



**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
<b>16 a (i)</b> 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.			
<b>(ii)</b> 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.) . . . . .			
<b>(iii)</b> If 16a(ii) is "Yes," have the facts on which that letter was based materially changed? (See instructions.) . . . . .			
<b>b</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	
<b>17</b> Coverage of plan at (give date) ▶		
<b>a</b> Total employed . . . . .		
<b>b</b> Exclusions under plan because of (do not count an employee more than once):		
<b>(i)</b> Minimum age (specify) ▶ _____ <input type="checkbox"/> N/A Years of service (specify) ▶ _____ <input type="checkbox"/> N/A		
<b>(ii)</b> Employees included in collective bargaining . . . . .		
<b>(iii)</b> Nonresident aliens who receive no earned income from United States sources . . . . .		
<b>c</b> Total exclusions (add b(i) through (iii)) . . . . .		
<b>d</b> Employees not excluded under the statute (subtract c from a) . . . . .		
<b>e</b> Ineligible under plan because of (do not count an employee included in b):		
<b>(i)</b> Minimum pay (specify) ▶ _____ <input type="checkbox"/> N/A		
<b>(ii)</b> Hourly-paid . . . . .		
<b>(iii)</b> Maximum age (specify) ▶ _____ <input type="checkbox"/> N/A		
<b>(iv)</b> Other (specify) ▶ _____ <input type="checkbox"/> N/A		
<b>f</b> Total employees ineligible (add e(i) through (iv)) . . . . .		
<b>g</b> Employees eligible to participate (subtract f from d) . . . . .		
<b>h</b> Number of employees participating in plan . . . . .		
<b>i</b> Percent of nonexcluded employees who are participating (divide h by d) . . . . .	%	
If line i is 70% or more, go to line l.		
<b>j</b> Percent of nonexcluded employees who are eligible to participate (divide g by d) . . . . .	%	
<b>k</b> 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.		
<b>l</b> 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