

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

Form **5500-EZ**

add a blank line space

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) ▶

1c Date plan first became effective (mo., day, yr.)

2a Employer's name

~~2c~~ Trade name of business (if different from name of employer)

~~2e~~ In care of name

~~2g~~ Mailing address (room, apt., suite no. and street, or P.O. Box)

~~2h~~ City, state, and ZIP code (if foreign, see instructions)

2b Employer Identification Number (EIN) (Do not enter your Social Security Number)

~~2d~~ Employer's telephone number

~~2f~~ Business code (see instructions)

3a Plan administrator's name and address (If same as employer, enter "Same")

~~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)

3b Administrator's EIN

~~3d~~ Administrator's telephone number

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:

a Employer's name

4b EIN

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.

Part III (Continued)

7 Contributions received or receivable from:		Amount
a Employers	7a	
b Participants	7b	
c Others (including rollovers)	7c	

Part IV Plan Characteristics

8 Enter the applicable feature codes from the List of Plan Characteristics Codes in the instructions:

increase size of boxes and add a vertical divider line in the middle of each box

two-character

Part V Compliance and Funding Questions

9 During the plan year, did the plan have any participant loans? Yes No
 If "Yes," enter amount as of year end ▶ _____

10 Is this a defined benefit plan ~~that is~~ subject to minimum funding requirements? Yes No
 If "Yes," complete Schedule SB (Form 5500) ~~and see instructions.~~

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? Yes No
 If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable:

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver:
 Month _____ Day _____ Year _____

b Enter the minimum required contribution for this plan year **11b**

c Enter the amount contributed by the employer to the plan 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**

e Will the minimum funding amount reported on line 11d be met by the funding deadline? Yes No N/A

↑ see instructions and

Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ▶

Signature of employer or plan administrator

Date

Type or print name of individual signing as employer or plan administrator