Line 2. - See Income Tax Regulations section 1.414(r). Do not complete lines 2a through 2d unless the employer maintaining the plan operates QSLOBs.

Line 2c. - See Regulations sections 1.414(r)-1(c) and 1.414(r)-8.

Line 2d. - If the plan benefits the employees of more than one QSLOB, and the employer applies the minimum coverage requirements on a QSLOB basis, file a separate Schedule Q for each QSLOB that has employees benefiting under the plan for which the Form 5500 is being filed, as if each portion of the plan that benefits the employees of a particular QSLOB constituted a separate plan. Identify on line 2d the particular QSLOB to which the coverage information in lines 3 and 4 relates. Otherwise, leave line 2d blank.

Line 3. - Check box 3a, 3b, 3c or 3d to indicate if you meet any of the exceptions they describe. If box 3a, 3b, 3c or 3d is checked, skip line 4.

Box 3a. - Check this box if, during the plan year, the employer employed only highly compensated employees (within the meaning of Code section 414(q)), excluding employees who were collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)) .

Box 3b. - Check this box if, during the plan year, the plan benefited no highly compensated employees (within the meaning of Code section 414(q)), excluding employees who were collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)) . See the instructions for line 4c(5) for the definition of "benefiting." This line should also be checked if no employee received an allocation or accrued a benefit under the plan for the plan year.

Box 3c. - Check this box if, during the plan year, the plan benefited only collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)). However, do not check this box if more than 2% of the employees covered by the plan were professional employees (within the meaning of Regulations section 1.410(b)-9).

Box 3d. - Check this box if, during the plan year, the plan benefited 100% of the nonexcludable nonhighly compensated employees of the employer. The nonhighly compensated employees of the employer include all the self-employed individuals, common-law employees, and leased employees (within the meaning of Code section 414(n)) employed by the employer or any entity aggregated with the employer under Code section 414(b), (c) or (m) at any time during the plan year, excluding highly compensated employees (within the meaning of Code section 414(q)). Any such employee is a nonexcludable employee unless the employee is in one of the following categories:

1. Employees who have not attained the minimum age and service requirements of the plan.

2. Collectively bargained employees within the meaning of Regulations section 1.410(b)-6(d)(2).

3. Nonresident aliens who receive no U.S. source income.

4. Employees who fail to accrue a benefit solely because they: (a) fail to satisfy a minimum hour of service or a last day requirement under the plan; (b) do not have more than 500 hours of service for the plan year; and (c) are not employed on the last day of the plan year.

Line 4. - In general, a plan must satisfy the coverage requirements under one of three testing options. Under the daily testing option, the plan must satisfy the coverage requirements on each day of the plan year taking into account only employees who are employees on that day. A plan will satisfy the coverage requirements under the quarterly testing option if it satisfies them on at least one day in each quarter, taking into account only employees who are employees on that day, provided the quarterly testing dates reasonably represent the coverage of the plan over the entire plan year. Finally, a plan will satisfy the coverage requirements under the annual testing option if it satisfies them as of the last day of the plan year, taking into account all employees who were employees on any day during the plan year.

Rev. Proc. 93-42 also allows an employer to substantiate that a plan satisfies the coverage requirements on the basis of the employer's workforce on a single day during a plan year, taking into account only employees who are employees on that day, if that day is reasonably representative of the employer's workforce and the plan's coverage throughout the year. This is referred to as "snapshot" testing.

If a plan satisfies the coverage and nondiscrimination requirements for a plan year, the employer may generally rely on this for the two succeeding plan years and will not have to test the plan in those years, provided there have not been significant changes.

If the employer is using single day, "snapshot" testing, the data given on lines 4a through 4f should be for the most recent snapshot day.

Enter on line 4 the beginning date of the plan year with respect to which the data on lines 4a through 4f was gathered. This is the first day of the plan

year for which the Form 5500 is being filed or, if the employer is relying on coverage and nondiscrimination testing from one of the two preceding plan years, the first day of such year.

Line 4a. - The definition of leased employee is in Code section 414(n).

Line 4b. - Employers can satisfy coverage by aggregating generally any qualified plans that are not mandatorily disaggregated. See the instructions for lines 4c and 4e regarding mandatory disaggregation. The aggregated plans must also satisfy the nondiscrimination requirements of Code section 401(a)(4) on an aggregated basis. If the employer aggregates this plan with any other plan(s) for the coverage and nondiscrimination requirements, enter the information requested and complete the rest of line 4 for the plans, as aggregated.

