Form **5500-EZ**

Department of the Treasury

Internal Revenue Service

Annual Report Identification Information

For Paperwork Reduction Act Notice, see the instructions for Form 5500-EZ.

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.

► Type or print all entries in accordance with the instructions to the Form 5500-EZ.

Official Use Only

OMB No. 1545-0956

1999

This Form is Open to Public Inspection.

Form **5500-EZ** (1999)

	r the calendar plan y fiscal plan year begi			, and endin	g M@YDD/YYYY
Α	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).
В	If you filed for an extens	sion of time to	ile, check the box and attach a copy of	of the extension applica	ation
P	art II Basic Plan	Information	n enter all requested informa	tion.	
1 a	a Name of plan			4,	
	1b Three-digit plan n	umber (PN)	10	Date plan first became effective	
Са	ution: A penalty for the	late or incom	plete filing of this return will be asse	essed unless reasona	able cause is established.
			es set forth in the instructions, I declare the dge and belief, it is true, correct, and com		return, including accompanying schedules, statements,
Sig	nature of employer or plan a	dministrator			
		CALA		Date	
	Typed or printed name of	individual signing	as employer or plan administrator		
	Q-				

Cat. No. 63263R

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2a	Employer's name and address (Address should include room or suite no.)		Cà
1)	Name Name		
	Name Continued		
2)	Doing Business As (DBA) Name		
	C / O Name		
3)	Mailing Street Address (or Foreign Street)		
4)			No.
		K	
5)	Foreign Routing Code (Zip Code)	2b	Employer Identification Number (EIN) (Do not enter your Social Security Number)
6)	Foreign Mailing Country		
7)	City (or Foreign City)	2c	Employer's telephone number
8)	State Zip Code	2d	Business code
3a	Plan administrator's name and address (if same as employer, enter "Same")		(see instructions)
	Name		
1)			
	Name Continued		
	C / O Name		
2)	Street Address (pr Foreign Street)		
3)	Foreign Routing Code (Zip Code)	3b	Administrator's EIN
4)	Foreign Mailing Country		
5)	City (or Foreign City)	3с	Administrator's telephone number
6)	State Zip Code Zip Code		
4	If the name and/or EIN of the employer has changed since the last return filed for this plan last return below:	, enter	the name, EIN and the plan number from the
а	Employer's name		
b	EIN c PN		
	~		



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5	Preparer information (optional)		Official Use Only
а			C
1)	Name		
	Name Continued		WY
2)	Street Address (or Foreign Street)		3-
3)	Foreign Routing Code b	EIN	
4)	Foreign Mailing Country		
5)	City (or Foreign City)	Telephone number	er
6)	State Zip Code	-	
6	Type of plan: (a) Defined benefit pension plan (attach Schedule B (Form 5500))		
•			
	(b) Money purchase pension plan (see instructions) (d)	Stock bonus plan	
	(c) Profit-sharing plan (e)	ESOP plan (attacl	n Schedule E (Form 5500))
70	a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number		
	b Check if this plan covers:		
	(1) Self-employed individuals, (2) Partner(s) in a partnership, or	(3) 10	00% owner of corporation
8a	a Enter the number of qualified pension benefit plans maintained by the employer (including this plan	n)	
b	b Check here if you have more than one plan and the total assets of all plans are more than \$100,0	00 (see instructions	s)
			Number
9	Enter the number of participants in each category listed below:		Number
а	a Under age 59 1/2 at the end of the plan year		
D	b Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan	year	
С	c Age 70 1/2 or older at the beginning of the plan year		
	0-		
	,0		



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10a	 (1) Is this a fully insured pension plan which is funded entirely by ins If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 10a(1) is "Yes," are the insurance contracts held: 	ough 13d.	-			Yes under a trust	(2)	No with no trust
10b	Cash contributions received by the plan for this plan year							00
С	Noncash contributions received by the plan for this plan year				4			00
d	Total plan distributions to participants or beneficiaries (see instructions	s)						_00
е	Total nontaxable plan distributions to participants or beneficiaries			LEGY				.00
f	Transfers to other plans							.00
g	Amounts received by the plan other than from contributions							.00
h	Plan expenses other than distributions							_00
	(a) Beginning of Year				(b)	End of Ye	ear	
11a	(a) Beginning of Year Total plan assets		_00		(b)	End of Ye	ear	_00
			00		(b)	End of Ye	ear	00
	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the fo	Ilowing sp		egories, check "Y				00
b	Total plan assets Total plan liabilities			egories, check "Y	es" and			00
b 12	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the fo		pecific cate	egories, check "Y	es" and	enter the		00
b 12 a	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No."		pecific cate	egories, check "Yo	es" and	enter the		00 as
b 12 a b	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No." Partnership/joint venture interests		pecific cate	egories, check "Y	es" and	enter the		00 as
b 12 a b	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No." Partnership/joint venture interests		pecific cate	egories, check "Yi	es" and	enter the		as00

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		Yes	No		Amount	CA			
d	Employer securites					521	_00		
е	Participant loans (see instructions)						00		
f	Loans (other than to participants)				DI		00		
g	Tangible personal property			The second second			00		
13	Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."	Yes	No	,o ^A	Amount				
а	Sale, exchange, or lease of property			TILL			00		
b	Payment by the plan for services						_00		
С	Acquisition or holding of employer securities	5					_00		
d	Loan or extension of credit						_00		
	If 14a is "No," do not complete line 14b and line 14c. See the specific	instruct	ions for lir	ne 14b and line 14c.		Yes	No		
I4a	Does your business have any employees other than you and your spot their spouses)?				>				
b	Total number of employees (including you and your spouse and your	partners	and their	spouses)	▶				
С	Does this plan meet the coverage requirements of Code section 410(l	b)?			▶				
5a	Did the plan distribute any annuity contracts this plan year?				>				
b	During this plan year, did the plan make distributions to a married par joint and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	death of	a married	I participant made to	>				
С	During this plan year, did the plan make loans to married participants	?			▶				
	7,								

