### Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

<table>
<thead>
<tr>
<th>A</th>
<th>Name of plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Three-digit plan number</td>
</tr>
<tr>
<td>C</td>
<td>Plan sponsor's name as shown on line 2a of Form 5500</td>
</tr>
<tr>
<td>D</td>
<td>Employer Identification Number</td>
</tr>
</tbody>
</table>

**Note:** If the plan is maintained by:
- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instructions for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instructions for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer

1b Employer identification number

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

a The number of QSLOBs that the employer operates is .................................................................

b The number of such QSLOBs that have employees benefiting under this plan is ...................................................

c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ................................................................. Yes No
d If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.

3 Exceptions—Check the box before each statement that describes the plan or the employer. Also see instructions.

If you check any box, do not complete the rest of this Schedule.

a The employer employs only highly compensated employees (HCEs).

b No HCEs benefited under the plan at any time during the plan year.

c The plan benefits only collectively-bargained employees.

d The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.

e The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

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4. Enter the date the plan year began for which coverage data is being submitted: \[\text{MM/DD/YYYY}\]

a. Did any leased employees perform services for the employer at any time during the plan year? \[\text{Yes} \quad \text{No}\]

b. In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? \[\text{Yes} \quad \text{No}\]

c. Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals:

(2) Number of excludable employees as defined in IRS regulations (see instructions):

(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)):

(4) Number of nonexcludable employees (line 4c(3)) who are HCEs:

(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan:

(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs:

d. Enter the plan's ratio percentage and, if applicable, identify below the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions):

\[\text{Disaggregated Part:} \quad \text{Ratio Percentage:} \quad \text{Exception:}\]

(1)

(2)

(3)

e. Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions):

f. This plan satisfies the coverage requirements on the basis of (check one):

(1) the ratio percentage test

(2) average benefit test