Form **5500-EZ** 

Department of the Treasury

Internal Revenue Service

Part I

**Annual Return Identification Information** 

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

## 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.

Complete all entries in accordance with the instructions to the Form 5500-EZ. Official Use Only

OMB No. 1545-0956

2002

This Form is Open to Public Inspection.

(2) an amended return; (4) a short plan year return (less than 12 months).  B If filing under an extension of time, check box and attach required information. (see instructions)				
(2) an amended return; (4) a short plan year return (less than 12 months).  B If filing under an extension of time, check box and attach required information. (see instructions)	MM / DD / YYYY and ending MM DD / YYYYY			
Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanyiand attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is tr	the first return filed for the plan; (3) the final return filed for the plan;	This return is: (1) the fir	A This return is:	A
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  Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is treating the complete filing of this return if it is being filed electronically, and to the best of my knowledge and belief, it is treating the complete filing of this return if it is being filed electronically, and to the best of my knowledge and belief, it is treating the complete filing of this return if it is being filed electronically, and to the best of my knowledge and belief, it is treating the complete filing of this return will be assessed unless reasonable cause is established.		(2) an an		
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1b Three-digit plan number (PN) ▶  1c Date plan first became effective  Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is treating the set of my knowledge and belief, it is treating the set of my knowledge and belief.	enter all requested information.	art II Basic Plan Information ent	Part II Basic Pla	Pa
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is transfer to the set of my knowledge and belief, it is transfer to the set of my knowledge and belief.				1a
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is transfer to the set of my knowledge and belief, it is transfer to the set of my knowledge and belief.	elete filing of this return will be assessed unless reasonable cause is established.	aution: A penalty for the late or incomplete fil	Caution: A penalty for	Cai
organical of our property of plant definition and	of this return if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete		and attachments, as well as	and
SIGN HERE  Type or print name of individual signing as employer or plan administrator		2-	•	SI
			0-	

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Cat. No. 63263R

Employer's name and address (Address should include room or suite no.)

Name Continued

C / O

Stree

2b Employer Identification Number (EIN)
(Do not enter your Social Security Number)

State Zib Gode

Foreign Routing Code

Page 2

2b Employer Identification Number (EIN)
(Do not enter your Social Security Number)

Ligation Address if different than Stree

Ligation Address if different than A) or b)

Plan administrator's name and address (If same as employer, enter "Same")

2a

1)

2)

3)

4)

5)

6)

7)

8)

9)

3a

1)

6)

2) C / O

3) Street

4) City

5) State Zib Gode

3b Administrator's EIN

f 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:

3c Administrator's telephone number

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:

a Employer's name

c PN



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5 a	Preparer info		(optional) name, if applicable)	and address			Official Use Only
1)	Name						
٠,							
2)							9-11
3)						b EIN	)
4)							
5)						c Telephone numb	er
6)							
6	Type of plan:	(a)		it pension plan (other than a p code section 412(i))	olan <b>(d)</b>	Profit-sharing plan	า
		(b)		it pension plan described in	(e)	Stock bonus plan	
	If this is a mas		type, or regional prot	se pension plan (see instruction totype plan, enter the opinion/	4		h Schedule E (Form 5500))
,			oyed individuals,	(2) Partner(s) in	a partnership, or	<b>(3)</b> 1	00% owner of corporation
8a	Enter the num	ber of qu	alified pension benef	fit plans maintained by the em	ployer (including t	nis plan)	
b	Check here if	you have	more than one plan	and the total assets of all plan	ns are more than	\$100,000 (see instruction	s)
9	Enter the num	ber of pa	articipants in each ca	tegory 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	the end of the plan y	rear, but under age 70 1/2 at th	he beginning of the	e plan year	
С	Age 70 1/2 or	older at	the beginning of the	plan year			
	8						



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10a	<ul> <li>(1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contra If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.</li> <li>(2) If 10a(1) is "Yes," are the insurance contracts held:</li></ul>		Yes under a trust	(2)	No with no trust
b	Cash contributions received by the plan for this plan year				
С	Noncash contributions received by the plan for this plan year		(Si		
d	Total plan distributions to participants or beneficiaries (see instructions)	13			
е	Total nontaxable plan distributions to participants or beneficiaries				
f	Transfers to other plans				
g	Amounts received by the plan other than from contributions				
h	Plan expenses other than distributions				
	(a) Beginning of Year	(b	) End of Year		
11a	Total plan assets				
b	Total plan liabilities				
12	Specific Assets: If the plan held assets at any time during the plan year in any of the following current value of any assets remaining in the plan as of the end of the plan year. Otherwise, co		eck "Yes" and	enter the	
	Yes No		Amount		
а	Partnership/joint venture interests				
b	Employer real property				
С	Real estate (other than employer real property)				
		0			
		9			∟

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		Yes	No	, and the second	Amount	CA		
d	Employer securities							
е	Participant loans (see instructions)							
f	Loans (other than to participants)				Cr			
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	ó	Amount			
а	Sale, exchange, or lease of property							
b	Payment by the plan for services							
С	Acquisition or holding of employer securities							
d	Loan or extension of credit							

С	Acquisition or holding of employer securities		
d	Loan or extension of credit		
14a	Does your business have any employees other than you and your spouse (and your partners and their spouses)?	Yes	No
b	If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.  Total number of employees (including you and your spouse and your partners and their spouses)	· III	
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?	•	
С	During this plan year, did the plan make loans to married participants?	<b>•</b>	