Form **5500-EZ**

Department of the Treasury Internal Revenue Service

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

2004

This Form is Open to Public Inspection.

For the calendar plan or fiscal plan year be	-		and ending	MM /	
A This return is:	(1)	the first return filed for the plan;	(3)	the final return filed	for the plan;
	(2)	an amended return;		a short plan year re (less than 12 month	
If filing under an exter	nsion of time, che	eck box and attach required information	. (see instructions)		>
Part II Basic Plan	n Information	1 enter all requested informat	ion.		
1a Name of plan					
1b Three-digit plan	number (PN)		Date plan first became effective		
Caution: A penalty for the	he late or incom	nplete filing of this return will be asse	ssed unless reasona	ble cause is estab	lished.
		s set forth in the instructions, I declare that I of this return if it is being filed electronically,			
ignature of employer o	r plan administi	rator			
SIGN HERE			Date		
Type or print name of in	ndividual signing as	employer or plan administrator			
For Paperwork Reductio	n Act Notice, se	ee the instructions for Form 5500-EZ	Cat. No	o. 63263R	Form 5500-EZ (20

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Employer's name and address (Address should include room or suite no.)											
c / o											
	2b) E	Empl Do n	oyeı not e	r Ide enter	ntific	ation r Soci	Nun	nber (ecurit	EIN) v Nun	nber)
		`				Í-					Í
2c Employer's telephone	9										
Fdreign Country	20		Busii			de ons)					
			(300			0110)					
Name Continued											
c / o											
		31	b Ad	dmir	nistra	tor's	EIN				
		30	c Ad	dmir	nistra	itor's	telep	hon	e num	ber	
If the name and/or EIN of the employer has changed since the last return filed for this p last return below: Employer's name	an, e	nte	er the	e na	ime,	EIN	and t	the p	olan n	umbe	r from
EIN c PN											



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5 a	Preparer information (optional) Name (including firm name, if applicable) and address			Official Use Only
1)				
2)				
3)			b EIN	
4)				
5)			c Telephone number	
6)				
6	Type of plan: (a) Defined benefit pension plan (other than a plan described in Code section 412(i))	(d)	Profit-sharing plan	
	(b) Defined benefit pension plan described in Code section 412(i)	(e)	Stock bonus plan	
	(c) Money purchase pension plan (see instructions)	(f)	ESOP plan (attach	Schedule E (Form 5500))
	If this is a master/prototype, or regional prototype plan, enter the opinion/notificat Check if this plan covers: (1) Self-employed individuals, (2) Partner(s) in a partner			% owner of corporation
8a	Enter the number of qualified pension benefit plans maintained by the employer	(including th	nis 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)	>
9	Enter the number of participants in each category listed below:			Number
	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 the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year, but under age 70 1/2 at the beginning the second of the plan year.	nning of the	e plan year	
С	Age 70 1/2 or older at the beginning of the plan year			



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I0a	(1) Is this a fully insured pension plan which is funded entirely by insuff "Yes," complete lines 10a(2) through 10f and skip lines 10g thr (2) If 10a(1) is "Yes," are the insurance contracts held:	ough 13	d.		▶ (1)	Yes under a trust	a (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								
d	Total plan distributions to participants or beneficiaries (see instruction	ıs)							
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							
1a	Total plan assets								
b	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		-	_	_	check "Yes"	and ent	er the	
		Yes	No			Amoun	t		
а	Partnership/joint venture interests								
b	Employer real property								
С	Real estate (other than employer real property)								
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		Yes	No		Amount		
2d	Employer securities						
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						
b	Payment by the plan for services						
С	Acquisition or holding of employer securities						
d	Loan or extension of credit						
l4a	Does your business have any employees other than you and your sp their spouses)?				▶	Yes	No
	If 14a is "No," do not complete line 14b or line 14c. See the specific						
b	Total number of employees (including you and your spouse and your	partner	s and the	ir spouses)	▶		
С	Does this plan meet the coverage requirements of Code section 410	(b)?			▶		
l5a	Did the plan distribute any annuity contracts this plan year?				▶		
b	During this plan year, did the plan make distributions to a married parajoint and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	death o	f a marrie	ed participant made to	>		



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