

C If this return is for a foreign plan, check this box (see instructions) > []

Form **5500-EZ**

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Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan

OMB No. 1545-0956

2009

Department of the Treasury
Internal Revenue Service

This form is required to be filed under section 6058(a) of the Internal Revenue Code.
Certain foreign retirement plans are also required to file this form (see instructions).
Complete all entries in accordance with the instructions to the Form 5500-EZ.

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2009 or fiscal plan year beginning , and ending ,

- A This return is: (1) for a one participant plan; (2) for a foreign plan (see instructions);
- (3) the first return filed for the plan; (4) the final return filed for the plan;
- (5) an amended return; (6) 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) ▶
2a Employer's name	1c Date plan first became effective (mo., day, yr.)
2c Trade name of business (if different from name of employer)	2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
2e In care of name	2d Employer's telephone number c
2g Mailing address (room, apt., suite no. and street, or P.O. Box)	2f Business code (see instructions) d
2h City, state, and ZIP code (if foreign, see instructions)	3b Administrator's EIN
3a Plan administrator's name and address (If same as employer, enter "Same")	3d Administrator's telephone number c
3c Plan administrator's name	
3e In care of name	
3f Mailing address (room, apt., suite no. and street, or P.O. Box)	
3g City, state, and ZIP code (if foreign, see instructions)	
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 plan number for the last return in the appropriate space provided:	4b EIN
a Employer's name	4c PN
5a Total number of participants at the beginning of the year	5a
b Total number of participants at the end of the year	5b

Part III Financial Information

	(1) Beginning of year	(2) End of year
6a Total plan assets	6a	
b Total plan liabilities	6b	
c Net plan assets (subtract line 6b from 6a)	6c	

Lines 2a and 3a will each have 5 fill-in line blocks each separated by a horizontal line connecting to the vertical line on the right side.

