

## **Attention:**

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at <http://www.efast.dol.gov> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.



4 Enter the date the plan year began for which coverage data is being submitted .....

MM / DD / YY

a Did any leased employees perform services for the employer at any time during the plan year? .....  Yes  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? .....  Yes  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) .....

▶

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

	Disaggregated Part:	Ratio Percentage:	Exception:
(1)	<input type="text"/>	<input type="text"/> %	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/> %	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/> %	<input type="text"/>

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

(1)  the ratio percentage test (2)  average benefit test

2 7 0 3 0 0 0 2 0 E



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