Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at http://www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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

2003

This Form is Open to Public Inspection.

Part I Annual Return Identifica	ation Information		Q-	,
For the calendar plan year 2003 or fiscal plan year beginning		and ending	MM PDD	
			41	
A This return is: (1)	the first return filed for the plan;	(3) t	he final return filed for th	e plan;
(2)	an amended return;		short plan year return less than 12 months).	
B If filing under an extension of time, check	c box and attach required information. (see instructions)		>
Part II Basic Plan Information	enter all requested information	n.		
1a Name of plan 1b Three-digit plan number (PN) ▶		Pate plan first ecame effective		
	N. C.			
Caution: A penalty for the late or incomple Under penalties of perjury and other penalties				
and attachments, as well as the electronic version	of this return if it is being filed electronically,			
Signature of employer or plan administrat	or			
SIGN HERE		Date		
Type or print name of individual signing as er	mployer or plan administrator			
0-				
For Paperwork Reduction Act Notice, see	the instructions for Form 5500-EZ.	Cat. No.	. 63263R F	form 5500-EZ (2003)

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2a	Employer's name and address (Address should include room or	suite no.)
1)		
2)	c / o	
3)		
4)		2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
5)		
6)	Foreign Routing Code 2	c Employer's telephone number
7)		2d Business code (see instructions)
8)		
9)		
3a	Plan administrator's name and address (If same as employer, en	ter "Same")
1)	Na me	
	Name Continued	
2)	c / o	
3)	Street	
	civ 133	3b Administrator's EIN
4)	State Zip Gode	3b Auministrator 5 Lin
5)		
6)	Foreign Routing Code	3c Administrator's telephone number
7)	Foreign Country	
4	If the name and/or EIN of the employer has changed since the last return below:	ast return filed for this plan, enter the name, EIN and the plan number from the
а	Employer's name	
b	EIN c PN	



	Form :	5500-EZ (2	2003)				Page 3	0#::11
5 a	Preparer info		ptional) ame, if applicable)	and address				Official Use Only
1)	Name							142
,								ZS
2)								Q-
3)							b EIN	
4)							47	
5)							c Telephone numb	per
6)								
			Defined banef	iit nanaian nlan	(other than a plan			
6	Type of plan:	(a)	described in C	Code section 412		(d)	Profit-sharing pla	ın
		(b)	Defined benef Code section	it pension plan 412(i)	described in	(e)	Stock bonus plar	n
	Check if this p	lan covers:	oe, or regional pro	totype plan, ent	n (see instructions) eer the opinion/notifi		nber ▶	ch Schedule E (Form 5500))
8a			ed individuals, ified pension bene	(2) ifit plans maintai	Partner(s) in a partner (s) in a partner		(3) 1	100% owner of corporation
b	Check here if	you have n	nore than one plan	n and the total a	assets of all plans a	e more than \$1	00,000 (see instruction	ns)
9	Enter the num	ber of parti	cipants in each ca	tegory listed be	elow:			Number
а	Under age 59	1/2 at the	end of the plan yea	ar				
b	Age 59 1/2 or	older at the	e end of the plan y	ear, but under a	age 70 1/2 at the be	eginning of the	plan year	
С	Age 70 1/2 or	older at the	e beginning of the	plan year				
	,0							



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l0a	 (1) Is this a fully 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 13d	l		(1)	Yes under a trust	(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					9		
d	Total plan distributions to participants or beneficiaries (see instruction	ıs)			くら			
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	9						
	(a) Beginning of Year)			(b) End of Ye	ar	
l1a	Total plan assets							
b	Total plan liabilities							
12	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					eck "Yes" ar	nd enter the	
	saliant faute of any assess familing it the plantae of the one of the	Yes	No	moo, encor 1		Amount		
а	Partnership/joint venture interests							
b	Employer real property							
С	Real estate (other than employer real property)							
	4							
I		o 	0 4	O A				
_								

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	Yes	No	Amount				
12d Employer securities							
e Participant loans (see instructions)							
f Loans (other than to participants)							

g	Tangible personal property				4/				
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	,0		Amou	nt		
а	Sale, exchange, or lease of property								
b	Payment by the plan for services		1						
С	Acquisition or holding of employer securities								
d	Loan or extension of credit								

·	Association of holding of employer occurring		
d	Loan or extension of credit		
	202	Yes	No
14a	Does your business have any employees other than you and your spouse (and your partners and their spouses)?		
	If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.		
b	Total number of employees (including you and your spouse and your partners and their spouses)		
С	Does this plan meet the coverage requirements of Code section 410(b)?		
15a	Did the plan distribute any annuity contracts this plan year?		
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?		
С	During this plan year, did the plan make loans to married participants?		