
Attention:

- Telephone requests for the forms, schedules, and instructions for the 2008 Form 5500-series will not be filled until December 10, 2008.
- Requests for the 2008 Form 5500-series products can be made on the Internet (see below) beginning December 10, 2008. Requests made prior to that date will be filled with the 2007 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.

Note: You can also use the Internet link [Forms and Publications by U.S. Mail](#) to request a *limited* number of these forms and schedules.

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

Note: There is no Schedule B (Form 5500) for filing 2008 plan year actuarial information. Instead, file the 2008 Schedule MB (Form 5500), Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information, or the Schedule SB (Form 5500), Single-Employer Defined Benefit Plan Actuarial Information, as applicable. For only plan year 2008 filings, paper Schedules MB and SB are provided in the format presented for completion by pen or typewriter.

**Annual Return of One-Participant
(Owners and Their Spouses) Retirement Plan**

Official Use Only
OMB No. 1545-0956

2008

This Form is Open to
Public Inspection.

Department of the Treasury
Internal Revenue Service

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.**

Part I Annual Return Identification Information

For the calendar plan year 2008
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;
 - (2) an amended return;
 - (3) the final return filed for the plan;
 - (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

Grid for entering the name of the plan.

1b Three-digit plan number (PN) ▶

Grid for entering the three-digit plan number.

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, I declare that I have examined this return (including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, which I will retain) and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer or plan administrator

SIGN HERE ▶

Date

MM / DD / YYYY

Type or print name of individual signing as employer or plan administrator

Grid for entering the name of the individual signing.

0 3 0 8 0 0 0 1 0 C



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

0 3 0 8 0 0 0 2 0 D



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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(e)(3))
 - (b) Defined benefit pension plan described in Code section 412(e)(3)
 - (c) Money purchase pension plan
 - (d) Profit-sharing plan
 - (e) Stock bonus plan
 - (f) ESOP plan

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 \$250,000 (see instructions)

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

	Number
a Under age 59 1/2 at the end of the plan year	<input type="text"/>
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	<input type="text"/>
c Age 70 1/2 or older at the beginning of the plan year	<input type="text"/>



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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 line 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 year00

c Noncash contributions received by the plan for this plan year00

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

e Total nontaxable plan distributions to participants or beneficiaries00

f Transfers to other plans00

g Amounts received by the plan other than from contributions00

h Plan expenses other than distributions00

i (1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)? Yes No

(2) If line 10i(1) is "Yes," has the enrolled actuary for the plan certified that the contributions for this plan year meet minimum funding requirements? Yes No

(3) If line 10i(2) is "No," enter the amount of the unpaid minimum contribution on line 40 of Schedule SB (Form 5500) (see instructions)00

(a) Beginning of Year

(b) End of Year

11a Total plan assets00 .00

b Total plan liabilities00 .00

0 3 0 8 0 0 0 4 0 F



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	Yes	No
14a Does your business have any employees other than you and your spouse (and your partners and their spouses)? ▶ If line 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.	<input type="checkbox"/>	<input type="checkbox"/>
b Total number of employees (including you and your spouse and your partners and their spouses) ▶	<input style="width: 100px; height: 20px;" type="text"/>	
c Does this plan meet the coverage requirements of Code section 410(b)? ▶	<input type="checkbox"/>	<input type="checkbox"/>
15a Did the plan distribute any annuity contracts this plan year? ▶	<input type="checkbox"/>	<input type="checkbox"/>
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? ▶	<input type="checkbox"/>	<input type="checkbox"/>
c During this plan year, did the plan make loans to married participants? ▶	<input type="checkbox"/>	<input type="checkbox"/>

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0 3 0 8 0 0 0 6 0 H

