SCHEDULE T (Form 5500)

Department of the Treasury Internal Revenue Service

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.

Official Use Only

OMB No. 1210-0110

This Form is Open to Public Inspection.

	the calendar plan year 2001 and endi	ng								
Α	Name of plan	В	Three-digit plan number ▶							
С	Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Number							
• N	Where the plan is maintained by: More than one employer and benefits employees who are not collectively-bargained employees, a each employer (see the instructions for line 1). An employer that operates qualified separate lines of business (QSLOBs) under Code section 41 or each QSLOB (see the instructions for line 2).									
1	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									
	The number of such QSLOBs that have employees benefiting under this plan is		Yes No							
3	Exceptions—Check the box before each statement that describes the plan or the employer. Also If you check any box, do not complete the rest of this Schedule.	see	instructions.							
а	The employer employs only highly compensated employees (HCEs).									
b	No HCEs benefited under the plan at any time during the plan year.									
С	The plan benefits only collectively-bargained employees.									
d	The plan benefits all nonexcludable nonhighly compensated employees of the employee 414(b), (c), and (m)), including leased employees and self-employed individuals.	er (as	defined in Code sections							
е	The plan is treated as satisfying the minimum coverage requirements under Code sec	ion 4	10(b)(6)(C).							
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500	_	t. No. 22770R Schedule T (Form 5500) 2001							
		B 	v4.1							

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4	Enter the date the plan year began for which coverage data is being submitted	ed							
a b c	Did any leased employees perform services for the employer at any time dur In testing whether the plan satisfies the coverage and nondiscrimination test: Code sections 410(b) and 401(a)(4), does the employer aggregate plans? Complete the following: (1) Total number of employees of the employer (as defined in Code section including leased employees and self-employed individuals	s of 414(b), (c), and (m)),	[Yes Yes		No No			
	(2) Number of excludable employees as defined in IRS regulations (see inst	ructions)							
	(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 p	olan							
d	(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCE Enter the plan's ratio percentage and, if applicable, identify below the disagg part of the plan to which the information on lines 4c and 4d pertains (see instance).	regated							
е	Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).								
	Disaggregated Part:	atio Percentage:	Exception	on:					
(1)		%							
(2)		%							
(3)		%							
f	This plan satisfies the coverage requirements on the basis of (check one):								
	(1) the ratio percentage test (2) average b	enefit test							