Line 4c. - Certain single plans must be disaggregated into two or more separate parts. Each of the disaggregated parts of the plan must then satisfy the coverage and nondiscrimination requirements as if it were a separate plan. Under the regulations, the following plans must be disaggregated:

1. A plan that includes a Code section 401(k) arrangement (a qualified cash or deferred arrangement) and a portion that is not a section 401(k) arrangement.

2. A plan that includes a Code section 401(m) feature (employee and matching contributions) and a portion that is not a Code section 401(m) feature.

3. A plan that includes an ESOP and a portion that is not an ESOP.

4. A plan that benefits both collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)) and noncollectively bargained employees.

If the plan is disaggregated because it benefits both collectively bargained employees and noncollectively bargained employees, complete lines 4c and 4d for the part of the plan that benefits noncollectively bargained employees. Do not complete line 4e. If the plan is disaggregated for other reasons, complete lines 4c and 4d for one disaggregated part of the plan. Complete line 4e if the ratio percentage for the other disaggregated part(s) of the plan is different than that entered on line 4d. For example, if the plan is a profit sharing plan that provides nonelective contributions, Code section 401(k) contributions, and Code section 401(m) contributions, you may complete lines 4c and 4d for the nonelective part of the plan. In this case, enter in line 4e the ratio percentage for the 401(k) and/or the 401(m) part of the plan only if different than the ratio percentage for the nonelective part of the plan.

Line 4c(1). - Enter the total number of employees of the employer.

Line 4c(2). - Enter the total number of excludable employees in the following categories:

1. Employees who have not attained the minimum age and service requirements of the plan.

2. Collectively bargained employees within the meaning of Regulations section 1.410(b)-6(d)(2).

3. Nonresident aliens who receive no U.S. source income.

4. Employees who fail to accrue a benefit solely because they: (a) fail to satisfy a minimum hour of service or a last day requirement under the plan; (b) do not have more than 500 hours of service for the plan year; and (c) are not employed on the last day of the plan year. See Regulations section 1.410(b)-6.

5. Employees of QSLOBs other than the one with respect to which this Schedule Q is being filed.

Line 4c(4). - The definition of highly compensated employee is contained in Code section 414(q) and its related regulations.

Line 4c(5). - In general, an employee is "benefiting" if the employee receives an allocation of contributions or forfeitures, or accrues a benefit under the plan for the plan year. Certain other employees are treated as benefiting even if they fail to receive an allocation of contributions or forfeitures or to accrue a benefit solely because the employee is subject to plan provisions that limit plan benefits, such as a provision for maximum years of service, maximum retirement benefits, or limits designed to satisfy Code section 415. An employee is treated as benefiting under a plan (or portion of a plan) that provides for elective contributions under Code section 401(k) if the employee is eligible to make elective contributions to the Code section 401(k) arrangement even if he or she does not actually make elective contributions. Similarly, an employee is treated as benefiting under a plan (or portion of a plan) that provides for after-tax employee contributions or matching contributions under Code section 401(m) if the employee is eligible to make after-tax employee contributions or receive allocations of matching contributions even if none are actually made or received.

Line 4d. - In general, to compute the ratio percentage, divide the number of nonexcludable employees who benefit under the plan and are not highly compensated by the total number of nonexcludable nonhighly compensated employees;

put this result in the numerator (top of the fraction). Divide the number of nonexcludable employees who benefit under the plan and who are highly compensated by the total number of nonexcludable highly compensated employees; put this result in the denominator (bottom of the fraction). Divide the numerator by the denominator, multiply by 100, and enter the result in line 4d. Enter to the nearest 0.1%.

Line 4e. - See the instructions for line 4c. Calculate the ratio percentage for the other disaggregated part(s) of the plan as described above. Enter on line 4e only if different than line 4d. If entering information on line 4e, identify the disaggregated part(s) of the plan as follows: "401(k)," "401(m)," "nonelective," "ESOP," "non-ESOP."

If there are more than three other disaggregated parts of the plan, provide their ratio percentages on an attachment in the same format as line 4(e).

Line 4f. - If the ratio percentage for the plan, or any disaggregated part of the plan, entered on line 4d or line 4e is less than 70%, the plan does not satisfy the ratio percentage test. In this case, the plan will satisfy the minimum coverage requirements of the Code only if it satisfies the average benefit test.

