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		2					
For the c	alendar plan year 2009 or fiscal plan year beginning	3	and ending		<u>A</u>	,		
	This return is: (1) for a one participant plan; (2) for a foreign plan (see instructions); (3) the first return filed for the plan; (5) an amended return; (5) an amended return; (6) a short plan year return (less than 12 months). 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) ▶ 1c Date plan first became effective (mo., day, yr.)				
	ployer's name			2b Employer Identification Number (EIN) (Do not enter your Social Security Number)				
	Trade name of business (if different from name of employer)			2g Employer's telephone number				
2e In c	In care of name			25 Business code (see instructions)				
2g Mai	Mailing address (room, apt., suite no. and street, or P.O. Box)				(000			
2h City	, state, and ZIP code (if foreign, see instructions)							
3a Plar	a Plan administrator's name and address (If same as employer, enter "Same")			3b Administrator's EIN				
3c Plar	Plan administrator's name			3d Administrator's telephone number				
3e In c	are of name							
3f Mai	ing address (room, apt., suite no. and street, or P.O. Box)							
3g City	, state, and ZIP code (if foreign, see instructions)							
	e name and/or EIN of the employer has changed since the last return in the appropriate space		the	4b Ell	N			
a Emp	ployer's name				4c PN	1		
5a Tota	al number of participants at the beginning of the year			5a				
b Tota	al number of participants at the end of the year			5b				
Part III	Financial Information							
6a Tota	ıl plan assets	6a	(1) Beginning of y	ear ear	(2)	End of year		
b Tota	al plan liabilities	6b						
c Net	plan assets (subtract line 6b from 6a)	6c						
For Paper	work Reduction Act Notice, see the instructions for Form 5500-EZ.		Cat. No. 52729U		Form	5500-EZ (2009)		

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Pa	t III (Continued)			C	
7	Contributions received or receivable from:				Amount
а	Employers			7a	
b	Participants			7b	
c	Others (including rollovers)	<u>C. St C</u>		7c	
Pa	t IV Plan Characteristics				
	two-character		197		
8	Enter the applicable feature codes from the List of Plan	Characteristics Cod	des in the instruction	ons:	
\rightarrow		103			
	t V Compliance and Funding Questions				
9	During the plan year, did the plan have any participant If "Yes," enter amount as of year end			☐ Yes	□ No
10	Is this a defined benefit plan that is subject to minimum If "Yes," complete Schedule SB (Form 5500) and see instructions and		nts?	☐ Yes	□ No
11	Is this a defined contribution plan subject to the minim 412 of the Code?	• .		☐ Yes	□ No
_	If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e b				
а	If a waiver of the minimum funding standard for a prior year, see instructions and enter the date of the ruling let Month Day Year	ter granting the wa			
b	Enter the minimum required contribution for this plan ye	ar		11b	
С	Enter the amount contributed by the employer to the pla	an for this plan year		11c	
d	Subtract the amount in line 11c from the amount in line 11b. (Enter a minus sign to the left of a negative amount)			11d	
е	Will the minimum funding amount reported on line 11d k	be met by the fundi	ng deadline?	☐ Yes	□ No □ N//
C	ution: A penalty for the late or incomplete filing of this	return will be asse	ssed unless reaso	nable cau	se is established.
	Under penalties of perjury, I declare that I have examined this return in signed by an enrolled actuary, and to the best of my knowledge and			Form 5500) or	Schedule SB (Form 550
Sig Her					
	Signature of employer or plan administrator	Date	Type or print name of i plan administrator	ndividual sign	ing as employer or

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