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Part II

Department of Labor
Pension and Welfare Benefits Administration

Department of the Treasury
Internal Revenue Service

Pension Benefit Guaranty Corporation

Proposed Revision of Annual Information Return/Reports; Notice

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

DEPARTMENT OF THE TREASURY

Internal Revenue Service

PENSION BENEFIT GUARANTY CORPORATION

Proposed Revision of Annual Information Return/Reports

AGENCIES: Department of Labor, Department of the Treasury, Pension Benefit Guaranty Corporation.

ACTION: Notice of proposed forms revisions.

SUMMARY: This document contains a proposal by the Department of Labor, the Internal Revenue Service, and the Pension Benefit Guaranty Corporation (the Agencies) to streamline and simplify the annual return/report forms (the Form 5500 Series) filed for employee pension, welfare and fringe benefit plans under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code of 1986, as amended (the Code).

Dates, Written Comments and Public Hearing: The Agencies invite interested persons to submit written comments regarding the revised forms. Written comments (preferably 4 copies) should be submitted to: Office of Regulations and Interpretations, Pension and Welfare Benefits Administration, U.S. Department of Labor, Room N–5669, 200 Constitution Ave., NW, Washington, DC 20210, Attention: Proposed Forms Revisions. Written comments on the revised forms must be received by the Department of Labor on or before November 3, 1997, and should include a reference to the relevant form, question, and related instruction.

A joint public hearing on the proposed revised forms will be held on November 17 and (if necessary) November 18, 1997, beginning at 10:00 a.m., in the Auditorium, Frances Perkins Building, U.S. Department of Labor, 200 Constitution Ave., NW, Washington, DC. Any interested person who wishes to present oral testimony at the hearing should submit on or before November 3, 1997 a written request to be heard, including a statement of the topics to be discussed. The request should be submitted to the Office of Regulations and Interpretations at the address above: Attention: Form 5500 Revisions Hearing. An agenda indicating the order of presentation of oral comments will be prepared. In the absence of special circumstances, each commentator will be allotted 10 minutes for his or her presentation. Information about the agenda may be obtained on or after November 3, 1997 by contacting George M. Holmes, Jr., Pension and Welfare Benefits Administration, U.S. Department of Labor, (202) 219–8515. Individuals not listed in the agenda will be allowed to make oral comments at the hearing to the extent time permits. Those individuals who make oral comments at the hearing should be prepared to answer questions regarding their comments. The hearing will be transcribed. All submissions will be open to public inspection in the Public Disclosure Room, Pension and Welfare Benefits Administration, Room N–5638, 200 Constitution Ave., NW, Washington, DC 20210.

The Agencies intend that, if adopted, the revised forms will be effective for plan years beginning on or after January 1, 1998.

FOR FURTHER INFORMATION CONTACT: George M. Holmes, Jr., Pension and Welfare Benefits Administration, U.S. Department of Labor, (202) 219–8515, for questions relating to the proposed Form 5500 as well as Schedules A, C, D, G, FIN and FIN-SP. James Flannery, Internal Revenue Service, (202) 622–6214, for questions relating to Schedules B, E, F, P, PEN, Q, and SSA. James J. Bloch, Pension Benefit Guaranty Corporation, (202) 326–4080 (x3530), for questions relating to line 10 of Schedule PEN as well as questions regarding information requirements under Title IV of ERISA. For further information on any item not mentioned above, contact Mr. Holmes. The telephone numbers referenced above are not toll-free numbers.

SUPPLEMENTARY INFORMATION: Under part 1 of Title I of ERISA, Title IV of ERISA, and the Code, as amended, administrators of pension and welfare benefit plans (collectively employee benefit plans) subject to those provisions are required to file return/reports annually concerning, among other things, the financial condition and operations of the plans. Employers sponsoring certain fringe benefit plans and other plans of deferred compensation that are not subject to Title I of ERISA are also required under the Code to file certain information annually with the IRS. These annual reporting requirements are satisfied generally by filing the Form 5500 Series in accordance with its instructions and the related regulations.

The existing Form 5500 Series includes the Form 5500 Annual Return/Report of Employee Benefit Plan (with 100 or more participants), Form 5500–C Return/Report of Employee Benefit Plan (with fewer than 100 participants), Form 5500–R Registration Statement of Employee Benefit Plan (with fewer than 100 participants), and the statements and schedules required to accompany the forms. Currently, plans with fewer than 100 participants file the longer Form 5500–C at least every third year, and the shorter Form 5500–R registration statement in the two intervening years. The Form 5500–EZ Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan is specifically excluded from consideration in this publication.

In an effort to simplify and streamline the annual return/report and to reduce the reporting burden on filers, the agencies have developed one Form 5500 for use by both ''large plan'' filers (plans that previously filed the Form 5500) and ''small plan'' filers (plans that previously were eligible to file the Form 5500–C/R). The new form is intended to:

- Reduce the total amount of information required to be reported for many plans by eliminating information that is not useful to accomplish enforcement, research, or other statutorily mandated missions;
- Provide plans using simple tax qualification structures and financial operations with correspondingly streamlined annual reporting requirements;
- Allow large and small pension plan filers to report information on coverage requirements for qualified plans in accordance with the three-year testing cycle permitted under Rev. Proc. 93–42, 1993–2 C.B. 540;
- Target reporting requirements so that welfare plans generally complete fewer items than pension plans, and small plans complete fewer items than large plans;
- Establish the Form 5500 as the standardized reporting format for all so-called ''direct filing entities''—common/collective trusts, pooled separate accounts, master trusts, 103–12 investment entities, and group insurance arrangements;
- Eliminate redundant items and improve questions that historically produced frequent technical filing errors; and
- Reduce government and filer costs associated with filing, receiving and processing annual reports, speed government processing, and enable plans and their service providers to establish more streamlined record keeping and filing support systems.

The proposal eliminates the Form 5500–C/R, but maintains limited financial reporting similar to the Form

5500–R for small plans. Further, plans that are currently exempt from filing a return/report (such as certain small unfunded/insured welfare plans and certain SEPs) or that are eligible for limited reporting options (such as certain Code section 403(b) plans) will continue to be eligible for that annual reporting relief.

The proposal restructures the Form 5500 along the lines of tax returns familiar to individual and corporate taxpayers—a simple one-page main form with basic information necessary to identify the plan for which the report is filed along with a checklist to indicate the schedules being filed applicable to the filer's specific type of plan. For most plans, the basic identifying information does not change from year to year and pre-printing this information should ease reporting burdens and reduce filing errors. The Agencies are evaluating the feasibility of pre-printing the basic identifying information on the Form 5500 after the first full filing-year cycle under the new computer scannable forms discussed below. The structure of the proposed form should also aid filers by allowing them to assemble and file a report that is ''customized'' to their type of plan. The Agencies are also publishing as part of this proposal revised filing instructions that are intended to be easier to use, including a quick reference chart with guidelines on which schedules must be filed for each type of Form 5500 filer (large and small pension plans, large and small welfare plans, Direct Filing Entities and fringe benefit plans).

Taking into consideration the Agencies' enforcement, research and policy needs, as well as the Department of Labor's participant/public disclosure obligations, the Agencies believe this restructuring, and the other revisions of the Form 5500 discussed below, will reduce the burdens and costs attributable to compliance with the annual reporting requirements.

Although this publication concerns proposed revisions of the Form 5500 Series, the Agencies believe meaningful burden hour and cost reductions can be achieved only through integrated implementation of changes to the government's system to process the forms. Accordingly, the Department of Labor is preparing a Request for Proposal (RFP) for a contractor to develop and implement a new system to simplify and expedite the receipt and processing of the Form 5500 Series. The new system is to rely on electronic filing with optical scanning technology and optical character recognition to computerize the paper forms. Under the new system, the paper forms will have to be reformatted to be computer scannable. While the reformatting will affect the appearance and length of the form, the actual number of data elements will not be affected. The new system is also to be developed in a way that should substantially increase the percentage of plans filing their Form 5500 via electronic filing as a more efficient alternative to even scannable forms. A mock-up of a scannable Form 5500 is being published with the printed versions of the proposal. The scannable mock-up, however, does not necessarily reflect the way the final scannable forms will look. The final appearance will depend on the scanning technology selected for use in the new form processing system. Details on the processing system will be available as the RFP is finalized.

Overview of Forms Revisions

To assist interested parties in reviewing the revised forms, an overview of the Agencies' proposed changes to the Form 5500 Series is set forth below.

As noted above, by eliminating certain questions and developing new schedules, the Form 5500 itself has been revised into a short one-page form that serves both as a simple registration statement and as a ''packing list'' for attaching relevant schedules. The proposed Form 5500 constitutes eight basic questions that identify: (i) The type of annual report being filed, (ii) the plan on whose behalf it is being filed, and (iii) what schedules and how many of each are being filed as attachments to the Form 5500.

Under the proposal, there is a total of thirteen schedules—five pension schedules, seven financial schedules, and one fringe benefit schedule:

Pension Schedules: Schedule B (Actuarial Information), Schedule E (ESOP Information), Schedule PEN (Pension Plan Information), Schedule Q (Qualified Pension Plan Coverage Information), and Schedule SSA (Separated Vested Participant Information);

Financial Schedules: Schedule A (Insurance Information); Schedule C (Service Provider Information); Schedule D (Direct Filing Entity/ Participating Plan Information); Schedule FIN (Financial Information); Schedule FIN-SP (Financial Information—Small Plan); Schedule G (Financial Transactions) and Schedule P (Trust Fiduciary Information).

Fringe Benefit Schedule: Schedule F (Fringe Benefit Plan Information).

Below is a description of the five new schedules being established as part of this proposal (Schedules D, FIN, FIN-SP, PEN, and Q), the three existing schedules being revised (Schedules A, C, and G), and a statement of the reasons why the Agencies are proposing to leave the remaining five schedules (Schedules B, E, F, P, and SSA) unchanged.

1. Schedule A (Insurance Information)

Schedule A must be attached to the Form 5500 if any pension or welfare benefits under the plan (whether small or large) are provided by, or if the plan has any investment contracts with, an insurance company or other similar organization. Although most of the Schedule A data collection has been retained substantially unchanged, several significant revisions are being proposed which are designed to collect better information about insurance products, including conforming the Schedule A to recent accounting industry changes on ''current value'' financial reporting of investment-type contracts with insurance companies, and requiring: (i) Information on a plan year as opposed to insurance contract year basis; (ii) better identification of the type of insurance contracts and type of insured benefits being reported; and (iii) insurer's EIN (employer identification number) and NAIC (National Association of Insurance Commissioners) code.

2. Schedule C (Service Provider Information)

Schedule C must be attached to the Form 5500 filed by large plans if any person who rendered services to the plan received directly or indirectly $5,000 or more in compensation from the plan during the plan year. The proposal limits the schedule to the 40 top paid service providers at or above the $5,000 threshold. Further, the proposal also eliminates the separate requirement to file a Schedule C to identify annually plan trustees and limits the current requirement to file a Schedule C to explain service provider terminations to accountants and enrolled actuaries. Small plans would continue to be exempt from the Schedule C.

3. Schedule D (Direct Filing Entity/ Participating Plan Schedule)

The Schedule D is a new standardized form for filing information on relationships between plans and master trust investment accounts (MTIAs), common/collective trusts (CCTs), insurance company pooled separate accounts (PSAs), investment entities covered under 29 CFR 2520.103–12 (103–12 IEs), and group insurance arrangements (GIAs), collectively known as ''Direct Filing Entities'' or

''DFEs.'' Currently, if a group insurance arrangement files a Form 5500 on behalf of the participating plans under the Department of Labor regulation at 29 CFR 2520.104–43, the individual plans participating in the GIA are exempt from filing a Form 5500 or 5500–C/R. Plans currently participating in the other DFEs (MTIAs, 103–12 IEs, CCTs and PSAs) generally must file a Form 5500 or 5500–C/R; however, if the DFE files certain financial information directly on behalf of the administrators of all participating plans, the plans are allowed to limit the information in their separate Form 5500 or Form 5500–C/R because the DFE's filing is considered part of each participating plan's annual report. These DFE reporting rules were developed in an effort to simplify the annual reporting requirements for the participating plans. The absence of a standardized reporting format for DFE filings, however, makes it impossible for the Department to correlate and effectively use the data regarding approximately $1 trillion in plan assets reported by plans and DFEs. Accordingly, the proposal establishes the new Form 5500 as the standardized annual reporting format for all DFEs.

Under the proposal, MTIAs and 103–12 IEs would be required to complete: (1) Applicable items on the streamlined Form 5500; (2) a Schedule A for each insurance contract held by the DFE; (3) a Schedule C to list DFE service providers receiving compensation from the DFE; (4) one or more Schedules D to list all participating plans at any time during the year and all CCTs, PSAs or 103–12 IEs that the MTIA or 103–12 IE invested in during the year; (5) a Schedule FIN financial statement; (6) one or more Schedules G listing certain financial transactions; and (7) for 103–12 investment entities, a report of an independent qualified public accountant. Large plans that invest in MTIAs and 103–12 IEs would continue to report the value of their interests in these entities on one line in the plan's Schedule FIN as of the beginning and end of the plan year and as a single entry for net investment gain/loss.

Under the proposal, as under the current Form 5500 Series, CCTs and PSAs could elect to file information as a DFE. If a CCT or PSA elects to file, they would be required to complete (1) applicable items on the streamlined Form 5500; (2) one or more Schedules D to list all participating plans at any time during the year and all CCTs, PSAs, or 103–12IEs that the CCT or PSA invested in during the year; and (3) a Schedule FIN financial statement. Large plans investing in a CCT or PSA that files as a DFE would report the value of their interests in these entities on one line in the plan's Schedule FIN as of the beginning and end of the plan year and as a single entry for their net investment gain/loss during the year. If the CCT or PSA does not file a Form 5500 as a DFE, employee benefit plans would have to break out their percentage interest in the underlying assets of the CCT or PSA and report the dollar value in the appropriate categories in the Schedule FIN statement of assets and liabilities (and would still report the net investment gain/loss as a single entry on the Schedule FIN income and expense statement).

Both large and small plans would have to file a Schedule D listing the MTIAs, 103–12 IEs, CCTs and PSAs in which they participated, and would be required to list CCTs and PSAs regardless of whether the CCT or PSA filed as a DFE. Reports of small plans filing the Schedule FIN–SP are not expected to be otherwise significantly affected by these changes.

GIAs that file a Form 5500 (including applicable schedules and attachments) on behalf of their participating plans under the Department of Labor regulation at 29 CFR 2520.104–43, would be required to file a Schedule D listing the participating plans.

The Department is specifically soliciting comments from interested parties on how these DFE changes can be implemented in a manner that minimizes the impact on plan administrators and DFEs, including suggestions about the use of electronic filing options and delayed effective dates. The Department will also be publishing a separate Notice of Proposed Rulemaking on regulatory amendments needed to accommodate the DFE changes.

4. Schedules FIN (Financial Information)/ FIN–SP (Financial Information—Small Plan)

The proposal essentially incorporates the financial statements from the current Form 5500 (lines 31 and 32) as part of a new Schedule FIN (''Financial Information''). For small plan filers, the proposal includes a new Schedule FIN–SP (''Financial Information—Small Plan'') that maintains simplified financial statements similar to the current Form 5500–R and adds a limited number of specific investment categories that must be separately reported. The proposal also incorporates into the Schedules FIN and FIN–SP ''yes/no and amount'' questions focused on key compliance issues/enforcement areas involving investments, financial transactions, and handling of plan assets. The Schedule FIN also includes revised versions of the current Form 5500 questions on the accountant's opinion and report. Current regulatory exemptions, simplified reporting, and alternative methods of compliance for annual financial reporting by certain welfare and pension plans are expected to remain unchanged.[1] Since the proposal eliminates various questions from the current Form 5500 Series that dealt with Title I compliance, the Department of Labor also developed an ERISA compliance quick checklist to help plan administrators and other fiduciaries comply with Title I requirements. The checklist is to be in the Form 5500 instruction package, but its use is to be voluntary, and it would not be filed with the Form 5500.

