

2008

Instructions for Form 5500

Annual Return/Report of Employee Benefit Plan

Code section references are to the Internal Revenue Code unless otherwise noted. ERISA refers to the Employee Retirement Income Security Act of 1974.

EFAST Processing System

Under the computerized ERISA Filing Acceptance System (EFAST), you can choose between two computer scannable forms to complete and file your 2008 Form 5500: "machine print" and "hand print." Machine print forms are completed using computer software from EFAST-approved vendors and can be filed electronically or by mail (including certain private delivery services). Hand print forms may be completed by hand, typewriter, or by using computer software from EFAST-approved vendors. Hand print forms can be filed by mail (including certain private delivery services); however, they **cannot** be filed electronically. For more information, see the instructions for **How To File** beginning on page 6.

EFAST Processing Tips

To reduce the possibility of correspondence and penalties, we remind filers that:

- Paper forms must be obtained from the IRS or printed using software from an EFAST-approved software developer.
- Hand print and machine print forms generated by EFAST-approved software will not be processed if they are printed out blank, or with limited information, and then completed by pen or typewriter. Only official hand print paper forms printed by the IRS may be completed by pen or typewriter.
- All information should be in the specific fields or boxes provided on the forms and schedules. Information entered outside of the fields or boxes may not be processed.
- Filings using photocopies of the computer scannable forms and schedules may be returned or cause correspondence requiring additional information.
- Do not use felt tip pens or other writing instruments that can cause signatures or data to bleed through to the other side of the paper. One-sided documents should have no markings on the blank side.
- Paper should be clean without glue or other sticky substances.
- Do not staple the forms. Use binder clips or other fasteners that do not perforate the paper.
- Do not submit extraneous material or information, such as arrows used to indicate where to sign, notes between preparers of the report, notations on the form, e.g., "DOL copy," etc.
- Do not submit unnecessary or blank schedules. Except for certain Schedule SSA filings, schedules should be submitted only with a Form 5500 or in response to correspondence regarding the processing of your return/report.
- Submit all schedules (including the correct number of schedules) for which a box is checked on Form 5500, Part II, line 10.
- Do not attach or send any payments to EFAST.
- All Forms 5500 and 5500-EZ must be filed with the EBSA either electronically using computer software from EFAST-approved vendors or at the EBSA address specified within the instructions. (See **Where To File**.)

- Clearly identify all attachments. At the top of each attachment, indicate the schedule and line, if any (e.g., *Schedule I, line 4k*), to which the attachment relates.
- Do not enter social security numbers on the Form 5500, schedules, or other attachments unless specifically required by the form, schedules, or instructions. The Form 5500 and most of the schedules are open to public inspection, and the contents are public information and are subject to publication on the Internet.

About the Form 5500

The Form 5500 annual return/report is used to report information concerning employee benefit plans and Direct Filing Entities (DFEs). Any administrator or sponsor of an employee benefit plan subject to ERISA must file information about each plan every year (pursuant to Code section 6058 and ERISA sections 104 and 4065). Some plans participate in certain trusts, accounts, and other investment arrangements that file a Form 5500 as DFEs. See **Who Must File** on page 3, **When To File** on page 4, and **Where To File** on page 6.

The Internal Revenue Service (IRS), Department of Labor (DOL), and Pension Benefit Guaranty Corporation (PBGC) have consolidated certain returns and report forms to reduce the filing burden for plan administrators and employers. Employers and administrators who comply with the instructions for the Form 5500 and schedules will generally satisfy the annual reporting requirements for the IRS and DOL.

Plans covered by the PBGC have special additional requirements, including premiums and reporting certain transactions directly with that agency. See PBGC's website (www.pbgc.gov/practitioners/) for information on premium filings and reporting and disclosure.

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. The section **What To File** on page 8 summarizes what information must be reported for different types of plans and arrangements. The chart on pages 13 and 14 gives a brief guide to the annual return/report requirements for the 2008 Form 5500.

The Form 5500 and attachments are screened by a computer process for internal consistency and completeness. The filing may be rejected based upon this review. Employers and plan administrators should provide complete and accurate information and otherwise comply fully with the filing requirements.

ERISA and the Code provide for the assessment or imposition of penalties for not submitting the required information when due. See **Penalties** on page 7.

Annual reports filed under Title I of ERISA must be made available by plan administrators to plan participants and by the DOL to the public pursuant to ERISA sections 104 and 106. Schedules E and SSA are **not** part of the annual report filed under Title I of ERISA, and are not open to public inspection. The Pension Protection Act of 2006 (PPA) requires that the Department of Labor post on its website the actuarial pension funding information filed as part of a defined benefit pension plan's Form 5500 annual return/report. This requirement applies beginning with 2008 Form 5500 annual return/report. The DOL

website, located at www.dol.gov/ebsa/actuarialsearch.html, can be searched by plan name, employer identification number (EIN), plan number (PN), plan year, and type of actuarial schedule. If a plan sponsor of defined benefit pension plan (or the plan administrator on behalf of plan sponsors) maintains an intranet website for the purpose of communicating with employees and not the public, the PPA requires the sponsor (or plan administrator) to post the plan's 2008 Form 5500 actuarial information on that intranet website.

Changes To Note

- **New Actuarial Schedules (Schedules MB and SB) –** Under the PPA, separate actuarial information schedules were developed for 2008 plan year filings. Single-employer and multiple-employer plans now will use the Schedule SB and multiemployer and certain money purchase plans will now use Schedule MB. The Schedule B is not a valid schedule to file with a plan's 2008 Form 5500 annual return/report. Filers required to file an actuarial report cannot use the 2007 forms, including the 2007 Schedule B (Form 5500), to satisfy their 2008 filing requirements.
- **Schedule R –** PPA requires filers of certain pension plans to provide additional new information beginning with the 2008 plan year. For the 2008 plan year, this new information will be filed as attachments to the Schedule R. All multiemployer defined benefit plans are required to file attachments providing the information specified in the Schedule R instructions. In addition, all defined benefit plans (single-employer, multiple-employer, and multiemployer) with 1,000 or more participants are required to provide financial asset breakout information as an attachment to the Schedule R.
- **2008 Short Plan Year Filing Requirements for Plans Required To File an Actuarial Schedule and Supplemental Schedule R Information –** Filers who must file a Schedule MB or Schedule SB and/or a supplemental attachment to Schedule R for 2008 have an automatic extension to file their complete Form 5500 until 90 days after the 2008 forms are available to use for filing. Welfare plans and pension plans not required to file a Schedule MB, SB, or the supplemental questions on Schedule R may still use the 2007 forms for filing and do not have the extension of time.
- **Voluntary Alternative Reporting Option for Certain Plans with Fewer Than 25 Participants –** Under the Pension Protection Act of 2006 (PPA), a new simplified reporting option which was first available for 2007 plan year filings is also available for eligible plans for 2008 plan year filings for plans with fewer than 25 participants as of the beginning of the plan year. The instructions for *Voluntary Alternative Reporting Option for Certain Plans with Fewer Than 25 Participants* on page 9 describe this reporting option.
- **2009 Short Plan Year Filings –** Short 2009 plan year filers whose due date to submit their 2009 filing is before January 1, 2010, will be given an automatic extension to electronically file their complete Form 5500 annual return/report within 90 days after the 2009 filing system is available on the DOL website. See *When To File* for more information on due dates for short plan year filers. This special extension is being granted to encourage such short 2009 plan year filers to file their 2009 Form 5500 annual return/report electronically under EFAST2. Short 2009 plan year filers whose due date to submit their 2009 filing is before January 1, 2010, and who choose not to take advantage of the special extension, must use plan year 2008 forms and must submit their 2009 filing to EFAST on or before the due date for their short plan year filing.

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Telephone Assistance

If you need assistance completing this form, want to confirm the receipt of forms you submitted, or have related questions, call the EFAST Help Line at 1-866-463-3278 (toll-free) and follow the directions as prompted. The EFAST Help Line is available Monday through Friday from 8:00 am to 8:00 pm, Eastern Time.

How To Get Forms and Related Publications

Telephone

You can order forms and IRS publications by calling **1-800-TAX-FORM** (1-800-829-3676). You can order EBSA publications by calling **1-866-444-EBSA (3272)**.

Personal Computer

You can access the EFAST website 24 hours a day, 7 days a week at www.efast.dol.gov to:

- View forms and related instructions.
- Get information regarding EFAST, including approved software vendors.
- See answers to frequently asked questions about the Form 5500 and EFAST.
- Access the main EBSA and DOL websites for news, regulations, and publications.

You can access the IRS website 24 hours a day, 7 days a week at www.irs.gov to:

- View forms, instructions, and publications.
- See answers to frequently asked tax questions.
- Search publications on-line by topic or keyword.
- Send comments or request help by e-mail.
- Sign up to receive local and national tax news by e-mail.

Section 1: Who Must File

A return/report must be filed every year for every pension benefit plan and welfare benefit plan, and for every entity that files as a DFE as specified below (pursuant to Code section 6058 and ERISA sections 104 and 4065).

Pension Benefit Plan

All pension benefit plans covered by ERISA are required to file a Form 5500 except as provided in this **Who Must File** section. The return/report is due whether or not the plan is qualified and even if benefits no longer accrue, contributions were not made this plan year, or contributions are no longer made. 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 plans, stock bonus plans, money purchase plans, 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 domestic employer, or
 - 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 8a.
6. Church pension plans electing coverage under Code section 410(d).
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 **What To File** on page 8 for more information about what must be completed for pension plans.

Special Rules for Certain Plans of Partnerships and Wholly Owned Trades or Businesses

A plan that provides deferred compensation solely 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 the partners and the partners' spouses in a partnership may generally file **Form 5500-EZ**, Annual Return of One-Participant (Owners and Their Spouses)

Retirement Plan, rather than a Form 5500, provided that the plan:

1. Satisfies the minimum coverage requirements of Code section 410(b) without being combined with any other plan maintained by the employer;
2. Does not cover a business that is a member of a "controlled group;" and
3. Does not cover a business for which leased employees (as defined in Code section 414(n)(2)) perform services.

A plan that fails to meet any of the above conditions must file Form 5500 rather than Form 5500-EZ. A plan that meets all of the above conditions is exempt from filing the Form 5500-EZ for the plan year if the plan (and any other plans of the employer) had total assets of \$250,000 or less at the close of such plan year effective on or after January 1, 2007. Plans beginning on or before December 31, 2006, for which a Form 5500-EZ was required to be filed, will not need to continue filing the Form 5500-EZ unless their total plan assets (for one or more one-participant plans, separately or together) exceed \$250,000 at the close of the plan year beginning on or after January 1, 2007. However, a Form 5500-EZ should be filed for the final plan year regardless of whether the plan was required to file a Form 5500-EZ for any prior year.

For this purpose, a "controlled group" is a controlled group of corporations under Code section 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.



*When filing Form 5500 for a plan described in **Special Rules for Certain Plans of Partnerships and Wholly Owned Trades or Businesses**, enter code 3G on Part II, line 8a.*

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 DOL Regulation 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) or a salary reduction 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.
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 that meets the requirements of 29 CFR 2520.104-23, including timely filing of a registration statement with the DOL.
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.

Welfare Benefit Plan

All welfare benefit plans covered by ERISA are required to file a Form 5500 except as provided in this **Who Must File** section. Welfare benefit plans provide benefits such as medical, dental, life insurance, apprenticeship and training, scholarship funds, severance pay, disability, etc.

See **What To File** on page 8 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.



IRS Notice 2002-24 does not suspend the filing of Form 5500 or any required schedules for a welfare plan subject to Title I of ERISA. Welfare plans that are associated with fringe benefit plans must file the Form 5500 in accordance with the **Welfare Benefit Plan Filing Requirements on page 10, unless they are exempt as specified below. Welfare plans for which a Form 5500 must be filed may be eligible for limited filing requirements. See the limited reporting requirements for unfunded, fully insured or combination unfunded/insured welfare plans on page 10.**

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.

