

Form **5500-EZ**

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

Official Use Only  
OMB No. 1545-0956

**1999**

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

Department of the Treasury  
Internal Revenue Service

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.**

**Part I Annual Report Identification Information**

For the calendar plan year 1999  
or fiscal plan year beginning

MM / DD / YYYY

, and ending

MM / DD / YYYY

- A This return is:
- (1)  the first return filed for the plan;
  - (2)  an amended return;
  - (3)  the final return filed for the plan;
  - (4)  a short plan year return (less than 12 months).

B If you filed for an extension of time to file, check the box and attach a copy of the extension application .....

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

1a Name of plan

Grid for entering the name of the plan

1b Three-digit plan number (PN) ▶

Grid for entering the three-digit plan number

1c Date plan first became effective

MM / DD / YYYY

**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, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer or plan administrator

Date

MM / DD / YYYY

Typed or printed name of individual signing as employer or plan administrator

Grid for entering the typed or printed name of the individual signing

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

Cat. No. 63263R

Form **5500-EZ** (1999)

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2a Employer's name and address (Address should include room or suite no.)

1) Name

Name Continued

2) Doing Business As (DBA) Name

C / O Name

3) Mailing Street Address (or Foreign Street)

4) Location Address

Location Address Continued

5) Foreign Routing Code (Zip Code)

6) Foreign Mailing Country

7) City (or Foreign City)

8) State Zip Code

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

2c Employer's telephone number

2d Business code  
(see instructions)

3a Plan administrator's name and address (if same as employer, enter "Same")

1) Name

Name Continued

C / O Name

2) Street Address (or Foreign Street)

3) Foreign Routing Code (Zip Code)

4) Foreign Mailing Country

5) City (or Foreign City)

6) State Zip Code

3b Administrator's EIN

3c Administrator's telephone number

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:

a Employer's name

b EIN

c PN



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1) Name

Name Continued

2) Street Address (or Foreign Street)

3) Foreign Routing Code

4) Foreign Mailing Country

5) City (or Foreign City)

6) State  Zip Code

b EIN  -

c Telephone number  -  -

- 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 (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) .....

	Number
9 Enter the number of participants in each category listed below:	
a Under age 59 1/2 at the end of the plan year .....	<input type="text"/>
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 .....	<input type="text"/>
c Age 70 1/2 or older at the beginning of the plan year .....	<input type="text"/>



**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: .....  (1) under a trust  (2) with no trust

**10b** Cash contributions received by the plan for this plan year ..... .00

**c** Noncash contributions received by the plan for this plan year ..... .00

**d** Total plan distributions to participants or beneficiaries (see instructions) ..... .00

**e** Total nontaxable plan distributions to participants or beneficiaries ..... .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 Year
<b>11a</b> Total plan assets .....	<input type="text"/> .00	<input type="text"/> .00
<b>b</b> Total plan liabilities .....	<input type="text"/> .00	<input type="text"/> .00

**12 Specific Assets:** If the plan held any assets in one or more of the following specific categories, check "Yes" and enter the current value as of the end of the plan year. Otherwise, check "No."

	Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
<b>b</b> Employer real property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
<b>c</b> Real estate (other than employer real property) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00

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