5. Schedule G (Financial Transactions)

Use of the Schedule G would be mandatory for the schedules now required by lines 27b, 27c, 27e, and 27f of the current Form 5500. The proposed Schedule G would have to be attached to the Form 5500 of a large plan, MTIA or 103–12 IE to report loans or fixed income obligations in default or determined to be uncollectible as of the close of the reporting year (Part I of Schedule G), leases in default or classified as uncollectible during the plan year (Part II of Schedule G), and to report nonexempt prohibited transactions (Part III of Schedule G). Large plans can aggregate participant loans in default as one item on Part I of the plan's Schedule G when certain requirements are met, including each loan being fully secured by the participant's account balance in the plan. Small plans are not required to file a Schedule G.

The proposal eliminates from the Form 5500 the schedules of assets held for investment purposes (line 27a of the current Form 5500) and the schedule of reportable (5%) transactions (line 27d of the current Form 5500). The requirement to report this information is eliminated, but the records needed to generate the information on the current schedule of reportable transactions and schedules of assets would have to be maintained, and administrators of large plans would have to prepare and disclose that information, on request, to participants and other authorized parties under sections 104(b)(2) and

[1] For example, there is no change in the waiver of the independent qualified public accountant requirements in 29 CFR 2520.104–41 and 2520.104–46, or the small plan exemptions from the Schedule C (service provider information), the schedules of loans, leases or fixed income obligations in default and nonexempt transactions (revised Schedule G).

104(b)(4) of ERISA.[2] To satisfy that disclosure obligation, however, transactions effected at the affirmative direction of participants in defined contribution plans could be excluded from the definition of ''transaction'' for the schedule of reportable transactions, and no ''historical cost'' entry would be needed for such transactions on the schedules of assets. The disclosure would have to be presented in an understandable and non-misleading format. Because the schedules of assets and reportable transactions would not be part of the plan's annual report, the accountant's opinion required under ERISA 103(a)(3)(A) would not have to cover that information, but the underlying books and records of the plan would continue to be subject to the audit requirement.[3] The Department of Labor will publish a Notice of Proposed Rulemaking on regulatory amendments necessary to accommodate these changes.

6. Schedule PEN (Pension Plan Information)

The Schedule PEN is a new schedule that is required to be filed by both tax qualified and nonqualified pension benefit plans that are required to file Form 5500, other than annuity arrangements and custodial accounts under Code section 403(b)(1) and 403(b)(7), and individual retirement accounts/annuities under section 408. The purpose of Schedule PEN is to report certain information on participant coverage, plan distributions and funding, and the adoption of amendments increasing the value of benefits in a defined benefit pension plan. As part of a publication describing various voluntary compliance programs administered by the Employee Plans function, the IRS is also developing a compliance checklist to help pension plan sponsors and administrators comply with the tax qualification requirements of the Code and Title II of ERISA.

7. Schedule Q (Qualified Pension Plan Coverage Information)

The Schedule Q is a new schedule for reporting qualified plan coverage information for qualified pension plans, including plans maintained by employers that operate QSLOBs, and for employers participating in multiple-employer plans. For a plan that is tested under the three-year testing cycle rule in Rev. Proc. 93–42, Schedule Q must be filed for the first year in the plan's testing year cycle. Schedule Q need not be filed for the subsequent years in the cycle if the employer is permitted to rely on the earlier year's testing. If the employer does not or cannot use the three-year testing rule in Rev. Proc. 93–42, Schedule Q must be filed annually. The adoption of this new schedule eliminates the separate Form 5500–C/R filing requirement that now applies to employers participating in plans that currently file Form 5500 as a ''multiple-employer plan (other).'' This schedule replaces separate statements currently required regarding the coverage of plans that must be disaggregated under section 1.410(b)–7 of the Income Tax Regulations.

8. Other Schedules

The Schedule B (Actuarial Information) and Schedule SSA (Separated Participants With Deferred Vested Benefits) were not revised because both were recently revised and it did not appear productive to propose further revisions at this time. The Schedule F (Fringe Benefit Plan Information) also was not revised because Code section 6039D mandates collection of the information reported on that schedule. Lastly, the Schedule E (ESOP Annual Information) was not revised because it is filed only by ESOPs and the IRS was not aware of substantial interest in changing the schedule. The Agencies welcome suggestions for making these schedules simpler. It is anticipated that the final version of these schedules will be revised at a minimum to reflect changes in law and other appropriate updates.

9. Quick Reference Chart

The Agencies developed a quick reference chart for the Form 5500 instructions that indexes the schedules required from each major class of filer. That chart is reproduced below:

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[2] Participants and beneficiaries would be entitled to request, and receive automatically, the schedules of assets and schedule of reportable transactions that relate to the ''latest'' annual report of the plan. Other disclosure rights and obligations may arise based on facts and circumstances, in addition to those specified in ERISA section 104(b).

[3] The general statutory provisions and fiduciary duties regarding maintenance of plan records would also continue to apply to participant directed transactions.

QUICK REFERENCE CHART OF FORM 5500 SCHEDULES AND ATTACHMENTS

This chart is intended to provide only general guidance -- please refer to the specific Form 5500 instructions for complete information on filing requirements (e.g., *Pension & Welfare Plans Excluded From Filing* and *Lines and Schedules To Complete*).

	Large Pension Plan	Small Pension Plan	Large Welfare Plan	Small Welfare Plan	DFE	Fringe Benefit Plan
Schedule A (Insurance Information)	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if MTIA, 103-12 IE or GIA has insurance contracts.	Not required.
Schedule B (Actuarial Information)	Must complete if defined benefit plan and subject to minimum funding standards	Must complete if defined benefit plan and subject to minimum funding standards	Not required.	Not required.	Not required.	Not required.
Schedule C (Service Provider Information)	Must complete if service provider paid $5,000 or more and/or an accountant or actuary was terminated.	Not required.	Must complete if service provider paid $5,000 or more and/or an accountant or actuary was terminated.	Not required.	MTIAs, GIAs and 103-12 IEs must complete Part I if service provider paid $5,000 or more. GIAs and 103-12 IEs must complete Part II if an accountant was terminated.	Not required.

	Large Pension Plan	Small Pension Plan	Large Welfare Plan	Small Welfare Plan	DFE	Fringe Benefit Plan
Schedule D (DFE/Participating Plan Information)	Must complete if plan participates in DFE, CCT and/or PSA.	Must complete if plan participates in DFE, CCT and/or PSA.	Must complete if plan participates in DFE, CCT and/or PSA.	Must complete if plan participates in DFE, CCT and/or PSA.	Must complete.	Not required.
Schedule E (ESOP Information)	Must complete if ESOP.	Must complete if ESOP.	Not required.	Not required.	Not required.	Not required.
Schedule F (Fringe Benefit Plan Information)	Not required.	Not required.	Not required.	Not required.	Not required.	Must complete.
Schedule FIN (Large Plan and DFE Financial Information)	Must complete.	Not required.	Must complete.	Not required.	Must complete.	Not required.
Schedule FIN-SP (Small Plan Financial Information)	Not required.	Must complete.	Not required.	Must complete	Not required.	Not required.
Schedule G (Financial Schedules)	Must complete if Schedule FIN, lines 4b, 4c, or 4d are "Yes."	Not required.	Must complete if Schedule FIN, lines 4b, 4c, or 4d are "Yes."	Not required.	Must complete if Schedule FIN, lines 4b, 4c, or 4d for a GIA, MTIA or103-12 IE are "Yes."	Not required.
Schedule P (Annual Return of Fiduciary)	Voluntary	Voluntary	Not required.	Not required.	Not required.	Not required.
Schedule PEN (Pension Plan Information)	Must complete.	Must complete.	Not required.	Not required.	Not required.	Not required.
Schedule Q (Qualified Pension Plan Information)	Must complete if qualified plan.	Must complete if qualified plan.	Not required.	Not required.	Not required.	Not required.
Schedule SSA (Statement Identifying Separated Participants With Deferred Vested Benefits)	Must complete if plan had separated participants with deferred vested benefits to report.	Must complete if plan had separated participants with deferred vested benefits to report.	Not required.	Not required.	Not required.	Not required.
Accountant's Report	Must attach.	Not required.	Must attach.	Not required.	Must attach for a GIA or 103-12 IE.	Not required.

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10. Miscellaneous Changes

Various other changes were made as part of the substantial restructuring of the Form 5500 Series being proposed. Several of the more significant miscellaneous changes include: (1) Expanded utilization of codes to report plan features information on pension and welfare benefit plans; (2) elimination of the CUSIP (Committee on Uniform Securities Identification Procedures) issuer number; (3) simplification of requirements on reporting the total number of plan participants and participant subgroups; (4) deletion of LM numbers (file numbers on Labor Organization Annual Report Forms); and (5) addition of a line for the name, EIN, and classification code of a ''Preparer.''

Other Supplementary Information:

Regulations Relating to the Proposed Forms

For purposes of Title I of ERISA, the filing of a completed Form 5500 (including required statements, schedules, and independent qualified public accountant report) generally constitutes compliance with the limited exemption and alternative method of compliance in 29 CFR 2520.103–1(b). The Department intends to propose amendments to 2520.103–1 and other annual reporting regulations to accommodate the form changes proposed herein. The Department will discuss the findings required under sections 104(a)(3) and 110 relating to the use of the Form 5500, as revised, as an alternative method of compliance and limited exemption from the reporting and disclosure requirements of part 1 of Title I of ERISA as part of that rulemaking. The forms, schedules, and instructions proposed in this notice will not become effective as an alternative method of compliance and limited exemption from the reporting and disclosure requirements of Part 1 of Title I of ERISA until such regulations are issued in final form.

Paperwork Reduction Act

The Agencies, as part of their continuing efforts to reduce paperwork and respondent burden, invite the general public and Federal agencies to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA 95) (44 U.S.C. 3506(c)(2)(A)). This helps to ensure that requested data are provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents is properly assessed. Currently, the Agencies are soliciting comments concerning the proposed revision of the Form 5500 Series, pursuant to Part 1 of Title 1 and Title IV of ERISA and the Internal Revenue Code.

DATES: Written comments must be submitted on or before November 3, 1997 to be assured of consideration.

ADDRESSES: Interested parties are invited to submit written comments regarding the Form 5500 Series annual reporting requirements of any or all of the Agencies. Send comments to Mr. Gerald B. Lindrew, U.S. Department of Labor, PWBA/OPR, Room N–5647, 200 Constitution Avenue, N.W., Washington, DC 20210, telephone 202–219–4782 (this is not a toll-free number). All comments will be shared among the Agencies.

SUPPLEMENTARY PAPERWORK REDUCTION ACT INFORMATION:

I. Background:

The Agencies have undertaken a revision of the Form 5500 Series in an effort to streamline and simplify this annual report.

II. Current Actions

The Agencies have developed a single streamlined Form 5500 for use by both large and small plan filers. The Forms 5500–C and 5500–R have been eliminated; in general, small plans will submit information similar to the current 5500–C/R data collections.

Type of Review: Revision of a currently approved collection.

Agencies: Pension and Welfare Benefits Administration (OMB No. 1210–0016); Internal Revenue Service (OMB No. 1545–0710); Pension Benefit Guaranty Corporation (OMB No. 1212–0026).

Title: Form 5500 Series.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions.

Form Number: DOL/IRS/PBGC Form 5500 and Schedules.

Total Respondents: The total number of annual Form 5500 filers is approximately 901,400. Of that total, only 801,934 filings are for employee benefit plans subject to the Department of Labor's jurisdiction under Title I of ERISA. The remaining 99,466 are made to comply with IRS requirements for fringe benefit plans under Code section 6039D, pension plans maintained outside the United States, and One-Participant (Owners and Their Spouses) Retirement Plans. Accordingly, the Labor Department's total respondents is 801,934 and the IRS's is 901,400.

Total Responses: See ''*Total Respondents*'' Above.

Frequency of Response: Annually.

Estimated Time per Response, Estimated Burden Hours, Total Annual Burden: See below for each Agency.

Calculation of Burden: PWBA and IRS burden estimates are based on different estimation methodologies (see below). The total burden estimate ranges from 1.71 million burden hours (using the PWBA methodology) to 8.46 million burden hours (using the IRS methodology) for preparing the Form 5500 Series (including schedules) and sending it to the government.

Both the IRS and the PWBA methodologies exclude certain activities from the calculation of ''burden.'' If the activity is performed for any reason other than compliance with the federal tax administration system (in the case of the IRS method) or the Title I annual reporting requirements (in the case of the PWBA method), it was not counted as part of the paperwork burden. For example, most businesses or financial entities maintain, in the ordinary course of business, detailed accounts of assets and liabilities, and income and expenses for the purposes of operating the business or entity. In addition, the activity is only counted as a burden once if performed for both tax and Title I purposes. These recordkeeping activities were not included in the calculation of burden because prudent business or financial entities normally have that information available for reasons other than federal tax or Title I annual reporting. Only time for gathering and processing information associated with the tax/annual reporting systems, and learning about the law, was included.

Three major differences exist between the IRS and PWBA methodologies. First, the IRS uses a methodology developed for estimating the paperwork burden imposed on individual and business taxpayers as a result of the federal tax return system to calculate burdens associated with the Form 5500 information return. The details and time estimates of PWBA's methodology were developed specifically for the Form 5500 Series. Second, the IRS includes burden figures for learning about statutory tax reporting requirements and certain tax-related recordkeeping (e.g., depreciation accounting) in its estimate. PWBA has concluded plan administrators' obligations to keep financial records necessary to complete the Department of Labor portions of the Form 5500 result from usual and customary management practices for any financial entity, not as a result of ERISA annual reporting requirements.

The Department of Labor solicits comments on whether or not any recordkeeping beyond that which is usual and customary is necessary to complete the Department of Labor portions of the Form 5500. PWBA has also designed the instruction package for the Form 5500 so that filers generally will be able to complete the Labor Department portions of the Form 5500 by reading the instructions without needing to refer to the statute or regulations. The Labor Department solicits comments on whether the Form 5500 instructions are generally sufficient to enable filers to complete the Labor Department portions of the Form 5500 without needing to refer to the statute or regulations. PWBA, therefore, has included a burden for reading the instructions in its PRA calculations, and finds there is no recordkeeping burden attributable to the Form 5500 Series. Third, PWBA does not include burdens for completing the Schedule E (ESOP Annual Information); Schedule F (Fringe Benefit Plan Annual Information) and Schedule P (Annual Return of Fiduciary of Employee Benefit Trust) because these are exclusively IRS schedules. The different methodologies and the IRS inclusion of burden for learning about the law, tax recordkeeping, and Schedules E, F and P, result in the Agencies having different total burden estimates. Presented below is a chart showing the total burden of the streamlined Form 5500 Series (including schedules) using the PWBA and IRS methodologies.

DOL AND IRS ESTIMATES OF TOTAL ANNUAL BURDEN HOURS

Agency	Preparing/Filing the Form 5500 Series (including reading instructions)	Learning The Law Necessary To Complete The Form 5500 Series	Recordkeeping Necessary to Complete the Form 5500 Series	Total Annual Burden Hours
IRS	8,458,478	6,544,940	33,682,567	[1] 48,686,004
DOL	[2] 1,706,550	Legal rules are described in the Form 5500 instructions so filers do not need to refer to statute or regulations to complete DOL portions of the Form 5500.	Financial records needed to complete DOL portions of Form 5500 are kept as usual and customary business practice not solely to complete the Form 5500.	[2] 1,706,550

[1] This does not equal the total of the other three IRS columns due to rounding.
[2] This does not include IRS Schedules E, F and P.

There is no separate PBGC entry on the chart because, as explained below, its share of the paperwork burden is very small relative to that of IRS and DOL.

