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

2007

This Form is Open to Public Inspection.

v10.1

Part I Annual Return Identifica	tion Information		2
For the calendar plan year 2007 or fiscal plan year beginning		and ending	MM/DD/YYYY
		🗖	
A This return is: (1)	the first return filed for the plan;	(3) th	ne final return filed for the plan;
(2)	an amended return;		short plan year return ess than 12 months).
<b>B</b> If filling under an extension of time, chec	k box and attach required information. (se	ee instructions)	······································
Part II Basic Plan Information -	- enter all requested information.	0	
1a Name of plan		•	
	72,		
<b>1b</b> Three-digit plan number (PN) ▶		e plan first ame effective	
Caution: A penalty for the late or incomple	ete filing of this return will be assessed	d unless reasonab	ele cause is established.
Under penalties of perjury, I declare that I have and to the best of my knowledge and belief, it is tr		any related Schedule	B signed by an enrolled actuary, which I will retain)
Signature of employer or plan administrat	tor		
SIGN HERE		Date	
Type or print name of individual signing as em	nployer or plan administrator		
, Evilla			
For Paperwork Reduction Act Notice, see	the instructions for Form 5500-EZ.	Cat. No.	63263R Form <b>5500-EZ</b> (2007)

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2a	Employer's name and address (Address should include room	or suite no.)	CA
1)			(42)
2)	c / o		
3)			(6)
4)			2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
5)			
6)		<b>2c</b> Employer's telephone number	
7)			2d Business code (see instructions)
8)			
9)			
3a	Plan administrator's name and address (If same as employer	r, enter "Same")	
1)			
	Name Continued		
2)	c / o		
3)	Stree		
4)	city 59		<b>3b</b> Administrator's EIN
5)	State Zip Gode		
	Foreign Routing Code AD		2a Administratorio talanhana mumbar
6)			3c Administrator's telephone number
7) 4	If the name and/or EIN of the employer has changed since the last return below:	e last return filed for this plar	n, enter the name. EIN and the plan number from the
а	last return below: Employer's name		, ,
h	EIN (S)	N.	
b	EIN C P	IV .	



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5 a	Preparer information (optional)  Name (including firm name, if applicable) and address		(4)
1)			
2)			
3)		b EIN	
4)		<u> </u>	
		Allemana numi	
5)		c Telephone numl	Jei
6)			
6	Type of plan: (a) Defined benefit pension plan (other than a plan	(d) Profit-sharing pla	ın
	described in Code section 412(i))  (b) Defined benefit pension plan described in	(e) Stock bonus plan	า
	Code section 412(i)  (c) Money purchase pension plan	(f) ESOP plan	
	(c) Money parenage pension plan	(i) Looi plan	
72	If this is a master/prototype, or regional prototype plan, enter the opinion/notifica	tion letter number	
	Check if this plan covers:	tion letter number	
	(1) Self-employed individuals, (2) Partner(s) in a partner	nership, or (3)	00% owner of corporation
8a	Enter the number of qualified pension benefit plans maintained by the employer	(including this plan)	<b>&gt;</b>
b	Check here if you have more than one plan and the total assets of all plans are	more than \$250,000 (see instructi	ons) ▶
9	Enter the number of participants in each category listed below:		Number
а	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 beg	inning of the plan year	
С	Age 70 1/2 or older at the beginning of the plan year		



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10a	(1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts 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:		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 instructions)				
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				
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)				
	(a) Beginning of Year		(b) End of	Year	



11a Total plan assets ..

**b** Total plan liabilities.....

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

		Yes	No	Amount
а	Partnership/joint venture interests			.00
b	Employer real property			.00
С	Real estate (other than employer real property)			.00
d	Employer securities			.00
е	Participant loans (see instructions)			.00
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			

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**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?

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

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