

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

2006

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

Part I Annual Return Identification Information

For the calendar plan year 2006 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.

1a Name of plan	1b Three-digit plan number (PN) ▶	
	1c Date plan first became effective (mo., day, yr.)	
2a Employer's name and address (Address should include room or suite no.)	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")	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 here: a Employer's name	b EIN	
	c 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, I declare that I have examined this return (including, if applicable, any related Schedule B signed by an enrolled actuary, which I will retain) 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 6 0 0 0 1 0 B



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 d Profit-sharing plan
e Stock bonus plan f ESOP plan

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 2 columns: Description and Number. Rows 9a, 9b, 9c.

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

i (1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)? Yes No

(2) If 10i(1) is "Yes," has the enrolled actuary for the plan certified that the contributions for this plan year meet minimum funding requirements? Yes No

(3) If 10i(2) is "No," enter the amount of the funding deficiency as shown on line 10 of the Schedule B (Form 5500) (see instructions) i(3)

Table with 3 columns: Description, (a) Beginning of Year, (b) End of Year. Rows 11a, 11b.

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0 4 0 6 0 0 0 2 0 C



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."

	Yes	No	Amount
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		

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
a Sale, exchange, or lease of property	13a		
b Payment by the plan for services	13b		
c Acquisition or holding of employer securities	13c		
d Loan or extension of credit	13d		

	Yes	No
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.)	14a	
b Total number of employees (including you and your spouse and your partners and their spouses)		
c Does this plan meet the coverage requirements of Code section 410(b)?	14c	
15a Did the plan distribute any annuity contracts this plan year?	15a	
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?	15b	
c During this plan year, did the plan make loans to married participants?	15c	

DO NOT

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0 4 0 6 0 0 3 0 D

