

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

Department of the Treasury
Internal Revenue Service

For the calendar year 1990 or fiscal plan year beginning [] , 19 [] ,
and ending [] , 19 [] .

1990

Please type or
machine print

This Form Is Open
to Public Inspection

This return is: (i) the first return filed (ii) an amended return (iii) the final return

Use IRS label. Otherwise, please type or machine 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 (i) Name of plan ▶		2b Date plan first became effective		
(ii) <input type="checkbox"/> Check if name of plan has changed since last return		Month	Day	Year
3a Enter the date the most recent plan amendment was adopted Month		2c Enter three-digit plan number . . ▶		
Enter the date of the most recent IRS determination letter Month		[]	[]	[]
		Year	Year	Yes No