

EMPLOYER INFORMATION	Name of Adopting Employer _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Adopting Employer's Federal Tax Identification Number _____ Name of Plan _____ Plan Sequence Number _____ Adopting Employer's Fiscal Year End _____ Account Number _____ Type of Business (select one): _____ (specify month and day) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (specify) _____
SECTION 1.	EFFECTIVE DATES Complete Part A or B Part A. Effective Date This is the initial adoption of a profit sharing plan by the Employer. The Effective Date of this Plan is _____. NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed. Part B. Restatement Date This is a restatement of an existing qualified plan (a Prior Plan). The Prior Plan was initially effective on _____. The Effective Date of this restatement is _____. NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.
SECTION 2.	ELIGIBILITY Complete Parts A through C Part A. Age and Years of Eligibility Service Requirement 1. Age Requirement. An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement after attaining age _____ (no more than 21). 2. Years of Eligibility Service Requirement. An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement after completing _____ (enter 0, 1, 2 or any fraction less than 2) Years of Eligibility Service. NOTE: If either item 1 or item 2 is left blank, it shall be deemed that there are no age and Years of Eligibility Service requirements. If a fraction is selected, an Employee will not be required to complete any specified number of Hours of Service to receive credit for a fractional year. If more than one year is selected by the Employer, all contributions shall be 100% Vested. Part B. Hours Required For Eligibility Purposes 1. _____ Hours of Service (no more than 1,000) shall be required to constitute a Year of Eligibility Service. 2. _____ Hours of Service (no more than 500 but less than the number specified in Section Two, Part B, item 1, above) must be exceeded to avoid a Break in Eligibility Service. 3. For purposes of determining Years of Eligibility Service, an Employee shall be given credit for Hours of Service with the following predecessor employer(s) (complete if applicable). _____ Part C. Entry Dates The Entry Dates for participation shall be (select one): Option 1: <input type="checkbox"/> The first day of the Plan Year and the first day of the seventh month of the Plan Year. Option 2: <input type="checkbox"/> Other (specify) _____ NOTE: If no option is selected, Option 1 shall be deemed to be selected. Option 2 can be selected only if the eligibility requirements and Entry Dates are coordinated such that each Employee will become a Participant in the Plan no later than the earlier of: (1) the first day of the Plan Year beginning after the date the Employee satisfies the age and service requirements of Section 410(a) of the Code; or (2) six months after the date the Employee satisfies such requirements.
SECTION 3.	CONTRIBUTIONS Complete Parts A and B Part A. Employer Profit Sharing Contributions 1. Contribution Formula For each Plan Year the Employer will contribute an amount to be determined from year to year. 2. Allocation Formula (select one): Option 1: <input type="checkbox"/> Pro Rata Formula. Employer Profit Sharing Contributions shall be allocated to the Individual Accounts of Qualifying Participants in the ratio that each Qualifying Participant's Compensation for the Plan Year bears to the total Compensation of all Qualifying Participants for the Plan Year. Option 2: <input type="checkbox"/> Integrated Formula. Employer Profit Sharing Contributions shall be allocated pursuant to the integrated allocation formula provided in Section 3.01(B)(2) of the Plan. The integration level shall be (select one): Suboption (a): <input type="checkbox"/> The Taxable Wage Base. Suboption (b): <input type="checkbox"/> \$ _____ (a dollar amount less than the Taxable Wage Base). Suboption (c): <input type="checkbox"/> _____ percent (not more than 100 percent) of the Taxable Wage Base. NOTE: If no suboption is selected, Suboption (a) shall be deemed to be selected. NOTE: If no option is selected, Option 1 shall be deemed to be selected.

Simplified Profit Sharing Plan

STANDARDIZED ADOPTION AGREEMENT

Part B. Qualifying Participants

A Participant will be a Qualifying Participant and thus entitled to share in the Employer Profit Sharing Contribution for any Plan Year only if the Participant is a Participant who has satisfied all of the eligibility requirements of Section Two of this Adoption Agreement on at least one day of such Plan Year and, if such Participant has incurred a Termination of Employment, satisfies the following Hours of Service requirement (*select one*):

Option 1: The Participant completes at least 500 Hours of Service during the Plan Year.

Option 2: The Participant completes at least _____ (*not more than 500*) Hours of Service during the Plan Year.

NOTE: *If no option is selected, Option 1 shall be deemed to be selected.*

SECTION 4.

Part A.

