

Annual Return of One-Participant (Owners and Their Spouses) Pension Benefit Plan

1993

Department of the Treasury
Internal Revenue Service

This form is required to be filed under
section 6058(a) of the Internal Revenue Code.

This Form Is Open
to Public Inspection

Please type or print

▶ See separate instructions.

For the calendar plan year 1993 or fiscal plan year beginning _____, 1993, 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.)

Use IRS label. Otherwise, please type or print.	1a Name of employer	1b Employer identification number
	Number, street, and room or suite no. (If a P.O. box, see instructions for line 1a.)	1c Telephone number of employer
	City or town, state, and ZIP code	1d If plan year has changed since last return, check here . . . ▶ <input type="checkbox"/>

2a Is the employer also the plan administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," see instructions.)	2c Date plan first became effective Month _____ Day _____ Year _____
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2b (i) Name of plan ▶ _____ (ii) <input type="checkbox"/> Check if name of plan has changed since last return	2d Enter three-digit plan number ▶ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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3a Enter the date the most recent plan amendment was adopted	Month <input type="text"/> Year <input type="text"/>	Yes	No
b Enter the date of the most recent IRS determination letter (see instructions)	Month <input type="text"/> Year <input type="text"/>		
c Is a determination letter request pending with the IRS? ▶			

4a Enter the number of other qualified pension benefit plans maintained by the employer ▶ _____		
b If you have more than one plan and the total assets of all plans are more than \$100,000, check this box . . . ▶ <input type="checkbox"/> and file a separate Form 5500-EZ for each plan.		
5 Type of plan: a <input type="checkbox"/> Defined benefit pension plan (attach Schedule B (Form 5500)) b <input type="checkbox"/> Money purchase plan c <input type="checkbox"/> Profit-sharing plan d <input type="checkbox"/> Stock bonus plan e <input type="checkbox"/> ESOP plan (attach Schedule E (Form 5500))		
6 Were there any noncash contributions made to the plan during the plan year? ▶		

7 Enter the number of participants in each category listed below (see instructions):	Number		
a Under age 59½ at the end of the plan year	7a		
b Age 59½ or older at the end of the plan year, but under age 70½ at the beginning of the plan year	7b		
c Age 70½ or older at the beginning of the plan year	7c		

8a Check this box if this is a fully insured pension plan (with no trust), which is funded entirely by allocated insurance contracts that fully guarantee the amount of benefit payments and skip lines 8c through 10d ▶ <input type="checkbox"/>			
b Contributions received for this plan year (see instructions)	8b		
c Net plan income other than from contributions	8c		
d Plan distributions (see instructions)	8d		
e Plan expenses other than distributions	8e		
9a Total plan assets at the end of the year	9a		
b Total plan liabilities at the end of the year (see instructions)	9b		

10 Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a party-in-interest during this plan year (see instructions). Otherwise, check "No."	Yes	No	Amount
a Sale, exchange, or lease of property	10a		
b Loan or extension of credit	10b		
c Acquisition or holding of employer securities	10c		
d Payment by the plan for services	10d		

11a Does your business have any employees other than you and your spouse (and your partners and their spouses)? ▶ If "No," do not complete the rest of this question; go to line 12.				Yes	No
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)? ▶ See the specific instructions for line 11b and line 11c.					

12 Answer these questions only if there was a benefit payment, loan, or distribution of an annuity contract made during the plan year and the plan is subject to the spousal consent requirements (see instructions).					
a Was there consent of the participant's spouse to any benefit payment or loan within the 90-day period prior to such payment or loan? ▶					
b If "No," check the reason for no consent: (i) <input type="checkbox"/> the participant was not married (ii) <input type="checkbox"/> the benefit payment made was part of a qualified joint and survivor annuity (iii) <input type="checkbox"/> other					
c Were any annuity contracts purchased by the plan and distributed to the participants? ▶					

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 ▶ _____