Note. To determine whether the plan covers fewer than 100 participants for purposes of these filing exemptions for insured and unfunded welfare plans, see instructions for lines 6 and 7 on counting participants in a welfare plan. See also 29 CFR 2510.3-3(d).

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.

Note. Plans that 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 that is associated with a cafeteria plan under Code section 125 may be treated for annual reporting purposes as an unfunded welfare plan if it meets the requirements of DOL Technical Release 92-01, 57 Fed. Reg. 23272 (June 2, 1992) and 58 Fed. Reg. 45359 (Aug. 27, 1993). The mere receipt of COBRA contributions or other after-tax participant contributions (e.g., retiree contributions) by a cafeteria plan would not by itself affect the availability of the relief provided for cafeteria plans that otherwise meet the requirements of DOL Technical Release 92-01. See 61 Fed. Reg. 41220, 41222-23 (Aug. 7, 1996).

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. See 29 CFR 2520.104-20.

Note. A “voluntary employees’ beneficiary association,” as used in Code section 501(c)(9) (“VEBA”), should not be confused with the employer or employee organization that sponsors the plan. 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 which meets the requirements 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 exempted by 29 CFR 2520.104-26.

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

10. A welfare benefit plan solely for **(1)** an individual or an individual and his or her spouse, who wholly owns a trade or business, whether incorporated or unincorporated, or **(2)** partners or the partners and the partners’ spouses in a partnership. See 29 CFR 2510.3-3(b).

Direct Filing Entity (DFE)

Some plans participate in certain trusts, accounts, and other investment arrangements that file the Form 5500 as a DFE in accordance with the **Direct Filing Entity (DFE) Filing Requirements** on page 11. A Form 5500 **must** be filed for a master trust investment account (MTIA). A Form 5500 is not required but may be filed for a common/collective trust (CCT), pooled separate account (PSA), 103-12 investment entity (103-12 IE), or group insurance arrangement (GIA). However, plans that participate in CCTs, PSAs, 103-12 IEs, or GIAs that file as DFEs generally are eligible for certain annual reporting relief. For reporting purposes, a CCT, PSA, 103-12 IE, or GIA is **not** considered a DFE unless a Form 5500 and all required attachments are filed for it in accordance with the **Direct Filing Entity (DFE) Filing Requirements**.

Note. Special requirements also apply to Schedules D and H attached to the Form 5500 filed by plans participating in MTIAs, CCTs, PSAs, and 103-12 IEs. See the instructions for these schedules.

Section 2: When To File

Plans and GIAs. File 2008 return/reports for plan and GIA years that began in 2008. All required forms, schedules, statements, and attachments must be filed by the last day of the 7th calendar month after the end of the plan or GIA year (not to exceed 12 months in length) that began in 2008. If the plan or GIA year differs from the 2008 calendar year, fill in the fiscal year beginning and ending dates on the line provided at the top of the form.

DFEs other than GIAs. File 2008 return/reports no later than 9½ months after the end of the DFE year that ended in 2008. A Form 5500 filed for a DFE must report information for the DFE year (not to exceed 12 months in length). If the DFE year differs from the 2008 calendar year, fill in the fiscal year beginning and ending dates on the line provided at the top of the form.

Short Years. For a plan year of less than 12 months (short plan year), file the form and applicable schedules by the last day of the 7th month after the short plan year ends. Fill in the short plan year beginning and ending dates on the line provided at the top of the form and check box B(4) in Part I. For purposes of this return/report, the short plan year ends on the date of the change in accounting period or upon the complete distribution of assets of the plan. Also see the instructions for **Final Return/Report** on page 7 to determine if box B(3) should be checked.

Notes. **(1)** If the filing due date falls on a Saturday, Sunday, or Federal holiday, the return/report may be filed on the next day that is not a Saturday, Sunday, or Federal holiday. **(2)** If the 2008 Form 5500 is not available before the plan or DFE filing due date, use the 2007 Form 5500 and enter the 2008 fiscal year beginning and ending dates on the line provided at the top of the form. However, see the following **Caution**. Plans required to file an actuarial information schedule and some plans required to file a Schedule R cannot use the 2007 forms in place of the 2008 forms.



2008 Short Plan Year Filings. Pursuant to the Pension Protection Act of 2006 (PPA), separate actuarial schedules were developed for 2008 plan year filings for single employer plans and multiemployer plans. For the 2008 plan year, the Schedule B is not a valid schedule. Rather, 2008 plan year filings must use the new Schedule SB (Single-Employer Defined Benefit Plan Actuarial Information) or Schedule MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information). In addition, for 2008 plan year filings, multiemployer plans will need to file an attachment to the Schedule R, Retirement Plan Information, to report certain PPA-required information about contributing employers and liabilities for two or more plans.

Defined benefit pension plans with 1,000 or more participants will also be required to provide financial asset breakout information as an attachment to the Schedule R. The new supplemental attachments are described in the instructions for the 2008 Schedule R.

Short plan year filers who are required to file a Schedule SB or MB and/or required to file a supplemental attachment to Schedule R for 2008 (filings for multiemployer defined benefit plans and defined benefit plans with over 1,000 participants, see the instructions to Schedule R on pages 51-53) cannot use the 2007 forms to satisfy their 2008 filing requirements. These filers will be granted an automatic extension of time for filing their complete Form 5500 until 90 days after the 2008 forms become available to use for filing.

Short plan year filers using this extension of time must check Form 5500, Part I, box D, and attach a statement labeled with the basis of the extension — “**Form 5500, Box D – PPA Actuarial Information Extension.**”

2009 Short Plan Year Filings. Short 2009 plan year filers whose due date to submit their 2009 filing is before January 1, 2010, will be given an automatic extension to electronically file their complete Form 5500 within 90 days after the 2009 filing system is available on the DOL website. This special extension is being granted to encourage such short 2009 plan year filers to file their 2009 Form 5500 annual return/report electronically under EFAST2. Short 2009 plan year filers whose due date to submit their 2009 filing is before January 1, 2010, and who choose not to take advantage of the special extension, must use plan year 2008 forms and must submit their 2009 filing to EFAST on or before the due date for their short plan year filing.

Extension of Time To File

Using Form 5558

A plan or GIA may obtain a one-time extension of time to file Form 5500 (up to 2½ months) by filing **Form 5558**, Application for Extension of Time To File Certain Employee Plan Returns, on or before the normal due date (not including any extensions) of the return/report. **You MUST file Form 5558 with the IRS.**

Approved copies of the Form 5558 will not be returned to the filer. However, a photocopy of the completed extension request that was filed must be attached to the Form 5500. (See Section 3: Where To File.)

File Form 5558 with the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0027.

Using Extension of Time To File Federal Income Tax Return

An automatic extension of time to file Form 5500 until the due date of the federal income tax return of the employer will be granted 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, nor can it be extended beyond a total of 9½ months beyond the close of the plan year.

If the application for extension of time contains social security numbers, ensure that these social security numbers are not visible in the copy attached to the Form 5500. The Form 5500 and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a visible social security number on the Form 5500 or its attachments may result in the rejection of the filing.

Note. An extension of time to file the Form 5500 does not operate as an extension of time to file a Form 5500 filed for a DFE (other than a GIA) or to file PBGC premiums or annual financial and actuarial reports (if required by section 4010 of ERISA).

Other Extensions of Time

The IRS, DOL, and PBGC may announce special extensions of time under certain circumstances, such as extensions for Presidentially-declared disasters or for service in, or in support of, the Armed Forces of the United States in a combat zone. See www.irs.gov, www.efast.dol.gov, and www.pbgc.gov/practitioners for announcements regarding such special extensions. If you are relying on one of these announced special extensions, check Form 5500, Part I, box D and attach a statement citing the announced authority for the extension. The attachment must be appropriately labeled at the top of the statement, for example, “**Form 5500, Box D - DISASTER RELIEF EXTENSION**” or “**Form 5500, Box D - COMBAT ZONE EXTENSION.**”

Delinquent Filer Voluntary Compliance (DFVC) Program

The DFVC Program facilitates voluntary compliance by plan administrators who are delinquent in filing annual reports under Title I of ERISA by permitting administrators to pay reduced civil penalties for voluntarily complying with their DOL annual reporting obligations. If the Form 5500 is being filed under the DFVC Program, check Form 5500, Part I, box D and attach a statement explaining that the Form 5500 is being filed under the DFVC Program with “**Form 5500, Box D - DFVC FILING**” prominently displayed at the top of the statement.

See www.efast.dol.gov for additional information, including information concerning DFVC Program filings and the submission of penalty payments to the DFVC Program processing center.

Private Delivery Service

You can use certain private delivery services designated by the IRS to meet the “timely mailing as timely filing/paying” rule for tax returns and payments. These private delivery services include only the following:

- DHL Express (DHL): DHL Same Day Service, DHL Next Day 10:30 am, DHL Next Day 12:00 pm, DHL Next Day 3:00 pm, and DHL 2nd Day Service.
- Federal Express (FedEx): FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2Day, FedEx International Priority, and FedEx International First.
- United Parcel Service (UPS): UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

The private delivery service can tell you how to get written proof of the mailing date.

See **Where To File** on page 6 for the street address when using a private delivery service.

Section 3: Where To File

File the Form 5500, with any required schedules, statements, and attachments, at the address indicated below. Beginning in 2010, check the EFAST website at www.efast.dol.gov for updates to these addresses.

By mail:

Address for filing on paper

EBSA
P.O. Box 7043
Lawrence, KS 66044-7043

Address for filing on floppy disc, CD-ROM, or tape

EBSA
P.O. Box 7041
Lawrence, KS 66044-7041

By private delivery service:

Address for filing on paper, floppy disk, CD-ROM, or tape

EBSA
Attn: EFAST
3833 Greenway Drive
Lawrence, KS 66046-5502

Section 4: How To File

The return/report must be completed in accordance with the **Line-by-Line Instructions for the 2008 Form 5500 and Schedules** on page 15.

Answer all questions with respect to the plan or DFE year, unless otherwise explicitly stated in the instructions or on the form itself. Therefore, responses usually apply to the year entered or printed at the top of the first page of the form.

Do not enter "N/A" or "Not Applicable" on the Form 5500 or schedules unless specifically permitted by the form, schedules, or instructions. "Yes" or "No" questions on the forms and schedules must be marked either "Yes" or "No," but not both.



Do not enter social security numbers on the Form 5500, schedules, or other attachments unless specifically required by the form, schedules, or instructions.

The Form 5500 and most of the schedules and attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on the Form 5500 or on a schedule or attachment that is open to public inspection may result in the rejection of the filing.

An employer identification number (EIN) is a nine-digit number assigned by the IRS for tax filing and reporting purposes. Employers without an EIN must apply for one as soon as possible. The EBSA does not issue EINs. To apply for an EIN:

- Mail or fax Form SS-4, Application for Employer Identification Number, obtained by calling 1-800-TAX-FORM (1-800-829-3676) or at the IRS website at www.irs.gov.
- Call 1-800-829-4933 to receive your EIN by telephone.
- Select the Online EIN Application link at www.irs.gov. The EIN is issued immediately once the application information is validated. (The online application process is not yet available for corporations with addresses in foreign countries or Puerto Rico.)

