Form **5500-EZ**

Department of the Treasury
Internal Revenue Service

Please type or print

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.

► **See separate instructions.**

OMB No. 1545-0956

1997

This Form Is Open to Public Inspection

For the calendar plan year 1997 or fiscal plan year beginning , 1997, and ending , 19

This return is: *(i)* ☐ the first return filed *(ii)* ☐ an amended return *(iii)* ☐ the final return *(iv)* ☐ a short plan year (less than 12 mos.)

Check here if you filed an extension of time to file and attach a copy of the approved extension . . . . . ► ☐

Use IRS label. Otherwise, please type or print.

1a Name of employer

Number, street, and room or suite no. (If a P.O. box, see instructions for line 1a.)

City or town, state, and ZIP code

1b **Employer identification number**

1c Telephone number of employer

1d Business activity code

1e If plan year has changed since last return, check here . . . . ► ☐

2a Is the employer also the plan administrator? ☐ Yes ☐ No (If "No," see instructions.)

2b *(i)* Name of plan ►

(ii) ☐ Check if name of plan has changed since last return

2c Date plan first became effective Month Day Year

2d Enter three-digit plan number ►

3 Type of plan: **a** ☐ Defined benefit pension plan (attach Schedule B (Form 5500)) **b** ☐ Money purchase pension plan (see instructions)
c ☐ Profit-sharing plan **d** ☐ Stock bonus plan **e** ☐ ESOP plan (attach Schedule E (Form 5500))

4a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number . .

b Check if this plan covers: *(i)* ☐ Self-employed individuals, *(ii)* ☐ Partner(s) in a partnership, or *(iii)* ☐ 100% owner of corporation

5a 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
6	Enter the number of participants in each category listed below:	
a	Under age 59½ at the end of the plan year	**6a**
b	Age 59½ or older at the end of the plan year, but under age 70½ at the beginning of the plan year	**6b**
c	Age 70½ 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 contracts? . . ► ☐ Yes ☐ No
If "Yes," complete lines 7a(ii) through 7f and skip lines 7g through 9d.

(ii) If 7a*(i)* is "Yes," are the insurance contracts held: . . . . . ► ☐ under a trust ☐ with no trust

b	Cash contributions received by the plan for this plan year	**7b**
c	Noncash contributions received by the plan for this plan year	**7c**
d	Total plan distributions to participants or beneficiaries	**7d**
e	Total nontaxable plan distributions to participants or beneficiaries	**7e**
f	Transfers to other plans.	**7f**
g	Amounts received by the plan other than from contributions	**7g**
h	Plan expenses other than distributions	**7h**
8a	Total plan assets at the end of the year	**8a**
b	Total plan liabilities at the end of the year	**8b**

9 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**	**Amount**
a Sale, exchange, or lease of property	**9a**			
b Payment by the plan for services	**9b**			
c Acquisition or holding of employer securities	**9c**			
d Loan or extension of credit	**9d**			

If 10a is "No," do not complete line 10b and line 10c. See the specific instructions for line 10b and line 10c.

			Yes	**No**
10a	Does your business have any employees other than you and your spouse (and your partners and their spouses)? ►	**10a**		
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)? ►	**10c**		
11a	Did the plan distribute any annuity contracts this plan year? ►	**11a**		
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? ►	**11b**		
c	During this plan year, did the plan make loans to married participants? ►	**11c**		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer (owner) or plan administrator ► Date ►