

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

1995

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 1995 or fiscal plan year beginning , 1995, 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
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/prototype, or regional prototype plan, enter the opinion/notification letter number
4b 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
5b Check here if you have more than one plan and the total assets of all plans are more than \$100,000

6 Enter the number of participants in each category listed below:
a Under age 59 1/2 at the end of the plan year
b Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan year
c Age 70 1/2 or older at the beginning of the plan year

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:
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 Total nontaxable plan distributions to participants or beneficiaries
f Transfers to other plans
g Amounts received by the plan other than from contributions
h 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

9 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."
a Sale, exchange, or lease of property
b Payment by the plan for services
c Acquisition or holding of employer securities
d Loan or extension of credit

10a Does your business have any employees other than you and your spouse (and your partners and their spouses)?
10b Total number of employees (including you and your spouse and your partners and their spouses)
10c Does this plan meet the coverage requirements of Code section 410(b)?
11a Did the plan distribute any annuity contracts this plan year?
11b During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant?
11c 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