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.

OMB No. 1545-0956 b

This Form Is Open

Pleas	se	type or print See separate instructions.				to	Public	Inspe	ection
For 1	the	calendar plan year 1996 or fiscal plan year beginning , 19	96, a	and end	ling			, 19	
This	ret	urn is: (i) the first return filed (ii) an amended return (iii) the final return	(iv)	a sh	ort pla	n year	(less th	nan 12	mos.)
		nere if you filed an extension of time to file and attach a copy of the approved ex							
	-	1a Name of employer		Employ					
Use II label.		Number, street, and room or suite no. (If a P.O. box, see instructions for line 1a.)	1.0	Talanha		mhar	ofomol		
Other		Number, street, and room of suite no. (if a F.O. box, see instructions for line ra.)	IC	Telepho	one nu	inper	or empi	oyer	
wise,									
pleas			1d	Busines	ss acti	vity co	de		
type o	or	City or town, state, and ZIP code							
print.			1e	lf plan	year h	nas cha	anged s	ince la	ast
				return,	check	here			▶□
2a	ls	the employer also the plan administrator? Yes No (If "No," see instructions.)	2c	Date pl	an firs	t beca	me effe	ctive	
2b	(i)	Name of plan ►		Month		Day		Year	
20	(1)		2d	Enter	three	-diait .			
	(ii)	Check if name of plan has changed since last return		plan nu		• I			
	()			•			, .		
3				Money p				istruct	ions)
		\Box Profit-sharing plan d \Box Stock bonus plan e \Box ESOP plan (a			IEE(I	-orm 5	500))		
4a		his is a master/prototype, or regional prototype plan, enter the opinion/notification letter nu							
b	Cł	leck if this plan covers: (i) \Box Self-employed individuals, (ii) \Box Partner(s) in a partnershi	p, or	(iii) 🗋	1009	% own	er of co	rporat	ion
5a		ter the number of qualified pension benefit plans maintained by the employer (including this		,					
b	Cł	neck here if you have more than one plan and the total assets of all plans are more than \$1	00,00	0 (see ir	struct	ions)		. 🕨	
6	Er	ter the number of participants in each category listed below:					Num	ber	
а	Ur	ider age 59½ at the end of the plan year				6a			
b		e 591/2 or older at the end of the plan year, but under age 701/2 at the beginning of the plan				6b			
С	-	e 701/2 or older at the beginning of the plan year	-			6c			
7a	(i)	Is this a fully insured pension plan which is funded entirely by insurance or annuity contra				Yes		No	
74	(1)	If "Yes," complete lines 7a(ii) through 7f and skip lines 7g through 9d.	013:			103		NO	
	<i>(</i> :)					under		with n	0
		If 7a(i) is "Yes," are the insurance contracts held:				trust 7b		trust	
b		ish contributions received by the plan for this plan year							
С		oncash contributions received by the plan for this plan year			•	7c			
d		tal plan distributions to participants or beneficiaries			•	7d			
е	То	tal nontaxable plan distributions to participants or beneficiaries			•	7e			
f		ansfers to other plans				7f			
g		nounts received by the plan other than from contributions			•	7g			
<u>h</u>	Pla	an expenses other than distributions			•	7h			
8a		tal plan assets at the end of the year				8a			
b	То	tal plan liabilities at the end of the year				8b			
9	Cł	neck "Yes" and enter amount involved if any of the following transactions took place betwee	n the	nlan					
J		d a disqualified person during this plan year. Otherwise, check "No."		pian	Yes	No	Α	mount	
а		le, exchange, or lease of property		9a					
		yment by the plan for services	• •	9b					
b			• •	90					
c d			• •	9d					
			· ·					Vaa	Ne
		10a is "No," do not complete line 10b and line 10c. See the specific instructions for line 10						Yes	No
10a		bes your business have any employees other than you and your spouse (and your partners		•	ises)?	. 🕨	▶ <u>10a</u>		
b		tal number of employees (including you and your spouse and your partners and their spous							
C	Do	es this plan meet the coverage requirements of Code section 410(b)?				🕨	► 10c		
11a	Di	d the plan distribute any annuity contracts this plan year?				🕨	▶ <u>11a</u>		
b	Di	ring this plan year, did the plan make distributions to a married participant in a form othe	r thar	n a quali	fied in	int and	4		
~	su	rvivor annuity or were any distributions on account of the death of a married participant in	nade	to benef	iciarie	s othe	r		
		an the spouse of that participant?				•	► 11b		
с		ring this plan year, did the plan make loans to married participants?				🕨	11c		
Unc	ler p	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					edules a	nd state	ments,
and to	b the	e best of my knowledge and belief, it is true, correct, and complete.							

For Paperwork Reduction Act Notice, see page 1 of the instructions.

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Date 🕨