Г													
Form 5500-EZ	(O)	Ann wners a	ual Ro and Th				-		Plan			al Use Only 0. 1545-09	956
				m is rec	uired to l	be filed u	under				20	03	
Department of the Treasury Internal Revenue Service		► Com the	plete a instruc							1		m is Ope Inspectio	
Part I Annual Return	Identific	cation Inf	ormatio	n									
For the calendar plan year or fiscal plan year beginning		MM /		/ Y	YYY	ar	nd endir	ng		/ D	D /	YY	YY
A This return is: (1)	the first re	eturn filed	for the p	lan;	(3)		the fin	al returr	n filed fo	or the pla	an;	
(2)	an ameno	led return;			(4)				ear retu months)			
B If filing under an extension o	f time, che	ck box and	attach req	uired info	ormation. (see instru	uctions)					►	
Dort II - Paoio Dian Infe	rmation	optor		otod in	formatio	.							
Part II Basic Plan Info 1a Name of plan	ormation	enter a	all reque	isted if	liormatic	11.							
1b Three-digit plan number	er (PN) 🕨					ate plan ecame e			M /) / Y	ΥΥ	Υ
Caution: A penalty for the late	or incom	nlete filina	of this ret	urn will	he assess	ed unles	ss reaso	nable ca	use is	establis	shed		
Under penalties of perjury and o and attachments, as well as the elec	ther penaltie	es set forth in	the instruc	tions, I de	eclare that I	have exa	mined this	return, i	ncluding	accompa	anying sc		
Signature of employer or plan								-	0				·
SIGN HERE							Date		M /		/ Y	YY	Y
Type or print name of individua	l signing as	employer or r	olan adminis	strator									
	r signing us	cilipioyer or p		Silator									
				_			_						
For Paperwork Reduction Act	Notice, se	e the instru	ictions for	r Form 5	500-EZ.		Cat.	No. 6326	63R		Form	5500-EZ	<u>(2003</u>
		0 3	0	3 A	A () 1	0 F	3					
													Ι



Employer's	name and address (Address should include roon	n or suite no)		Official Use Only
Name				
c / (
Street				
			2b Employer Identification	Number (EIN)
			(Do not enter your Soci	al Security Numl
		2c Employer's telephone		1-111
		number	2d Business code	
			(see instructions)	
Locati				
Locai	on Address if di ferent than 4) or 5)			
Plan admi	nistrator's name and address (If same as employe	r, enter "Same")		
с / с				
			3b Administrator's EIN	
	Ziþ Qode			
			3c Administrator's telep	hone number
				<u> </u>
	e and/or EIN of the employer has changed since t	he last return filed for this plar	n. enter the name. EIN and t	he plan number i
last return Employer's	below:			·
	с	PN		
EIN				

