

Please type or print

**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.

▶ See separate instructions.

1998**This Form Is Open
to Public Inspection****For the calendar plan year 1998 or fiscal plan year beginning , 1998, 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 ▶ ☐

Use IRS label. Otherwise, please type or 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 Business activity code (new codes—see page 6 of instr.)
		1e If plan year has changed since 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 ▶ (ii) ☐ Check if name of plan has changed since last return	2d Enter three-digit plan number ▶

3 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))

4a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number

b 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 (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) ▶ ☐

6 Enter the number of participants in each category listed below:	Number
a Under age 59½ at the end of the plan year	6a
b Age 59½ or older at the end of the plan year, but under age 70½ at the beginning of the plan year	6b
c Age 70½ or older at the beginning of the plan year	6c

7a (i) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? . . . ▶ ☐ Yes ☐ No
If "Yes," complete lines 7a(ii) through 7f and skip lines 7g through 9d.

(ii) If 7a(i) is "Yes," are the insurance contracts held: ▶ ☐ under a trust ☐ with no trust

b Cash contributions received by the plan for this plan year **7b**

c Noncash contributions received by the plan for this plan year **7c**

d Total plan distributions to participants or beneficiaries **7d**

e Total nontaxable plan distributions to participants or beneficiaries **7e**

f Transfers to other plans. **7f**

g Amounts received by the plan other than from contributions **7g**

h Plan expenses other than distributions **7h**

8a Total plan assets at the end of the year **8a**

b Total plan liabilities at the end of the year **8b**

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."	Yes	No	Amount
a Sale, exchange, or lease of property	9a		
b Payment by the plan for services	9b		
c Acquisition or holding of employer securities	9c		
d Loan or extension of credit	9d		

If 10a is "No," do not complete line 10b and line 10c. See the specific instructions for line 10b and line 10c.

	Yes	No
10a Does your business have any employees other than you and your spouse (and your partners and their spouses)? . . . ▶	10a	
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)? ▶	10c	
11a Did the plan distribute any annuity contracts this plan year? ▶	11a	
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? ▶	11b	
c During this plan year, did the plan make loans to married participants? ▶	11c	

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 ▶

