



**U.S. Department of Justice
United States Trustee
Eastern District of California**

EMPLOYEE BENEFIT PLAN QUESTIONNAIRE

Debtor: _____ Bankruptcy Case #: _____

EIN: _____ Employer maintains a: group health pension plan

Is this a public corporation? Yes No

1. If the debtor sponsors a group health or dental plan, complete the information below. If Not, go to #2.

Premiums paid through employee contributions employer contributions

Are the premium payments current? Yes No

Benefits paid from employee contributions general assets of the company

Name and address of responsible officer: _____

2. If the debtor sponsors a pension plan, complete the information below. If Not, go to #3.

401(k) Plan Profit Sharing Plan Defined Benefit Plan

Money Purchase Plan Employee Stock Ownership Plan SIMPLE IRA

Name and address of responsible officer: _____

Does the employee make contributions to the Plan? Yes No

Have all employee contributions been forwarded to the trust fund? Yes No

If the debtor maintains a defined benefit or money purchase plan, are they fully funded? Yes No

Have any trustees, officers, owners or board members of the debtor received any distributions from the plan within the last year? If so, please provide the name(s), address(es) and title:

Have any trustees, officers, owners or board members received any loans from the plan that are not participant loans? If so, please provide the name(s), address(es) and title:

Has the debtor company received any loans from the plan? If so, please state the approximate date, amount and purpose of the loan.

3. I declare under penalty of perjury that the answers contained in the foregoing questions are true and correct.

Dated

Debtor in Possession