

**SCHEDULE F
(Form 5500)**

Fringe Benefit Plan Annual Information Return

OMB No. 1210-0016

Under Section 6039D of the Internal Revenue Code

1998

▶ **File as an attachment to Form 5500 or 5500-C/R.**

**This Form is NOT
Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-C/R.**

For the calendar plan year 1998 or fiscal plan year beginning _____, 1998, and ending _____, 19

1a Name of plan sponsor as shown on line 1a of Form 5500 or 5500-C/R		1b Employer identification number	
1c Plan name		1d Three-digit plan number ▶	

- 2 Check the Internal Revenue Code section that describes this fringe benefit plan:
 125 (Cafeteria plan) 127 (Educational assistance program) 137 (Adoption assistance program)
- 3 Enter the total number of employees of the employer _____
- 4 Enter the total number of employees eligible to participate in the plan _____
- 5 Enter the total number of employees participating in the plan. (See instructions.) _____
- 6 Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) _____
- 7 Did the fringe benefit plan terminate in this plan year? (See instructions.) Yes No

General Instructions

A Change To Note

The Taxpayer Relief Act of 1997 amended Code section 6039D to include adoption assistance programs. An employer maintaining an adoption assistance program described in Code section 137 must file Schedule F (Form 5500) to satisfy the reporting requirement under Code section 6039D.

Purpose of Form

- File Schedule F (Form 5500) for the following fringe benefit plans:
- A cafeteria plan described in Code section 125,
 - An educational assistance program described in Code section 127,
 - An adoption assistance program described in Code section 137.

Note: *If an employer offers an adoption assistance program as a benefit under a cafeteria plan, file one Schedule F for the cafeteria plan. If one Schedule F is filed for both a Code section 125 plan and a Code section 137 plan, check both the 125 box and the 137 box. Do not file Schedule F for an educational assistance program that provides only job-related training, which is*

deductible as an ordinary and necessary business expense under Code section 162.

Fringe benefit plans filing only to satisfy the requirements of Code section 6039D(a) must complete page 1, Form 5500 (or Form 5500-C/R), lines 1a through 5c, check box 6d, and attach Schedule F (Form 5500). Page 1 of Form 5500 (or Form 5500-C/R) and Schedule F are filed as the plan's annual information return. **Do not** file Schedule A, B, C, E, P, or SSA.

Employers filing the same Form 5500 (or Form 5500-C/R) for both a welfare benefit plan and a fringe benefit plan must complete all the welfare and fringe benefit plan questions on Form 5500 (or Form 5500-C/R), check box 6a and box 6d, and attach Schedule F (Form 5500).

Specific Instructions

Line 5. For reporting purposes under Code section 6039D, the term "employees participating in the plan" means any employee who, for a plan year, has had at least \$1 excluded from gross income by reason of any benefit offered under Code section 125 or Code section 127 or 137.

Line 6. The total cost of the fringe benefit plan includes:

- For a Code section 125 plan, the amount employees elect to have an employer contribute to provide for any benefit under the plan.
- Administrative expenses including any legal, accounting, or consulting fees attributable to the plan whether paid directly by the employer or through the plan. Overhead expenses such as utilities and photocopying costs are not to be included for this reporting purpose.

Note: *For a Code section 125 cafeteria plan, enter the amount of the salary reductions and other employer contributions. Other employer contributions include nonelective contributions and flexible credits. Nonelective contributions and flexible credits are the employer's portion of the cost or premium contributed as employer-provided coverage under a cafeteria plan arrangement. Do not subtract benefits paid out from the plan and amounts forfeited.*

Line 7. Do not complete this line if the return/report is filed for **both** a welfare plan and a fringe benefit plan and **both** plans have terminated during this plan year. Enter the termination information on lines 9a and 9b of the applicable Form 5500 or Form 5500-C/R.

