

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

1992

Department of the Treasury Internal Revenue Service

Instructions are separate.

For the calendar year 1992 or fiscal plan year beginning ... and ending ...

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 (iv) a short plan year (less than 12 mos.)

Use IRS label. Otherwise, please type or machine print. 1a Name of employer 1b Employer identification number 1c Telephone number of employer 1d 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

3a Enter the date the most recent plan amendment was adopted 3b Enter the date of the most recent IRS determination letter 3c Is a determination letter request pending with IRS?

4a Enter the number of other qualified pension benefit plans maintained by the employer 4b If you have more than one pension plan and the total assets of all plans are more than \$100,000, check this box 5 Type of plan: a Defined benefit pension plan (attach Schedule B (Form 5500)) b Money purchase plan c Profit-sharing plan d Stock bonus plan e 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: 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

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 8c through 10d 8b Contributions received for this plan year 8c Net plan income other than from contributions 8d Plan distributions 8e Plan expenses other than distributions

9a Total plan assets at the end of the year 9b Total plan liabilities at the end of the year

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." 10a Sale, exchange, or lease of property 10b Loan or extension of credit 10c Acquisition or holding of employer securities 10d Payment by the plan for services

11a Does your business have any employees other than you and your spouse (and your partners and their spouses)? 11b Total number of employees (including you and your spouse and your partners and their spouses) 11c Does this plan meet the coverage test of Code section 410(b)?

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). 12a 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? 12b If "No," check the reason for no consent: (i) the participant was not married (ii) the benefit payment made was part of a qualified joint and survivor annuity (iii) other 12c 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/plan sponsor Date