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Prep	arer info	rmation (optior	nal)							
Nam	e (includ	ling firm	name,	, if applicable) a	and address						
Na											
Na											
								b EIN			
		Ziþ Q							7-0		
								c Telephone	number		
										П-Г	
Гуре о	f plan:	(a)		Defined benefit described in Co		(other than a plan 2(i))	(d)	Profit-shari	ng plan		
		<i>a</i> \				=(1))					
		(b)		Defined benefit		described in	(e)	Stock bonu	s plan		
			1	Code section 4	12(i)					chedule E	(Form 5500
		(b) (c)	1	Code section 4	12(i)	described in (see instructions)	(e) (f)			chedule E	(Form 5500
f this i	s a mas	(c)		Code section 4 Money purchase	12(i) e pension plan		(f)	ESOP plan		chedule E	(Form 5500
		(c)	ype, c	Code section 4 Money purchase	12(i) e pension plan	(see instructions)	(f)	ESOP plan		chedule E	(Form 5500
	if this pl	(c) ter/protot an cover	ype, c s:	Code section 4 Money purchase	12(i) e pension plan	(see instructions)	(f) ation letter nu	ESOP plan	(attach So		(Form 5500
Check (1)	if this pla	(c) ter/protot an cover elf-emplo	ype, c s: yed in	Code section 4 Money purchase or regional proto ndividuals,	12(i) e pension plan otype plan, ent (2)	i (see instructions) er the opinion/notifica Partner(s) in a par	(f) ation letter nur	ESOP plar mber ► (3)	(attach So		
Check (1)	if this pla	(c) ter/protot an cover elf-emplo	ype, c s: yed in	Code section 4 Money purchase or regional proto ndividuals,	12(i) e pension plan otype plan, ent (2)	i (see instructions) er the opinion/notifica	(f) ation letter nur	ESOP plar mber ► (3)	(attach So		
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Check (1) Enter t	if this pland	(c) [ter/protot an cover elf-emplo	ype, c s: yed in alified	Code section 4 Money purchase or regional prote ndividuals, pension benefi	12(i) e pension plan otype plan, ent (2) t plans maintai	i (see instructions) er the opinion/notifica Partner(s) in a par ined by the employer	(f) ation letter nur rtnership, or r (including thi	ESOP plan mber ► (3)	(attach So	o owner of	
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Check (1) Enter t Check	if this pl Se he numb here if y	(c) [ter/protot an cover elf-emplo ber of qua you have	ype, c s: alified more	Code section 4 Money purchase or regional prote adividuals, pension benefi than one plan a nts in each cate	12(i) e pension plan otype plan, ent (2) t plans maintai and the total a egory listed be	i (see instructions) er the opinion/notifica Partner(s) in a par ined by the employer ssets of all plans are low:	(f) ation letter nur rtnership, or r (including thi e more than \$	ESOP plan	(attach So 100%	• owner of	corporation
Check (1) Enter t Check Enter t Jnder	if this pl Se he numb here if y he numb age 59	(c) [ter/protot an cover elf-emplo ber of qua you have ber of pau 1/2 at the	ype, c s: yed in alified more rticipa	Code section 4 Money purchase or regional proto adividuals, pension benefi than one plan a nts in each cate of the plan year	12(i) e pension plan otype plan, ent (2) t plans maintai and the total a egory listed be r	i (see instructions) er the opinion/notifica Partner(s) in a par ined by the employer ssets of all plans are low:	(f) ation letter num rtnership, or r (including thi e more than \$-	ESOP plan	(attach So 100%	• owner of	corporation



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)a	 (1) Is this a fully insured pension plan which is funded entirely by insured pension plan which is funded entirely by insuff "Yes," complete lines 10a(2) through 10f and skip lines 10g through 10a(1) is "Yes," are the insurance contracts held: 	ough 1	Bd.				Yes under a trust	(2)	No with trust
b	Cash contributions received by the plan for this plan year								
с	Noncash contributions received by the plan for this plan year								
ł	Total plan distributions to participants or beneficiaries (see instruction	ıs)							
9	Total nontaxable plan distributions to participants or beneficiaries								
f	Transfers to other plans								
3	Amounts received by the plan other than from contributions								
ı	Plan expenses other than distributions								
	(a) Beginning of Year					(1	b) End of Ye	ar	
3	Total plan assets		_00						
)	Total plan liabilities		00						
	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	-	-	-	-	ies, ch	neck "Yes" ar	nd enter th	е
		Yes	No				Amount		
I	Partnership/joint venture interests								
,	Employer real property								
	Real estate (other than employer real property)								

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		Yes	No	An	nount	
2d	Employer securities					_0
е	Participant loans (see instructions)					0
f	Loans (other than to participants)					0
g	Tangible personal property					0
3	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	Ar	nount	
а	Sale, exchange, or lease of property					_0
b	Payment by the plan for services					.0
с	Acquisition or holding of employer securities					0
d	Loan or extension of credit					0
					Yes	No
4a	Does your business have any employees other than you and your sp their spouses)?				. ▶ □	
	If 14a is "No," do not complete line 14b or line 14c. See the specific	instruct	ions for li	ine 14b and line 14c.		
b	Total number of employees (including you and your spouse and your	r partne	rs and the	eir spouses)	. •	
с	Does this plan meet the coverage requirements of Code section 410)(b)?				
5a	Did the plan distribute any annuity contracts this plan year?				•	
b	During this plan year, did the plan make distributions to a married pa joint and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	e death	of a marr	ied participant made to	•	