Filers make several common mistakes. To reduce the possibility of correspondence and penalties:

- Sign and date the Form 5500, and make sure that any schedules or attachments that require a signature are properly signed and dated.
- Check your math to avoid calculation errors.
- All lines on the Form 5500 must be completed unless otherwise specified. All applicable schedules and/or attachments must also be completed.
- All schedules and attachments to the Form 5500 must be properly identified, and must include the name of the plan or DFE, EIN, and plan number (PN) as found on the Form 5500, lines 1a, 2b, and 1b, respectively. At the top of each attachment, indicate the schedule and line, if any (e.g., *Schedule H, line 4i*) to which the attachment relates. When assembling the package for filing, you can place attachments to a schedule either directly behind the schedule or at the end of the filing.
- Attach the required accountant's opinion and report. The instructions in **What To File** on page 8 explain which plans and DFEs are required to attach the opinion and report.
- Check boxes should be filled in completely or clearly marked with an "X." Do not mark on or near the bar code or in the upper right corner of the form, as this will interfere with processing.
- Complete **Part I - Annual Report Identification Information** at the top of the Form 5500. Do not mark final return/report in line B of Part I if you are reporting participants and/or assets at the end of the plan year.
- Complete Form 5500, lines 8 and 9, if applicable, to report all benefits provided and plan funding/benefit arrangements.
- Enter on Form 5500, line 2d, if applicable, the correct principal business activity code from pages 66, 67, or 68.

Paper and Electronic Filing

As described in more detail below, the 2008 forms are available in two computer scannable formats: **machine print** and **hand print** (the questions are the same).

Filers can choose a machine print format that is completed by using EFAST-approved computer software that produces computer scannable 2-D bar codes on the bottom of each page. Machine print forms can be filed on paper, magnetic tape, floppy diskette, or CD-ROM by mail (including certain private delivery services) or filed electronically by approved EFAST transmitters (authorized transmitters of forms by modem or file transfer protocol). Filers can also choose a hand print format that can be completed in one of two ways. You may complete the IRS printed paper forms by hand or typewriter. You may also choose to complete the hand print form by using computer software from EFAST-approved vendors.



*Computer-generated forms CANNOT be printed out blank, or with limited information, and then completed by pen or typewriter. These forms **must** be completed entering the data by computer.*

The hand print format uses special printing standards that enables EFAST to scan the hand, typewritten, and computer entries and must be filed by mail (including certain private delivery services). For plan year 2008 filings, paper Schedules MB and SB are provided for completion by pen or typewriter only. Forms are available from the IRS as discussed in **How To Get Forms and Related Publications** on page 2. See www.efast.dol.gov for a list of approved software vendors.

Form 5500 Completed by Pen

Use only the official hand print form. Enter only a single letter or number within each box using blue or black ink. Abbreviate if necessary. Where numbers are required, do not enter dollar signs, commas, or decimal points. To indicate a negative number, enter a minus sign "-" in the box to the left of the number. See example below.

□ □ - 3 4 5 6 7 8 9 0 1 2 . 0 0

Form 5500 Completed by Typewriter

Use only the official hand print form. Type within the row of boxes and ignore the vertical lines between the boxes. The number of entries should not exceed the number of boxes (e.g., if there are 13 boxes, the numbers or letters entered should not exceed 13). Abbreviate if necessary. Where numbers are required, do not enter dollar signs, commas, or decimal points. See the example of a typewritten positive number below. To indicate a negative number, enter a minus sign “-” in the box to the left of the number.



Form 5500 Completed by Using Computer Software

Use only software from an approved software vendor, which may produce either a machine print or hand print form.

All forms completed using computer software **must** be submitted on paper (except for machine print forms submitted electronically, as described below). Paper filings must be printed on only one side of standard 8½ by 11 inch paper and mailed to the address listed under **Where To File** on page 6.

To submit a machine print Form 5500 electronically, use only software from an approved software vendor. An electronic signature and an encryption key must be obtained by filing the **Application for EFAST Electronic Signature and Codes for EFAST Transmitters and Software Developers Form EFAST-1**. You may, following the software’s instructions, either (1) save the completed machine print Form 5500 to a 3.5 inch floppy disc, CD-ROM, 4mm or 8mm DAT, 3480 or 3490 cartridge, or 9-track tape and submit the Form 5500 by mail or private delivery service, or (2) submit by modem or FTP.

See www.efast.dol.gov for a list of approved software vendors, the Form EFAST-1, and additional information.

Amended Return/Report

File an amended return/report to correct errors and/or omissions in a previously filed annual return/report for the 2008 plan year. The amended Form 5500 and any amended schedules must conform to the requirements in this **How To File** section.



*If you are filing a corrected return/report in response to correspondence from EBSA regarding the processing of your return/report, do **not** check Part I, box B(2) to identify the filing as an amended return/report unless the correspondence includes instructions that specifically direct you to check box B(2).*

The procedure for amending the return/report depends upon the type of form filed as specified below:

Paper Forms

Submit a completed, signed, and dated Form 5500 (be certain to check box B(2)). Attach any schedules or attachments that are being changed from the prior filing. Do not attach schedules and attachments that are not being changed. Do not attach schedules where only attachments are being amended. Only identify schedules that are being amended on line 10 of Form 5500. If only attachments are being amended, do not identify any schedules on line 10 of Form 5500.

Electronic Forms

Submit a completed and dated Form 5500 with electronic signature (be certain to check box B(2)). Refile all schedules and attachments, including those that are not being amended. See the DOL website at www.efast.dol.gov for information on electronic filing of amended return/reports.

Final Return/Report

If all assets under the plan (including insurance/annuity contracts) have been distributed to the participants and

beneficiaries or legally transferred to the control of 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, box B(3)) at the top of the Form 5500. 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.

Examples:

Mergers/Consolidations

A final return/report should be filed for the plan year (12 months or less) that ends when all plan assets were legally transferred to the control of another plan.

Pension and Welfare Plans That Terminated Without Distributing All Assets

If the plan was terminated but all plan assets were not distributed, a return/report must be filed for each year the plan has assets. The return/report must be filed by the plan administrator, if designated, or by the person or persons who actually control the plan’s assets/property.

Welfare Plans Still Liable To Pay Benefits

A welfare plan cannot file a final return/report if the plan is still liable to pay benefits for claims that were incurred prior to the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Signature and Date

The plan administrator must sign and date a Form 5500 filed for a pension or a welfare plan under ERISA sections 104 and/or 4065. Either the plan administrator or the employer may sign and date a Form 5500 filed for a pension plan under Code section 6058. Generally, a Form 5500 filed for a pension plan is filed under both ERISA section 104 and Code section 6058.

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.

A representative authorized to sign on behalf of the DFE must sign the Form 5500 submitted for the DFE.



The administrator is required to maintain a copy of the annual report with all required signatures, as part of the plan’s records, even if the annual report is filed electronically. See 29 CFR 2520.103-1.

Change in Plan Year

Generally, only defined benefit pension plans need to get approval for a change in plan year. However, under Rev. Proc. 87-27, 1987-1 C.B. 769, these pension plans may be eligible for automatic approval of a change in plan year. If a change in plan year for a pension or a welfare plan creates a short plan year, box B(4) in Part I of the Form 5500 must be checked and a Form 5500, with all required schedules and attachments, must be filed by the last day of the 7th calendar month after the end of the short plan year.

Note. Plans required to file an actuarial information schedule or the supplemental attachments to the Schedule R for certain pension plans with their Form 5500 package must use the 2008 forms for their filings. See the **Caution** for *2008 Short Plan Year Filings* on page 5.

Penalties

ERISA and the Code provide for the DOL and the IRS, respectively, to assess or impose 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 under ERISA and the Code that may be assessed or imposed for not meeting the Form 5500 filing requirements. Generally, whether the penalty is under ERISA or the Code, or both, depends upon the agency for which the information is required to be filed. One or more of the following 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 \$1,100 a day for each day a plan administrator fails or refuses to file a complete report. See ERISA section 502(c)(2) and 29 CFR 2560.502c-2.
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). See Code section 6652(e).
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. See Code section 6652(d)(1).
4. A penalty of \$1,000 for not filing an actuarial statement. See Code section 6692.

Other Penalties

1. Any individual who willfully violates any provision of Part 1 of Title I of ERISA shall be fined not more than \$100,000 or imprisoned not more than 10 years, or both. See ERISA section 501.
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. See section 1027, Title 18, U.S. Code, as amended by section 111 of ERISA.

Section 5: What To File

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, common/collective trust, pooled separate account, master trust investment account, 103-12 IE, or group insurance arrangement).

The instructions below provide detailed information about each of the Form 5500 schedules and which plans and DFEs are required to file them. First, the schedules are grouped by type: **(1)** Pension Benefit Schedules and **(2)** Financial Schedules. Each schedule is listed separately with a description of the subject matter covered by the schedule and the plans and DFEs that are required to file the schedule.

Filing requirements are also listed by type of filer: **(1)** Pension Benefit Plan Filing Requirements, **(2)** Welfare Benefit Plan Filing Requirements, and **(3)** DFE Filing Requirements. For each filer type there is a separate list of the schedules that must be filed with the Form 5500 (including where applicable, separate lists for large plan filers, small plan filers, and different types of DFEs).

The filing requirements are summarized in a “Quick Reference Chart for Form 5500, Schedules and Attachments” on pages 13 and 14.

Generally, a return/report filed for a 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 pension plan or small welfare 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 pension plan or large welfare plan.

Use the number of participants required to be entered in line 6 of the Form 5500 to determine whether a plan is a “small plan” or “large plan.”

Exceptions:

(1) 80-120 Participant Rule: *If the number of participants reported on line 6 is between 80 and 120, and a Form 5500 was filed for the prior plan year, you may elect to complete the return/report in the same category (“large plan” or “small plan”) as was filed for the prior return/report. Thus, if a return/report was filed for the 2007 plan year as a small plan, including the Schedule I if applicable, and the number entered on line 6 of the 2008 Form 5500 is 100 to 120, you may elect to complete the 2008 Form 5500 and schedules in accordance with the instructions for a small plan.*

(2) Short Plan Year Rule: *If the plan had a short plan year of 7 months or less for either the prior plan year or the plan year being reported on the 2008 Form 5500, an election can be made to defer filing the accountant’s report in accordance with 29 CFR 2520.104-50. If such an election was made for the prior plan year, the 2008 Form 5500 must be completed following the requirements for a large plan, including the attachment of the Schedule H and the accountant’s reports, regardless of the number of participants entered in Part II, line 6.*

Form 5500 Schedules

Pension Benefit Schedules

Schedule R (Retirement Plan Information) – is required for a pension benefit plan that is a defined benefit plan or is otherwise subject to Code section 412 or ERISA section 302. Schedule R may also be required for certain other pension benefit plans unless otherwise specified under **Limited Pension Plan Reporting** on page 10. For additional information, see the Schedule R instructions.

Schedule MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – is required for most multiemployer defined benefit plans and for defined contribution pension plans that are currently amortizing a funding waiver. For additional information, see the Schedule MB and Schedule R instructions.

Schedule SB (Single-Employer Defined Benefit Plan Actuarial Information) – is required for most single-employer and multiple-employer defined benefit plans. For additional information, see the Schedule SB instructions.

Schedule E (ESOP Annual Information) – is required for all pension benefit plans with ESOP benefits. For additional information, see the Schedule E instructions.

Schedule SSA (Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits) – may be used to report separated participants. For additional information, see the Schedule SSA instructions.

Financial Schedules

Schedule H (Financial Information) – is required for pension benefit plans and welfare benefit plans filing as “large plans,” and for all DFE filings. Employee benefit plans, 103-12 IEs, and GIAs filing the Schedule H are generally required to engage an independent qualified public accountant and attach a report of the accountant pursuant to ERISA section 103(a)(3)(A). These plans and DFEs are also generally required to attach to the Form 5500 a “**Schedule of Assets (Held At End of Year)**,” and, if applicable, a “**Schedule of Assets (Acquired and Disposed of Within Year)**,” and a “**Schedule of Reportable Transactions**.” For additional information, see the Schedule H instructions.

