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

2006

This Form is Open to Public Inspection.

Part I Annual Return Identification Information	<b>○</b>
For the calendar plan year 2006 or fiscal plan year beginning	YYYY and ending MM 3D / YYYYY
A This return is: (1) the first return filed for the	e plan; (3) the final return filed for the plan;
(2) an amended return;	(4) a short plan year return (less than 12 months).
<b>B</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	4,
<b>1b</b> Three-digit plan number (PN) ▶	1c Date plan first became effective
Caution: A penalty for the late or incomplete filing of this return v	rill be assessed unless reasonable cause is established.
Under penalties of perjury, I declare that I have examined this return (include and to the best of my knowledge and belief, it is true, correct, and complete.	ing, if applicable, any related Schedule B signed by an enrolled actuary, which I will retain
Signature of employer or plan administrator	
SIGN HERE	Date MM / DD / YYYY
Type or print name of individual signing as employer or plan administrator	
For Paperwork Reduction Act Notice, see the instructions for For	m 5500-EZ. Cat. No. 63263R Form 5500-EZ (2006

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2a	Employer's name and address (Address should include room or s	suite no.)	
1)	Name		
	Name Confinued		
2)	c / o		
3)			
4)			2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
5)	State Zip Gode		c3'-
6)	Foreign Routing Code 20	Employer's telephone number	
7)		Humber	2d Business code (see instructions)
8)			
9)	Location Addless if different than Street		
	Location Addless if different than 4) or 5)	45	
3a	Plan administrator's name and address (If same as employer, ent	er "Same")	
1)		9	
	Name Continued		
2)	c / o		
3)	Street		
4)	City SD'		<b>3b</b> Administrator's EIN
5)	State Zip Gode		
6)	Foreign Routing Code		3c Administrator's telephone number
7)	Fdreign Country		
4	If the name and/or EIN of the employer has changed since the las	st return filed for this plan	, enter the name, EIN and the plan number from the
а	last return below: Employer's name		
b	EIN C PN		
	K C		



Enter the number of qualified pension benefit plans maintained by the employer (including this plan)  Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)	Form	5500-EZ	(2006)		Page <b>3</b>	
Name (including firm name, if applicable) and address    Name   N						Official Use Only
Street  Cly  State Zib doce  Foreign Routing Code  Foreign Routing Code  Foreign Routing Code  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 described in Code section 412(i)  (d) ESOP plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number	•		` ' '			(4
Extremely Country  Type of plan:  (a) Defined benefit pension plan (other than a plan described in Code section 412(0))  (b) Defined benefit pension plan described in Code section 412(0))  (c) Money purchase pension plan  (d) Profit-sharing plan described in Code section 412(0)  (e) Money purchase pension plan  (f) ESOP plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number	Name					
Foreign Routing Code  Foreign Routing Code  Code Section 412(i)  (b) Defined benefit pension plan (other than a plan described in Code section 412(i)  (c) Money purchase pension plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number	Name C					
Foreign Routing Code  Foreign Routing Code  Code Section 412(i)  (b) Defined benefit pension plan (other than a plan described in Code section 412(i)  (c) Money purchase pension plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number						12-
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  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  (7) Self-employed individuals,  (2) Partner(s) in a partnership, or  (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)					b EIN	O
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  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  Check if this plan covers:  (1) Self-employed individuals,  (2) Partner(s) in a partnership, or  (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)		Zip q				
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  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  Check if this plan covers:  (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)					<b>c</b> Telephone nur	mber
described in Code section 412(i)  (b) Defined benefit pension plan described in Code section 412(i)  (c) Money purchase pension plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  Check if this plan covers:  (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)  Enter the number of qualified pension benefit plans maintained by the employer (including this plan)						-
(b) Defined benefit pension plan described in Code section 412(i) (c) Money purchase pension plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  Check if this plan covers:  (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)  Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)  Num  Enter the number of participants in each category listed below:  Under age 59 1/2 at the end of the plan year	Type of plan:	(a)	· · · · · · · · · · · · · · · · · · ·	an a plan (	d) Profit-sharing p	lan
(c) Money purchase pension plan  If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number  Check if this plan covers:  (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporate the number of qualified pension benefit plans maintained by the employer (including this plan)  Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)		(b)	Defined benefit pension plan describe	d in	Stock bonus pla	an
If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number		(c)		100	f) FSOP plan	
Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions)  Num  Enter the number of participants in each category listed below:  Under age 59 1/2 at the end of the plan year  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	Check if this p	olan cove	rs:	5		100% owner of corporation
Enter the number of participants in each category listed below:  Under age 59 1/2 at the end of the plan year	Enter the num	nber of qu	alified pension benefit plans maintained by	he employer (includi	ng this plan)	<b>&gt;</b>
Enter the number of participants in each category listed below:  Under age 59 1/2 at the end of the plan year	Check here if	you have	more than one plan and the total assets of	all plans are more th	nan \$100,000 (see instructi	ons)
Under age 59 1/2 at the end of the plan year			4			Numbe
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						
	Under age 59	1/2 at the	e end of the plan year			
Age 70 1/2 or older at the beginning of the plan year	Age 59 1/2 or	older at	the end of the plan year, but under age 70	/2 at the beginning of	of the plan year	
	Age 70 1/2 or	older at	the beginning of the plan year			



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0a	<ul> <li>(1) Is this a fully insured pension plan which is funded entirely by insurance or annuity configured in the street of the street</li></ul>	► (1) □ ··	Yes No with no trust (2)
b	Cash contributions received by the plan for this plan year		00
С	Noncash contributions received by the plan for this plan year		P 00
d	Total plan distributions to participants or beneficiaries (see instructions)	CY	00
е	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
i	<ul><li>(1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)?</li><li>(2) If 10i(1) is "Yes," has the enrolled actuary for the plan certified that the</li></ul>	\ \ \ \ \ \ \	'es No
	contributions for this plan year meet minimum funding requirements?		res No
	(a) Beginning of Year	(b) E	End of Year
1a	Total plan assets		00
b	Total plan liabilities		.00
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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	
а	Partnership/joint venture interests				
b	Employer real property				
С	Real estate (other than employer real property)				
d	Employer securities				
е	Participant loans (see instructions)				
f	Loans (other than to participants)		9	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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				
	Loan or extension of credit			5 0 F	
ı				5 O E 	



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		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.		
b	Total number of employees (including you and your spouse and your partners and their spouses)		
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?		
	CORNER OF THE OFFICE OF THE OF		