Paperwork and Respondent Burden

So that interested parties may better understand the burden associated with this information collection, the Agencies are presenting information on how they estimate burden. These burden estimates vary according to the Agencies' respective statutory authorities to collect information via questions in the Form 5500 Series, the information collections for which they are responsible, the methodologies they use, and the categories of burden they measure. Based on the Agencies' burden estimates, and taking into account differences in statutory responsibility and methodology, the proposed revision to the Form 5500 Series is estimated to reduce total burden by 12 to 13.6 percent annually over the 10-year life of the form.

Department of Labor

Burden Estimation Methodology: The DOL uses a matrix involving a series of mathematical calculations to estimate burdens associated with preparing, sending and learning about the Form 5500 Series report. Burden hour calculations are determined by identifying groups of plans within the universe of filers that have similar reporting requirements and grouping them into categories based on those annual reporting requirements. Under the current estimating scheme, the universe is divided into three basic plan types: defined benefit pension plans, defined contribution pension plans, and welfare plans. Each of these major plan types is then further subdivided into multiemployer and single-employer plans, and within multiemployer and single-employer plans into self-insured plans, fully insured plans, and split-funded plans. Since the filing requirements differ substantially for smaller and larger plans, the plan types are further divided by plan size. For smaller plans (those with fewer than 100 participants) the multiemployer/single-employer distinction is not retained because there are so few small multiemployer plans. Thus, for larger plans, calculations are prepared for fifteen different plan types, and for smaller plans, calculations are prepared for nine different plan types.

In addition to separating plans by type and size, to make the burden hour calculations manageable and more meaningful, individual questions on the form are grouped by the type of information requested. The grouping of items include the following categories: (1) Instructions and plan identification information; (2) plan operation information; (3) financial/fiduciary information; (4) plan qualification and tax information; (5) minimum funding questions; (6) plan assets with financial schedules (including Schedules C and G); (7) Schedule A; (8) Schedule B; and (9) Schedule SSA.

Each group of related items is reviewed and an estimate of the time needed to complete that group is developed. When items in a category are required by more than one Agency, the estimated time required by each type of plan filing is allocated among the Agencies for that particular category of items. This allocation is based on whether only a single item in a group is required by more than one agency or whether several or all of the items are required by more than one agency. Since filers must read not only the instruction to particular categories but also general instructions pertaining to the general filing requirements for small and large plans, a burden is assessed for the instructions on the particular group and as a whole. This burden is included within the plan identification category.

This methodology is designed to approximate the burden actually imposed on filers. Thus, a plan's reporting burden is defined in terms of the specific items and schedules it must comply with and will depend on its size, funding method and investment structures. On the average, it is estimated that the total completion time of the proposed Form 5500 Series in its

first year will range from 1.12 hours per plan for the simplest Form 5500 report to 4.55 hours per plan for the most complex Form 5500 filing. For example, the annual report for a large fully insured welfare plan not subject to Internal Revenue Code section 6039D would consist of only a few questions on Form 5500 and a Schedule A (Insurance Information). The requirement that this plan provide very limited information on the Form 5500 would be reflected in the estimates of reporting burden time. By contrast, a large defined benefit pension plan intended to be tax qualified and utilizing a trust fund and investing in insurance contracts would submit an annual report completing almost all the line items of the Form 5500, plus Schedules A (Insurance Information), Schedule B (Actuarial Information), Schedule C (Service Provider Information), Schedule D (DFE/Participating Plan Information), Schedule FIN (Financial Statements), Schedule PEN (Pension Plan Information), Schedule Q (Qualified Pension Plan Information), and the independent accountant's report. The Department's methodology attempts to capture, through its categorization, these different reporting burdens, while remaining general and manageable enough to provide meaningful estimates of the characteristics of the reporting scheme which lead to significant differences in the burdens placed on different types of filers. As noted above, PWBA has not attributed a recordkeeping burden to the Form 5500 in its Paperwork Reduction Act analysis because it has concluded that plan administrators' obligations to keep financial records necessary to complete the Department of Labor portions of the Form 5500 result from usual and customary management practices for any financial entity, not as result of ERISA annual reporting requirements.

Under the forms revisions the reduction in the Department of Labor burden for the 1998 reporting year results from (1) adjustments (changes in the Paperwork Reduction Act regarding calculation of burden hours vs. costs and changes in assumptions used in prior year calculations) and (2) program changes (revised information reporting requirements). On the basis of the above methodology, approximately 1,706,550 (in its initial year) and 1,329,471 (in subsequent years) total hours will be needed to complete all information items on the annual reports required by all three Agencies and the Social Security Administration. Of this total, 752,555 (initial year) and 566,462 (subsequent years) burden hours have been allocated to DOL.

Estimated Time per Response, Estimated Burden Hours, Total Annual Burden (per DOL methodology and based on 801,934 respondents.):

[Figures are in hours, unless otherwise specified]

	Year 1	Year 2	Year 3
Time per response range (completion of entire form) [1]	1.12–4.55	.55–4.55	.55–4.55
Time per response range (completion of DOL portion of form)	.67–1.88	.39–1.88	.39–1.88
Total burden hours [1]	1,706,550	1,329,471	1,329,471
Total DOL burden hours	752,555	566,462	566,462
Total burden hour cost range (millions) [1 2]	$90.4–99.0	$82.9–89.5	$82.9–89.5
Total DOL burden hour cost range (millions)	$29.0–32.8	$25.3–28.1	$25.3–28.1

[1] This does not include IRS Schedules E, F and P.

[2] This includes the start-up costs associated with upgrading automated systems to accommodate the new Form. These costs have been distributed pro-rata over the expected ''life'' of the new Form, 10 years.

Estimated Share of Total Form 5500 Series Preparation Burden: 44 percent (initial year) and 43 percent in subsequent years.

Estimated Reduction in Burden Due to Streamlining Project: 12 percent annually over the estimated 10-year life of the Form; this figures includes an increase in burden in the first year due to start-up costs and system changes to adjust to the new form.

Department of the Treasury

Burden Estimation Methodology: IRS's estimates of business taxpayer burden are calculated using a series of mathematical models that were developed from regression analysis of survey data on the amount of time that partnerships, corporations, and their paid tax preparers spend performing activities that are necessary to meet tax filing requirements. These activities, which correspond to the Paperwork Reduction Act's definition of burden (44 U.S.C. 3502(2)), are: (1) Recordkeeping, (2) learning about tax law, (3) preparing tax forms, and (4) copying, assembling, and sending tax forms to IRS. A burden equation for each activity takes into account basic characteristics of tax forms and instructions, form and line usage by taxpayers, and characteristics of the taxpayer populations using the forms. Certain activities, however, have been excluded from the definition of burden. If the activity is performed for any reason other than compliance with the federal tax administration system, it is not counted as part of the tax paperwork burden. For example, most businesses maintain detailed accounts of income and expenses, and profit and loss, for the purpose of operating the business. These recordkeeping activities were not included in the definition of burden, despite the fact that there are some businesses, particularly those which do not borrow funds from banks, that prepare this type of information only to meet business tax requirements. Prudent businesses normally have that information available for reasons other than federal taxes. Only the time for gathering and processing information associated solely with the tax system, such as depreciation accounting and the review of tax returns prepared by professional tax advisors, was included.

The data used to construct the burden models for business taxpayers were obtained from a survey of 4,000 corporations and partnerships and their paid tax preparers. These businesses were sent a questionnaire that requested information on how much time they spent performing activities that they undertook for the express purpose of meeting their tax filing requirements. Multiple linear regression analysis was used to identify variables that correlated with time spent on taxes. Through careful model specification, more than 100 variables that were likely to have a causal relation with time spent were tested. Some of the predictor variables in the final burden models include (for a given form): (1) The total number of

annual taxpayer responses filed, (2) the fraction of taxpayers using paid preparers, (3) the total number of line items on the form, (4) the total number of references to the Internal Revenue Code and regulations appearing on the form and its instructions, and (5) the total number of attachments requested that are IRS forms. The accuracy of the burden estimates that result from the models reflect the quality of survey data obtained from taxpayers. While every effort was made to obtain valid burden information from a representative sample of taxpayers, the accuracy of the data depended on their ability and conscientiousness in reporting accurately their tax activity times.

The business burden models predict by type of activity (i.e., recordkeeping, learning, obtaining materials, locating/using a preparer, preparing, sending) and by preparer (paid vs. self) the average business taxpayer paperwork burden to file a given form. The total burden for all business taxpayers filing the form is obtained by summing the burden over all activities, which results in the total burden for each taxpayer, and then multiplying by the total number of taxpayer responses submitted during the tax year. It should be emphasized that the taxpayer burden models predict the average paperwork burden borne by the population that file a given form. For any form, the distribution of time burden across the filing population may vary considerably. For example, the size of the business completing the form or the complexity of its tax situation will have a direct bearing on the amount of time spent. This is especially true for the Form 5500 burden estimates, since large plans will complete different portions of the schedules for Form 5500 and will therefore have a different paperwork burden than small plans. The burden models necessarily represent a substantial simplification of a very complex situation involving the interaction of the tax system and diverse income and revenue generating tax entities.

Estimated Time per Response, Estimated Burden Hours, Total Annual Burden (per IRS methodology and based on 901,400 respondents):

The time needed to complete and file the forms listed below reflects the combined requirements of the IRS, Department of Labor, Pension Benefit Guaranty Corporation, and the Social Security Administration as calculated by the IRS using the IRS methodology. These times will vary depending on individual circumstances. The estimated average times are:

	Recordkeeping	Learning about the law or the form	Preparing the form	Copying, assembling, and sending the form	Total time per response	Total annual burden hours
Form 5500	11 hr 14 min	5 hr 26 min	6 hr 47 min	16 min	23 hr 43 min	21,381,208
Sch A	17 hr 56 min		17 min		18 hr 14 min	4,521,787
Sch B Part 1	30 hr 37 min	3 hr 16 min	3 hr 55 min		37 hr 48 min	3,402,000
Sch B Part 2	16 hr 1 min	1 hr 23 min	1 hr 43 min		19 hr 7 min	57,360
Schedule C	4 hr 47 min		5 min		4 hr 52 min	486,000
Schedule D	2 hr 23 min		2 min		2 hr 26 min	10,935
Sch E (Non-leveraged).	1 hr 12 min	12 min	13 min		1 hr 37 min	8,100
Schedule E (Leveraged).	10 hr 2 min	1 hr 41 min	1 hr 56 min		13 hr 39 min	27,320
Schedule F	2 hr 52 min	24 min	28 min		3 hr 44 min	208,880
Schedule G	9 hr 49 min	24 min	34 min		10 hr 47 min	6,993
Schedule P	1 hr 55 min	30 min	33 min		2 hr 58 min	2,095,680
Sch PEN I	2 hr 52 min		3 min		2 hr 55 min	627,800
Sch PEN II	9 hr 34 min		9 min		9 hr 43 min	1,535,950
Sch Q	11 hr 43 min	3 hr 53 min	4 hr 14 min		19 hr 50 min	1,408,833
Sch FIN	32 hr 17 min	53 min	1 hr 28 min		34 hr 38 min	2,355,520
Sch FIN–SP	9 hr 5 min	42 min	53 min		10 hr 40 min	8,550,938
Sch SSA	5 hr 30 min	6 min	11 min		5 hr 47 min	2,000,700
Total						48,686,004

Estimated Share of Total Form 5500 Series Burden: 56%.

Estimated Reduction in Burden Due to Streamlining Project: 13.6%.

Pension Benefit Guaranty Corporation

Burden Estimation Methodology: PBGC's share of the Form 5500 paperwork burden is very small relative to that of IRS and DOL. The paperwork burden allocated to PBGC includes a portion of the general instructions, basic plan identification information, a portion of Schedule B, and item 10 on Schedule PEN.

PBGC follows DOL's methodology for computing estimates of its share of the Form 5500 paperwork burden. To estimate the PBGC-allocated burden associated with the general instructions and plan identification items, PBGC simply applies its applicable percentage to the burden estimates computed by DOL.

PBGC shares a portion of the burden associated with Schedule B with IRS. To estimate the PBGC-allocated burden associated with the shared items on Schedule B, PBGC modifies the burden estimates computed by IRS so that they conform to the DOL methodology, and simply applies its applicable percentage to the modified burden estimate.

Estimated Share of Total Form 5500 Series Burden: 18,600 hours and $2.6 million dollars per year.

Estimated Reduction in Burden Due to Streamlining Project: The PBGC's share of Form 5500 burden is higher than in previous years because the Agencies have increased PBGC's percentage of the overall burden to more accurately reflect PBGC's use of Form 5500 information. In particular, PBGC has been allocated a larger share of Schedule B burden than in the past because of PBGC's concern with plan funding. Thus, although some PBGC-related items have been eliminated from the streamlined Form 5500, PBGC's share of the Form 5500 burden is higher than when it was last reported in 1994.

Request for Comments

In addition to the specific questions throughout this notice, the Agencies are particularly interested in comments that:

- Evaluate whether the proposed collection of information is appropriate for the type of disclosure required of the respondents, including whether the information will have practical utility;

• Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used (which appear above);

• Propose ways to enhance the quality, utility, and clarity of the information to be collected; and

• Propose ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

In addition, the Agencies are interested in comments that:

• Evaluate the Agencies' respective burden estimation methodologies;

• Assess the need for and accuracy of the IRS's and Department of Labor's respective estimates of recordkeeping and learning about the law burdens attributable to this filing requirement; and

• Estimate capital or start-up costs and costs of operation, maintenance, and purchase of services to comply with this filing requirement.

Comments submitted in response to this notice will be summarized and included in the request for Office of Management and Budget approval of the information collection request. All comments will become a matter of public record.

Statutory Authority

Accordingly, pursuant to the authority in sections 101, 103, 104, 109, and 4065 of ERISA, and sections 6039D and 6058 of the Code, it is proposed that the Form 5500 Series Annual Return/Report Forms and the instructions thereto be revised as set forth below.

Signed at Washington, D.C. this 21st day of August, 1997.

Olena Berg,

Assistant Secretary, Pension and Welfare Benefits Administration, U.S. Department of Labor.

Evelyn A. Petschek,

Assistant Commissioner, Employee Plans and Exempt Organizations, Internal Revenue Service.

David M. Strauss,

Executive Director, Pension Benefit Guaranty Corporation.

BILLING CODE 4510–29–P

Form **5500**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Type or print all entries in accordance with the instructions to the Form 5500.

OMB Nos.

199X

This Form Is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 199X or fiscal plan year beginning , 199X and ending , 19

A This return/report is: **(1)** ☐ the first Form 5500; **(2)** ☐ an amended Form 5500; or **(3)** ☐ the final Form 5500.

B This return/report is for: **(1)** ☐ a multiemployer plan; **(2)** ☐ a single-employer plan (other than a multiple-employer plan); **(3)** ☐ a multiple-employer plan; or **(4)** ☐ a DFE (specify) _____

C Check the box, if the plan is a collectively-bargained plan . . . . . ▶ ☐

D If you filed for an extension of time to file, check the box and attach a copy of the extension . . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information.

1a Name of plan

1b Three-digit plan number (PN) ▶

1c Effective date of plan (mo., day, yr.)