Exceptions: Insured, unfunded, or combination unfunded/insured welfare plans as described in 29 CFR 2520.104-44(b)(1), and certain pension plans and arrangements described in 29 CFR 2520.104-44(b)(2) and **Limited Pension Plan Reporting** on page 10, are exempt from completing the Schedule H.

Schedule I (Financial Information - Small Plan) – is required for all pension benefit plans and welfare benefit plans filing as “small plans,” except for certain pension plans and arrangements described in 29 CFR 2520.104-44(b)(2) and

Limited Pension Plan Reporting on page 10. For additional information, see the Schedule I instructions.

Schedule A (Insurance Information) – is required if any benefits under an employee benefit plan are provided by an insurance company, insurance service or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization). This includes investment contracts with insurance companies, such as guaranteed investment contracts and pooled separate accounts. For additional information, see the Schedule A instructions.

Note. Do not file Schedule A for Administrative Services Only (ASO) contracts. Do not file Schedule A if a Schedule A is filed for the contract as part of the Form 5500 filed directly by a master trust investment account or 103-12 IE. Do not file Schedule A if the plan covers only: (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.

Schedule C (Service Provider Information) – is required for a large plan, MTIA, 103-12 IE, or GIA if (1) any service provider who rendered services to the plan or DFE during the plan or DFE year received \$5,000 or more in compensation, directly or indirectly from the plan or DFE, or (2) an accountant and/or enrolled actuary has been terminated. For additional information, see the Schedule C instructions.

Schedule D (DFE/Participating Plan Information) – Part I is required for a plan or DFE that invested or participated in any MTIAs, 103-12 IEs, CCTs, and/or PSAs. Part II is required when the Form 5500 is filed for a DFE. For additional information, see the Schedule D instructions.

Schedule G (Financial Transaction Schedules) – is required for a large plan, MTIA, 103-12 IE, or GIA when Schedule H (Financial Information) lines 4b, 4c, and/or 4d are checked "Yes." Part I of the Schedule G reports loans or fixed income obligations in default or classified as uncollectible. Part II of the Schedule G reports leases in default or classified as uncollectible. Part III of the Schedule G reports nonexempt transactions. For additional information, see the Schedule G instructions.



CAUTION *An unfunded, fully insured, or combination unfunded/insured welfare plan with 100 or more participants exempt under 29 CFR 2520.104-44 from completing Schedule H must still complete Schedule G, Part III, to report nonexempt transactions.*

Voluntary Alternative Reporting Option for Certain Plans with Fewer Than 25 Participants

The Pension Protection Act of 2006 (PPA) required the Department of Labor and the Department of the Treasury to provide a simplified report for plan years beginning after December 31, 2006, for plans with fewer than 25 participants as of the beginning of the plan year. For the 2008 plan year, plans with fewer than 25 participants that meet the eligibility conditions below may voluntarily choose to file the following, as applicable, as a simplified annual return/report:

1. The entire Form 5500;
2. Schedule A for any insurance contract for which a Schedule A is required under current rules for completing lines A, B, C, D, and the insurance fee and commission information in Part I;
3. The entire Schedule SB (or Schedule MB for certain money purchase plans);
4. The entire Schedule I;
5. Schedule R identifying information and Part II; and
6. The entire Schedule SSA.

This is a voluntary simplified reporting option. Small plan filers that meet the eligibility conditions below can also choose to file in accordance with the general filing instructions for a small plan in **Who Must File** and **What To File** on pages 3 and

8, respectively. If you are a small plan that does not meet the eligibility conditions described below for the PPA-simplified reporting option, you **must** file in accordance with the general filing instructions in **Who Must File** and **What To File**.

You must meet **all** of these conditions to use the PPA-simplified reporting option:

1. The plan must have had fewer than 25 participants at the beginning of the plan year;
2. The plan must meet the conditions summarized on page 41 of these instructions for being exempt from the requirement to be audited annually by an independent qualified public accountant (but not by virtue of enhanced bonding);
3. The plan must not hold any employer securities at any time during the plan year;
4. At all times during the plan year, the plan must be 100% invested in assets that have a readily determinable fair market value and are held or issued by one of the following regulated financial institutions: a bank or similar financial institution as defined in 29 CFR 2550.408b-4(c) (for example, banks, trust companies, savings and loan associations, domestic building and loan associations, and credit unions); an insurance company qualified to do business under the laws of a state; organizations registered as broker-dealers under the Securities Exchange Act of 1934; investment companies registered under the Investment Company Act of 1940; or any other organization authorized to act as a trustee for individual retirement accounts under Code section 408. Examples of assets that would qualify as eligible plan assets for this annual reporting purpose are: mutual fund shares; investment contracts with insurance companies or banks that provide the plan with valuation information at least annually; publicly traded stock held by a registered broker dealer; and cash and cash equivalents held by a bank. Participant loans meeting the requirements of ERISA section 408(b)(1) are also eligible assets for this purpose whether or not they have been deemed distributed; and
5. The plan must not be a multiemployer plan.



TIP *If the plan must answer "Yes" and enter an amount on Schedule I, line 3a, b, c, d, f, or g, the plan cannot use the voluntary PPA-simplified option.*

Note: Direct Filing Entities (DFEs) cannot use this reporting option. The existing annual reporting exemption for welfare plans with fewer than 100 participants in 29 CFR 2520.104-20 (described in footnote 3 on page 14 of these instructions) is not affected by this PPA-simplified reporting option.

Pension Benefit Plan Filing Requirements

Pension benefit plan filers must complete the Form 5500, including the signature block and, unless otherwise specified, attach the following schedules and information:

Small Pension Plan

The following schedules (including any additional information required by the instructions to the schedules) must be attached to a Form 5500 filed for a small pension plan:

1. Schedule A (as many as needed), to report insurance, annuity, and investment contracts held by the plan.
2. Schedule D, Part I, to list any CCTs, PSAs, MTIAs, and 103-12 IEs in which the plan participated at any time during the plan year.
3. Schedule E, to report ESOP annual information, if applicable.
4. Schedule I, to report small plan financial information, unless exempt.
5. Schedule MB, to report actuarial information, if applicable.
6. Schedule R, to report retirement plan information, if applicable.
7. Schedule SB, to report actuarial information, if applicable.
8. Schedule SSA (only one page 1 with as many pages 2 as needed), to report separated vested participant information, if applicable.



If Schedule I, line 4k, is checked “No,” you **must** attach the report of the independent qualified public accountant (IQPA) or a statement that the plan is eligible and elects to defer attaching the IQPA’s opinion pursuant to 29 CFR 2520.104-50 in connection with a short plan year of seven months or less.

Large Pension Plan

The following schedules (including any additional information required by the instructions to the schedules) must be attached to a Form 5500 filed for a large pension plan:

1. Schedule A (as many as needed), to report insurance, annuity, and investment contracts held by the plan.
2. Schedule C, to list the 40 most highly compensated service providers and, if applicable, any terminated accountants or enrolled actuaries.
3. Schedule D, Part I, to list any CCTs, PSAs, MTIAs, and 103-12 IEs in which the plan invested at any time during the plan year.
4. Schedule E, to report ESOP annual information, if applicable.
5. Schedule G, to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan year, leases in default or classified as uncollectible, and nonexempt transactions, i.e., file Schedule G if Schedule H (Form 5500) lines 4b, 4c, and/or 4d are checked “Yes.”
6. Schedule H, to report financial information, unless exempt.
7. Schedule MB, to report actuarial information, if applicable.
8. Schedule R, to report retirement plan information, if applicable.
9. Schedule SB, to report actuarial information, if applicable.
10. Schedule SSA (only one page 1 with as many pages 2 as needed), to report separated vested participant information, if applicable.



You **must** attach the report of the independent qualified public accountant identified on Schedule H, line 3c, unless line 3d(2) is checked.

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 Form 5500, Part I and Part II, lines 1 through 5, and 8 (enter pension feature code 2L, 2M, or both).

Note. The administrator of an arrangement described above is not required to engage an independent qualified public accountant, attach an accountant’s opinion to the Form 5500, or attach any schedules to 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 Form 5500, Part I and Part II, lines 1 through 5, and 8 (enter pension feature code 2N).

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 must complete all the requirements listed under this **Pension Benefit Plan Filing Requirements** section, except that such a plan is exempt from attaching Schedule H, Schedule I, and an accountant’s opinion, and from the requirement to engage an independent qualified public accountant.

A pension benefit plan that has insurance contracts of the type described in 29 CFR 2520.104-44 as well as other assets must complete all requirements for a pension benefit plan, except that the value of the plan’s allocated contracts (see

below) should not be reported in Part I of Schedule H or I. All other assets should be reported on Schedule H or Schedule I, and any other required schedules. If Schedule H is filed, attach an accountant’s report in accordance with the Schedule H instructions.

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 Form 5500 purposes.

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 3) must complete the entire Form 5500 and are not required to attach any schedules (enter 3A in Part II, line 8a).

Welfare Benefit Plan Filing Requirements

Welfare benefit plan filers must complete the Form 5500, including the signature block and, unless otherwise specified, attach the following schedules and information:

Small Welfare Plan

The following schedules (including any additional information required by the instructions to the schedules) must be attached to a Form 5500 filed for a small welfare plan:

1. Schedule A (as many as needed), to report insurance contracts held by the plan.
2. Schedule D, Part I, to list any CCTs, PSAs, MTIAs, and 103-12 IEs in which the plan participated at any time during the plan year.
3. Schedule I, to report small plan financial information.

Large Welfare Plan

The following schedules (including any additional information required by the instructions to the schedules) must be attached to a Form 5500 filed for a large welfare plan:

1. Schedule A (as many as needed), to report insurance and investment contracts held by the plan.
2. Schedule C, if applicable, to list service providers and any terminated accountants or actuaries.
3. Schedule D, Part I, to list any CCTs, PSAs, MTIAs, and 103-12 IEs in which the plan invested at any time during the plan year.
4. Schedule G, to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan year, leases in default or classified as uncollectible, and nonexempt transactions, i.e., file Schedule G if Schedule H (Form 5500) lines 4b, 4c, and/or 4d are checked “Yes” or if a large welfare plan that is not required to file a Schedule H has nonexempt transactions.
5. Schedule H, to report financial information, unless exempt.



Attach the report of the independent qualified public accountant identified on Schedule H, line 3c, unless line 3d(2) is checked.



Neither Schedule H nor an accountant’s opinion should be attached to a Form 5500 filed for 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 which meets the requirements of 29 CFR 2520.104-44. However, Schedule G, Part III, must be attached to the Form 5500 to report any nonexempt transactions. 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.

Direct Filing Entity (DFE) Filing Requirements

Some plans participate in certain trusts, accounts, and other investment arrangements that file the Form 5500 as a DFE. A Form 5500 must be filed for a master trust investment account (MTIA). A Form 5500 is not required but may be filed for a common/collective trust (CCT), pooled separate account (PSA), 103-12 investment entity (103-12 IE), or group insurance arrangement (GIA). However, plans that participate in CCTs, PSAs, 103-12 IEs, or GIAs that file as DFEs generally are eligible for certain annual reporting relief. For reporting purposes, a CCT, PSA, 103-12 IE, or GIA is considered a DFE only when a Form 5500 and all required attachments are filed for it in accordance with the following instructions.

Only one Form 5500 should be filed for each DFE for all plans participating in the DFE; however, the Form 5500 filed for the DFE, including all required schedules and attachments, must report information for the DFE year (not to exceed 12 months in length) that ends with or within the participating plan's year.

Any Form 5500 filed for a DFE is an integral part of the annual report of each participating plan and the plan administrator may be subject to penalties for failing to file a complete annual report unless both the DFE Form 5500 and the plan's Form 5500 are properly filed. The information required for a Form 5500 filed for a DFE varies according to the type of DFE. The following paragraphs provide specific guidance for the reporting requirements for each type of DFE.

