

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

1991

Department of the Treasury
Internal Revenue Service

For the calendar year 1991 or fiscal plan year beginning , 19 ,
and ending , 19 .

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 <input type="checkbox"/> Check if name of plan has changed since last return	2b Date plan first became effective Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
	2c Enter three-digit plan number <input type="text"/> <input type="text"/> <input type="text"/>

3a Enter the date the most recent plan amendment was adopted Month <input type="text"/> Year <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Enter the date of the most recent IRS determination letter Month <input type="text"/> Year <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Is a determination letter request pending with IRS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4a Enter the number of other qualified pension benefit plans maintained by the employer <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b If you have more than one pension plan and the total assets of all plans are more than \$100,000, check this box <input type="checkbox"/>	
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:	Number	
a Under age 59½ at the end of the plan year	7a	<input type="text"/>
b Age 59½ or older at the end of the plan year, but under age 70½ at the beginning of the plan year	7b	<input type="text"/>
c Age 70½ or older at the beginning of the plan year	7c	<input type="text"/>

8a A fully insured plan with no trust and which is funded entirely by allocated insurance contracts that fully guarantee the amount of benefit payments should check the box at the right and not complete 8b through 10d <input type="checkbox"/>	
b Contributions received for this plan year	8b <input type="text"/>
c Net plan income other than from contributions	8c <input type="text"/>
d Plan distributions	8d <input type="text"/>
e Plan expenses other than distributions	8e <input type="text"/>
9a Total plan assets at the end of the year	9a <input type="text"/>
b Total plan liabilities at the end of the year	9b <input type="text"/>

10 During the plan year, if any of the following transactions took place between the plan and a party-in-interest (see instructions), check "Yes" and enter amount. Otherwise, check "No."	Yes	Amount	No
a Sale, exchange, or lease of property	10a	<input type="text"/>	<input type="checkbox"/>
b Loan or extension of credit	10b	<input type="text"/>	<input type="checkbox"/>
c Acquisition or holding of employer securities	10c	<input type="text"/>	<input type="checkbox"/>
d Payment by the plan for services	10d	<input type="text"/>	<input type="checkbox"/>

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 question 12.	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Total number of employees (including you and your spouse and your partners and their spouses) <input type="text"/>	<input type="text"/>
c Does this plan meet the coverage test of Code section 410(b)? See the specific instructions for line 11c.	<input type="checkbox"/>

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).	Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	<input type="checkbox"/>
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	<input type="checkbox"/>
c Were any annuity contracts purchased by the plan and distributed to the participants?	<input type="checkbox"/>

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/plan sponsor Date