



15 Is any issue relating to this plan or trust currently pending before the Internal Revenue Service, the Department of Labor, the Pension Benefit Guaranty Corporation or any Court? . . . . .  Yes  No  
If "Yes," attach explanation.

		Yes	No	Not Certain
16 a	(i) Is the employer a member of an affiliated service group? . . . . . If there is uncertainty whether the employer is a member of an affiliated service group, check the "Not Certain" column.			
	(ii) If 16a(i) is "Yes" or "Not Certain," did a prior ruling or determination letter rule on what organizations were members of the employer's affiliated service group? (see instructions) . . . . .			
	(iii) If 16a(ii) is "Yes," have the facts on which that letter was based materially changed? (see instructions) . . . . .			
b	Is the employer a member of a controlled group of corporations or a group of trades or businesses under common control? . . . . .			

		Number	
		Enter "0" if N/A	
17	Coverage of plan at (give date) ▶		
a	Total employed . . . . .		
b	Exclusions under plan because of (do not count an employee more than once):		
(i)	Minimum age (specify) ▶ <input type="checkbox"/> N/A Years of service (specify) ▶ <input type="checkbox"/> N/A		
(ii)	Employees included in collective bargaining . . . . .		
(iii)	Nonresident aliens who receive no earned income from United States sources . . . . .		
c	Total exclusions (add b(i) through (iii)) . . . . .		
d	Employees not excluded under the statute (subtract c from a) . . . . .		
e	Ineligible under plan because of (do not count an employee included in b):		
(i)	Minimum pay (specify) ▶ <input type="checkbox"/> N/A		
(ii)	Hourly-paid . . . . .		
(iii)	Maximum age (specify) ▶ <input type="checkbox"/> N/A		
(iv)	Other (specify) ▶ <input type="checkbox"/> N/A		
f	Total employees ineligible (add e(i) through (iv)) . . . . .		
g	Employees eligible to participate (subtract f from d) . . . . .		
h	Number of employees participating in plan . . . . .		
i	Percent of nonexcluded employees who are participating (divide h by d) If line i is 70% or more, go to line l. . . . .	%	
j	Percent of nonexcluded employees who are eligible to participate (divide g by d) . . . . .	%	
k	Percent of eligible employees who are participating (divide h by g) . . . . . If i and j are less than 70%, or k is less than 80%, see instructions.	%	
l	Total number of participants, including certain retired and terminated employees (see instructions) . . . . .		

18 Vesting—Check only one of the boxes for the vesting provisions of the plan:

a  Full and immediate

b  Full vesting after 10 years of service (see instructions)

c  5- to 15-year vesting, i.e., 25% after 5 years of service, 5% additional for each of the next 5 years, then 10% additional for each of the next 5 years (see instructions)

d  Rule of 45 (section 411(a)(2)(C)) (see instructions)

e  For each year of employment, beginning with the 4th year, vesting not less than 40% after 4 years of service, 5% additional for each of the next 2 years, and 10% additional for each of the next 5 years

f  Other (specify and see instructions) ▶

19 Complete only for a plan of more than one employer:

a Total number of participants (including certain retired and terminated employees) . . . . .

b Participants whose benefits or accounts are fully vested . . . . .

c Number of contributing employers . . . . .

20 Is the plan sponsor an S Corporation? . . . . .  Yes  No