2a Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

2b Employer Identification Number (EIN)

2c Sponsor's telephone number ( )

2d Business code (see instructions)

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

3b Administrator's EIN

3c Administrator's telephone number ( )

4 Number of participants covered under the plan as of the beginning **(a)** and end **(b)** of the plan year.

5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

Sponsor's name EIN PN

6 Benefits provided under the plan (check all applicable boxes and enter all applicable codes):

a ☐ Pension benefits _____

b ☐ Welfare benefits _____

c ☐ Fringe benefits

7a Plan funding arrangement (check all that apply):

(1) ☐ Insurance

(2) ☐ Section 412(i) insurance contracts

(3) ☐ Trust

(4) ☐ General assets of the sponsor

7b Plan benefit arrangement (check all that apply):

(1) ☐ Insurance

(2) ☐ Section 412(i) insurance contracts

(3) ☐ Trust

(4) ☐ General assets of the sponsor

8 Schedules attached (Check box and enter the number attached, as applicable. See instructions.):

Pension Schedules

☐ **PEN** (Pension Plan Information)
☐ ____ **Q** (Qualified Pension Plan Coverage Information)
☐ **B** (Actuarial Information)
☐ **E** (ESOP Annual Information)
☐ ____ **SSA** (Separated Vested Participant Information)

Fringe Benefit Schedule

☐ **F** (Fringe Benefit Plan Annual Information)

Financial Schedules

☐ **FIN** (Financial Information)
☐ **FIN-SP** (Financial Information—Small Plan)
☐ ____ **A** (Insurance Information)
☐ **C** (Service Provider Information)
☐ ____ **D** (DFE/Participating Plan Information)
☐ ____ **G** (Financial Transaction Schedules)
☐ ____ **P** (Trust Fiduciary Information)

Caution: *A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.*

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator | Date | Typed or printed name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE | Date | Typed or printed name of individual signing as employer, plan sponsor or DFE, as applicable

Preparer Information: Preparer's name and EIN | Classification Code

For Paperwork Reduction Act Notice, see page 1 of the Instructions. Cat. No. 13500F Form **5500** (199X)

SCHEDULE A (Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

OMB No.

199X

This Form Is Open to Public Inspection

For the calendar year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of plan	**B** Three-digit plan number ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number

Part I Summary of All Insurance Contracts Included in Parts II and III

Report all information on a plan year basis. Group all contracts in the same manner as in Parts II and III.

1 Coverage:

(a) Name and address of insurance carrier	(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of plan year

2 Insurance fees and commissions paid to agents, brokers, and other persons:

(a) Contract or identification number	(b) Name and address of the agents, brokers or other persons to whom commissions or fees were paid	(c) Amount of commissions paid	(d) Fees paid		(e) Organization code
			Amount	Purpose	
Total					

Part II Investment and Annuity Contract Information

Provide information for each contract on a separate Part II. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

▶ Contract or identification number ▶

3 Current value of plan assets in the general account as of the end of the plan year . . . . . .

4 Current value of plan's interest in separate accounts as of the end of the plan year . . . . . .

5 Contracts With Allocated Funds

a State the basis of premium rates ▶ .....

b Premiums paid to carrier during this plan year . . . . . .

c Premiums due for this plan year but unpaid at the end of the plan year . . . . . .

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount . . . . . .

Specify nature of costs ▶ .....

e Type of contract **(i)** ☐ individual policies **(ii)** ☐ group deferred annuity **(iii)** ☐ other ▶ .....

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other (specify) ▶

b Balance at the end of the previous plan year

c Additions: *(i)* Contributions deposited during the year

(ii) Dividends and credits

(iii) Interest credited during the year

(iv) Transferred from separate account

(v) Other (specify) ▶

(vi) Total additions

d Total of balance and additions (add **b** and **c**(vi))

e Deductions:

(i) Disbursed from fund to pay benefits or purchase annuities during year

(ii) Administration charge made by carrier

(iii) Transferred to separate account

(iv) Other (specify) ▶

(v) Total deductions

f Balance at the end of the plan year (subtract **e***(v)* from **d**)

Part III Welfare Benefit Contract Information

Provide information for each contract on a separate Part III. If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

▶ Contract or identification number ▶

7 Benefit and contract type. Check all applicable boxes **a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life Insurance **e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug **i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract **m** ☐ Other (specify) ▶

8 Experience-rated contracts

a Premiums: *(i)* Amount received

(ii) Increase (decrease) in amount due but unpaid

(iii) Increase (decrease) in unearned premium reserve

(iv) Earned (*(i)* + *(ii)* – *(iii)*)

b Benefit charges: *(i)* Claims paid

(ii) Increase (decrease) in claim reserves

(iii) Incurred claims (add *(i)* and *(ii)*)

(iv) Claims charged

c Remainder of premium: *(i)* Retention charges (on an accrual basis)—

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(ii) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: *(i)* Amount held to provide benefits after retirement

(ii) Claim reserves

(iii) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in **c***(ii)*.)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

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SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**
▶ **See separate instructions.**

OMB No.
199X

This Form Is Open to Public Inspection (except when attached to Form 5500-EZ)

For calendar plan year 199X or fiscal plan year beginning , 199X, and ending , 19

▶ **If an item does not apply, enter "N/A."** ▶ **Round off amounts to nearest dollar.**
▶ **Caution:** *A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.*

A Name of employer/plan sponsor as shown on line 1a of Form 5500 or 5500-EZ	**B Employer identification number**
C Name of plan	**D** Three-digit plan number ▶
E Type of plan: (1) ☐ Single employer (2) ☐ Multiemployer (3) ☐ Multiple employer	**F** ☐ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a	Enter the actuarial valuation date: Month ..... Day ..... Year	
b	Assets:	
	(1) Current value of assets	b(1)
	(2) Actuarial value of assets for funding standard account	b(2)
c	(1) Accrued liability for plans using immediate gain methods	c(1)
	(2) Information for plans using spread gain methods:	
	(a) Unfunded liability for methods with bases	c(2)(a)
	(b) Accrued liability under entry age normal method	c(2)(b)
	(c) Normal cost under entry age normal method	c(2)(c)
d	Information on current liabilities of the plan:	
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)
	(2) "RPA '94" information:	
	(a) Current liability	d(2)(a)
	(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)
	(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)
	(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)
	(3) "OBRA '87" information:	
	(a) Current liability	d(3)(a)
	(b) Expected increase in current liability due to benefits accruing during the plan year	d(3)(b)
	(c) Expected release from "OBRA '87" current liability for the plan year	d(3)(c)
	(4) Expected plan disbursements for the plan year	d(4)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying statements, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable. In the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary	Date
Print or type name of actuary	**G** ☐☐ — ☐☐☐☐ Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-EZ. Cat. No. 13507E **Schedule B (Form 5500) 199X**

Schedule B (Form 5500) 199X Page 2

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) 2a

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments			
(2) For terminated vested participants			
(3) For active participants			
(4) Total			

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage . . . . . 2c . %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
			3 Totals ▶	(b)	(c)

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) . . . . . 4a . %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal b ☐ Entry age normal c ☐ Accrued benefit (unit credit)

d ☐ Aggregate e ☐ Frozen initial liability f ☐ Individual level premium

g ☐ Individual aggregate h ☐ Other (specify) ▶ .....

i Has a change been made in funding method for this plan year? . . . . . ☐ Yes ☐ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51? . . . . . ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method . . . . . Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rates for:

(1) "RPA '94" current liability . . . . . a(1) . %

(2) "OBRA '87" current liability . . . . . a(2) . %

b Weighted average retirement age 6b

		Pre-retirement	Post-retirement
c Rates specified in insurance or annuity contracts	6c	☐ Yes ☐ No	☐ Yes ☐ No
d Mortality table code for valuation purposes:			
(1) Males	d(1)		
(2) Females	d(2)		
e Valuation liability interest rate	6e	. %	. %
f Expense loading	6f	. %	. %
		Male	Female
g Annual withdrawal rates:			
(1) Age 25	g(1)	. %	. %
(2) Age 40	g(2)	. %	. %
(3) Age 55	g(3)	. %	. %
h Salary scale	6h	. %	. %

i Estimated investment return on actuarial value of assets for the year ending on the valuation date 6i . %

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval . . . . . Month ..... Day ..... Year .....

b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ .....

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) . . . . . ☐ Yes ☐ No
If "Yes," attach schedule.

9 Funding standard account statement for this plan year:

	Charges to funding standard account:			
a	Prior year funding deficiency, if any		9a	
b	Employer's normal cost for plan year as of valuation date		9b	
c	Amortization charges as of valuation date:	Outstanding Balance		
	(1) All bases except funding waivers	▶ ($.....)	c(1)	
	(2) Funding waivers	▶ ($.....)	c(2)	
d	Interest as applicable on lines 9a, 9b, and 9c		9d	
e	Additional interest charge due to late quarterly contributions, if applicable		9e	
f	Additional funding charge from Part II, line 12u, if applicable		9f	
g	Total charges. Add lines 9a through 9f		9g	
	Credits to funding standard account:			
h	Prior year credit balance, if any		9h	
i	Employer contributions. Total from column (b) of line 3		9i	
		Outstanding Balance		
j	Amortization credits as of valuation date	▶ ($.....)	9j	
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k	
l	Full funding limitation (FFL) and credits			
	(1) ERISA FFL (accrued liability FFL)	l(1)		
	(2) "OBRA '87" FFL (150% current liability FFL)	l(2)		
	(3) "RPA '94" override (90% current liability FFL)	l(3)		
	(4) FFL credit before reflecting "OBRA '87" FFL		l(4)	
	(5) Additional credit due to "OBRA '87" FFL		l(5)	
m	*(1)* Waived funding deficiency		m(1)	
	(2) Other credits		m(2)	
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)		9n	
o	Credit balance: If line 9n is greater than line 9g, enter the difference		9o	
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p	
	Reconciliation account:			
q	Current year's accumulated reconciliation account:			
	(1) Due to additional funding charges as of the beginning of the plan year	q(1)		
	(2) Due to additional interest charges as of the beginning of the plan year	q(2)		
	(3) Due to waived funding deficiencies:			
	(a) Reconciliation outstanding balance as of valuation date	q(3)(a)		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)		
	(4) Total as of valuation date ▶		q(4)	

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable 10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☐ Yes ☐ No

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please refer to **Who Must File** on page 1 of the instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.
If line 12a is at least 90%, go to line 12u and enter -0-.
If line 12a is less than 80%, go to line 12b.
If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, enter the appropriate plan years and condition codes and go to line 12u and enter -0-. Otherwise, go to line 12b . . . . . **12a** | | | . | | %

Plan Year	Condition Code
199___	
199___	

b "RPA '94" current liability. Enter line 1d(2)(a) **12b**

c Adjusted value of assets (see instructions) **12c**

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100 . . . . . **12d** | | . | | | %

e Unfunded current liability. Subtract line 12c from line 12b **12e**

f Liability attributable to any unpredictable contingent event benefit **12f**

g Outstanding balance of unfunded old liability **12g**

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative . **12h**

i Unfunded new liability amount (| | | . | | | % of line 12h) **12i**

j Unfunded old liability amount. **12j**

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) **12k**

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l**

m Unpredictable contingent event amount:

(1)	Benefits paid during year attributable to unpredictable contingent event	m(1)
(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	m(2) | | . | | | %
(3)	Transition percentage	m(3) 5 0 . 0 0 %
(4)	Enter the product of lines 12m(1), 12m(2), and 12m(3)	m(4)
(5)	Amortization of all unpredictable contingent event liabilities . .	m(5)
(6)	"RPA '94" additional amount (see instructions)	m(6)
(7)	Enter the greatest of lines 12m(4), 12m(5), or 12m(6)	**m(7)**

Preliminary Calculation

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(7), adjusted to end of year with interest **12n**

o Contributions needed to increase current liability percentage to 100% (see instructions) . . . **12o**

p Enter the lesser of line 12n or 12o. Also, enter the result on line 12t if the employer did not elect for 1995 to use the Optional rule under Code section 412(l)(3)(E) and does not elect for 1996 to use the Transition rule under Code section 412(l)(11) **12p**

Final Calculation (complete line 12q, 12r, or 12s, as applicable, and lines 12t and 12u)

q If the employer elects to use the Transition rule for 1996, but did not elect for 1995 to use the Optional rule, complete line 14 and enter the lesser of line 12p or 14e here and on line 12t . **12q**

r If the employer elected for 1995 to use the Optional rule, but does not elect for 1996 to use the Transition rule, complete line 13 and enter the greater of line 12p or 13q here and on line 12t . **12r**

s If the employer elected for 1995 to use the Optional rule and elects to use the Transition rule for 1996, enter the lesser of (1) the greater of line 12p or 13q, **or** (2) line 14e. Also, enter on line 12t **12s**

t Additional funding charge prior to adjustment **12t**

u Adjusted additional funding charge. (| | | | . | 0 | % of line 12t). **12u**

13	Additional funding charge under prior law (see instructions):		
a	"OBRA '87" current liability. Enter line 1d(3)(a)	**13a**	
b	Adjusted value of assets (see instructions)	**13b**	
c	Funded current liability percentage. Divide line 13b by line 13a and multiply by 100	**13c**	. %
d	Unfunded current liability. Subtract line 13b from line 13a	**13d**	
e	Outstanding balance of unfunded old liability	**13e**	
f	Liability attributable to any unpredictable contingent event benefit	**13f**	
g	Unfunded new liability. Subtract the total of lines 13e and 13f from line 13d	**13g**	
h	Unfunded new liability amount (. % of line 13g)	**13h**	
i	Unfunded old liability amount	**13i**	
j	Deficit reduction contribution. Add lines 13h and 13i	**13j**	
k	Net amortization charge for certain bases	**13k**	
l	Unpredictable contingent event amount:		
	(1) Benefits paid during year attributable to unpredictable contingent event — **l(1)**		
	(2) Unfunded current liability percentage. Subtract the percentage on line 13c from 100% — **l(2)** . %		
	(3) Transition percentage — **l(3)** 50.00 %		
	(4) Enter the product of lines 13l(1), 13l(2), and 13l(3) — **l(4)**		
	(5) Amortization of all unpredictable contingent event liabilities — **l(5)**		
	(6) Enter the greater of line 13l(4) or line 13l(5)	**l(6)**	
m	Additional funding charge (excess of line 13j over line 13k (if any), plus line 13l(6)	**13m**	
n	Assets needed to increase current liability percentage to 100% (line 13d)	**13n**	
o	Smaller of line 13m or line 13n	**13o**	
p	Interest adjustment	**13p**	
q	Additional funding charge. Add lines 13o and 13p	**13q**	
14	Transition rule:		
a	Initial funded current liability percentage. Enter the percentage from line 12d of the 1995 Schedule B here	**14a**	. %
b	Target percentage for transition rule (see instructions)	**14b**	. %
c	Target amount (see instructions)	**14c**	
d	Enter the amount from line 13q here (additional funding charge under prior law)	**14d**	
e	Additional funding charge under transition rule of Code section 412(l)(11): Enter the greater of line 14c or 14d	**14e**	

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SCHEDULE C (Form 5500)
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

OMB No.
19X

This Form is Open to Public Inspection

For the calendar year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of plan	**B** Three-digit plan number ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year or DFE year: **1**

2 On line (1) below list the contract administrator, if any, as defined in the instructions. On lines (2) through (40), list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code (see instructions)
(1)		Contract administrator				12
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
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(36)						
(37)						
(38)						
(39)						
(40)						

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 5500. Cat. No. 13515E **Schedule C (Form 5500) 199X**

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(1) Explanation:

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(2) Explanation:

(a) Name	(b) EIN	(c) Position	(d) Address	(e) Telephone No.

(3) Explanation:

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SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

OMB No.

