Form **5500EZ**

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

Instructions are separate.	

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For the calendar year 1992 or fiscal plan year beginning

OMB No. 1545-0956

Department of the Treasury Internal Revenue Service Please type or This Form Is Open to Public Inspection machine print and ending This return is: (i) the first return filed (iv) a short plan year (less than 12 mos.) an amended return the final return 1a Name of employer 1b Employer identification number Use IRS label. Other-Number, street, and room or suite no. (If a P.O. box, see instructions for line 1a.) 1c Telephone number of employer wise. please type or City or town, state, and ZIP code 1d If plan year has changed since machine print. last return, check here . **2a** Is the employer also the plan administrator?

Yes ■ No (If "No," see instructions.) 2c Date plan first became effective Month Day Year **2b** (i) Name of plan ▶ 2d Enter three-digit (ii) Check if name of plan has changed since last return plan number > Yes No **3a** Enter the date the most recent plan amendment was adopted Year **b** Enter the date of the most recent IRS determination letter Year **c** Is a determination letter request pending with IRS? 4a Enter the number of other qualified pension benefit plans maintained by the employer ▶ b If you have more than one pension plan and the total assets of all plans are more than \$100,000, check this Type of plan: a Defined benefit pension plan (attach Schedule B (Form 5500)) b Money purchase plan $c \square$ Profit-sharing plan $d \square$ Stock bonus plan $e \square$ ESOP plan (attach Schedule E (Form 5500)) Were there any noncash contributions made to the plan during the plan year? Number Enter the number of participants in each category listed below: **a** Under age $59\frac{1}{2}$ at the end of the plan year 7a **b** Age 59½ or older at the end of the plan year, but under age 70½ at the beginning of the plan year 7b c Age 70½ or older at the beginning of the plan year 7c 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 8c Net plan income other than from contributions . . . Plan distributions 8d Plan expenses other than distributions. 8e 9a Total plan assets at the end of the year 9a **b** Total plan liabilities at the end of the year. 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 Nο 10a **a** Sale, exchange, or lease of property . . . 10b Loan or extension of credit 10c Acquisition or holding of employer securities. Payment by the plan for services Yes No 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. **b** Total number of employees (including you and your spouse and your partners and their spouses) **b** Does this plan meet the coverage test of Code section 410(b)? See the specific instructions for line 11c. 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). 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? If "No," check the reason for no consent: (i) \square the participant was not married (ii) \square the benefit payment made was part of a qualified joint and survivor annuity Were any annuity contracts purchased by the plan and distributed to the participants?.

Date ▶

Signature of employer/plan sponsor ▶