

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

This form is required to be filed under section 6058(a) of the Internal Revenue Code.
▶ Complete all entries in accordance with the instructions to the Form 5500-EZ.

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1545-0956

1999

**This Form is Open
to Public Inspection**

Part I Annual Report Identification Information

For the calendar plan year 1999 or fiscal plan year beginning _____, and ending _____,
A This return/report is: (1) the first return filed for the plan; (3) the final return filed for the plan;
(2) an amended return; (4) a short plan year return (less than 12 months).
B If you filed for an extension of time to file, check the box and attach a copy of the extension application.

Part II Basic Plan Information — enter all requested information.

1a Name of plan _____ **1b** Three-digit plan number (PN) **1c** Date plan first became effective (mo., day, yr.) _____

2a Plan employer's name and address (Address should include room or suite no.) _____ **2b** Employer Identification Number (EIN) (Do not enter your Social Security Number) _____
2c Employer's telephone number _____
2d Business code (see instructions) _____

3a Plan administrator's name and address (If same as plan employer, enter "Same") _____ **3b** Administrator's EIN _____
3c Administrator's telephone number _____

4 If the name and/or EIN of the plan employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return here:
a Plan employer's name _____ **b** EIN _____
c PN _____

Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan employer or plan administrator Date Typed or printed name of individual signing as plan employer or plan administrator



5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone no.

6 Type of plan: **a** Defined benefit pension plan (attach Schedule B (Form 5500)) **b** Money purchase pension plan (see instructions)
c Profit-sharing plan **d** Stock bonus plan **e** ESOP plan (attach Schedule E (Form 5500))

7a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number ▶

b Check if this plan covers: (1) Self-employed individuals, (2) Partner(s) in a partnership, or (3) 100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan) ▶

b Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions) ▶

	Number
9 a Under age 59 1/2 at the end of the plan year	9a
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	9b
c Age 70 1/2 or older at the beginning of the plan year	9c

10a (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? ▶ Yes No

If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.

(2) If 10a(1) is "Yes," are the insurance contracts held: ▶ under a trust with no trust

b Cash contributions received by the plan for this plan year **10b**

c Noncash contributions received by the plan for this plan year **10c**

d Total plan distributions to participants or beneficiaries (see instructions) **10d**

e Total nontaxable plan distributions to participants or beneficiaries **10e**

f Transfers to other plans **10f**

g Amounts received by the plan other than from contributions **10g**

h Plan expenses other than distributions **10h**

	(a) Beginning of Year	(b) End of Year
11a Total plan assets 11a		
b Total plan liabilities 11b		

12 Specific Assets: If the plan held any assets in one or more of the following specific categories, check yes and enter the current value as of the end of the plan year. Otherwise, check "No."

	Yes	No	Amount
a Partnership/joint venture interests 12a			
b Employer real property 12b			
c Real estate (other than employer real property) 12c			
d Employer securities 12d			
e Participant loans (see instructions) 12e			
f Loans (other than to participants) 12f			
g Tangible personal property 12g			

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13 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."

	Yes	No	Amount
13a Sale, exchange, or lease of property			
13b Payment by the plan for services			
13c Acquisition or holding of employer securities			
13d Loan or extension of credit			

If 14a is "No," do not complete line 14b and line 14c. See the specific instructions for line 14b and line 14c.

	Yes	No
14a Does your business have any employees other than you and your spouse (and your partners and their spouses)?		
b Total number of employees (including you and your spouse and your partners and their spouses)		
c Does this plan meet the coverage requirements of Code section 410(b)?		
15a 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 or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant?		
c During this plan year, did the plan make loans to married participants?		

PURPOSES

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