## 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 <a href="http://www.efast.dol.gov">http://www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

## 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

2003

This Form is Open to Public Inspection.

	the calendar plan year 2003 iscal plan year beginning	and ending	MM/DS/YYYY	
1 A	Name of plan	В	Three-digit plan number ▶	
C	Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Number	
<ul><li>M</li><li>ea</li><li>A</li></ul>	e: If the plan is maintained by:  More than one employer and benefits employees who are not collectively-bargai each employer (see the instructions for line 1).  An employer that operates qualified separate lines of business (QSLOBs) under or 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	4 2	g	
1b	Employer identification number			
b	The number of QSLOBs that the employer operates is	isan		
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.			
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 employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.			
е	The plan is treated as satisfying the minimum coverage requirements		10(b)(6)(C).	
For I	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ons for Form 5500. Ca	at. No. 22770R Schedule T (Form 5500) 2003	
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·	Enter the date the plan year began for which coverage data is being submitted	MM/DD/YYYY			
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 (m)),			
	(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	e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see	instructions).			
	Disaggregated Part: Ratio Percentage				
(1)	(1)				
(2)	(2)				
(3)	(3)				
f	This plan satisfies the coverage requirements on the basis of (check one):				
	(1) the ratio percentage test (2) average benefit test				

