

11. DO YOU CURRENTLY MAINTAIN A QUALIFIED PENSION PLAN, SEP OR SIMPLE? YES NO
12. DO ANY OF THE OWNERS OF THIS COMPANY CURRENTLY HAVE ANY OWNERSHIP OF ANY OTHER BUSINESS? YES NO
13. IS THIS COMPANY A MEMBER OF A CONTROLLED GROUP OR AN AFFILIATED SERVICE GROUP? YES NO NOT SURE
(IF YES, COMPLETE AN EMPLOYER SHEET FOR EACH MEMBER OF THE CONTROLLED GROUP AND CROSS REFERENCE).
14. DO YOU HAVE ANY LEASED EMPLOYEES: YES NO NOT SURE
IF "YES", PLEASE PROVIDE A LIST OF NAMES OF THE PENSION PLANS THAT COVER THESE EMPLOYEES

15. PLEASE LIST ALL KEY EMPLOYEES BELOW:

| 5% OR MORE OWNERS | % OWNED | SPOUSE, PARENTS & CHILDREN OF OWNERS (IF COVERED BY PLAN) | RELATIONSHIP TO OWNER |
|-------------------|---------|---|-----------------------|
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| OFFICERS EARNING \$130,000 OR MORE | TITLE |
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16. WHO WILL BE THE TRUSTEE(S):

ANSWERS CONFIRMED BY: _____

TITLE: _____ DATE: _____