Attention!

This form or schedule is provided for informational 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 green drop-out ink so it can be processed by the new computerized processing system “EFAST”. The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also 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 Web Site at **www.efast.dol.gov** for additional information concerning the new processing system, electronic filing, software, and “non-standard” filings.

Official Use Only

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.**

OMB No. 1210-0110

1999

This Form is Open to Public Inspection.

For the calendar year 1999 or fiscal plan year beginning MM / DD / YYYY **, and ending** MM / DD / YYYY

A Name of plan

B Three-digit plan number ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D **Employer Identification Number**

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 instruction 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 instruction 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.
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 anytime 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).

2 7 9 9 0 0 0 1 1 T

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4 Enter the date the plan year began for which coverage data is being submitted .... MM / DD / YYYY

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 its ratio percentage:

(1) Disaggregated part: Ratio Percentage: . %

(2) Disaggregated part: Ratio Percentage: . %

(3) Disaggregated part: Ratio Percentage: . %

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

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