199X

This Form Is Open to Public Inspection

For calendar plan year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of plan or DFE (including group insurance arrangement)

B Three-digit plan number ►

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

D Employer identification number

E Page number

(a) Plan or DFE name	(b) Name of Plan or DFE Sponsor	(c) EIN/PN	(d)	(e) Interest in DFE, CCT or PSA at end of year (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Cat. No. 22774J **Schedule D (Form 5500) 199X**

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SCHEDULE E (Form 5500)

Department of the Treasury
Internal Revenue Service

ESOP Annual Information

Under Section 6047(e) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 or 5500-EZ.**

OMB No.
199X

This Form is NOT Open to Public Inspection

For the calendar year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of plan

B Three-digit plan number ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer identification number

		Yes	No
1a	Did the employee stock ownership plan (ESOP) have an outstanding securities acquisition loan within the meaning of Code section 133 during the plan year?		
b	Did the employer maintaining the ESOP pay dividends (deductible under section 404(k)) on the employer's stock held by the ESOP during the employer's tax year in which the plan year ends?		
	If both line **1a** and line **1b** are "No," DO NOT complete any other questions on this schedule. Attach the schedule to the Form 5500 or 5500-EZ you file for your ESOP plan.		
2	What is the total value of the ESOP assets? ▶		
3	If the ESOP holds preferred stock, under what formula is the preferred stock convertible into common stock of the employer corporation? ▶		
4	If unallocated employer securities were released from a loan suspense account, indicate below the methods used:		
a	☐ Principal and interest (Excise Tax Regulations section 54.4975-7(b)(8)(i));		
b	☐ Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii));		
c	☐ Other (attach an explanation)		
5	Were unallocated securities or proceeds from the sale of unallocated securities used to repay any exempt loan (within the meaning of Code section 4975(d)(3))? If "Yes," attach a description of the transaction.		
	If the ESOP or the employer corporation has one or more outstanding securities acquisition loans intended to satisfy Code section 133, complete lines **6** through **11,** otherwise skip to line **12.**		
6a	Was the ESOP loan part of a "back to back" loan? (See instructions for definition of "back to back" loan.)		
b	If line **6a** is "Yes," are the terms of the two loans substantially similar?		
c	Do the two loans have the same amortization schedule? If "No," attach an explanation of how the amortization schedules differ.		
7	Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)?		
8a	What was the date of the securities acquisition loan? ▶ month day year		
b	At all times after the acquisition of the employer securities with the loan proceeds, did the ESOP own more than 50% of: (i) each class of outstanding stock of the employer corporation, or (ii) the total value of all outstanding stock of the corporation?		
c	If line **8b** is "No," does the securities acquisition loan satisfy one of the transition rules of Act section 7301(f) of OBRA 1989 or satisfy the exception in Code section 133(b)(6)(B)(ii)? (See instructions for explanation of transition rules.)		
d	If line **8c** is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was paid ▶		
9	What was the amount of interest paid on the securities acquisition loan? ▶		
10a	Were any securities disposed of within 3 years after the plan acquired section 133 securities in a taxable event described in Code section 4978B(c)?		
b	If line **10a** is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities?		
11a	Were any of the ESOP's securities acquisition loans refinanced during this reporting period?		
b	If line **11a** is "Yes," and the term of the loan was extended, enter the number of years of the extension ▶		
	If the employer maintaining the ESOP deducted dividends under Code section 404(k), answer the questions on lines 12 through 14, otherwise skip to line 15.		
12a	Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316?		
b	Is the amount paid a dividend under applicable state law?		
13	If dividends deducted under Code section 404(k) were used to repay an exempt loan, were any dividends used to repay the loan generated by securities that were not acquired with the proceeds of the loan being repaid?		
14	If the answer to line **13** is "Yes," were the dividends paid with respect to employer securities that satisfy the transition rules of Act section 7302(b)(2) of OBRA 1989?		

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-EZ. Cat. No. 12349Y Schedule E **(Form 5500)** 199X

15 Complete the following table for each class of stock owned by the ESOP:

(a) Class of stock	(b) Common stock (C) Preferred stock (P)	(c) Readily tradable* Yes (Y) No (N)	(d) Dividend rate during plan year**	(e) Dividends paid to participants***	(f) Dividends used to repay exempt loan	
					(1) allocated stock	(2) unallocated stock
				$	$	$
				$	$	$
				$	$	$
				$	$	$
Totals . . . . . ▶				$	$	$

*If the stock is readily tradable on an established securities market within the meaning of Code section 409(l), enter "Y," otherwise enter "N."
**Dividend rate paid for each class of stock during the plan year.
***Dividends paid directly to or distributed to participants.

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SCHEDULE F (Form 5500)

Department of the Treasury
Internal Revenue Service

Fringe Benefit Plan Annual Information Return

Under Section 6039D of the Internal Revenue Code

▶ File as an attachment to Form 5500.

OMB No.

199X

This Form is NOT Open to Public Inspection

For the calendar plan year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of plan	**B** Three-digit plan number ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer identification number**

1 Check the Internal Revenue Code section that describes this fringe benefit plan:
☐ 125 (Cafeteria plan) ☐ 127 (Educational assistance program)

2 Enter the total number of employees of the employer . . . . . _____

3 Enter the total number of employees eligible to participate in the plan . . . . . _____

4 Enter the total number of employees participating in the plan. (See instructions.) . . . . . _____

5 Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) . . . . . _____

6 Did the fringe benefit plan terminate in this plan year? (See instructions.) . . . . . ☐ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 5500. Cat. No. 14687J **Schedule F (Form 5500) 199X**

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SCHEDULE FIN (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code) to report large plan and DFE financial information.

▶ **File as an attachment to Form 5500.**

OMB No.

199X

Form is Open to Public Inspection.

For calendar year 199X or fiscal plan year beginning , 199X and ending , 19 .

A	Name of plan	**B**	Three-digit plan number ▶
C	Name of plan sponsor as shown on line 2a of Form 5500	**D**	**Employer identification number**

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(7), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	a		
b Receivables (less allowance for doubtful accounts):			
(1) Employers	b(1)		
(2) Participants	b(2)		
(3) Other	b(3)		
c General investments			
(1) Interest-bearing cash (including money market accounts and certificates of deposit)	c(1)		
(2) U.S. Government securities	c(2)		
(3) Corporate debt instruments (other than employer securities)			
(A) Long-term	c(3)(A)		
(B) Short-term	c(3)(B)		
(4) Corporate stocks (other than employer securities)			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)		
(5) Partnership/joint venture interests	c(5)		
(6) Real estate (other than employer real property)	c(6)		
(7) Loans to participants	c(7)		
(8) Loans (other than to participants)	c(8)		
(9) Value of interest in common/collective trusts	c(9)		
(10) Value of interest in pooled separate accounts	c(10)		
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies	c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	c(14)		
(15) Other	c(15)		
d Employer-related investments:			
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f		
Liabilities			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j		
k Total liabilities (add all amounts in lines 1g through 1j)	k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	l		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Cat. No. 24420C **Schedule FIN (Form 5500) 199X**

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), and 2e.

		(a) Amount	(b) Total
Income			
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)		
(B) Participants	a(1)(B)		
(C) Others	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C)** and line **2a(2)**	a(3)		
b Earnings on investments:			
(1) Interest			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments			
(i) Long-term	(1)(C)(i)		
(ii) Short-term	(1)(C)(ii)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	b(1)(G)		
(2) Dividends: (A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)		
(C) Total dividends. Add lines **2b(2)(A)** and **(B)**	b(2)(C)		
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)		
(B) Aggregate carrying amount (see instructions)	b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets (A) Real estate	b(5)(A)		
(B) Other	b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	b(6)		
(7) Net investment gain (loss) from pooled separate accounts	b(7)		
(8) Net investment gain (loss) from master trust investment accounts	b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	b(9)		
(10) Net investment gain (loss) from registered investment companies	b(10)		
c Other income	c		
d Total income. Add all **income** amounts in column (b) and enter total	d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries (other than IRAs)	e(1)		
(2) To insurance carriers for the provision of benefits	e(2)		
(3) Direct rollovers to eligible retirement plans (including IRAs)	e(3)		
(4) Other	e(4)		
(5) Total benefit payments. Add lines **2e(1)** through **(4)**	e(5)		
f Interest expense	f		
g Administrative expenses: (1) Professional fees	g(1)		
(2) Contract administrator fees	g(2)		
(3) Investment advisory and management fees	g(3)		
(4) Other	g(4)		
(5) Total administrative expenses. Add lines **2g(1)** through **(4)**	g(5)		
h Total expenses. Add all **expense** amounts in column (b) and enter total	h		
Net Income and Reconciliation			
i Net income (loss) (subtract line 2h from line 2d)	i		
j Transfers of assets			
(1) To this plan	j(1)		
(2) From this plan	j(2)		

Part III Accountant's Opinion

3 The opinion of an independent qualified public accountant for this plan is (check one box) (see instructions):

a **Attached** to this Form 5500 and the opinion is— (1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b **Not attached** because: (1) ☐ the Schedule FIN is filed for a CCT, PSA or MTIA.

(2) ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

If 3a(1)–3a(4) is checked, enter the name and EIN of the accountant ► _____

c Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) . . . . ☐

Part IV Transactions During Plan Year

4 During this plan year:		Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (See instructions)	a			
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 year as uncollectible? (Attach Schedule G (Form 5500) Part I if **"Yes"** is checked.)	b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if **"Yes"** is checked.)	c			
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if **"Yes"** is checked.)	d			
e Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	e			
f Did the plan hold any assets whose current value is neither readily determinable on an established market nor set by an independent third party appraiser?	f			
g Did the plan receive any noncash contributions whose value was set without an appraisal by an independent third party appraiser?	g			
h Did the plan fail to provide or reduce the amount of any welfare benefit when due under the plan because of insufficient assets or failure to pay insurance premiums?	h			
i Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	i			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. . . . . ☐ **Yes** ☐ **No** _____ **Amount**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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SCHEDULE FIN-SP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code) to report small plan financial information.

▶ **File as an attachment to Form 5500.**

OMB No.

199X

Form is Open to Public Inspection.

For calendar year 199X or fiscal plan year beginning , 199X and ending , 19 .

A	Name of plan	**B**	Three-digit plan number ▶
C	Name of plan sponsor as shown on line 2a of Form 5500	**D**	**Employer identification number**

Complete Schedule FIN-SP if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule FIN-SP if you are filing as a small plan under the 80–120 participant rule (see instructions). Complete Schedule FIN if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

			Beginning of Year	End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a		
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a.)	1c		

			Amount	Total
2	**Income, Expenses, and Transfers for this Plan Year:**			
a	Contributions received or receivable			
	(1) Employers	a(1)		
	(2) Participants	a(2)		
	(3) Others	a(3)		
b	Noncash contributions	2b		
c	Total income received or receivable (including contributions)	2c		
d	Benefits paid	2d		
e	Total expenses (including benefits paid)	2e		
f	Net income (loss) (subtract line 2e from line 2c.)	2f		
g	Net transfers	2g		

3 **Specific Assets:** If the plan held any assets in one or more of the following specific categories, enter the current value as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

a Partnership/joint venture interests: _____

b Employer real property: _____

c Real estate (other than employer real property): _____

d Employer securities: _____

e Participant loans: _____

f Loans (other than to participants): _____

g Tangible personal property: _____

Part II Transactions During Plan Year

			Yes	No	Amount
4	During this Plan Year:				
a	Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (See instructions)	4a			
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 year as uncollectible?	4b			
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c			
d	Did the plan engage in any nonexempt transaction with any party-in-interest?	4d			
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4e			
f	Did the plan hold any assets whose current value is neither readily determinable on an established market nor set by an independent third party appraiser?	4f			
g	Did the plan receive any noncash contributions whose value was set without an appraisal by an independent third party appraiser?	4g			
h	Did the plan fail to provide or reduce the amount of any welfare benefit when due under the plan because of insufficient assets or failure to pay insurance premiums?	4h			
i	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4i			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year . . . . . ☐ **Yes** ☐ **No** _____ **Amount**

5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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SCHEDULE G (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No.

199X

This Form Is Open to Public Inspection

For calendar plan year 199X or fiscal plan year beginning , 199X, and ending , 19

A Name of Plan	**B** Three-digit plan number ►
C Name of plan sponsor as shown on line 2a of Form 5500	**D Employer identification number**

Part I Loans or Fixed Income Obligations in Default or Classified as Uncollectible

(a)	(b) Identity and address of obligor	(c) Original amount of loan	(d) Amount of principal received during reporting year	(e) Amount of interest received during reporting year	(f) Unpaid balance at end of year	(g) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items	(h) Amount of principal overdue	(i) Amount of interest overdue

Part II Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)	(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Cat. No. 14739A **Schedule G (Form 5500) 199X**

Part III **Nonexempt Transactions**

If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description to transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction	(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss) on each transaction

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SCHEDULE P (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

▶ **File as an attachment to Form 5500 or 5500-EZ.**

OMB No.
199X
This Form Is Open to Public Inspection.

For trust calendar year 199X or fiscal year beginning , 199X, and ending , 19 .

Please type or print

1a Name of trustee or custodian

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

c City or town, state, and ZIP code

2a Name of trust

b Trust's employer identification number

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? . . . . . ☐ **Yes** ☐ **No**

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ. . . . . ▶

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary ▶ **Date** ▶

For the Paperwork Reduction Notice, see page 1 of the Form 5500 instructions. Cat. No. 13504X **Schedule P (Form 5500) 199X**

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SCHEDULE PEN (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Pension Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an Attachment to Form 5500.**

OMB No.

199X

Form is Open to Public Inspection.

For calendar year 199X or fiscal plan year beginning , 199X and ending , 19 .

A	Name of plan	**B** Three-digit plan number ▶	
C	Plan sponsor's name as shown on line 2a of Form 5500	**D** **Employer Identification Number**	

E Is the plan intended to be qualified? . . . . . ☐ **Yes** ☐ **No**

Part I Participants

1a	Separated participants receiving benefits	**1a**	
b	Other separated vested participants (attach Schedule SSA if required)	**1b**	
c	Active participants as of the end of the plan year	**1c**	
d	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**1d**	
e	Participants that terminated employment during the plan year with accrued pension benefits	**1e**	

Part II Distributions

All references to distributions relate only to payments of benefits during the plan year; unless otherwise indicated, the term "participants" includes beneficiaries of deceased participants and alternate payees.

2	Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities	**2**	$
3	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). ____-_____ ____-_____		
	Profit-sharing plans, ESOPs and stock bonus plans, skip to Part III.		
4	Number of participants (living or deceased) to or for whom distributions commenced in any form other than a qualified joint and survivor annuity, qualified preretirement survivor annuity, or life annuity (if unmarried)	**4**	

Part III Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

5 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? . . . . . ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

6 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver. ▶ Month ..... Day ..... Year .....

Complete lines 3, 9, and 10 of Schedule B and skip the remainder of this Part.

7a	Enter the minimum required contribution for this plan year	**7a**	$
b	Enter the amount contributed by the employer to the plan for this plan year	**7b**	$
c	Subtract the amount in line 7b from the amount in line 7a. Enter the result (enter a negative amount in brackets)	**7c**	$

Skip if you completed line 7c.

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? . . . . . ☐ **Yes** ☐ **No** ☐ **N/A**

Do not complete line 9, if the plan is a multiemployer plan or a plan with 100 or fewer participants during the prior plan year (see instructions).

9 Is the employer electing to compute minimum funding for this plan year using the transitional rule provided in Code section 412(l)(11) and ERISA section 302(d)(11)? . . . . . ☐ **Yes** ☐ **No** ☐ **N/A**

Part IV Amendments

10 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions) . . . . . ☐ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Cat. No. 24419B **Schedule PEN (Form 5500) 199X**

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SCHEDULE Q (Form 5500)

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No.

199X

Form is Open to Public Inspection.

For calendar year 199X or fiscal plan year beginning 199X and ending , 19 .

A Name of plan	**B** Three-digit plan number ▶
C Name of plan sponsor as shown on line 2a of Form 5500	**D** **Employer identification number**

Note: *If the plan is maintained by:*

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule Q may be required for each employer (see the instruction for line 1), or
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule Q may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer	**1b** **Employer identification number**

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

a The number of QSLOBs that the employer operates is _____ .

b The number of such QSLOBs that have employees benefiting under this plan is _____ .

c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? . . . . . ☐ **Yes** ☐ **No**

d If the entry on line 2b is two or more and line 2c is "NO," identify the QSLOB to which the coverage information given on line 3 or 4 relates ▶

3 Exceptions—Check the box before each statement that describes the plan or the employer. If you check any box, do not complete the rest of this Schedule.

a ☐ The employer employs only highly compensated employees (HCES)

b ☐ The plan benefits only nonhighly compensated employees (NHCES)

c ☐ The plan benefits only collectively bargained employees

d ☐ The plan benefits all nonexcludable NHCES of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.

