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

2006

This Form is Open to Public Inspection.

For the calendar plan or fiscal plan year be		MM / DD / YYYY	and ending	g MM/D	D/YYYY
A This return is:	(1)	the first return filed for the plan;	(3)	the final return filed for	r the plan;
	(2)	an amended return;	(4)	a short plan year retur (less than 12 months).	
3 If filing under an exter	nsion of time, ch	eck box and attach required information. (see instructions)		>
Part II Basic Plai	n Informatio	n enter all requested informatio	n.		
1a Name of plan					
1b Three-digit plan	number (PN)		ate plan first ecame effective	MM/DD	/ YYYY
Caution: A penalty for to	he late or incon	nplete filing of this return will be assess	ed unless reasona	able cause is establisi	hed.
Under penalties of perjury	, I declare that I h	ave examined this return (including, if applicable is true, correct, and complete.			
Signature of employer o		· · · · · · · · · · · · · · · · · · ·			
SIGN HERE			Date	MM/DD	/ <u> </u>
Type or print name of in	ndividual signing as	employer or plan administrator			
Tan Bananiyanlı Badıyatla	u Ast Nation o	ee the instructions for Form 5500-EZ.	Cot N	o. 63263R	Form 5500-EZ (200

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1	Employer's name and address (Address should include room	or suite no.)	
	c / o		
			2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
	State Zip Gode		
		2c Employer's telephone number	
		Humber	2d Business code (see instructions)
	Name Continued		
	c / o		
			3b Administrator's EIN
			3c Administrator's telephone number
	If the name and/or EIN of the employer has changed since the last return below: Employer's name	ne last return filed for this pla	n, enter the name, EIN and the plan number from
	EIN c F	PN	



Preparer information (optional) Name (including firm name, if applicable) and address Name	I	Form 5500-EZ (2006)		Page 3	Official Line Only
Nime Chn in ed Steet Cly State Zip Gods Foreign Routing Code C Telephone number Foreign Routing Code C Telephone number Foreign Routing Code C Telephone number C Telephone number Foreign Routing Code C Telephone number C Telephone number C Telephone number Foreign Routing Code C Telephone number (a) Profit-sharing plan C Stock bonus plan C Telephone number (b) Stock bonus plan C Telephone number C Telephone number (c) Stock bonus plan C Telephone number (d) Profit-sharing plan E Stock bonus plan C Telephone number (d) Profit-sharing plan Stock bonus plan C Stock bonus plan C Telephone number (d) Stock bonus plan C Stock bonus plan C Telephone number (e) Stock bonus plan C Stock bonus plan C Telephone number (g) Stock bonus plan C Stock b	а				Official Use Only
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Extra graph Country 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 (d) Profit-sharing plan stock bonus plan Code section 412(i)) (e) Stock bonus plan Code section 412(i)) (f) ESOP plan If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number)				
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Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions) Number Enter the number of participants in each category listed below: Under age 59 1/2 at the end of the plan year	o	Check if this plan covers: (1) Self-employed individuals, (2) Partner(s) in a partner(s)	rtnership, or	(3) 10	
Enter the number of participants in each category listed below: Under age 59 1/2 at the end of the plan year					
Under age 59 1/2 at the end of the plan year		Enter the number of participants in each category listed below:			Number
Age 70 1/2 or older at the beginning of the plan year)	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the be	ginning of the	plan year	
		Age 70 1/2 or older at the beginning of the plan year			



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0a	 (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? 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:	P ► (1)	Yes under a trust	Official Use On	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				00
d	Total plan distributions to participants or beneficiaries (see instructions)				_00
е	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
i	(1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)?	-	Yes		No
	(2) If 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 10i(2) is "No," enter the amount of the funding deficiency as shown on line 10 of the Schedule B (Form 5500) (see instructions)				_00
	(a) Beginning of Year	(b)	End of Ye	ar	
1a	Total plan assets				_00
b	Total plan liabilities				_00



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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
а	Partnership/joint venture interests			.00
b	Employer real property			.00
С	Real estate (other than employer real property)			.00
d	Employer securities			.00
е	Participant loans (see instructions)			
f	Loans (other than to participants)			00
g	Tangible personal property			
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	Amount
а	Sale, exchange, or lease of property			
b	Payment by the plan for services			.00
С	Acquisition or holding of employer securities			
d	Loan or extension of credit			

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			Official Use Or	nly	
			Yes	No	
14a	Does your business have any employees other than you and your spouse (and you their spouses)?				
	If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for	line 14b and line 14c.			
b	Total number of employees (including you and your spouse and your partners and t	heir spouses)			
С	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 for joint and survivor annuity or were any distributions on account of the death of a ma beneficiaries other than the spouse of that participant?	rried participant made to			
С	During this plan year, did the plan make loans to married participants?	·····			