

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

1994

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 1994 or fiscal plan year beginning , 1994, 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

1a Name of employer
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?
2b (i) Name of plan
(ii) Check if name of plan has changed since last return
2c Date plan first became effective
2d Enter three-digit plan number

3 Type of plan: a Defined benefit pension plan, b Money purchase plan, c Profit-sharing plan, d Stock bonus plan, e ESOP plan
4a If this is a master and prototype, or regional prototype plan, enter the opinion/notification letter serial 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
b Check here if you have more than one plan and the total assets of all plans are more than \$100,000

Table with 2 columns: Category (a, b, c) and Number. Rows for participants under age 59 1/2, age 59 1/2 or older, and age 70 1/2 or older.

7a (i) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts?
(ii) If 7a(i) is "Yes," are the insurance contracts held: under a trust or with no trust
b Cash contributions received by the plan for this plan year
c Noncash contributions received by the plan for this plan year
d Total plan distributions to participants or beneficiaries
e Nontaxable plan distributions to participants or beneficiaries
f Net plan income other than from contributions
g Plan expenses other than distributions
8a Total plan assets at the end of the year
8b Total plan liabilities at the end of the year

Table with 4 columns: Transaction type (a-d), Yes, No, Amount. Rows for sale/exchange/lease of property, payment by plan, acquisition of securities, and loan/extension of credit.

10a Does your business have any employees other than you and your spouse?
b Total number of employees
c Does this plan meet the coverage requirements of Code section 410(b)?
11a 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 form other than a qualified joint and survivor annuity?
c During this plan year, did the plan make loans to married 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