4 Enter the date the plan year began for which coverage data is being submitted. Month _____ Day _____ Year _____

a Did any leased employees perform services for the employer at any time during the plan year? . . . . ☐ **Yes** ☐ **No**

b In testing whether the plan satifies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? . . . . . ☐ **Yes** ☐ **No**

c Complete the following:

(1)	Total number of employees of the employer (as defined in Code section 414(b), (c) and (m)), including leased employees and self-employed individuals	**c(1)**
(2)	Number of excludable employees as defined in IRS regulations (see instructions)	**c(2)**
(3)	Number of nonexcludable employees (Subtract line 4c(2) from line 4c(1))	**c(3)**
(4)	Number of nonexcludable employees (line 4c(3)) who are HCEs	**c(4)**
(5)	Number of nonexcludable employees (line 4c(3)) who benefit under the plan	**c(5)**
(6)	Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs	**c(6)**

d Enter the plan's ratio percentage . . . . . **d** ___ . ___ %

e Identify any disaggregated portion of the plan and enter its ratio percentage:

(1) Portion: _____ Ratio Percentage: ___ . ___ %

(2) Portion: _____ Ratio Percentage: ___ . ___ %

(3) Portion: _____ Ratio Percentage: ___ . ___ %

f This plan satisfies the coverage requirements on the basis of (check one): ☐ the ratio percentage test ☐ average benefit test

If this schedule is being filed to provide coverage information regarding the employees of an employer participating in a plan maintained by more than one employer, the participating employer must complete the signature block below.

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of participating employer _____ Date _____

Type or print name of individual signing for the participating employer

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Cat. No. 22770R **Schedule Q (Form 5500) 199X**

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SCHEDULE SSA (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

► File as an attachment to Form 5500.

► For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500.

OMB No.

19X

This Form Is NOT Open to Public Inspection

For the calendar year 199X or fiscal plan year beginning , 199X, and ending , 19

1a Name of plan sponsor (employer if for a single employer plan)

1b Sponsor's employer identification number (EIN)

2a Name of plan

2b Three digit plan number ►

3 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:

Code A — has not previously been reported.

Code B — has previously been reported under the above plan number but requires revisions to the information previously reported.

Code C — has previously been reported under *another* plan number but will be receiving their benefits from the plan listed above instead.

Code D — has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

	Use with entry code "A", "B", "C", or "D"		*Use with entry code "A" or "B"*					*Use with entry code "C"*	
			Enter code for nature and form of benefit		Amount of vested benefit				
						Defined contribution plan			
(a) Entry code	(b) Social security number	(c) Name of participant	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan—periodic payment	(g) Units or shares	(h) Total value of account	(i) Previous sponsor's employer identification number	(j) Previous plan number

☐ Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 3.

☐ Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 4 through 5c, and the signature area. Otherwise, complete the signature area only.

4 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 4.)

City or town, state, and ZIP code

5a Name of plan administrator (if other than sponsor)

5b Administrator's EIN

5c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 4.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator ► ----------

Phone number of plan administrator ► ( ) — Date ►

Cat. No. 13506T

Schedule SSA (Form 5500) (199X)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation

199X

Instructions for Form 5500

Annual Return/Report of Employee Benefit Plan

(Code references are to the Internal Revenue Code. ERISA refers to the Employee Retirement Income Security Act.)

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the law as specified in ERISA and Code sections 6039D, 6047(e), 6057(b), and 6058(a). You are required to give us the information. We need it to determine whether the plan is operating according to the law.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of the Internal Revenue Code or are required to be maintained pursuant to Title I or IV of ERISA. Generally, the Form 5500 return/reports are open to public inspection. However, Schedules E, F, and SSA (Form 5500) are confidential, as required by Code section 6103.

The time needed to complete and file the forms listed below reflects the combined requirements of the Internal Revenue Service, Department of Labor, Pension Benefit Guaranty Corporation, and the Social Security Administration. These times will vary depending on individual circumstances. The estimated average times are:

	Record keeping	Learning About The Law Or The Form	Preparing The Form	Copying, Assembling and Sending The Form
Form 5500 (initial filers)				
Form 5500 (all other filers)				
Schedule A				
Schedule B				
Schedule C				
Schedule D				
Schedule E				
Schedule F				
Schedule FIN				
Schedule FIN-SP				
Schedule G				
Schedule P				
Schedule PEN				
Schedule Q				
Schedule SSA				

If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send any of these forms or schedules to this address. Instead see **Where to File** on page 5.

About The Form 5500

The Annual Return/Report Form 5500 is used to report information concerning employee benefit plans, Direct Filing Entities (DFEs) and fringe benefit plans. See **Who Must File** on page 2, and **When to File** and **Where To File** on page 5.

Any administrator or sponsor of an employee benefit plan subject to ERISA must file information about each plan every year (Code section 6058 and ERISA section 104 and 4065). Every employer maintaining a specified fringe benefit plan as described in Code section 6039D (except Code sections 79, 105, 106, 120, and 129 plans) is also required to file each year.

The Internal Revenue Service (IRS), Department of Labor (DOL), and Pension Benefit Guaranty Corporation (PBGC) have consolidated their returns and report forms to minimize the filing burden for plan administrators and employers. The chart on page 11 gives a brief guide to the annual return/report requirements for the 199X Form 5500. Employers and administrators who comply with these instructions will generally satisfy the annual reporting requirements for the IRS and DOL. Plans covered by the PBGC have special additional

requirements, including filing the Annual Premium Payment (PBGC Form 1) and reporting certain transactions directly with that agency. See PBGC's Premium Payment Package (Form 1).

Each Form 5500 must accurately reflect the characteristics and operations of the plan or arrangement being reported. The requirements for completing the Form 5500 vary according to the type of plan or arrangement. Many rejection notices result from making several common mistakes that can be avoided. The section **Lines and Schedules To Complete** on page 7 summarizes what information must be reported for different types of plans and arrangements.

The Form 5500 and attachments are subject to computerized review. The filing may be rejected based upon this review. It is in the filer's best interest that the information provided is complete and accurate. ERISA and the Code provide for the assessment or imposition of penalties for not submitting the required information when due. See **Penalties** on Page 5.

Annual reports filed under Title I of ERISA must be made available by plan administrators to plan participants and by the Department of Labor to the public pursuant to ERISA sections 104 and 106.

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Who Must File

File the applicable return/report every year for any of the following pension benefit plans, welfare benefit plans, fringe benefit plans, or Direct Filing Entities (Code section 6058 and ERISA sections 104 and 4065).

Pension Benefit Plan

Except as provided below in the **Note** and in **Pension and Welfare Plans Excluded From Filing**, all pension benefit plans covered by ERISA are required to file a Form 5500. The return/report is due whether or not the plan is qualified and even if benefits no longer accrue, contributions were not made this play year, or contributions are no longer made and/or benefits no longer accrue. Pension benefit plans required to file include both defined benefit plans and defined contribution plans.

The following are among the pension benefit plans for which a return/report must be filed:

1. Profit-sharing , stock bonus, money purchase, 401(k) plans, etc.

2. Annuity arrangements under Code section 403(b)(1).

3. Custodial accounts established under Code section 403(b)(7) for regulated investment company stock.

4. Individual retirement accounts (IRAs) established by an employer under Code section 408(c).

5. Pension benefit plans maintained outside the United States primarily for nonresident aliens if the employer who maintains the plan is:

a. a domestic employer, or

b. a foreign employer with income derived from sources within the United States (including foreign subsidiaries of domestic employers) if contributions to the plan are deducted on its U.S. income tax return. For this type of plan, enter 3A on Form 5500, Part II, line 6a.

6. Church plans electing coverage under Code section 410(d). Church plans that elect should enter 813000 as the business code on Form 5500, Part II, line 2d.

7. Pension benefit plans that cover residents of Puerto Rico, the U.S. Virgin Islands, Guam, Wake Island, or American Samoa. This includes a plan that elects to have the provisions of section 1022(i)(2) of ERISA apply.

8. Plans that satisfy the Actual Deferral Percentage requirements of Code section 401(k)(3)(A)(ii) by adopting the "SIMPLE" provisions of section 401(k)(11).

See **Lines and Schedules To Complete** on page 7 and **Pension and Welfare Plans Excluded From Filing** on page 4 for more information.

Note: *Plans without employees, as defined in 29 CFR 2510.3-3(b), may be exempt from filing or may be eligible to file a Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Pension Benefit Plan in lieu of Form 5500. A pension plan without employees is a program that provides deferred compensation for (1) an individual or an individual and his or her spouse who wholly own a trade or business, whether incorporated or unincorporated; or (2) partners, or partners and one or more of the partner's spouses in a partnership.*

A pension plan without employees may file a Form 5500-EZ in lieu of a Form 5500 if the plan: (a) satisfies the minimum coverage requirements of section 410(b) of the Code without being combined with any other plan maintained by the employer; (b) does not cover a business that is a member of a "controlled group" for Form 5500 reporting purposes (i.e., a controlled group of corporations under Code sections 414(b), a group of trades or businesses under common control under Code section 414(c), or an affiliated service group under Code section 414(m)) that includes the business of the owner or partner covered by the plan; and (c) does not cover a business for which leased employees (as defined in Code section 414(n)(2)) perform services.

Neither a Form 5500-EZ or a Form 5500 is required to be filed for a plan year if a plan without employees satisfies the conditions listed above and the plan had assets of $100,000 or less at the end of every plan year beginning on or after 1/1/94, or there are two or more plans that satisfy the above conditions and total assets for the plans are less than or equal to $100,000 at the end of every plan year beginning on or after 1/1/94. For details see the instructions to Form 5500-EZ.

Welfare Benefit Plan

Except as provided below in **Pension and Welfare Plans Excluded From Filing**, a welfare benefit plan is required to file a Form 5500 if it is an employee welfare benefit plan covered by ERISA. Welfare benefit plans provide benefits such as medical, dental, life insurance, apprenticeship and training, scholarship funds, severance pay, disability, etc. See **Lines and Schedules To Complete** on page 7 and **Pension and Welfare Plans Excluded From Filing** on page 4 for more information.

Reminder: *The administrator of an employee welfare benefit plan that provides benefits wholly or partially through a Multiple Employer Welfare Arrangement (MEWA) as defined in ERISA section 3(40) must file a Form 5500, unless otherwise exempt (see page 4).*

Fringe Benefit Plan

Cafeteria plans described in Code section 125 and educational assistance programs described in Code section 127 are considered fringe benefit plans and are required to file the annual information specified by Code section 6039D. However, Code section 127 educational assistance programs that provide only job-related training that is deductible under Code section 162 do not need to file Form 5500.

Note: *Fringe benefit plans often are associated with one or more welfare benefit plans. A single Form 5500 may be filed for the fringe benefit plan and an associated welfare plan if all the required information is completed for both plans.*

See **Lines and Schedules To Complete** on page 7 for more information about what must be completed for fringe benefit plans.

Pension and Welfare Plans Excluded From Filing

Caution: *The exemptions below do not apply to fringe benefit plans. A Form 5500 for a fringe benefit plan must be filed under Code section 6039D even if it is associated with a welfare benefit plan that is exempt from filing under one of the categories below.*

Do Not File A Form 5500 For A Pension Benefit Plan That Is Any Of The Following:

1. An unfunded excess benefit plan. See ERISA section 4(b)(5).

2. An annuity or custodial account arrangement under Code section 403(b)(1) or (7) not established or maintained by an employer as described in 29 CFR 2510.3-2(f).

3. A Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs under Code section 408(p).

4. A simplified employee pension (SEP) described in Code section 408(k) that conforms to the alternative method of compliance in 29 CFR 2520.104-48 or 2520.104-49. A SEP is a pension plan that meets certain minimum qualifications on eligibility and employer contributions.

5. A church plan not electing coverage under Code section 410(d).

6. A pension plan that is a qualified foreign plan within the meaning of Code section 404A(e) that does not qualify for the treatment provided in Code section 402(e)(5).

7. An unfunded pension plan for a select group of management or highly compensated employees if a timely registration statement was filed with the DOL as required by 29 CFR 2520.104-23.

8. An unfunded dues financed pension benefit plan that meets the alternative method of compliance provided by 29 CFR 2520.104-27.

9. An individual retirement account or annuity not considered a pension plan under 29 CFR 2510.3-2(d).

10. A governmental plan.

Do Not File A Form 5500 For A Welfare Benefit Plan That is Any Of The Following:

1. A welfare benefit plan that covered fewer than 100 participants as of the beginning of the plan year and is unfunded, fully insured, or a combination of insured and unfunded. See 29 CFR 2520.104-20 and DOL Technical Release 92-01.

a. An unfunded welfare benefit plan has its benefits paid as needed directly from the general assets of the employer or employee organization that sponsors the plan (*Plans which are NOT unfunded include those plans that received employee (or former employee) contributions during the plan year and/or used a trust or separately maintained fund (including a Code section 501(c)(9) trust) to hold plan assets or act as a conduit for the transfer of plan assets during the year. However, a welfare plan with employee contributions from a fringe benefit plan under Code section 125 may file as an unfunded plan if the plan satisfies the requirements for an unfunded welfare plan in all other respects. See DOL Technical Release 92-01).*

b. A fully insured welfare benefit plan has its benefits provided exclusively through insurance contracts or policies, the premiums of which must be paid directly to the insurance carrier by the employer or employee organization from its general assets or partly from its general assets and partly from contributions by its employees or members (which the employer or employee organization forwards within 3 months of receipt) (*The insurance contracts or policies discussed above must be issued by an insurance company or similar organization (such as Blue Cross, Blue Shield or a health maintenance organization) that is qualified to do business in any state).*

c. A combination unfunded/insured welfare plan has its benefits provided partially as an unfunded plan and partially as a fully insured plan. An example of such a plan is a welfare benefit plan that provides medical benefits as in **a** above and life insurance benefits as in **b** above.

Caution: *The term "voluntary employees' beneficiary associations," as used in Code section 501(c)(9) (also called "VEBAs"), is not the same as, and should not be confused with, the employer or employee organization that sponsors the plan. Welfare benefit plans that use a Code section 501(c)(9) trust are generally not exempt from the requirement to file an annual return/report. See ERISA section 3(4).*

2. A welfare benefit plan maintained outside the United States primarily for persons substantially all of whom are nonresident aliens.

3. A governmental plan.

4. An unfunded or insured welfare plan for a select group of management or highly compensated employees that meets the terms of 29 CFR 2520.104-24.

5. An employee benefit plan maintained only to comply with workers' compensation, unemployment compensation, or disability insurance laws.

6. A welfare benefit plan that participates in a group insurance arrangement that files a Form 5500 on behalf of the welfare benefit plan as specified in 29 CFR 2520.103-2. See 29 CFR 2520.104-43.

7. An apprenticeship or training plan meeting all of the conditions specified in 29 CFR 2520.104-22.

8. An unfunded dues financed welfare benefit plan exempt by 29 CFR 2520.104-26.

9. A church plan under ERISA section 3(33).

When To File

File the Form 5500, with all required attachments, by the last day of the 7th month after the end of the plan year (not to exceed 12 months in length). File 199X forms for plan years that started in 199X. If the plan year differs from the calendar year, fill in the fiscal year space just under the form title. For a short plan year, file the form and applicable schedules by the last day of the 7th month after the short plan year ends. A short plan year ends on the date of the change in accounting period or upon the complete distribution of the assets of the plan (and when all liabilities for which benefits may be paid under a welfare benefit plan have been satisfied).

Extension of Time To File

Form 5558

A one time extension of time to file (up to 2½ months) may be granted for filing returns/reports if Form 5558, Application for Extension of Time To File Certain Employee Plan Returns, is filed before the normal due date (not including any extensions) of the return/report. A copy of the approved extension must be attached to the Form 5500.

Automatic Extension

Plans are automatically granted an extension of time to file Form 5500 until the due date of the Federal income tax return of the employer if all of the following conditions are met: (1) the plan year and the employer's tax year are the same; (2) the employer has been granted an extension of time to file its Federal income tax return to a date later than the normal due date for filing the Form 5500; and (3) a copy of the application for extension of time to file the Federal income tax return is attached to the Form 5500. An extension granted by using this automatic extension procedure cannot be extended further by filing a Form 5558.