Master Trust Investment Account (MTIA)

The administrator filing a Form 5500 for an employee benefit plan is required to file or have a designee file a Form 5500 for each MTIA in which the plan participated at any time during the plan year. 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.

"Common control" is determined on the basis of all relevant facts and circumstances (whether or not such employers are incorporated).

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. A securities brokerage firm is not a "similar financial institution" as used here. See DOL Advisory Opinion 93-21A (available at www.dol.gov/ebsa).

The assets of a master trust are considered for reporting purposes 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 MTIA 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.

Notes. (1) If a MTIA consists solely of one plan's asset(s) during the reporting period, the plan may report the asset(s) either as an investment account on a MTIA Form 5500, or as a plan asset(s) that is not part of the master trust (and therefore subject to all instructions concerning assets not held in a master

trust) on the plan's Form 5500. (2) If a master trust holds assets attributable to participant or beneficiary directed transactions under an individual account plan and the assets are interests in registered investment companies, interests in contracts issued by an insurance company licensed to do business in any state, interests in common/collective trusts maintained by a bank, trust company or similar institution, or the assets have a current value that is readily determinable on an established market, those assets may be treated as a single MTIA.

The Form 5500 submitted for the MTIA must comply with the Form 5500 instructions for a **Large Pension Plan**, unless otherwise specified in the forms and instructions. The MTIA must file:

1. Form 5500, except lines C, D, 1c, 2d, and 6 through 9. Be certain to enter "M" on line A(4).
2. Schedule A (as many as needed) to report insurance, annuity and investment contracts held by the MTIA.
3. Schedule C, to report service provider information. Part II is not required for a MTIA.
4. Schedule D, to list CCTs, PSAs, and 103-12 IEs in which the MTIA invested at any time during the MTIA year and to list all plans that participated in the MTIA during its year.
5. Schedule G, to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the MTIA year, all leases in default or classified as uncollectible, and nonexempt transactions.
6. Schedule H, except lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, 2a, 2b(1)(E), 2e, 2f, 2g, 4a, 4e, 4f, 4g, 4h, 4k, and 5, to report financial information. An accountant's opinion is not required for a MTIA.
7. Additional information required by the instructions to the above schedules, including, for example, the schedules of assets held for investment and the schedule of reportable transactions. For purposes of the schedule of reportable transactions, the 5% figure shall be determined by comparing the current value of the transaction at the transaction date with the current value of the investment account assets at the beginning of the applicable fiscal year of the MTIA. All attachments must be properly labeled.

Common/Collective Trust (CCT) and Pooled Separate Account (PSA)

A Form 5500 is not required to be filed for a CCT or PSA. However, the administrator of a large plan or DFE that participates in a CCT or PSA that files as specified below is entitled to reporting relief that is not available to plans or DFEs participating in a CCT or PSA for which a Form 5500 is not filed.

For reporting purposes, "common/collective trust" and "pooled separate account" are, respectively: (1) a trust maintained by a bank, trust company, or similar institution or (2) an account maintained by an insurance carrier, which are regulated, supervised, and subject to periodic examination by a state or federal agency in the case of a CCT, or by a state agency in the case of a PSA, 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.

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.

The Form 5500 submitted for a CCT or PSA must comply with the Form 5500 instructions for a **Large Pension Plan**, unless otherwise specified in the forms and instructions. The CCT or PSA must file:

1. Form 5500, except lines C, D, 1c, 2d, and 6 through 9. Enter "C" or "P," as appropriate, on line A(4).
2. Schedule D, to list all CCTs, PSAs, MTIAs, and 103-12 IEs in which the CCT or PSA invested at any time during the

CCT or PSA year and to list in Part II all plans that participated in the CCT or PSA during its year.

3. Schedule H, except lines 1b(1), 1b(2), 1c(8), 1d, 1e, 1g, 1h, 1i, 2a, 2b(1)(E), 2e, 2f, and 2g, to report financial information. Part IV and an accountant's opinion are not required for a CCT or PSA.



Different requirements apply to the Schedules D and H attached to the Form 5500 filed by plans and DFEs participating in CCTs and PSAs, depending upon whether a DFE Form 5500 has been filed for the CCT or PSA. See the instructions for these schedules.

103-12 Investment Entity (103-12 IE)

DOL Regulation 2520.103-12 provides an alternative method of reporting for plans that invest in an entity (other than a 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. Such an entity for which a Form 5500 is filed constitutes a “103-12 IE.” A Form 5500 is not required to be filed for such entities; however, filing a Form 5500 as a 103-12 IE provides certain reporting relief, including the limitation of the examination and report of the independent qualified public accountant provided by 29 CFR 2520.103-12(d), to participating plans and DFEs. For this reporting purpose, a “related group” of employee benefit plans 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 purposes of this paragraph, 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.

The Form 5500 submitted for a 103-12 IE must comply with the Form 5500 instructions for a **Large Pension Plan**, unless otherwise specified in the forms and instructions. The 103-12 IE must file:

1. Form 5500, except lines C, D, 1c, 2d, and 6 through 9. Enter “E” on line A(4).
2. Schedule A (as many as needed), to report insurance, annuity and investment contracts held by the 103-12 IE.
3. Schedule C, to report service provider information and any terminated accountants.
4. Schedule D, to list all CCTs, PSAs, and 103-12 IEs in which the 103-12 IE invested at any time during the 103-12 IE's

year, and to list all plans that participated in the 103-12 IE during its year.

5. Schedule G, to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the 103-12 IE year, leases in default or classified as uncollectible, and nonexempt transactions.

6. Schedule H, except lines 1b(1), 1b(2), 1c(8), 1d, 1e, 1g, 1h, 1i, 2a, 2b(1)(E), 2e, 2f, 2g, 4a, 4e, 4f, 4g, 4h, 4j, 4k, and 5, to report financial information.

7. Additional information required by the instructions to the above schedules, including, for example, the report of the independent qualified public accountant identified on Schedule H, line 3c, and the schedule(s) of assets held for investment. All attachments must be properly labeled.

Group Insurance Arrangement (GIA)

Each welfare benefit plan that is part of a group insurance arrangement is exempted from the requirement to file a Form 5500 if a consolidated Form 5500 report for all the plans in the arrangement was filed in accordance with 29 CFR 2520.104-43. For reporting purposes, 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, uses a trust or other entity as the holder of the insurance contracts, and uses a trust as the conduit for payment of premiums to the insurance company. The GIA must file:

1. Form 5500, except lines C and 2d. (Enter “G” on line A(4).)
2. Schedule A (as many as needed), to report insurance, annuity and investment contracts held by the GIA.
3. Schedule C, to report service provider information and any terminated accountants.
4. Schedule D, to list all CCTs, PSAs, and 103-12 IEs in which the GIA invested at any time during the GIA year, and to list all plans that participated in the GIA during its year.
5. Schedule G, to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the GIA year, leases in default or classified as uncollectible, and nonexempt transactions.
6. Schedule H, except lines 4a, 4e, 4f, 4g, 4h, 4k, and 5, to report financial information.
7. Additional information required by the instructions to the above schedules, including, for example, the report of the independent qualified public accountant identified on Schedule H, line 3c, the schedules of assets held for investment and the schedule of reportable transactions. (All attachments must be properly labeled.)

Quick Reference Chart for Form 5500, Schedules and Attachments¹

	Large Pension Plan	Small Pension Plan²	Large Welfare Plan	Small Welfare Plan²	DFE
Form 5500	Must complete.	Must complete.	Must complete.	Must complete. ³	Must complete.
Schedule A (Insurance Information)	Must complete if plan has insurance contracts for benefits or investments.	Must complete if plan has insurance contracts for benefits or investments.	Must complete if plan has insurance contracts for benefits or investments.	Must complete if plan has insurance contracts for benefits or investments.	Must complete if MTIA, 103-12 IE, or GIA has insurance contracts for benefits or investments.
Schedule C (Service Provider Information)	Must complete if service provider was paid \$5,000 or more and/or an accountant or actuary was terminated.	Not required.	Must complete if service provider was 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 accountant was terminated.
Schedule D (DFE/Participating Plan Information)	Must complete Part I if plan participated in a CCT, PSA, MTIA, or 103-12 IE.	Must complete Part I if plan participated in CCT, PSA, MTIA, or 103-12 IE.	Must complete Part I if plan participated in CCT, PSA, MTIA, or 103-12 IE.	Must complete Part I if plan participated in CCT, PSA, MTIA, or 103-12 IE.	All DFEs must complete Part II, and DFEs that invest in a CCT, PSA, or 103-12 IE must also complete Part I.
Schedule E (ESOP Annual Information)	Must complete if ESOP.	Must complete if ESOP.	Not required.	Not required.	Not required.
Schedule G (Financial Transaction Schedules)	Must complete if Schedule H, line 4b, 4c, or 4d is "Yes." ⁴	Not required.	Must complete if Schedule H, line 4b, 4c, or 4d is "Yes." ^{3, 4}	Not required.	MTIAs, GIAs, and 103-12 IEs must complete if Schedule H, line 4b, 4c, or 4d is "Yes." ⁴
Schedule H (Financial Information)	Must complete. ⁴	Not required.	Must complete. ^{3, 4}	Not required.	All DFEs must complete Parts I, II, and III. MTIAs, 103-12 IEs, and GIAs must also complete Part IV. ⁴
Schedule I (Financial Information—Small Plan)	Not required.	Must complete.	Not required.	Must complete. ³	Not required.
Schedule MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)	Must complete if plan is subject to minimum funding standards. ⁵	Must complete if plan is subject to minimum funding standards. ⁵	Not required.	Not required.	Not required.
Schedule R (Retirement Plan Information)	Must complete. ⁶	Must complete. ⁶	Not required.	Not required.	Not required.
Schedule SB (Single-Employer Defined Benefit Plan Actuarial Information)	Must complete if plan is subject to minimum funding standards.	Must complete if plan is subject to minimum funding standards.	Not required.	Not required.	Not required.

	Large Pension Plan	Small Pension Plan²	Large Welfare Plan	Small Welfare Plan²	DFE
Schedule SSA (Annual Registration 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.
Accountant's Report	Must attach.	Not required unless Schedule I, line 4k, is checked "No."	Must attach. ³	Not required.	Must attach for a GIA or 103-12 IE.

¹ This chart provides only general guidance. Not all rules and requirements are reflected. Refer to specific Form 5500 instructions for complete information on filing requirements (e.g., **Who Must File** on page 3 and **What To File** on page 8). For example, a pension plan is exempt from filing any schedules if the plan uses a Code section 403(b)(1) annuity, 403(b)(7) custodial account, or 408 individual retirement accounts or annuities as the sole funding vehicle for providing benefits. See **Limited Pension Plan Reporting** on page 10.

² Pension benefit plans and welfare plans with fewer than 25 participants that are not exempt from filing an annual return/report may be eligible to file a simplified report. See **Voluntary Alternative Reporting Option for Certain Plans with Fewer Than 25 Participants** on page 9 for a list of conditions that must be met to be eligible for simplified reporting.

³ Unfunded, fully insured and combination unfunded/insured welfare plans covering fewer than 100 participants at the beginning of the plan year that meet the requirements of 29 CFR 2520.104-20 are exempt from filing an annual report. (See **Who Must File** on page 3.) Such a plan with 100 or more participants must file an annual report, but is exempt under 29 CFR 2520.104-44 from the accountant's report requirement and completing Schedule H, but MUST complete Schedule G, Part III, to report any nonexempt transactions. See **What To File** on page 8.

⁴ Schedules of assets and reportable (5%) transactions also must be filed with the Form 5500 if Schedule H, line 4i or 4j is "Yes," but use of printed form is not required.

