

### 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.**

**Part I Annual Return Identification Information**

For the calendar plan year 2002 or fiscal plan year beginning \_\_\_\_\_, 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 box and attach required information. (see instructions) .....

**Part II Basic Plan Information** -- enter all requested information.

|   |  |  |
|---|--|--|
| <b>1a</b> Name of plan  | <b>1b</b> Three-digit plan number (PN) ▶   |  |
|   | <b>1c</b> Date plan first became effective (mo., day, yr.)                                   |  |
| <b>2a</b> Employer's name and address (Address should include room or suite no.)  | <b>2b</b> Employer Identification Number (EIN)<br>(Do not enter your Social Security Number) |  |
|   | <b>2c</b> Employer's telephone number  |  |
|   | <b>2d</b> Business code (see instructions)   |  |
|   |  |  |
| <b>3a</b> Plan administrator's name and address (If same as employer, enter "Same")   | <b>3b</b> Administrator's EIN  |  |
|   | <b>3c</b> Administrator's telephone number   |  |
|   |  |  |
| <b>4</b> 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 here:<br><b>a</b> Employer's name | <b>b</b> EIN   |  |
|   | <b>c</b> PN  |  |

**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 schedules, statements 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 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

0 4 0 2 0 0 0 1 0 7



5a Preparer information (optional)

b EIN

c Telephone number

6 Type of plan: a Defined benefit pension plan (other than a plan described in Code section 412(i)) b Defined benefit pension plan described in Code section 412(i)
c Money purchase pension plan (see instructions) d Profit-sharing plan
e Stock bonus plan f ESOP plan (attach Schedule E (Form 5500))

7a 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) 100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan)

b Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)

Table with 3 columns: Description, 9a, 9b, 9c. Rows include: 9 Enter the number of participants in each category listed below; a Under age 59 1/2 at the end of the plan year; 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; c Age 70 1/2 or older at the beginning of the plan year

10a (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? Yes No
If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.

(2) If 10a(1) is "Yes," are the insurance contracts held: under a trust with no trust

b Cash contributions received by the plan for this plan year 10b

c Noncash contributions received by the plan for this plan year 10c

d Total plan distributions to participants or beneficiaries (see instructions) 10d

e Total nontaxable plan distributions to participants or beneficiaries 10e

f Transfers to other plans 10f

g Amounts received by the plan other than from contributions 10g

h Plan expenses other than distributions 10h

Table with 3 columns: Description, 11a, 11b. Rows include: 11a Total plan assets (a) Beginning of Year (b) End of Year; b Total plan liabilities

12 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Otherwise, check "No."

Table with 4 columns: Description, Yes, No, Amount. Rows include: a Partnership/joint venture interests 12a; b Employer real property 12b; c Real estate (other than employer real property) 12c; d Employer securities 12d; e Participant loans (see instructions) 12e; f Loans (other than to participants) 12f; g Tangible personal property 12g

DO NOT USE FOR FILING

0 4 0 2 0 0 0 2 0 8



**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 |
|--|------------|----|--------|
| <b>a</b> Sale, exchange, or lease of property .....          | <b>13a</b> |    |        |
| <b>b</b> Payment by the plan for services .....              | <b>13b</b> |    |        |
| <b>c</b> Acquisition or holding of employer securities ..... | <b>13c</b> |    |        |
| <b>d</b> Loan or extension of credit .....                   | <b>13d</b> |    |        |

**14a** Does your business have any employees other than you and your spouse (and your partners and their spouses)? (If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.) .....

|  | Yes | No |
|--|-----|----|
| <b>14a</b>   |     |    |
| <b>b</b> Total number of employees (including you and your spouse and your partners and their spouses) ..... |     |    |
| <b>c</b> Does this plan meet the coverage requirements of Code section 410(b)? .....                         |     |    |

**15a** Did the plan distribute any annuity contracts this plan year? .....

|  | Yes | No |
|--|-----|----|
| <b>15a</b>   |     |    |
| <b>b</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? ..... |     |    |
| <b>15b</b>   |     |    |
| <b>c</b> During this plan year, did the plan make loans to married participants? .....   |     |    |
| <b>15c</b>   |     |    |

PURPOSES

ONLY

DO NOT

USE FOR

FILING

0 4 0 2 0 0 0 3 0 9