VESTING AND FORFEITURES *Complete Parts A through C*

Vesting Schedule For Employer Profit Sharing Contributions

A Participant shall become Vested in his or her Individual Account derived from Employer Profit Sharing Contributions made pursuant to Section Three of the Adoption Agreement as follows (*select one*):

1. Current Vesting Schedule

YEARS OF VESTING SERVICE	VESTED PERCENTAGE					<i>(Complete if Chosen)</i>
	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>	
Less than One	0%	0%	100%	0%	_____ %	
1	0%	0%	100%	0%	_____ %	
2	0%	20%	100%	0%	_____ %	
3	0%	40%	100%	20%	_____ %	(not less than 20%)
4	0%	60%	100%	40%	_____ %	(not less than 40%)
5	100%	80%	100%	60%	_____ %	(not less than 60%)
6	100%	100%	100%	80%	_____ %	(not less than 80%)
7	100%	100%	100%	100%	_____ %	(not less than 100%)

NOTE: *If no option is selected, Option 3 shall be deemed to be selected.*

2. Prior Vesting Schedule *(Complete this Part A, item 2 only if the Plan has been amended to include a less favorable vesting schedule.)*

YEARS OF VESTING SERVICE	VESTED PERCENTAGE					<i>(Complete if Chosen)</i>
	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>	
Less than One	0%	0%	100%	0%	_____ %	
1	0%	0%	100%	0%	_____ %	
2	0%	20%	100%	0%	_____ %	
3	0%	40%	100%	20%	_____ %	(not less than 20%)
4	0%	60%	100%	40%	_____ %	(not less than 40%)
5	100%	80%	100%	60%	_____ %	(not less than 60%)
6	100%	100%	100%	80%	_____ %	(not less than 80%)
7	100%	100%	100%	100%	_____ %	(not less than 100%)

Part B. Hours Required For Vesting Purposes

- _____ Hours of Service (*no more than 1,000*) shall be required to constitute a Year of Vesting Service.
- _____ Hours of Service (*no more than 500 but less than the number specified in this Section 4, Part B, item 1, above*) must be exceeded to avoid a Break in Vesting Service.
- For purposes of determining Years of Vesting Service, an Employee shall be given credit for Hours of Service with the following predecessor employer(s) (*complete if applicable*).

Part C. Exclusion of Certain Years of Vesting Service

All of an Employee's Years of Vesting Service with the Employer are counted to determine the Vested percentage in the Participant's Individual Account except (*select any that apply*):

- Years of Vesting Service before the Employee reaches age 18.
- Years of Vesting Service before the Employer maintained this Plan or a predecessor plan.

Simplified Profit Sharing Plan

STANDARDIZED ADOPTION AGREEMENT

SECTION 5.	<p>DISTRIBUTIONS AND LOANS <i>Complete Parts A and B</i></p> <p>Part A. In-Service Withdrawals of Employer Profit Sharing Contributions May a Participant request a distribution from the Plan of that portion of the Participant's Individual Account attributable to Employer Profit Sharing Contributions pursuant to Section 5.01(A)(4) of the Plan (<i>select one</i>)? Option 1: <input type="checkbox"/> Yes. Option 2: <input type="checkbox"/> Yes, but only with respect to a Participant who is 100% Vested in his or her Individual Account attributable to Employer Profit Sharing Contributions. Option 3: <input type="checkbox"/> No. NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected.</i> If either Option 1 or Option 2 is selected, will such distributions be permitted only on account of hardship pursuant to Section 5.01(A)(5) of the Plan? Suboption 1: <input type="checkbox"/> Yes. Suboption 2: <input type="checkbox"/> No. NOTE: <i>If no option is selected, Suboption 2 will be deemed to be selected.</i></p> <p>Part B. Loans May a Participant request a loan pursuant to Section 5.19 of the Plan? Option 1: <input type="checkbox"/> Yes. Option 2: <input type="checkbox"/> No. NOTE: <i>If no option is selected, Option 2 shall be deemed to be selected.</i></p>
SECTION 6.	<p>DEFINITIONS <i>Complete Parts A through D</i></p> <p>Part A. Plan Year Means Option 1: <input type="checkbox"/> The 12-consecutive month period which coincides with the Adopting Employer's Fiscal Year. Option 2: <input type="checkbox"/> The calendar year. Option 3: <input type="checkbox"/> Other 12-consecutive month period (<i>Specify a 12-consecutive month period selected in a uniform and nondiscriminatory manner.</i>) NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected.</i> If the initial Plan Year is less than 12 months (a short Plan Year) specify such Plan Year's beginning and ending dates.</p> <p>Part B. Hours of Service Equivalencies Service will be determined on the basis of (<i>select one</i>): Option 1: <input type="checkbox"/> Actual hours for which an Employee is paid or entitled to payment. Option 2: <input type="checkbox"/> Days worked. An Employee will be credited with 10 Hours of Service if under the definition of Hours of Service Section such Employee would be credited with at least one Hours of Service during the day. Option 3: <input type="checkbox"/> Weeks worked. An Employee will be credited with 45 Hours of Service if under the definition of Hours of Service Section such Employee would be credited with at least one Hours of Service during the week. Option 4: <input type="checkbox"/> Semi-Monthly payroll periods worked. An Employee will be credited with 95 Hours of Service if under the definition of Hours of Service such Employee would be credited with at least one Hours of Service during the semi-monthly payroll period. Option 5: <input type="checkbox"/> Months worked. An Employee will be credited with 190 Hours of Service if under the definition of Hours of Service Section such Employee would be credited with at least one Hours of Service during the month. NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected. This Section Six, Part B will not apply if the elapsed time method of Section Six, Part C is selected.</i></p> <p>Part C. Elapsed Time Method In lieu of tracking Hours of Service of Employees, will the elapsed time method described under the definition of Hours of Service be used (<i>select one</i>)? Option 1: <input type="checkbox"/> No. Option 2: <input type="checkbox"/> Yes. NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected.</i></p> <p>Part D. Eligibility Computation Period An Employee's Eligibility Computation Periods subsequent to his or her initial Eligibility Computation Period shall be (<i>select one</i>): Option 1: <input type="checkbox"/> The 12-consecutive month periods commencing on the anniversaries of his or her Employment Commencement Date. Option 2: <input type="checkbox"/> The Plan Year commencing with the Plan Year beginning during his or her initial Eligibility Computation Period. NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected.</i></p>
SECTION 7.	<p>MISCELLANEOUS <i>Complete Parts A and B</i></p> <p>Part A. Participant Direction Will a Participant be responsible for directing the investment of his or her Plan assets pursuant to Section 7.22(B) of the Plan? Option 1: <input type="checkbox"/> Yes. Option 2: <input type="checkbox"/> No. NOTE: <i>If no option is selected, Option 1 shall be deemed to be selected.</i></p> <p>Part B. Permissible Investments The assets of the Plan shall be invested only in those investments described below (<i>to be completed by the Prototype Sponsor</i>): _____ _____</p>

