## **Attention:**

• Telephone requests for the 2005 Form 5500-series forms, schedules and instructions will not be filled until December 1, 2005.

 Requests for the 2005 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2005. Requests made prior to that date will be filled with the 2004 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

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

<u>Note</u>: You can also use the Internet link <a href="http://www.irs.gov/formspubs/index.html">http://www.irs.gov/formspubs/index.html</a> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

Check the Department of Labor's website at <a href="https://www.efast.dol.gov">www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "nonstandard" 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

2005

This Form is Open to Public Inspection.

Part I Annual R	eturn Identifi	cation Information		
For the calendar plan or fiscal plan year be	-	MM/DD/YYYY	and endir	ng MMYDD/YYYY
A This return is:	(1)	the first return filed for the plan;	(3)	the final return filed for the plan;
	(2)	an amended return;	(4)	a short plan year return (less than 12 months).
<b>B</b> If filing under an exte	nsion of time, che	eck box and attach required information.	(see instructions)	<b>▶</b>
Part II Basic Pla	n Information	n enter all requested information	on.	
1a Name of plan			7,	
<b>1b</b> Three-digit plan	number (PN)		Date plan first became effective	MM/DD/YYYY
Caution: A penalty for t	the late or incom	pplete filing of this return will be asses	sed unless reasoi	nable cause is established.
signed by the plan Trustee,	which I will retain)	and to the best of my knowledge and belief,		edule B signed by an enrolled actuary and Schedule F I complete.
Signature of employer of	or plan administi	rator		
SIGN HERE	OF		Date	MM / DD / YYYY
Type or print name of in	ndividual signing as	employer or plan administrator		
T Co				
For Paperwork Reduction	on Act Notice, se	ee the instructions for Form 5500-EZ.	Cat.	No. 63263R Form <b>5500-EZ</b> (2005

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Official Use Only

Employer's name and address (Address should include room	or suite no.)
Name Name	
Name Continued	
c / o	
	2b Employer Identification Number (EIN) (Do not enter your Social Security Number
State Zip Gode	(Do not enter your Social Security Number
	2c Employer's telephone
	number <b>2d</b> Business code
	(see instructions)
Location Address if different than Street	111459
Location Address if different than 4) or 5)	
Name Continued C	<u> </u>
C / O	<u> </u>
c/o	3b Administrator's EIN
c/o	3b Administrator's EIN
c / o Street	3b Administrator's EIN  3c Administrator's telephone number
C / O Stree:  City  State Zip Gode  Foreign Routing Code	
C / O  Stree:  City  State Zip Gode  Foreign Routing Code  Fdreign Country  If the name and/or EIN of the employer has changed since the	
C / O  Street  City  State Zib dode  Foreign Routing Code  Foreign Country  If the name and/or EIN of the employer has changed since the last return below:	3c Administrator's telephone number
C / O  Stree:  City  State Zip Gode  Foreign Routing Code  Fdreign Country  If the name and/or EIN of the employer has changed since the	3c Administrator's telephone number
C / O  Street  City  State Zib dode  Foreign Routing Code  Foreign Country  If the name and/or EIN of the employer has changed since the last return below:	3c Administrator's telephone number
C / O  Street  City  State Zib dode  Foreign Routing Code  Foreign Country  If the name and/or EIN of the employer has changed since the last return below:	3c Administrator's telephone number



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_			Official Use Only
5 a	Preparer information (optional)  Name (including firm name, if applicable) and address		
1)	Name		
	Name Confinued		32
2)			MILL
3)		b EIN	
4)	State Zip Code	, 4 -	
5)		c Telephone numbe	r
6)		<u> </u>	
_	Type of plan: (a) Defined benefit pension plan (other than a plan		
6	Type of plan: (a) Defined benefit pension plan (other than a plan described in Code section 412(i))	(d) Profit-sharing plan	
	(b) Defined benefit pension plan described in Code section 412(i)	(e) Stock bonus plan	
	(c) Money purchase pension plan	(f) ESOP plan	
7a	If this is a master/prototype, or regional prototype plan, enter the opinion/notii	fication letter number	
b	Check if this plan covers:		
	(1) Self-employed individuals, (2) Partner(s) in a p	partnership, or (3)	0% owner of corporation
8a	Enter the number of qualified pension benefit plans maintained by the employer	yer (including this plan)	
b	Check here if you have more than one plan and the total assets of all plans a	are more than \$100,000 (see instructions	) <b>&gt;</b>
			Number
9	Enter the number of participants in each category listed below:		
а	Under age 59 1/2 at the end of the plan year		
b	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the $\mu$	peginning of the plan year	
С	Age 70 1/2 or older at the beginning of the plan year		



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10a	<ul> <li>(1) Is this a fully insured pension plan which is funded entirely by in If "Yes," complete lines 10a(2) through 10f and skip lines 10g the</li> <li>(2) If 10a(1) is "Yes," are the insurance contracts held:</li> </ul>	rough 13	d.		Yes under a trust	(2)	No with no trust
b	Cash contributions received by the plan for this plan year						00
С	Noncash contributions received by the plan for this plan year				<b>%</b>		.00
d	Total plan distributions to participants or beneficiaries (see instruction	าร)					_00
е	Total nontaxable plan distributions to participants or beneficiaries			- N			.00
f	Transfers to other plans						.00
g	Amounts received by the plan other than from contributions	4	7				_00
h	Plan expenses other than distributions	0	<b>/</b>				_00
11a	(a) Beginning of Year  Total plan assets		_00	(b	) End of Ye	ear	_00
b	Total plan liabilities		_00				_00
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" aı	nd enter the	
		Yes	No		Amount		
а	Partnership/joint venture interests						_00
b	Employer real property						_00
С	Real estate (other than employer real property)						_00
		A 					Ш

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		Yes	No	Amou	nt	
12d	Employer securities					.00
е	Participant loans (see instructions)					_00
f	Loans (other than to participants)					_00
g	Tangible personal property					_00
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	Amou	nt	
а	Sale, exchange, or lease of property			0		_00
b	Payment by the plan for services		T.			.00
С	Acquisition or holding of employer securities	5				_00
d	Loan or extension of credit					_00
14a	Does your business have any employees other than you and your specific their spouses)?			<b>&gt;</b>	Yes	No
b	Total number of employees (including you and your spouse and your	r partne	rs and th	neir spouses)		
С	Does this plan meet the coverage requirements of Code section 410	(b)?		<b></b>		
15a	Did the plan distribute any annuity contracts this plan year?			<b>&gt;</b>		
b	During this plan year, did the plan make distributions to a married participant and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	death (	of a marı	ried participant made to		
	During this plan year, did the plan make loans to married participants	-0				