⁵ Certain money purchase defined contribution plans are required to complete Schedule MB, lines 3, 9, and 10 in accordance with the instructions for Schedule R, line 5.

⁶ A pension plan is exempt from filing Schedule R if all of the following five conditions are met:

- The plan is not a multiemployer defined benefit plan.
- The plan is not a defined benefit plan or otherwise subject to the minimum funding standards of Code section 412 or ERISA section 302.
- No in-kind distributions reportable on line 1 of Schedule R were distributed during the plan year.
- No benefits were distributed during the plan year which are reportable on Form 1099-R using an EIN other than that of the plan sponsor or plan administrator.
- In the case of a plan that is not a profit-sharing, ESOP or stock bonus plan, no plan benefits were distributed during the plan year in the form of a single-sum distribution.

Section 6: Line-by-Line Instructions for the 2008 Form 5500 and Schedules

Part I - Annual Report Identification Information

File Form 5500 with “2008” printed in the upper right corner for a plan year that began in 2008 or a DFE year that ended in 2008. If the plan or DFE year is not the 2008 calendar year, enter the dates in Part I. If the 2008 Form 5500 is not available before the filing due date, use the 2007 Form 5500 and enter the dates the plan or DFE year began and ended in Part I. However, see the **Caution** on page 5 identifying plans that cannot use the 2007 forms to satisfy their 2008 filing requirements.

One Form 5500 is generally filed for each plan or entity described in the instructions to boxes A(1) through A(4) below. **Do not check more than one box.**

A separate Form 5500, with box A(2) checked, must be filed by each employer participating in a plan or program of benefits in which the funds attributable to each employer are available to pay benefits only for that employer’s employees, even if the plan is maintained by a controlled group.

A “controlled group” is generally considered one employer for Form 5500 reporting purposes. A “controlled group” is a controlled group of corporations under Code section 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).

Box A(1). Multiemployer Plan. Check this box if the Form 5500 is filed for a multiemployer plan. A plan is a multiemployer plan if: **(a)** more than one employer is required to contribute, **(b)** the plan is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and **(c)** an election under Code section 414(f)(5) and ERISA section 3(37)(E) has not been made. A plan that made a proper election under ERISA section 3(37)(G) and Code section 414(f)(6) on or before August 17, 2007, is also a multiemployer plan. Participating employers do not file individually for these plans. See 29 CFR 2510.3-37.

Box A(2). Single-Employer Plan. Check this box if the Form 5500 is filed for a single-employer plan. A single-employer plan for this Form 5500 reporting purpose is an employee benefit plan maintained by one employer or one employee organization.

Box A(3). Multiple-Employer Plan. 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. A multiple-employer plan can be collectively bargained and collectively funded, but if covered by PBGC termination insurance, must have 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). Participating employers do not file individually for this type of plan. **Do not check this box if the employers maintaining the plan are members of the same controlled group.**

Box A(4). Direct Filing Entity. Check this box and enter the correct letter from the following chart to indicate the type of entity in the space provided.

Type of entity	Enter the letter
Master Trust Investment Account	M
Common/Collective Trust	C
Pooled Separate Account	P
103-12 Investment Entity	E
Group Insurance Arrangement	G

Note. A separate annual report with “M” entered on Form 5500, box A(4), must be filed for each MTIA. See definition on page 11.

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

Box B(2). Check this box if this Form 5500 is being submitted as an amended return/report to correct errors and/or omissions on a previously filed Form 5500 for the 2008 plan year. If you are filing a corrected return/report in response to correspondence from EBSA regarding the processing of your return/report, do **not** check Part I, box B(2) to identify the filing as an amended return/report unless the correspondence includes instructions that specifically direct you to check box B(2).

Box B(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 7.)

Note. Do not check box B(3) if “4R” is entered on line 8b for a welfare plan that is not required to file a Form 5500 for the next plan year because the welfare plan has become eligible for an annual reporting exemption. For example, certain unfunded and insured welfare plans may be required to file the 2008 Form 5500 and be exempt from filing a Form 5500 for the plan year 2009 if the number of participants covered as of the beginning of the 2009 plan year drops below 100. See **Who Must File** on page 3. Should the number of participants covered by such a plan increase to 100 or more in a future year, the plan should resume filing Form 5500 and enter “4S” on line 8b on that year’s Form 5500. See 29 CFR 2520.104-20.

Box B(4). Check this box if this Form 5500 is filed for a plan year of less than 12 months.

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 with the IRS using a completed **Form 5558**, Application for Extension of Time To File Certain Employee Plan Returns (attach a copy of the Form 5558 to the return/report);
- You are filing using the automatic extension of time to file Form 5500 until the due date of the Federal income tax return of the employer (attach a copy of the employer’s extension of time to file the income tax return to the return/report);
- You are filing using a special extension of time to file Form 5500 that has been announced by the IRS, DOL, and PBGC. Attach a statement citing the announced authority for the extension. The attachment must be appropriately labeled at the top of the statement (e.g., “**Form 5500, Box D - DISASTER RELIEF EXTENSION**” or “**Form 5500, Box D - COMBAT ZONE EXTENSION**”). See **Other Extensions of Time** on page 5, for more information.

• You are filing under DOL’s Delinquent Filer Voluntary Compliance (DFVC) Program. Attach a statement that the report is submitted under the DFVC Program with “**Form 5500, Box D - DFVC FILING**” prominently displayed at the top of the statement. See **Delinquent Filer Voluntary Compliance (DFVC) Program** on page 5, for more information.

Part II - Basic Plan Information

Line 1a. Enter the formal name of the plan or DFE or enough information to identify the plan or DFE. Abbreviate if necessary.

Line 1b. Enter the three-digit plan or entity number (PN) the employer or plan administrator assigned to the plan or DFE. This three-digit number, in conjunction with the employer identification number (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.

Start at 001 for plans providing pension benefits or DFEs as illustrated in the table below. Start at 501 for welfare plans and GIAs. Do not use 888 or 999.

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 PN ▼
Part II, box 8a is checked, or Part I, A(4) is checked and an M, C, P, or E is entered	001 to the first plan or DFE. Consecutively number others as 002, 003. . .
Part II, box 8b is checked and 8a is not checked, or Part I, A(4) is checked and a G is entered	501 to the first plan or GIA. Consecutively number others as 502, 503. . .

Exception. If Part II, box 8a is checked and 333 (or a higher number in a sequence beginning with 333) was previously assigned to the plan, that number may be entered on line 1b.

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

Line 2a. Each row of boxes on the hand print forms is designed to contain specific information regarding the plan sponsor. Please limit your response to the information required in each row of boxes as specified below:

1. Enter in the first two rows of boxes labeled **1**) the name of the plan sponsor or, in the case of a Form 5500 filed for a DFE, the name of the insurance company, financial institution, or other sponsor of the DFE (e.g., in the case of a GIA, the trust or other entity that holds the insurance contract, or in the case of an MTIA, one of the sponsoring employers). If the plan covers only the employees of one employer, enter the employer’s name.

The term “plan sponsor” means:

- The employer, for an employee benefit plan that a single employer established or maintains;
- 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.

Note. In the case of a multiple-employer plan, if an association or similar entity is not the sponsor, enter the name of a participating employer as sponsor. A plan of a controlled group of corporations should enter the name of one of the sponsoring members. In either case, the same name must be used in all subsequent filings of the Form 5500 for the multiple-employer plan or controlled group (see instructions to line 4 concerning change in sponsorship).

2. Enter in row **2**) any “in care of (C/O)” name.
3. Enter in row **3**) the street address. A post office box number may be entered if the Post Office does not deliver mail to the sponsor’s street address.
4. Enter in row **4**) the name of the city.
5. Enter in row **5**) the two-character abbreviation of the U.S. state or possession and zip code.
6. Enter in row **6**) the foreign routing code, if applicable. Leave row **5**), U.S. state and zip code, blank if entering information in rows **6**) and **7**).
7. Enter in row **7**) the foreign country, if applicable.
8. Enter in row **8**) the “doing business as (D/B/A)” or trade name of the sponsor if different from the name entered in **1**).
9. Enter in the rows of boxes labeled **9**) any second address. Use only a street address, not a P.O. box, here. A P.O. box may be entered only in row **3**).

Line 2b. Enter the nine-digit employer identification number (EIN) assigned to the plan sponsor/employer. For example, 00-1234567. In the case of a DFE, enter the employer identification number (EIN) assigned to the CCT, PSA, MTIA, 103-12 IE, or GIA.

Do not use a social security number in lieu of an EIN. The Form 5500 is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this line may result in the rejection of the filing.

Employers without an EIN must apply for one as soon as possible. The EBSA does not issue EINs. To apply for an EIN:

- Mail or fax Form SS-4, Application for Employer Identification Number, obtained by calling 1-800-TAX-FORM (1-800-829-3676) or at the IRS website at www.irs.gov.
- Call 1-800-829-4933 to receive your EIN by telephone.
- Select the Online EIN Application link at www.irs.gov. The EIN is issued immediately once the application information is validated. (The online application process is not yet available for corporations with addresses in foreign countries or Puerto Rico.)

A multiple-employer plan or plan of a controlled group of corporations should use the EIN of the sponsor identified in line 2a. The EIN must be used in all subsequent filings of the Form 5500 for these plans (see instructions to line 4 concerning change in EIN).

If the plan sponsor is a group of individuals, get a single EIN for the group. When you apply for an EIN, provide the name of the group, such as “Joint Board of Trustees of the Local 187 Machinists’ Retirement Plan.” (If filing Form SS-4, enter the group name on line 1.)

Note. EINs for funds (trusts or custodial accounts) associated with plans (other than DFEs) are generally not required to be furnished on the Form 5500; the IRS will issue EINs for such funds for other reporting purposes. EINs may be obtained as explained above. Plan sponsors should use the trust EIN described above when opening a bank account or conducting other transactions for a trust that require an EIN.

Line 2d. Enter the six-digit business code that best describes the nature of the plan sponsor’s business from the list of business codes on pages 66, 67, and 68. If more than one employer or employee organization is involved, enter the business code for the main business activity of the employers and/or employee organizations.

Line 3a. Each row of boxes on the hand print forms is designed to contain specific information regarding the plan administrator. Please limit your response to the information required in each row of boxes as specified below:

1. Enter in the first two rows of boxes labeled **1**) the name of the plan administrator unless the administrator is the sponsor identified in line 2 or the Form 5500 is submitted for a DFE (Part I, box A(4) should be checked). If this is the case, enter the word “same” on line 3a and leave the remainder of line 3a, and all of lines 3b and 3c blank.

Plan administrator means:

- The person or group of persons specified as the administrator by the instrument under which the plan is operated;
 - The plan sponsor/employer if an administrator is not so designated; or
 - Any other person prescribed by regulations if an administrator is not designated and a plan sponsor cannot be identified.
2. Enter in row **2**) any “in care of (C/O)” name.
 3. Enter in row **3**) the street address. A post office box number may be entered if the Post Office does not deliver mail to the administrator’s street address.
 4. Enter in row **4**) the name of the city.
 5. Enter in row **5**) the two-character abbreviation of the U.S. state or possession and zip code.
 6. Enter in rows **6**) and **7**) the foreign routing code and foreign country, if applicable. Leave row **5**), U.S. state and zip code, blank if entering information in rows **6**) and **7**).

Line 3b. Enter the plan administrator’s nine-digit EIN. A plan administrator must have an EIN for Form 5500 reporting purposes. If the plan administrator does not have an EIN, apply for one as explained in the instructions for line 2b. One EIN should be entered for a group of individuals who are, collectively, the plan administrator.

Note. Employees of the plan sponsor who perform administrative functions for the plan are generally not the plan administrator unless specifically designated in the plan document. If an employee of the plan sponsor is designated as the plan administrator, that employee must get an EIN.