Where To File

File the Form 5500, with any required attachments, at the address indicated below.

[TO BE DETERMINED WITH DEVELOPMENT OF NEW PROCESSING SYSTEM FOR FORM 5500]

Electronic Filing and Reproductions

[TO BE DETERMINED WITH DEVELOPMENT OF NEW PROCESSING SYSTEM FOR FORM 5500]

Penalties

ERISA and the Code provide for the assessment or imposition of penalties for not giving complete information and for not filing statements and returns/reports. Certain penalties are administrative (i.e., they may be imposed or assessed by one of the governmental agencies delegated to administer the collection of the Form 5500 data). Others require a legal conviction.

Administrative Penalties

Listed below are various penalties for not meeting the Form 5500 filing requirements. One or more of the following five administrative penalties may be assessed or imposed in the event of incomplete filings or filings received after the due date unless it is determined that your explanation for failure to file properly is for reasonable cause:

1. A penalty of up to $1,000 a day for each day a plan administrator fails or refuses to file a complete report.

2. A penalty of $25 a day (up to $15,000) for not filing returns for certain plans of deferred compensation, trusts and annuities, and bond purchase plans by the due date(s). This penalty also applies to returns required to be filed under Code section 6039D.

3. A penalty of $1 a day (up to $5,000) for each participant for whom a registration statement (Schedule SSA (Form 5500)) is required but not filed.

4. A penalty of $1,000 for not filing an actuarial statement.

Other Penalties

1. Any individual who willfully violates any provision of Part 1 of Title I of ERISA shall be fined not more than $5,000 or imprisoned not more than 1 year, or both.

2. A penalty up to $10,000, 5 years imprisonment, or both, may be imposed for making any false statement or representation of fact, knowing it to be false, or for knowingly concealing or not disclosing any fact required by ERISA.

Final Return/Report

If all assets under an employee benefit plan (including insurance/annuity contracts) have been distributed to the participants and beneficiaries or distributed to another plan, and when all liabilities for which benefits may be paid under a welfare benefit plan have been satisfied, check the final return/report box (Part I, A(3)) at the top of the Form 5500 filed for such plan. The last year a return/report must be filed for a pension benefit plan is the year in which distribution of all assets is completed. If a trustee is appointed for a terminated defined benefit plan pursuant to ERISA section 4042, the last plan year for which a return/report must be filed is the year in which the trustee is appointed.

Signature and Date

The plan administrator must sign and date all returns/reports filed under Title I of ERISA. This generally includes all plans required to file Form 5500 other than pension plans without employees and fringe benefit plans that are required to file only because of Code section 6039D. Failure to sign the return/report may result in Title I penalties.

A return/report for a pension plan without employees may be signed by either the plan administrator or the employer. Either signature is also sufficient for purposes of meeting ERISA's Title II filing requirements for any plan, other than a fringe benefit plan

When a joint employer-union board of trustees or committee is the plan sponsor or plan administrator, at least one employer representative and one union representative must sign and date the Form 5500.

Note: *Employers participating in certain multiple-employer plans are required to sign a Schedule Q (Form 5500) filed with the plan's Form 5500. See the instructions for the Schedule Q.*

Preparer Information

The name, employer identification number, and preparer classification code of any person paid to prepare the Form 5500 must be provided below the signature line. This information does not need to be provided for someone who prepares the Form 5500 without compensation or for an employee of the plan sponsor or plan administrator.

Preparer Classification Codes

If the name and EIN of a paid preparer is required to be shown on the Form 5500, also enter the classification code that best describes the preparer.

Code	Type of Preparer
1	Attorney, CPA, Enrolled Actuary or Enrolled Agent
2	Benefits Consultant
3	Other

Change In Plan Year

Generally only defined benefit pension plans need to get prior approval for a change in plan year. (See Code section 412(c)(5).) Rev. Proc. 87-27, 1987-1 C.B. 769 explains the procedure for automatic approval of a change in plan year for these pension plans. If a change in plan year for a pension or a welfare plan creates a short plan year, a Form 5500 must be filed for the short plan year. Enter the correct dates on Form 5500, Part I if the plan year being reported is not the 199X calendar year.

Amended Return/Report

To correct errors and/or omissions on a previously filed annual return/report for the 199X plan year, submit a completed Form 5500 with Part I, box A(2) checked and an original signature. Attach only those schedules being corrected and complete on the schedules only those lines being changed. All corrections made on the Form 5500 should be marked by circling the line numbers that have been changed since the prior submission.

Lines and Schedules To Complete

The applicable schedules and attachments listed below must be completed. Any attachments to the Form 5500 must be properly identified. The Form 5500 reporting requirements vary depending on whether the Form 5500 is being filed for a "large plan," a "small plan," and/or a DFE, and on the particular type of plan or DFE involved (e.g., welfare plan, pension plan, fringe benefit plan, common/collective trust, pooled separate account, master trust investment account, 103-12 IE, or group insurance arrangement).

Definition of small plan or large plan for filing Form 5500 - Generally, a return/report filed for pension benefit plan or welfare benefit plan that covered fewer than 100 participants as of the beginning of the plan year should be completed following the requirements below for a "small plan," and a return/report filed for a plan that covered 100 or more participants as of the beginning of the plan year should be completed following the requirements below for a "large plan."

Exceptions: 80-120 Participant Rule - If the number of participants reported in Part II, line 4a is between 80 and 120, and a return/report was filed for the prior plan year, you may elect to complete the 199X return/report in the same category ("large plan" or "small plan") as was filed for the prior return/report. For example, If a Form 5500-C/R was filed for the prior plan year, and the number entered in Part II, line 4a of the 199X Form 5500 is 100 to 120, you may elect to complete the 199X Form 5500 and schedules in accordance with the instructions for a small plan.

Short Plan Year Rule - If the plan had a short plan year of less than 7 months and elected to defer filing the accountant's report in accordance with 29 CFR 2520.104-50 for the prior year, the 199X Form 5500 must be competed following the requirements for a large plan, including the attachment of the Schedule FIN and the accountant's reports, regardless of the number entered in Part II, line 4a of the Form 5500.

Welfare Benefit Plan

Small welfare plan - Complete the Form 5500, including the signature block. Attach Schedule FIN-SP and, if applicable, Schedules A and D.

Large welfare plan - Complete the Form 5500, including the signature block. Attach, if applicable, Schedules A, C, D, FIN, and G, and the report of an independent qualified public accountant.

Note: *An unfunded, fully insured or combination unfunded/insured welfare plan (as defined on page 4) that covered 100 or more participants as of the beginning of the plan year should not attach the Schedule FIN or an accountant's opinion. See 29 CFR 2520.104-44. However, a welfare benefit plan that uses a "voluntary employees' beneficiary association" (VEBA) under Code section 501(c)(9) is generally not exempt from the requirement of engaging an independent qualified public accountant. ERISA section 3(4).*

Fringe Benefit Plan

Large and small fringe benefit plans - Complete the Form 5500, including the signature block (except Part I, box C, and Part II, lines 4 and 7). Attach Schedule F.

Welfare Plan And Fringe Benefit Plan Filing Together

A single Form 5500 filed for both a welfare plan and a fringe benefit plan - Complete all information required for a welfare benefit plan (see instructions above). In addition, check Form 5500 box 6c and attach Schedule F.

Pension Benefit Plan

Small pension plan - Except as provided in **Limited Pension Plan Reporting** below, complete the Form 5500, including the signature block. Attach, as applicable, Schedules A, B, D, E, FIN-SP, PEN, Q, and SSA. Schedule P may also be filed.

Large pension plan - Except as provided in **Limited Pension Plan Reporting** below, complete the Form 5500, including the signature block, and attach, as applicable, Schedules A, B, C, D, E, FIN, G, PEN, Q and SSA, and the report of an independent qualified public accountant. Schedule P may also be filed.

Limited Pension Plan Reporting

The pension plans or arrangements described below are eligible for limited annual reporting:

1. **403(b) Arrangements:** A pension plan or arrangement using a tax deferred annuity arrangement under Code section 403(b)(1) and/or a custodial account for regulated investment company stock under Code section 403(b)(7) as the sole funding vehicle for providing pension benefits need complete only Part I and Part II, lines 1 through 3, and 6 on the Form 5500.

2. **IRA Plans:** A pension plan utilizing individual retirement accounts or annuities (as described in Code section 408) as the sole funding vehicle for providing pension benefits need complete only Part I and Part II, lines 1 through 3, and 6 on the Form 5500.

Note: *These arrangements and plans do not have to engage an independent qualified public accountant, attach an accountant's opinion to the Form 5500, or attach any schedules to the Form 5500.*

3. **Fully Insured Pension Plan:** A pension benefit plan providing benefits exclusively through an insurance contract or contracts that are fully guaranteed and that meet all of the conditions of 29 CFR 2520.104-44(b)(2) during the entire plan year need not engage an independent qualified public accountant, attach an accountant's opinion to the Form 5500 or complete Schedules FIN or FIN-SP (Form 5500). A pension plan including both insurance contracts of the type described in 29 CFR 2520.104-44 as well as other assets should limit its reporting in Part I of the Schedules FIN or FIN-SP to those other assets (the value of the allocated contracts should not be reflected in Part I of the Schedule FIN or Schedule FIN-SP). if the Form 5500 is being filed for a large plan with assets other than allocated insurance contracts, a Schedule FIN is required and an accountant's report must be attached to the Form 5500 in accordance with the instructions to the Schedule FIN.

Note: *For purposes of the annual return/report and the alternative method of compliance set forth in 29 CFR 2520.104-44, a contract is considered to be "**allocated**" only if the insurance company or organization that issued the contract unconditionally guarantees, upon receipt of the required premium or consideration, to provide a retirement benefit of a specified amount. This amount must be provided to each participant without adjustment for fluctuations in the market value of the underlying assets of the company or organization, and each participant must have a legal right to such benefits, which is legally enforceable directly against the insurance company or organization. For example, deposit administration, immediate participation guarantee, and guaranteed investment contracts are NOT allocated contracts for purposes of the Form 5500.*

4. **Nonqualified pension benefit plans maintained outside the United States:** Nonqualified pension benefit plans maintained outside the United States primarily for nonresident aliens required to file a return/report (see **Who Must File** on page 2) must complete the Form 5500 (enter 3A in Part II, line 6) and the Schedule PEN (Form 5500), Parts I and II.

Direct Filing Entities (DFEs)

Plans may invest or participate in certain trusts, accounts, and other arrangements (defined in the box on the next page) for which a separate DFE Form 5500 may be filed. The DFE Form 5500 reports information concerning the DFE and its relationship with the participating plans. The filing of the DFE Form 5500 generally provides reporting relief for the investing plans. In the case of CCTs, PSAs, MTIAs, and 103-12 IEs (as described in the chart below), the relief allows investing plans to report more limited information concerning the plan's investment in the DFE on the plan's Form 5500. In the case of GIAs, the relief exempts the participating plans from the requirement to file

separate Form 5500s. The following instructions describe the requirements for a Form 5500 filed for a DFE, and special requirements for Form 5500s filed for plans that participate in a DFE.

Note: *Only one DFE Form 5500 should be filed for all plans participating in the DFE. The DFE Form 5500 is an integral part of the annual report of each participating plan and the participating plan's annual report will not be deemed complete (and the administrator will be subject to penalties) unless the DFE Form 5500 is filed no later than the date the plan's Form 5500 is due, including approved extensions. CCTs and PSAs are not required to file a DFE Form 5500 although large plans and MTIAs participating in a CCT or PSA that choose not to file will not be eligible for the DFE reporting relief and will have to file more detailed information about the CCT or PSA on the Form 5500 for the participating plans and MTIAs .*

DIRECT FILING ENTITIES (DFEs) - DEFINITIONS

Common/Collective Trust (CCT) and Pooled Separate Account (PSA): For reporting purposes, (1) "**common/collective trust**" and (2) "**pooled separate account**" are (1) a trust maintained by a bank, trust company, or similar institution and (2) an account maintained by an insurance carrier, both of which are regulated, supervised, and subject to periodic examination by a state or Federal agency for the collective investment and reinvestment of assets contributed thereto from employee benefit plans maintained by more than one employer or controlled group of corporations as that term is used in Code section 1563. See 29 CFR 2520.103-3, 103-4, 103-5, and 103-9 .For reporting purposes, a CCT or PSA is not a DFE until a Form 5500 is filed for the CCT or PSA. A CCT or PSA is not required to file a DFE Form 5500, however, a plan participating in a CCT or PSA for which a Form 5500 has not been filed does not receive the reporting relief afforded to plans participating in a DFE. See the instructions below on page 10-11 pertaining to special requirements for plans which invest in CCTs or PSAs that are not DFEs. ***Note:*** *For reporting purposes, a separate account that is not considered to be holding plan assets pursuant to 29 CFR 2510.3-101(h)(1)(iii) does not constitute a pooled separate account.*

Master Trust Investment Account (MTIA): For reporting purposes, a "**master trust**" is a trust for which a regulated financial institution (as defined below) serves as trustee or custodian (regardless of whether such institution exercises discretionary authority or control with respect to the management of assets held in the trust), and in which assets of more than one plan sponsored by a single employer or by a group of employers under common control are held. A "**regulated financial institution**" means a bank, trust company, or similar financial institution that is regulated, supervised, and subject to periodic examination by a state or Federal agency. "**Common control**" is determined on the basis of all relevant facts and circumstances (whether or not such employers are incorporated). The assets of a master trust are considered to be held in one or more "investment accounts." A "**master trust investment account**" may consist of a pool of assets or a single asset. Each pool of assets held in a master trust must be treated as a separate master trust investment account if each plan that has an interest in the pool has the same fractional interest in each asset in the pool as its fractional interest in the pool, and if each such plan may not dispose of its interest in any asset in the pool without disposing of its interest in the pool. A master trust may also contain assets that are not held in such a pool. Each such asset must be treated as a separate MTIA. **Note:** Under the alternative method of compliance cited below, a Form 5500 must be filed for each MTIA. The administrator of a plan with assets held in an MTIA that consists exclusively of one or more assets of that plan during the entire plan year may elect to report the assets as if they were not in an MTIA. See 29 CFR 2520.103-1(e).

103-12 Investment Entity: For reporting purposes, an entity described below becomes a "**103-12IE**" when a Form 5500 is filed for the entity. 29 CFR 2520.103-12 provides an alternative method of reporting for plans that invest in an entity, other than an MTIA, CCT, or PSA, whose underlying assets include "plan assets" within the meaning of 29 CFR 2510.3-101 of two or more plans that are not members of a "related group" of employee benefit plans. For this reporting purpose, a "**related group**" consists of each group of two or more employee benefit plans (1) each of which receives 10% or more of its aggregate contributions from the same employer or from a member of the same controlled group of corporations (as determined under Code section 1563(a), without regard to Code section 1563(a)(4) thereof); or (2) each of which is either maintained by, or maintained pursuant to a collective-bargaining agreement negotiated by, the same employee organization or affiliated employee organizations. For this purpose, an "**affiliate**" of an employee organization means any person controlling, controlled by, or under common control with such organization. See 29 CFR 2520.103-12.

Group Insurance Arrangement (GIA): 29 CFR 2520.104-43 exempts each welfare benefit plan that is part of a group insurance arrangement from the requirement to file a Form 5500 if a Form 5500 is filed for the group insurance arrangement. A "**group insurance arrangement**" provides benefits to the employees of two or more unaffiliated employers (not in connection with a multiemployer plan or a collectively-bargained multiple-employer plan), fully insures one or more welfare plans of each participating employer, and uses a trust both as the holder of the insurance contracts and the conduit for payment of premiums to the insurance company.

DFE Lines and Schedules to Complete

A Form 5500 filed for a DFE must comply with the Form 5500 instructions for large pension plans not intending to be qualified, substituting the term "DFE" for the word "plan" unless otherwise specified in the instructions.

