

GOVERNMENT COMPLIANCE INFORMATION RELEVANT TO COMPLETION OF FORMS

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION
RELEVANT TO QUESTIONS FOR COMPLETION ON
FORM 5500

1. Number of participants at end of plan year
 - a) Active participants _____
 - b) Retired or separated participants receiving benefits _____
 - c) Retired or separated participants entitled to future benefits _____
 - d) Total of a, b, c _____

2. Bonding:
 - a) Is the Plan covered by a Fidelity Bond? Y / N
 - b) Amount of bond \$ _____
 - c) Name of surety Company _____
 - d) Was there any loss to the Plan, whether or not reimbursed, caused by fraud or dishonesty? Y / N

3. During the Plan Year covered by this return:
 - a) Did the plan have assets held for investments? Y / N
 - b) Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the plan year as uncollectible? Y / N
 - c) Did the plan hold qualifying employer securities that are not publicly traded? Y / N
 - d) Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt? Y / N
 - e) Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan? Y / N

4. Is company stock publicly traded? Y / N
If so, please list CUSIP issuer number: _____

5. Are any benefits under the plan subject to collective bargaining? Y / N
If so, please enter the six-digit LM (labor management) number of the sponsoring labor organization(s):
_____ # _____ # _____ # _____ # _____

6. Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported on the financial pages of this report? Y / N

7. Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)? Y / N

If yes, please provide the following for such person(s):

Name	Amount paid	Employer Identification number
_____	\$ _____	_____
_____	\$ _____	_____