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Form **5500-EZ**

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.

Department of the Treasury
Internal Revenue Service

▶ Type or print all entries in accordance with the instructions to the Form 5500-EZ.

OMB No. 1545-0956

2001

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2001 or fiscal plan year beginning MM / DD / YYYY **and ending** MM / DD / 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 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 MM / DD / YYYY

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying schedules, statements and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of employer or plan administrator

Date MM / DD / YYYY

Typed or printed name of individual signing as employer or plan administrator

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2a Employer's name and address (Address should include room or suite no.)

1) Name

Name Continued

2) c / o

3) Street

4) City

5) State Zip Code

6) Foreign Routing Code

7) Foreign Country

8) D/B/A

9) Location Address if different than Street

Location Address if different than 4) or 5)

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

2c Employer's telephone number

2d Business code (see instructions)

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

1) Name

Name Continued

2) c / o

3) Street

4) City

5) State Zip Code

6) Foreign Routing Code

7) Foreign Country

3b Administrator's EIN

3c 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 the plan number from the last return below:

a Employer's name

b EIN

c PN

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5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1) Name

Name Continued

2) Street

3) City

4) State Zip Code

5) Foreign Routing Code

6) Foreign Country

b EIN

c Telephone number

6 Type of plan:

(a) Defined benefit pension plan (other than a plan described in Code section 412(i))

(b) Defined benefit pension plan described in Code section 412(i)

(c) Money purchase pension plan (see instructions)

(d) Profit-sharing plan

(e) Stock bonus plan

(f) ESOP plan (attach Schedule E (Form 5500))

7a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number .... ▶

b Check if this plan covers:

(1) Self-employed individuals, *(2)* Partner(s) in a partnership, or *(3)* 100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan) .... ▶

b Check here if you have more than one plan and the total assets of all plans are more than $100,000 (see instructions) .... ▶

Number

9 Enter the number of participants in each category listed below:

a 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 beginning of the plan year ....

c Age 70 1/2 or older at the beginning of the plan year ....

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10a *(1)* Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? ▶ ☐ Yes ☐ No
If "Yes," complete lines 10a*(2)* through 10f and skip lines 10g through 13d.
(2) If 10a*(1)* is "Yes," are the insurance contracts held: ▶ **(1)** ☐ under a trust **(2)** ☐ with no trust

b Cash contributions received by the plan for this plan year .00

c Noncash contributions received by the plan for this plan year .00

d Total plan distributions to participants or beneficiaries (see instructions) .00

e Total nontaxable plan distributions to participants or beneficiaries .00

f Transfers to other plans .00

g Amounts received by the plan other than from contributions .00

h Plan expenses other than distributions .00

	(a) Beginning of Year	**(b)** End of Year
11a Total plan assets	.00	.00
b Total plan liabilities	.00	.00

12 **Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Otherwise, check "No."

	Yes	**No**	**Amount**
a Partnership/joint venture interests	☐	☐	.00
b Employer real property	☐	☐	.00
c Real estate (other than employer real property)	☐	☐	.00

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	Yes	No	Amount
d Employer securites	☐	☐	.00
e Participant loans (see instructions)	☐	☐	.00
f Loans (other than to participants)	☐	☐	.00
g Tangible personal property	☐	☐	.00

	Yes	No	Amount
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."			
a Sale, exchange, or lease of property	☐	☐	.00
b Payment by the plan for services	☐	☐	.00
c Acquisition or holding of employer securities	☐	☐	.00
d Loan or extension of credit	☐	☐	.00

If 14a is "No," do not complete line 14b and line 14c. See the specific instructions for line 14b and line 14c.

	Yes	No
14a Does your business have any employees other than you and your spouse (and your partners and their spouses)? ▶	☐	☐
b Total number of employees (including you and your spouse and your partners and their spouses) ▶		
c 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? ▶	☐	☐
c During this plan year, did the plan make loans to married participants? ▶	☐	☐