Simplified Profit Sharing Plan

STANDARDIZED ADOPTION AGREEMENT

<p>SECTION 8.</p> <p>Part A.</p> <p>Part B.</p>	<p>TRUSTEE AND CUSTODIAN <i>Complete Parts A and B (as applicable)</i></p> <p>Custodian <i>(This Part A must be completed unless a Trustee is named in Part B, below.)</i></p> <p>Financial Organization _____</p> <p>Address _____</p> <p>Signature _____</p> <p>Type Name _____ Title _____</p> <p>Trustee <i>(This Part B must generally be completed unless the Plan covers one or more Self-Employed Individuals or satisfies another exception under Section 403(b) of ERISA. Select one.)</i></p> <p>Option 1: <input type="checkbox"/> Financial Organization as Trustee</p> <p>Option 2: <input type="checkbox"/> Individual Trustee(s)</p> <p>The Trustee of this Plan shall be a: <input type="checkbox"/> Directed Trustee <input type="checkbox"/> Discretionary Trustee</p> <p>Name of Trustee _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Signature _____ Title _____</p> <p>Name of Trustee _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Signature _____ Title _____</p> <p>Name of Trustee _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Signature _____ Title _____</p> <p>Name of Trustee _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Signature _____ Title _____</p>
<p>SECTION 9.</p>	<p>EMPLOYER SIGNATURE <i>Important: Please read before signing</i></p> <p>Prototype Sponsor</p> <p>Name of Prototype Sponsor _____</p> <p>Address _____</p> <p>Telephone _____</p> <p><input type="checkbox"/> Check here if there is an attachment(s) that applies to this Plan <i>(If the box is checked, please describe the attachment(s) below.)</i></p> <p>_____</p> <p>I am an authorized representative of the Adopting Employer named above and I state the following:</p> <ol style="list-style-type: none">I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the legal tax implications of adopting this Plan;I understand that my failure to properly complete this Adoption Agreement may result in disqualification of the Plan;I understand that the Prototype Sponsor will inform me of any amendments made to the Plan and will notify me should it discontinue or abandon the Plan; andI have received a copy of this Adoption Agreement, the corresponding Basic Plan Document and, if applicable, any separate trust agreement used in lieu of the trust agreement contained in the Basic Plan Document. <p>Signature of Adopting Employer _____ Date Signed _____</p> <p>Type Name _____ Title _____</p> <p>NOTE: <i>The Adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Section 401 of the Code except to the extent provided in Revenue Procedure 2000-20, 2000-6 I.R.B. 553 and Announcement 2001-77, 2001-30 I.R.B. An Employer who has ever maintained or who later adopts any Plan (including a welfare benefit fund, as defined in Section 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Code, or an individual medical account, as defined in Section 415(l)(2) of the Code) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Sections 415 and 416 of the Code. If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Sections 415 and 416 of the Code, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service. The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Revenue Procedure 2000-20 and Announcement 2001-77. This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.</i></p>