Line 4. If the plan sponsor’s or DFE’s name and/or EIN have changed since the last return/report was filed for this plan or DFE, enter the plan sponsor’s or DFE’s name, EIN, and the plan number as it appeared on the last return/report filed.



The failure to indicate on line 4 that a plan was previously identified by a different Employer Identification Number (EIN) or Plan Number (PN) could result in correspondence from the Department of Labor (DOL) and the Internal Revenue Service (IRS).

Line 5. (Optional) You may use this line to designate the person or entity that is principally responsible for the preparation of the annual return/report.

Line 5a. Each row of boxes on the hand print forms is designed to contain specific information regarding the preparer. Please limit your response to the information required in each row of boxes as specified below:

1. If the person who prepared the annual return/report is not the employer named in line 2a or the plan administrator named in line 3a, you may name the person in the first two rows of boxes labeled **1**).
2. Enter in row **2**) the street address. If the Post Office does not deliver mail to the street address and the preparer has a P.O. box, enter the box number.
3. Enter in row **3**) the name of the city.
4. Enter in row **4**) the two-character abbreviation of the U.S. state or possession and zip code.
5. Enter in rows **5**) and **6**) the foreign routing code and foreign country, if applicable. Leave row **4**), U.S. state and zip code, blank if entering information in rows **5**) and **6**).

Lines 6 and 7. All filers **must** complete both lines 6 and 7 unless the Form 5500 is filed for a 403(b) Arrangement or IRA Plan eligible for **Limited Pension Plan Reporting** as described on page 10 or for a DFE.

The description of “participant” in the instructions below is only for purposes of these lines.

For welfare plans, the number of participants should be determined by reference to 29 CFR 2510.3-3(d), which provides that an individual becomes a participant covered under an employee welfare benefit plan on the earlier of: the date designated by the plan as the date on which the individual begins participation in the plan; the date on which the individual becomes eligible under the plan for a benefit subject only to

occurrence of the contingency for which the benefit is provided; or the date on which the individual makes a contribution to the plan, whether voluntary or mandatory. Dependents are considered neither participants nor beneficiaries. A child who is an “alternate recipient” entitled to health benefits under a qualified medical child support order should not be counted as a participant for lines 6 and 7. An individual is not a participant covered under an employee welfare plan on the earliest date on which the individual (A) is ineligible to receive any benefit under the plan even if the contingency for which such benefit is provided should occur, and (B) is not designated by the plan as a participant. See 29 CFR 2510.3-3(d)(2). For pension benefit plans, “alternate payees” entitled to benefits under a qualified domestic relations order are not to be counted as participants for these lines.



Before counting the number of participants in welfare plans, it is important to determine whether the plan sponsor has established one or more plans for Form 5500 reporting purposes. As a matter of plan design, plan sponsors can offer benefits through various structures and combinations. For example, a plan sponsor could create (i) one plan providing major medical benefits, dental benefits, and vision benefits, (ii) two plans with one providing major medical benefits and the other providing self-insured dental and vision benefits, or (iii) three separate plans. You must review the governing documents and actual operations to determine whether welfare benefits are being provided under a single plan or separate plans.

The fact that you have separate insurance policies for each different welfare benefit does not necessarily mean that you have separate plans. Some plan sponsors use a “wrap” document to incorporate various benefits and insurance policies into one comprehensive plan. In addition, whether a benefit arrangement is deemed to be a single plan may be different for purposes other than Form 5500 reporting. For example, special rules may apply for purposes of HIPAA, COBRA, and Internal Revenue Code compliance. If you need help determining whether you have a single welfare benefit plan for Form 5500 reporting purposes, you should consult a qualified benefits consultant or legal counsel.

“Participant” means any individual who is included in one of the categories below:

1. Active participants include any individuals who are currently in employment covered by a plan and who are earning or retaining credited service under a plan. This category includes any individuals who are eligible to elect to have the employer make payments to a Code section 401(k) qualified cash or deferred arrangement. Active participants also include any nonvested individuals who are earning or retaining credited service under a plan. This category does not include **(a)** nonvested former employees who have incurred the break in service period specified in the plan or **(b)** former employees who have received a “cash-out” distribution or deemed distribution of their entire nonforfeitable accrued benefit.
2. Retired or separated participants receiving benefits are any individuals who are retired or separated from employment covered by the plan and who are receiving benefits under the plan. This includes former employees who are receiving group health continuation coverage benefits pursuant to Part 6 of ERISA and who are covered by the employee welfare benefit plan. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.
3. Other retired or separated participants entitled to future benefits are any individuals who are retired or separated from employment covered by the plan and who are entitled to begin receiving benefits under the plan in the future. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.
4. Deceased individuals who had one or more beneficiaries who are receiving or are entitled to receive benefits under the

LIST OF PLAN CHARACTERISTICS CODES FOR LINES 8a AND 8b

CODE	Defined Benefit Pension Features		
		2B	Target benefit plan
1A	Benefits are primarily pay related.	2C	Money purchase (other than target benefit)
1B	Benefits are primarily flat dollar (includes dollars per year of service).	2D	Offset plan – Plan benefits are subject to offset for retirement benefits provided in another plan or arrangement of the employer.
1C	Cash balance or similar plan – Plan has a “cash balance” formula. For this purpose, a “cash balance” formula is a benefit formula in a defined benefit plan by whatever name (e.g., personal account plan, pension equity plan, life cycle plan, cash account plan, etc.) that rather than, or in addition to, expressing the accrued benefit as a life annuity commencing at normal retirement age, defines benefits for each employee in terms more common to a defined contribution plan such as a single sum distribution amount (e.g., 10 percent of final average pay times years of service, or the amount of the employee’s hypothetical account balance).	2E	Profit-sharing
		2F	ERISA section 404(c) Plan – This plan, or any part of it, is intended to meet the conditions of 29 CFR 2550.404c-1.
1D	Floor-offset plan – Plan benefits are subject to offset for retirement benefits provided by an employer-sponsored defined contribution plan.	2G	Total participant-directed account plan – Participants have the opportunity to direct the investment of all the assets allocated to their individual accounts, regardless of whether 29 CFR 2550.404c-1 is intended to be met.
		2H	Partial participant-directed account plan – Participants have the opportunity to direct the investment of a portion of the assets allocated to their individual accounts, regardless of whether 29 CFR 2550.404c-1 is intended to be met.
1E	Code section 401(h) arrangement – Plan contains separate accounts under Code section 401(h) to provide employee health benefits.	2I	Stock bonus
1F	Code section 414(k) arrangement – Benefits are based partly on the balance of the separate account of the participant (also include appropriate defined contribution pension feature codes).	2J	Code section 401(k) feature – A cash or deferred arrangement described in Code section 401(k) that is part of a qualified defined contribution plan that provides for an election by employees to defer part of their compensation or receive these amounts in cash.
1G	Covered by PBGC – Plan is covered under the PBGC insurance program (see ERISA section 4021).	2K	Code section 401(m) arrangement – Employee contributions are allocated to separate accounts under the plan or employer contributions are based, in whole or in part, on employee deferrals or contributions to the plan. Not applicable if plan is 401(k) plan with only QNECs and/or QMACs. Also not applicable if Code section 403(b)(1), 403(b)(7), or 408 arrangements/accounts annuities.
1H	Plan covered by PBGC that was terminated and closed out for PBGC purposes – Before the end of the plan year (or a prior plan year), (1) the plan terminated in a standard (or distress) termination and completed the distribution of plan assets in satisfaction of all benefit liabilities (or all ERISA Title IV benefits for distress termination); or (2) a trustee was appointed for a terminated plan pursuant to ERISA section 4042.	2L	Code section 403(b)(1) arrangement – See Limited Pension Plan Reporting instructions for Code section 403(b)(1) arrangements for certain exempt organizations.
		2M	Code section 403(b)(7) accounts – See Limited Pension Plan Reporting instructions for Code section 403(b)(7) custodial accounts for regulated investment company stock for certain exempt organizations.
1I	Frozen Plan – As of the last day of the plan year, the plan provides that no participant will get any new benefit accrual (whether because of service or compensation).	2N	Code section 408 accounts and annuities – See Limited Pension Plan Reporting instructions for pension plan utilizing individual Code section 408 retirement accounts or annuities as the funding vehicle for providing benefits.
CODE	Defined Contribution Pension Features		
2A	Age/Service Weighted or New Comparability or Similar Plan – Age/Service Weighted Plan: Allocations are based on age, service, or age and service. New Comparability or Similar Plan: Allocations are based on participant classifications and a classification(s) consists entirely or predominantly of highly compensated employees; or the plan provides an additional allocation rate on compensation above a specified threshold, and the threshold or additional rate exceeds the maximum threshold or rate allowed under the permitted disparity rules of Code section 401(l).	2O	ESOP other than a leveraged ESOP – A completed Schedule E must be attached to a Form 5500 filed for an ESOP.
		2P	Leveraged ESOP – An ESOP that acquires employer securities with borrowed money or other debt-financing techniques. A completed Schedule E must be attached to a Form 5500 filed for an ESOP.
		2Q	The employer maintaining this ESOP is an S corporation.
		2R	Participant-directed brokerage accounts provided as an investment option under the plan.

LIST OF PLAN CHARACTERISTIC CODES FOR LINES 8a AND 8b (Continued)

CODE	Other Pension Benefit Features	CODE	Welfare Benefit Features
3A	Non-U.S. plan – Pension plan maintained outside the United States primarily for nonresident aliens.	4A	Health (other than dental or vision)
3B	Plan covering Self-Employed individuals.	4B	Life insurance
3C	Plan not intended to be qualified – A plan not intended to be qualified under Code sections 401, 403, or 408.	4C	Supplemental unemployment
3D	Master plan – A pension plan that is made available by a sponsor for adoption by employers; that is the subject of a favorable opinion letter; and for which a single funding medium (for example, a trust or custodial account) is established for the joint use of all adopting employers.	4D	Dental
3E	Prototype plan – A pension plan that is made available by a sponsor for adoption by employers; that is the subject of a favorable opinion or notification letter; and under which a separate funding medium (for example, a separate trust or custodial account) is established for each adopting employer.	4E	Vision
3F	Plan sponsor(s) received services of leased employees, as defined in Code section 414(n), during the plan year.	4F	Temporary disability (accident and sickness)
3G	One-participant plan – A plan without employees as defined in 29 CFR 2510.3-3(b).	4G	Prepaid legal
3H	Plan sponsor(s) is (are) a member(s) of a controlled group (Code sections 414(b), (c), or (m)).	4H	Long-term disability
3I	Plan requiring that all or part of employer contributions be invested and held, at least for a limited period, in employer securities.	4I	Severance pay
3J	U.S.-based plan that covers residents of Puerto Rico and is qualified under both Code section 401 and section 8565 of the Puerto Rico Code.	4J	Apprenticeship and training
		4K	Scholarship (funded)
		4L	Death benefits (include travel accident but not life insurance)
		4P	Taft-Hartley Financial Assistance for Employee Housing Expenses
		4Q	Other
		4R	Unfunded, fully insured, or combination unfunded/insured welfare plan that will not file a Form 5500 for next plan year pursuant to 29 CFR 2520.104-20.
		4S	Unfunded, fully insured, or combination unfunded/insured welfare plan that stopped filing Form 5500s in an earlier plan year pursuant to 29 CFR 2520.104-20.
		4T	10 or more employer plan under Code section 419A(f)(6)
		4U	Collectively bargained welfare benefit arrangement under Code section 419A(f)(5)

plan. This category does not include an individual if an insurance company has made an irrevocable commitment to pay all the benefits to which the beneficiaries of that individual are entitled under the plan.

