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.

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

Official Use Only

OMB No. 1545-0956

2001

This Form is Open to Public Inspection.

_						
	or the calendar plan yea fiscal plan year begini			and en	ding MM./	DD/YYYY
					(5)	
Α	This return is:	(1)	the first return filed for the plan;	(3)	the final return file	ed for the plan;
		(2)	an amended return;	(4)	a short plan year (less than 12 mon	
В	If filing under an extension	n of time, che	ck box and attach required informa	tion. (see instruction	s)	······
P	art II Basic Plan In	nformation	enter all requested inform	nation.		
1	a Name of plan			41		
			\overline{C}			
				1c Date plan first		
	1b Three-digit plan nun	nber (PN)	33	became effective	e MM//D	
Ca	nution: A penalty for the la	ate or incom	plete filing of this return will be a	ssessed unless rea	asonable cause is esta	ablished.
and			s set forth in the instructions, I declare n of this return if it is being filed electron			
Sig	nature of employer or plan adn	ministrator				
		(-)			Date	
	Typed or printed name of inc	dividual signing	as employer or plan administrator			
Fo	r Paperwork Reduction A	ct Notice, se	e the instructions for Form 5500-	· EZ. Ca	at. No. 63263R	Form 5500-EZ (2001)

Form 5500-EZ (2001) Page 2 Official Use Only 2a Employer's name and address (Address should include room or suite no.) 1) 2) 3) 2b Employer Identification Number (EIN) 4) (Do not enter your Social Security Number) 5) 2c Employer's telephone 6) number 2d Business code 7) (see instructions) 8) 9) Plan administrator's name and address (If same as employer, enter "Same") За 1) c / o 2) 3) 4) 3b Administrator's EIN 5) 6) 3c Administrator's telephone number 7) 4 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return below: Employer's name а



c PN

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5	Preparer info		(optional) name, if applicable)	and address			Official Use Only
a	Name (inclu	ding iiriii	патте, п аррпсавте)	and address			
1)							Υ,
2)							
3)						b EIN	
4)						637-	
5)						c Telephone numbe	r
6)							
6	Type of plan:	(a)		fit pension plan (other than a Code section 412(i))	plan (d)	Profit-sharing plan	
		(b)		it pension plan described in	(e)	Stock bonus plan	
		(c)	Money purcha	se pension plan (see instruct	tions) (f)	ESOP plan (attach	Schedule E (Form 5500))
	Check if this p	olan cover		totype plan, enter the opinion (2) Partner(s) i	n/notification letter num		0% owner of corporation
8a	Enter the num	ber of qua	alified pension bene	rfit plans maintained by the en	mployer (including this	s plan)	
b	Check here if	you have	more than one plan	n and the total assets of all pl	ans are more than \$1	00,000 (see instructions) >
9	Enter the num	ber of pa	rticipants in each ca	ategory listed below:			Number
а	Under age 59	1/2 at the	e end of the plan yea	ar			
b	Age 59 1/2 or	older at t	he end of the plan y	year, but under age 70 1/2 at	the beginning of the p	olan year	
С	Age 70 1/2 or	older at t	he beginning of the	plan year			
	,0%						



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0a	 (1) Is this a fully insured pension plan which is funded entirely by insured if "Yes," complete lines 10a(2) through 10f and skip lines 10g thr (2) If 10a(1) is "Yes," are the insurance contracts held: 	ough 13d.	unde	(0)	No with no trust
b	Cash contributions received by the plan for this plan year		.0		
С	Noncash contributions received by the plan for this plan year				
d	Total plan distributions to participants or beneficiaries (see instruction	s)	1,52		
е	Total nontaxable plan distributions to participants or beneficiaries				
f	Transfers to other plans	CI			
g	Amounts received by the plan other than from contributions				
h	Plan expenses other than distributions				
	(a) Beginning of Year		(b) End	of Year	
	Total plan assets Total plan liabilities				
2	Specific Assets: If the plan held assets at any time during the plan current value of any assets remaining in the plan as of the end of the			s" and enter the	
		Yes No	Amo	unt	
а	Partnership/joint venture interests				
b	Employer real property				
С	Real estate (other than employer real property)				
l		0 0 4 0	8		

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		Yes	No	Amount	·O	
d	Employer securites				45	
е	Participant loans (see instructions)					
f	Loans (other than to participants)					
g	Tangible personal property					
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	Amount		
а	Sale, exchange, or lease of property			CHILLIA		
b	Payment by the plan for services		-[]			
С	Acquisition or holding of employer securities	O				
d	Loan or extension of credit					
	If 14a is "No," do not complete line 14b and line 14c. See the specifi	ic instru	ctions for	line 14b and line 14c.	Yes	No
14a	Does your business have any employees other than you and your sp their spouses)?		-	•		
b	Total number of employees (including you and your spouse and your	partner	s and the	eir spouses)		
С	Does this plan meet the coverage requirements of Code section 410	(b)?		>		
15a	Did the plan distribute any annuity contracts this plan year?			>		



b During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant?

c During this plan year, did the plan make loans to married participants?.....