</p> <p>5c</p>

Part III Financial Information

		(1) Beginning of year	(2) End of year
6a Total plan assets	6a		
b Total plan liabilities	6b		
c Net plan assets (subtract line 6b from 6a)	6c		

Part III Financial Information *(continued)*

		Amount
7 Contributions received or receivable from:		
a Employers	7a	
b Participants	7b	
c Others (including rollovers)	7c	

Part IV Plan Characteristics

8 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
9 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? If "Yes," complete Schedule SB (Form 5500) and line 10a below. (See instructions.)			
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500), line 40			10a
11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable.			
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)			11a
b Enter the minimum required contribution for this plan year			11b
c Enter the amount contributed by the employer to the plan for this plan year			11c
d Subtract the amount in line 11c from the amount in line 11b. Enter the result (enter a minus sign to the left of a negative amount)			11d
e Will the minimum funding amount reported on line 11d be met by the funding deadline?	Yes	No	N/A
11e			

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