Note: *Because contributions and benefit payments are considered to be made to/by the plan (not to/by a DFE), a CCT, PSA, MTIA or 102-12 IE should report the total of all transfers of assets to the CCT, PSA, MTIA or 103-12 IE, including those resulting from contributions to participating plans on line 2j(1) of the Schedule FIN, and the total of all*

transfers of assets out of the CCT, PSA, MTIA, or 103-12 IE, including those disbursed as benefit payments by participating plans, on line 2j(2).

Reporting Requirements For a Common/Collective Trust (CCT) or Pooled Separate Account (PSA) Filing a Form 5500

1. Complete Form 5500 Part I, lines A, B(4) (enter a C or P, as appropriate, in the space provided), and D and Part II, lines 1, 2, 5, and 8;
2. Attach one or more Schedules Ds, as appropriate, to list all plans that participated in the CCT or PSA and all CCTs, PSAs and 103-12 IEs in which the CCT or PSA invested at any time during the CCT or PSA year; and
3. Attach Schedule FIN, with Parts I, II, and III completed, to the Form 5500 to report financial information concerning the CCT or PSA.

Reporting Requirements For A Master Trust Investment Account (MTIA)

1. Complete Form 5500, Part I, lines A, B(4) (enter an M), and D and Part II, lines 1, 2, 5, 7 and 8;
2. Attach one or more Schedule As, as appropriate, to the Form 5500 to report insurance, annuity, and investment contracts held by the MTIA;
3. Attach a Schedule C, if applicable, to list the service providers for the MTIA;
4. Attach one or more Schedule Ds to the Form 5500 to list all plans that participated in the MTIA and any CCTs, PSAs and 103-12 IEs in which the MTIA invested at any time during the MTIA year;
5. Attach Schedule FIN to the Form 5500 to report financial information concerning the MTIA; and
6. Attach one or more Schedule Gs, as appropriate, to list MTIA loans, leases and fixed income obligation in default or uncollectible; and to list MTIA nonexempt transactions;

Reporting Requirements For 103-12 IEs

1. Complete Form 5500, Part I, lines A, B(4) (enter an E), and D and Part II, lines 1, 2, 5, and 8;
2. Attach one or more Schedule As, as appropriate, to the Form 5500 to report insurance, annuity, and investment contracts held by the 103-12 IE;
3. Attach Schedule C (if applicable) to list the service providers for the 103-12 IE and any terminated accountants;
4. Attach one or more Schedule Ds to the Form 5500 to list plans that participated in the 103-12 IE and any CCTs, PSAs and 103-12 IEs in which the 103-12 IE invested at any time during the 103-12 IE year;
5. Attach Schedule FIN to the Form 5500 to report financial information on the 103-12 IE;
6. Attach one or more Schedule Gs to the Form 5500 to list 103-12 IE loans, leases and fixed income obligation in default or uncollectible, and any nonexempt transactions with an employee benefit plan; and
7. Attach the report of an independent qualified public accountant for the 103-12 IE to the Form 5500.

Reporting Requirements For A Group Insurance Arrangement (GIA)

1. Complete Form 5500, Part I, lines A, B(4) (enter a G), and D and Part II, lines 1,2, 5, 7 and 8.
2. Attach one or more Schedule As, as applicable, to the Form 5500 to report insurance contracts held by the GIA;
3. Attach Schedule C, if applicable, to list the service providers for the GIA and any terminated accountants;
4. Attach one or more Schedule Ds, as applicable, to the Form 5500 to list plans that participated in the GIA at any time during the GIA year;
5. Attach a Schedule FIN to the Form 5500 to report financial information concerning the GIA;
6. Attach one or more Schedule Gs to the Form 5500 to list all GIA nonexempt transactions; and
7. Attach the report of an independent qualified public accountant for the GIA to the Form 5500. See 29 CFR 2520.103-2.

Special Requirements for a Form 5500 Filed for a Plan Participating in DFEs, CCTs and/or PSAs

1. Attach one or more Schedule Ds to list all CCTs, PSAs, MTIAs, and 103-12 IEs in which the plan invested during the year.
2. If the Schedule FIN is attached to the Form 5500, enter the dollar value of the plan's interests in DFEs in Part I, lines 1c(9) through 1c(12). Enter the plan's net investment gain or loss from all DFEs in Part II, lines 2b(6) through 2c(9), as appropriate.

Caution: Do not enter an amount in 1c(9) or 1c(10) for CCTs and PSAs for which a Form 5500 has not been filed. Allocate the plan's interest in the underlying assets of these CCTs and PSAs and enter the allocated values in the appropriate asset and liability categories. Do not allocate the income and expenses of these CCTs and PSAs. Enter the plan's net investment gain or loss from all CCTs and PSAs in Part II, lines 2b(6) or 2b(7), as appropriate.

3. If the Schedule FIN-SP is attached to the Form 5500, enter the allocable lines 1 and/or 2, dollar value of the plan's interests in DFEs, CCTs, and PSAs in Part I, as appropriate.

QUICK REFERENCE CHART OF FORM 5500 SCHEDULES AND ATTACHMENTS

This chart is intended to provide only general guidance -- please refer to the specific Form 5500 instructions for complete information on filing requirements (e.g., *Pension and Welfare Plans Excluded From Filing* on page 4 and *Lines and Schedules To Complete* on page 7)

	Large Pension Plan	Small Pension Plan	Large Welfare Plan	Small Welfare Plan	DFE	Fringe Benefit Plan
Schedule A (Insurance Information)	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if plan has insurance contracts.	Must complete if MTIA, 103-12 IE, or GIA has insurance contracts.	Not required.
Schedule B (Actuarial Information)	Must complete if defined benefit plan and subject to minimum funding standards	Must complete if defined benefit plan and subject to minimum funding standards	Not required.	Not required.	Not required.	Not required.
Schedule C (Service Provider Information)	Must complete if service provider paid $5,000 or more and/or an accountant or actuary was terminated.	Not required.	Must complete if service provider paid $5,000 or more and/or an accountant or actuary was terminated.	Not required.	MTIAs, GIAs and 103-12 IEs must complete Part I if service provider paid $5,000 or more. GIAs and 103-12 IEs must complete Part II if an accountant was terminated.	Not required.
Schedule D (DFE/ Participating Plan Information)	Must complete if plan participates in DFE, CCT, and/or PSA.	Must complete if plan participates in DFE, CCT, and/or PSA.	Must complete if plan participates in DFE, CCT, and/or PSA.	Must complete if plan participates in DFE, CCT, and/or PSA.	Must complete.	Not required.
Schedule E (ESOP Information)	Must complete if ESOP.	Must complete if ESOP.	Not required.	Not required.	Not required.	Not required.
Schedule F (Fringe Benefit Plan Information)	Not required.	Not required.	Not required.	Not required.	Not required.	Must complete.
Schedule FIN (Large Plan and DFE Financial Information)	Must complete.	Not required.	Must complete.	Not required.	Must complete.	Not required.

	Large Pension Plan	Small Pension Plan	Large Welfare Plan	Small Welfare Plan	DFE	Fringe Benefit Plan
Schedule FIN-SP (Small Plan Financial Information)	Not required.	Must complete.	Not required.	Must complete	Not required.	Not required.
Schedule G (Financial Schedules)	Must complete if Schedule FIN, lines 4b, 4c, or 4d are "Yes."	Not required.	Must complete if Schedule FIN, lines 4b, 4c, or 4d are "Yes."	Not required.	Must complete if Schedule FIN, lines 4b, 4c, or 4d for a GIA, MTIA or 103-12 IE are "Yes."	Not required.
Schedule P (Annual Return of Fiduciary)	Voluntary	Voluntary	Not required.	Not required.	Not required.	Not required.
Schedule PEN (Pension Plan Information)	Must complete.	Must complete.	Not required.	Not required.	Not required.	Not required.
Schedule Q (Qualified Pension Plan Information)	Must complete if qualified plan.	Must complete if qualified plan.	Not required.	Not required.	Not required.	Not required.
Schedule SSA (Statement Identifying Separated Participants With Deferred Vested Benefits)	Must complete if plan had separated participants with deferred vested benefits to report.	Must complete if plan had separated participants with deferred vested benefits to report.	Not required.	Not required.	Not required.	Not required.
Accountant's Report	Must attach.	Not required.	Must attach.	Not required.	Must attach for a GIA or 103-12 IE.	Not required.

Form 5500 Line-By-Line Instructions

If the Form 5500 being filed has pre-printed answers, verify the accuracy of the printed responses, strike out any incorrect responses and add any information necessary to provide a complete and accurate response. "Yes/No" questions must be marked "Yes" or "No," but not both. "N/A" is not an acceptable response unless expressly permitted in the instructions for that line.

Part I - Annual Report Identification Information

File Form 5500 with "199X" printed in the upper right hand corner for a plan year that began in 199X. If the plan year is not the 199X calendar year, enter the dates in Part I. A form printed for a prior year may not be used to report for this plan year.

Box A(1). - Check this box if an annual return/report has not been previously filed for this plan. For the purpose of completing box A(1), the Form 5500-EZ is not considered an annual return/report.

Box A(2). - Check this box if this Form 5500 is being submitted to correct errors and/or omissions on a previously filed Form 5500 for the 199X plan year.

Box A(3). - Check this box if this Form 5500 is the last Form 5500 required to be submitted for this plan. (See **Final Return/Report** on page 6)

Note: *Check the "final Form 5500" box (and enter "4R" on line 4b) for a welfare plan that has not been terminated if a Form 5500 is not required to be filed for the next plan year because the welfare plan has*

become eligible for an exemption. For example, certain unfunded and insured welfare plans may be required to file the 199X Form 5500 and be exempt from filing the 1999 Form 5500 if the number of participants covered as of the beginning of the 1999 plan year drops below 100. See ***Do Not File A Form 5500 For A Plan Providing Welfare Benefits That Is Any Of The Following*** *on page 4. Should the number of participants covered by such a plan increase to 100 or more in a future year, the plan should check the "first Form 5500" box on that year's Form 5500.*

Kinds of Filers

The different types of plan entities that file the Form 5500 are described below. In general, the following rules apply.

1. If one employer or one employee organization maintains a plan, file a separate return/report for the plan. If the employer or employee organization maintains more than one such plan, file a separate return/report for each plan

2. A "controlled group" is considered one employer. A "controlled group" for Form 5500 reporting purposes is a controlled group of corporations under Code sections 414(b), a group of trades or businesses under common control under Code section 414(c), or an affiliated service group under Code section 414(m).

3. If several employers participate in a program of benefits in which the funds attributable to each employer are available to pay benefits only for that employer's employees, each employer must file a separate return/report.

Box B(1) - Check this box if the Form 5500 is filed for a multiemployer plan. A plan is a multiemployer plan if (1) more than one employer is required to contribute, (2) the plan is maintained pursuant to one or more collective bargaining agreements, and (3) an election under section 414(f)(5) and ERISA section 3(37)(E) has not been made. File one Form 5500 for each multiemployer plan. Contributing employers do not file individually for these plans. See Code section 414(f) and 29 CFR 2510.3-37 for details on multiemployer plans.

Box B(2). - Check this box if the Form 5500 is filed for a single employer plan. A single employer plan is an employee benefit plan maintained by one employer or one employee organization. Do not check box B(2) if the Form 5500 is filed for a multiemployer plan or a multiple-employer plan. However, if more than one employer participates in a plan and the plan provides that each employer's contributions are available to pay benefits only for that employer's employees, a separate Form 5500 with box B(2) checked must be filed for each participating employer. These filers are considered separate single employer plans for Form 5500 reporting purposes.

Box B(3). - Check this box if the Form 5500 is being filed for a multiple-employer plan. A multiple-employer plan is a plan that is maintained by more than one employer and is not one of the plans already described. For reporting purposes, a controlled group is considered one employer. Multiple employer plans include plans that are collectively bargained and collectively funded, and that had properly elected before September 27, 1981, not to be treated as a multiemployer plan under Code section 414(f)(5) or ERISA sections 3(37)(E) and 4001(a)(3). File one return/report for each such multiple employer plan.

Note: *Check box B(3) and file a single Form 5500 only if all plan assets are available to pay all plan benefits -- a plan maintained by more than one employer is eligible to file a single Form 5500 only if all plan assets are available to pay all plan benefits.*

Box B(4). - Check this box if the Form 5500 is being filed for a DFE. Identify the type of DFE by entering the appropriate initials as specified below. A Form 5500 filed for a **Direct Filing Entity (DFE)** (see page 9 for definitions) must enter "**MTIA**" for the report of a master trust investment account; "**103-12 IE**" for a 103-12 investment entity; "**CCT**" for a common/collective trust; "**PSA**" for a pooled separate account; or "**GIA**" for a group insurance arrangement.

Note: *If box B(4) is checked, the entry on line 1b must be 501 or higher for a GIA or 801 or higher for any other type of DFE.*

Box C. - Check box C when the contributions to the plan and/or the benefits paid by the plan are subject to the collective bargaining process (even if the plan is not established and administered by a joint board of trustees) and even if only some of the employees covered by the plan are members of a collective

bargaining unit that negotiates contributions and/or benefits. The contributions and/or benefits do not have to be identical for all employees under the plan.

Box D. - Check this box if you filed for an extension of time to file this form. Attach a copy of the approved Form 5558 or a copy of the employer's extension of time to file the income tax return if you are using the automatic extension of time to file Form 5500 until the due date of the Federal income tax return of the employer, as described in **When to File** on page 5.

Part II - Basic Plan Information

The number preceding each instruction refers to the item number on the Form 5500.

Line 1a.- Enter the formal name of the plan or DFE or enough information to identify the plan or DFE. If the present name of the plan exceeds 70 characters and spaces, abbreviate it.

Line 1b.- Enter the three-digit plan number (PN) the employer or plan administrator assigned to the plan. The three digit number with the plan sponsor's EIN entered on line 2b, is used by the IRS, DOL and PBGC as a unique 12 digit number to identify the plan or DFE being reported on the Form 5500.

Assign 001 or a higher sequential number to any plan providing pension benefits as illustrated in the table below. Assign 501 or a higher sequential number for welfare and fringe benefit plans and GIAs. Assign 801 or a higher sequential number to DFEs that are not GIAs. Do **not** use 999 on line 1b.

Once you use a plan or DFE number, continue to use it for that plan or DFE on all future filings with the IRS, DOL and PBGC. Do not use it for any other plan or DFE, even if the first plan or DFE is terminated.

For each Form 5500 with the same EIN (line 2b), when ▼	**Assign Plan Number ▼**
Part II, box 6a is checked	001 to the first plan. Consecutively number others as 002, 003...
Part II, box 6b and/or 6c is checked **or** a G is entered on Part I, line B(4).	501 to the first plan or GIA. Consecutively number others as 502, 503...
Part I, box B(4) checked for a DFE other than a GIA.	801 to the first DFE. Consecutively number others as 802, 803...

Exception: *If the 333 (or a higher number in a sequence beginning with 333) was previously assigned to the plan, and box 6a is checked, that number may continue to be entered in line 1b.*

Line 1c.- Enter the date the plan first became effective.

Line 2a.- Enter the name and address of the plan sponsor or, in the case of a Form 5500 filed for a DFE, the name and address of the insurance company, financial institution or other sponsor of the DFE (the trust or other entity that holds the insurance contract for a group insurance arrangement). If the plan covers only the employees of one employer, enter the employer's name. If the Post Office does not deliver mail to the street address and the sponsor has a P.O. box, show the box number with the street address.

The term "plan sponsor" means -
- The employer, for an employee benefit plan that a single employer established or maintains, and for a fringe benefit plan;
- The employee organization in the case of a plan of an employee organization; or
- The association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan, if the plan is established or maintained jointly by one or more employers and one or more employee organizations, or by two or more employers.

Include enough information on line 2a to describe the sponsor adequately. For example, "Joint Board of Trustees of Local 187 Machinists" rather than just "Joint Board of Trustees." A plan of a controlled group of corporations whose sponsor is more than one of the members of the controlled group should insert the name of only one of the sponsoring members.