

YMCA Retirement Fund Retirement Plan Non-Discrimination Coverage Testing

(Previously called Schedule T)
for the Plan year ending June 30, 2009

Please fill in shaded areas only

Please complete this information:

Name of Preparer:	
Phone number:	
E-mail address:	

YMCA Information

1 Name of Your YMCA:	
2 YMCA City and State:	
3 YMCA Number:	
4 Enter your YMCA 9-digit Federal Tax Id Number (TIN):	

Enrollment Information

Complete the following as of June 30, 2009:

	I	II
	ALL EMPLOYEES including HCEs	Highly Compensated Employees ONLY \$105,000 or more
5 Enter the total number of employees at June 30, 2009:		
6 Enter number of employees that are NOT ELIGIBLE because they:		
<i>NOTE: (If an employee meets more than one criteria, count them only once in one of the following)</i>		
a) Are under age 21		
b) Have worked at least 1,000 hours in one year but are not yet eligible.....		
c) Have never worked at least 1,000 hours in any one year.....		
d) Waived participation when employed at age 60 or older		
e) NO ENTRY. Number of employees NOT ELIGIBLE (total of four lines above)	0	0
7 NO ENTRY. Number of ELIGIBLE Employees (line 5 minus line 6)	0	0
8 a) Number of employees in the plan per the last transmittal in June 2009		
b) Number of employees in the plan not on the last transmittal in June 2009		
9 NO ENTRY. Number eligible but not enrolled at June 30, 2009	0	0

10 NO ENTRY. Formula calculates plan's ratio percentage.

$$\frac{\text{Column I Lines 8 a+b} - \text{Column II Lines 8 a+b}}{\text{Column I Line 7} - \text{Column II Line 7}} \div \frac{\text{Column II Lines 8 a+b}}{\text{Column II Line 7}}$$

NONELECTIVE

Formula

 %

Your YMCA must have a coverage ratio of 70% or higher to meet the requirements of the Department of Labor. If your YMCA does not meet this standard contact the Retirement Fund for help.