A plan satisfies the average benefit test if it satisfies both the nondiscriminatory classification test and the average benefit percentage test. A plan satisfies the nondiscriminatory classification test if the plan benefits such employees as qualify under a classification set up by the employer and found by the Secretary not to be discriminatory in favor of highly compensated employees. Under Regulations section 1.410(b)-4, a classification will be deemed nondiscriminatory if the ratio percentage for the plan is equal to or greater than the safe harbor percentage. The safe harbor percentage is 50%, reduced by ¾ of a percentage point for each percentage point by which the nonhighly compensated employee concentration percentage exceeds 60%. The nonhighly compensated employee concentration percentage is the percentage of all the employees of the employer who are not highly compensated employees.

In general, a plan satisfies the average benefit percentage test if the actual benefit percentage for nonhighly compensated employees is at least 70% of the actual benefit percentage for highly compensated employees. See Regulations section 1.410(b)-5. All qualified plans of the employer, including ESOPs, Code section 401(k) plans, and plans with employee or matching contributions (Code section 401(m) plans) are aggregated in determining the actual benefit percentages. Do not aggregate plans that may not be aggregated for purposes of satisfying the ratio percentage test, other than ESOPs and Code section 401(k) and 401(m) plans. In addition, all nonexcludable employees, including those with no benefit under any qualified plan of the employer, are included in determining the actual benefit percentages.

Signature - If the Schedule Q is filed by an employer participating in a plan maintained by more than one employer, the schedule must be signed.

Department of the Treasury
Internal Revenue Service

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Instructions for Schedule SSA (Form 5500)

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

"ERISA" refers to the Employee Retirement Income Security Act of 1974.
"Code" refers to the Internal Revenue Code.

General Instructions

Purpose of form.-- Use Schedule SSA to report all participants with deferred vested benefit rights who separated from your company during the plan year. Also use Schedule SSA to correct information previously reported concerning participants with deferred vested benefits, if you wish. The information reported on this schedule is given to the Social Security Administration which in turn provides it to participants when they file for Social Security benefits.

Check the appropriate box on Part II, line 8 of the Form 5500 and enter the total number, if any Schedules SSA have been attached.

Who must file.-- The plan administrator is responsible for filing Schedule SSA. Plans that cover only owners and their spouses do not have to file this schedule.

Note: Government, church, or other plans that elect to voluntarily file the Schedule SSA **must** check the appropriate box on the schedule **and** complete lines 4 through 5c.

What to file.-- File this schedule and complete all line items. All attachments to Schedule SSA should have entries only on the front of the page. If you need more space, use either: (1) additional copies of Schedule SSA, or (2) additional sheets the same size as the schedule containing all the information requested on the schedule. The information required in line 3 columns (a) through (j) should be listed in the same format as line 3 on Schedule SSA.

You may send a machine-generated computer listing showing the information required on line 3 instead of completing line 3 on the schedule. Use the same format as line 3 on Schedule SSA. Complete lines 1 and 2 on Schedule SSA and enter on line 3 a statement that a list is attached. On each page of the computer listing, enter all the information from lines 1a through 2b.

When to Report a Separated Participant.-- In general, ***for a plan to which only one employer contributes,*** a participant must be reported on Schedule SSA if:

1. The participant separates from service covered by the plan in a plan year, and
2. The participant is entitled to a deferred vested benefit under the plan.

The separated participant must be reported no later than on the Schedule SSA filed for the plan year following the plan year in which separation occurred. However, you can report the separation in the plan year in which it occurs, if you want to report earlier. Do not report a participant more than once unless you wish to revise or update a prior Schedule SSA (see instructions for line 3, column (a), under codes B, C, or D).

In general, ***for a plan to which more than one employer contributes,*** a participant must be reported on Schedule SSA if:

1. The participant incurs two successive 1-year breaks in service (as defined in the plan for vesting purposes) in service computation periods, and
2. The participant is (or may be) entitled to a deferred vested benefit under the plan.

The participant must be reported no later than on the Schedule SSA filed for the plan year in which the participant completed the second of the two consecutive 1-year breaks in service. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which he or she separated from service or completed the first 1-year break in service.)

When NOT to Report a Participant.--A participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be

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filed (including any extension of time for filing), the participant:

1. Is paid some or all of the deferred vested retirement benefit,
2. Returns to service covered by the plan and/or accrues additional retirement benefits under the plan, or
3. Forfeits all the deferred vested retirement benefit.

