Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at <u>www.efast.dol.gov</u> for additional information concerning the ERISA Filing Acceptance System (EFAST), electronic filing, approved software vendors, and telephone assistance.

5500-EZ		rn of One-Par		Official Use Only
Form 3300-LL (Owners and Their Spouses) Retirement Plan This form is required to be filed under				OMB No. 1545-0956
	2000			
Department of the Treasury Internal Revenue Service	Type or print all the instructio	entries in accord ns to the Form 5		This Form is Open to Public Inspection.
Part I Annual Return lo	dentification Information			A.
For the calendar plan year 2 or fiscal plan year beginning		A Y Y Y And	d ending	
A This return is: (1)	the first return filed for th	ne plan; (3)	the final return	filed for the plan;
(2)	an amended return;	(4)	a short plan ye (less than 12 r	
B If you filed for an extension of	time to file, check the box and attac	ch a copy of the extension	on application	▶
Part II Basic Plan Infor	mation enter all requested	d information.	/	
1a Name of plan				
1b Three-digit plan number	(PN) ►	1c Date plan fi became effe		
Caution: A penalty for the late of	or incomplete filing of this return	will be assessed unless	s reasonable cause is o	established.
	er penalties set forth in the instructions, ny knowledge and belief, it is true, corr rator		ined this return, including a	accompanying schedules, statements,
Typed or printed name of individu	al signing as employer or plan administ	rator	Date	
For Paperwork Reduction Act No	otice, see the instructions for For 0 3 0 0	m 5500-EZ.	Cat. No. 63263R	Form 5500-EZ (2000) v3.2

			Official Use Only
	Employer's name and address (Address should include room or suit	te no.)	ርሱ
	C / O Name		
		Employer Iden (Do not enter	tification Number (EIN) your Social Security Nu
			-
		2c Employer's tel	ephone number
		2d Business code	
F	Plan administrator's name and address (If same as employer, enter	"Same") (see instructio	ns)
	Name		
	Name Continued		
	c / O Name		
	Street Address (or Foreign Street)		
	Foreign Routing Code (Zip Code)	3b Administrator's	s EIN
	Foreign Mailing Country		
	City or Foreign City)	3c Administrator's	s telephone number
	State Zip Code		
	f 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 f
E	ast return below: Employer's name		
5			
	EIN C PN		

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	Preparer information (optional)	(^
	Name (including firm name, if applicable) and address	
	Foreign Routing Code	b EIN
	City or Foreign City)	c Telephone number
	State Zip Gode	
Т	Type of plan: (a) Defined benefit pension plan (attach Schedule B (Form 5500))	
	(b) Money purchase pension plan (see instructions) (d)	Stock bonus plan
	(c) Profit-sharing plan (e)	ESOP plan (attach Schedule E (Form 55
	Sec. 1	
	If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number Check if this plan covers:	er
	(1) Self-employed individuals, (2) Partner(s) in a partnership, or	(3) 100% owner of corporation
•		
E	Enter the number of qualified pension benefit plans maintained by the employer (including this pl	an) ►
	Check here if you have more than one plan and the total assets of all plans are more than \$100	000 (see instructions)
C		
C	Enter the number of participants in each category listed below:	Numb
	Under age 59 1/2 at the end of the plan year	
E		
E		
E	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the pla	n year
E L		
E L	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the pla 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 If "Yes," complete lines 10a(2) through 10f and skip lines 1 (2) If 10a(1) is "Yes," are the insurance contracts held:	0g through 13	d.		Yes under a trust	(2)	No with no trust
b	Cash contributions received by the plan for this plan year						
с	Noncash contributions received by the plan for this plan year				K		
d	Total plan distributions to participants or beneficiaries (see inst	ructions)					
e	Total nontaxable plan distributions to participants or beneficiario	es		5			
f	Transfers to other plans						
g	Amounts received by the plan other than from contributions						
h	Plan expenses other than distributions	ð					
	(a) Beginning of	Year			(b) End of Ye	ear	
11a	Total plan assets						
b	Total plan liabilities						
12	Specific Assets: If the plan held assets at any time during the current value of any assets remaining in the plan as of the end				, check "Yes" ai	nd enter the	
		Yes	No		Amount		
а	Partnership/joint venture interests						
b	Employer real property						
с	Real estate (other than employer real property)						
	40						

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		Yes	No		Amount	CA	
d	Employer securites						
е	Participant loans (see instructions)						
f	Loans (other than to participants)				D		
g	Tangible personal property			<u> </u>			
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	Ó	Amount		
a	Sale, exchange, or lease of property						
b	Payment by the plan for services		D.				
с	Acquisition or holding of employer securities	S.					
d	Loan or extension of credit						
	If 14a is "No," do not complete line 14b and line 14c. See the special	fic instru	ctions for	line 14b and line 14c.		Yes	No
14a	Does your business have any employees other than you and your state their spouses)?				►	les	NO
b	Total number of employees (including you and your spouse and you	r partne	rs and the	eir spouses)	►		
с	Does this plan meet the coverage requirements of Code section 410	D(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 p joint and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	e death	of a marri	ied participant made to	►		
с	During this plan year, did the plan make loans to married participant	ts?			►		
		0 • • • •	05				