Separation of a re-employed employee.--If the deferred vested benefit of a separated employee is different from that previously reported, you may use code B (see below) to report that employee's total vested benefit.

Revising prior report.--You are encouraged to voluntarily report on a current Schedule SSA any revisions to pension information for a participant you reported on a previous Schedule SSA (e.g., changes in pension amounts, plan number, etc.). This will ensure SSA's records are correct. This is important since SSA provides Schedule SSA information it has on file to participants when they file for Social Security benefits. If this information is not up to date, the participant may contact the plan administrator to resolve the differences.

Where and how to file--File as an attachment to Form 5500.

Caution: *A penalty may be assessed if Schedule SSA (Form 5500) is not timely filed.*

Specific Instructions

Line 1b.--Enter the sponsor's employer identification number (EIN) shown on line 1b of the 5500-series form used.

Line 3, column (a).--From the following list, select the code that applies and enter that code in column (a).

Code A --Use this code for a participant not previously reported. Also complete columns (b) through (h).

Code B--Use this code for a participant previously reported under the plan number shown on this schedule but only if you wish to modify some of the previously reported information. Enter all the current information for columns (b) through (h).

Code C --Use this code for a participant previously reported under another plan number who will now be receiving his/her future benefit from the plan reported on this schedule. Also complete columns (b), (c), (i), and (j).

Code D --Use this code for a participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits. Also complete columns (b) and (c). If you wish, you may also use this code to report those participants who are already receiving benefits as previously reported.

Note: ***The use of codes B, C, and D are optional.***

Line 3, column (b).--Enter the exact social security number (SSN) of each participant listed. If the participant is a foreign national employed outside the United States who does not have an SSN, enter the word "FOREIGN."

Line 3, column (c).--Enter each participant's name exactly as it appears on the participant's social security card.

Line 3, column (d). -- From the following list, select the code that describes the type of annuity that will be provided for the participant. Enter the code that describes the type of annuity that normally accrues under the plan at the time of the participant's separation from service covered by the plan (or for a plan to which more than one employer contributes at the time the participant incurs the second consecutive 1-year break in service under the plan).

Type of Annuity Code

A A single sum
B Annuity payable over fixed number of ears
C Life annuity
D Life annuity with period certain
E Cash refund life annuity
F Modified cash refund life annuity
G Joint and last survivor life annuity
M Other

Line 3, column (e).--From the following list, select the code that describes the benefit payment frequency during a 12-month period.

Type of Payment Code

A Lump sum
B Annually
C Semiannually
D Quarterly
E Monthly
M Other

Line 3, column (f).--For a defined benefit plan, enter the amount of the periodic payment that a participant is entitled to receive under line 3, column (f). *For a plan to which more than one employer contributes,* if the amount of the periodic

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payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount.

Line 3, column (g).--For a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant. If, under the plan, participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letters "SH" to indicate shares. A number without the "SH" will be interpreted to mean units.

Line 3, column (h).--For defined contribution plans, enter the value of the participant's account at the time of separation.

Line 3, columns (i) and (j).--Show the EIN and plan number of the plan under which the participant was previously reported.

Line 4.--If the Post Office does not deliver mail to the street address and you have a P.O. box, enter the box number instead of the street address.

Signature.--This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.

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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(3), 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 ➤ MO DAY YEAR and ending ➤ MO DAY YEAR

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

2a Plan sponsor's name (employer, if for single-employer plan)

2b Employer Identification Number (EIN)

Address (should include room or suite no.)

2c Sponsor's telephone number

City

State Zip Code –

2d Business code (see instructions)

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

3b Administrator's EIN

3c Administrator's telephone number

Address (if same as plan sponsor, enter "Same")

City

State Zip Code –

DRAFT

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Form 5500 (199X)

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4 Number of participants covered under the plan as of

the **(a)** beginning of the plan year and **(b)** end 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:

5a Sponsor's name

5b EIN

5c 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
(5) ☐ Other

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

(1) ☐ Insurance
(2) ☐ Section 412(i) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor
(5) ☐ Other

8 Schedules attached (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)

Financial Schedules *(Cont)*

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 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 — MO DAY YEAR

Typed or printed name of individual signing as plan administrator

Signature of employer / plan sponsor / DFE — MO DAY YEAR

Typed or printed name of individual signing as employer, plan sponsor or DFE

Preparer's name

Preparer's EIN

Classification Code

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[FR Doc. 97–22878 Filed 9–2–97; 8:45 am]

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