Line 7g. Enter the number of participants included on line 7f (total participants at the end of the plan year) who have account balances. For example, for a Code section 401(k) plan the number entered on line 7g should be the number of participants counted on line 7f who have made a contribution to the plan for this plan year or any prior plan year. Defined benefit plans should leave line 7g blank.

Line 7h. Include any individual who terminated employment during this plan year, whether or not he or she (a) incurred a break in service, (b) received an irrevocable commitment from an insurance company to pay all the benefits to which he or she is entitled under the plan, and/or (c) received a cash distribution or deemed cash distribution of his or her nonforfeitable accrued benefit. Multiemployer plans and multiple-employer plans that are collectively bargained do not have to complete line 7h.

Line 7i. If a number is entered on line 7i, you must file Schedule SSA (Form 5500) as an attachment to the Form 5500.



Code section 6057(e) provides that the plan administrator must give each participant a statement showing the same information reported on Schedule SSA for that participant.

Line 8 - Benefits Provided Under the Plan. Check 8a and/or 8b, as appropriate. In addition, enter in the boxes provided all applicable plan characteristic codes from the table on pages 18

and 19 that describe the characteristics of the plan being reported. (See examples on page 20.)



Applicable to plan sponsors of Puerto Rico plans. Enter condition code 3C only in instances where there was no election made under section 1022(i)(2) of ERISA and, therefore, the plan does not intend to qualify under section 401(a) of the Internal Revenue Code. If an election was made under section 1022(i)(2) of ERISA, do not enter characteristic code 3C.

Line 9 - Funding and Benefit Arrangements. Check all boxes that apply to indicate the funding and benefit arrangements used during the plan year. The “funding arrangement” is the method for the receipt, holding, investment, and transmittal of plan assets prior to the time the plan actually provides benefits. The “benefit arrangement” is the method by which the plan provides benefits to participants. For purposes of line 9:

“**Insurance**” means the plan has an account, contract, or policy with an insurance company, insurance service, or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization) during the plan or DFE year. (This includes investments with insurance companies such as guaranteed investment contracts (GICs).) Do not check “insurance” if the sole function of the insurance company was to provide administrative services.

“**Code section 412(e)(3) insurance contracts**” are contracts that provide retirement benefits under a plan that are guaranteed by an insurance carrier. In general, such contracts must provide for level premium payments over the individual’s period of participation in the plan (to retirement age), premiums

Examples:

1. When filing Form 5500 for a qualified defined benefit pension plan, covered by the PBGC, which provides a benefit of 2% of average annual compensation per year of service with a benefit offset based on benefits from an employer-provided defined contribution plan, check box 8a and enter the codes “1A”, “1D”, and “1G” in the boxes under box 8a as illustrated below:

- a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions) below).

1	A	1	D	1	G								
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2. When filing Form 5500 for a welfare plan providing health insurance, life insurance, dental insurance, and eye examinations, check box 8b and enter the codes “4A”, “4B”, “4D”, and “4E” in the boxes under box 8b as illustrated below:

- b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions) below).

4	A	4	B	4	D	4	E						
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3. When filing Form 5500 for a prototype profit-sharing plan with Code section 401(k) features, providing participant direction with voluntary employee contributions and regular employer matching contributions which is intended to meet ERISA section 404(c), and which provides ancillary life insurance, check boxes 8a and 8b and enter the codes “2E”, “2F”, “2H”, “2J”, “2K”, “3E”, and “4B” in the boxes under 8a and 8b as illustrated below:

- a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions) below).

2	E	2	F	2	H	2	J	2	K	3	E				
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- b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions) below).

4	B												
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must be timely paid as currently required under the contract, no rights under the contract may be subject to a security interest, and no policy loans may be outstanding. If a plan is funded exclusively by the purchase of such contracts, the otherwise applicable minimum funding requirements of section 412 of the Code and section 302 of ERISA do not apply for the year and a Schedule MB or Schedule SB is not required to be filed.

“Trust” includes any fund or account that receives, holds, transmits, or invests plan assets other than an account or policy of an insurance company.

“General assets of the sponsor” means either the plan had no assets or some assets were commingled with the general assets of the plan sponsor prior to the time the plan actually provided the benefits promised.

Example. If the plan held all its assets invested in registered investment companies and other non-insurance

company investments until it purchases annuities to pay out the benefits promised under the plan, box 9a(3) should be checked as the funding arrangement and box 9b(1) should be checked as the benefit arrangement.

Note. An employee benefit plan that checks boxes 9a(1), 9a(2), 9b(1), and/or 9b(2) must attach **Schedule A (Form 5500)**, Insurance Information, to provide information concerning each contract year ending with or within the plan year. See the instructions to the Schedule A and enter the number of Schedules A on line 10b(3), if applicable.

Line 10. Check the boxes on line 10 to indicate the schedules being filed and, where applicable, count the schedules and enter the number of attached schedules in the space provided. If the plan is required to file an actuarial information schedule, check the box for Schedule B and attach either the Schedule MB or the Schedule SB, whichever applies.

2008 Instructions for Schedule A (Form 5500) Insurance Information

General Instructions

Who Must File

Schedule A, Insurance Information, must be attached to the Form 5500 filed for every defined benefit pension plan, defined contribution pension plan, and welfare benefit plan if any benefits under the plan are provided by an insurance company, insurance service, or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization). This includes investments with insurance companies such as guaranteed investment contracts (GICs).

For example, if Form 5500 line 9a(1), 9a(2), 9b(1), or 9b(2) is checked, indicating that either the plan funding arrangement or plan benefit arrangement includes an account, policy, or contract with an insurance company (or similar organization), at least one Schedule A (Form 5500) would be required to be attached to the Form 5500 filed for a pension or welfare plan to provide information concerning the contract year ending with or within the plan year.

In addition, Schedules A must be attached to a Form 5500 filed for GIAs, MTIAs, and 103-12 IEs for each insurance or annuity contract held in the MTIA, or 103-12 IE or by the GIA. See the Form 5500 instructions for specific requirements for GIAs, MTIAs, and 103-12 IEs.

Do not file Schedule A if: **(1)** the contract is an Administrative Services Only (ASO) contract; **(2)** the Form 5500 is being filed for a plan participating in a MTIA or 103-12 IE for which a Form 5500 is being filed that reports the contract on a Schedule A filed with the MTIA or 103-12 IE Form 5500; or **(3)** the Form 5500 is being filed for a plan that covers only: (A) an individual or an individual and his or her spouse who wholly own a trade or business, whether incorporated or unincorporated; or (B) partners, or partners and one or more of the partners' spouses in a partnership.

Check the Schedule A box on the Form 5500 (Part II, line 10b(3)), and enter the number attached in the space provided if one or more Schedules A are attached to the Form 5500.

Important Reminder. The insurance company (or similar organization) is required to provide the plan administrator with the information needed to complete the return/report, pursuant to ERISA section 103(a)(2). If you do not receive this information in a timely manner, contact the insurance company (or similar organization). If information is missing on Schedule A (Form 5500) due to a refusal to provide information, note this on the Schedule A.

Special Rule for Plans with Fewer Than 25 Participants

If the plan has fewer than 25 participants, meets all the conditions for PPA-simplified reporting that are listed on page 9, and elects to file under this simplified reporting option, then complete only lines A, B, C, D, and the insurance fee and commission information in Part I.

Specific Instructions

Information entered on Schedule A (Form 5500) should pertain to the insurance contract or policy year ending with or within the plan year (for reporting purposes, a year cannot exceed 12 months).

Example. If an insurance contract year begins on July 1 and ends on June 30, and the plan year begins on January 1 and ends on December 31, the information on the Schedule A attached to the 2008 Form 5500 should be for the insurance contract year ending on June 30, 2008.

Exception. If the insurance company maintains records on the basis of a plan year rather than a policy or contract year, the

information entered on Schedule A (Form 5500) may pertain to the plan year instead of the policy or contract year.

Include only the contracts issued to or held by the plan, GIA, MTIA, or 103-12 IE for which the Form 5500 is being filed.

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule A is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in lieu of an EIN. The Schedule A and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule A or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

Line 1(c). Enter the code number assigned by the National Association of Insurance Commissioners (NAIC) to the insurance company. If none has been assigned, enter zeros (-0-) in the spaces provided.

Line 1(d). If individual policies with the same carrier are grouped as a unit for purposes of this report, and the group does not have one identification number, you may use the contract or identification number of one of the individual contracts provided this number is used consistently to report these contracts as a group and the plan administrator maintains the records necessary to disclose all the individual contract numbers in the group upon request. Use separate Schedules A to report individual contracts that cannot be grouped as a unit.

Line 1(e). Since plan coverage may fluctuate during the year, the administrator should estimate the number of persons that were covered by the contract at the end of the policy or contract year. Where contracts covering individual employees are grouped, compute entries as of the end of the plan year.

Lines 1(f) and (g). Enter the beginning and ending dates of the policy year for the contract identified in 1(d). Enter "N/A" in 1(f) if separate contracts covering individual employees are grouped.

Line 2. Report on line 2 all insurance fees and commissions directly or indirectly attributable to the contract or policy placed with or retained by the plan. Identify agents, brokers, and other persons individually in descending order of the amount paid. Additional pages may be necessary. You can get additional hand print pages by calling **1-800-TAX-FORM** (1-800-829-3676) and requesting additional schedules.

For purposes of line 2, commissions and fees include sales and base commissions and all other monetary and non-monetary forms of compensation where the broker's, agent's, or other person's eligibility for the payment or the amount of the payment is based, in whole or in part, on the value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed with or retained by an ERISA plan, including, for example, persistency and profitability bonuses.

The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in element **(b)** or **(c)** as appropriate.

Insurers must provide plan administrators with a proportionate allocation of commissions and fees attributable to each contract. Any reasonable method of allocating commissions and fees to policies or contracts is acceptable, provided the method is disclosed to the plan administrator. A reasonable allocation method could, in the Department of Labor's view, allocate fees and commissions to a Schedule A based on a calendar year calculation even if the plan year or policy year was not a calendar year. For additional information on these Schedule A reporting requirements, see ERISA

Advisory Opinion 2005-02A, available on the Internet at www.dol.gov/ebsa.

Schedule A reporting is not required for compensation paid by the insurer to third parties for record keeping and claims processing services provided to the insurer as part of the insurer's administration of the insurance policy. Schedule A reporting also is not required for compensation paid by the insurer to a "general agent" or "manager" for that general agent's or manager's management of an agency or performance of administrative functions for the insurer. For this purpose, (1) a "general agent" or "manager" does not include brokers representing insureds and (2) payments would not be treated as paid for managing an agency or performance of administrative functions where the recipient's eligibility for the payment or the amount of the payment is dependent or based on the value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed with or retained by ERISA plan(s).

Totals. Enter the total of all commissions and fees paid to agents, brokers, and other persons listed on line 2.

Complete a separate item (elements **(a)** through **(e)**) for each person listed. Enter the name and address of the person identified in element **(a)** and complete elements **(b)** through **(e)** as specified below.

Element (a). Enter the name and address of the agents, brokers, or other persons to whom commissions or fees were paid.

Element (b). Report all sales and base commissions here. For purposes of this element, sales and/or base commissions are monetary amounts paid by an insurer that are charged directly to the contract or policy and that are paid to a licensed agent or broker for the sale or placement of the contract or policy. All other payments should be reported in element **(c)** as fees.

Element (c). Fees to be reported here represent payments by an insurer attributable directly or indirectly to a contract or policy to agents, brokers, and other persons for items other than sales and/or base commissions (e.g., service fees, consulting fees, finders fees, profitability and persistency bonuses, awards, prizes, and non-monetary forms of compensation). Fees paid to persons other than agents and brokers should be reported here, **not** in Parts II and III on Schedule A as acquisition costs, administrative charges, etc.

Element (d). Enter the purpose(s) for which fees were paid.

Element (e). Enter the most appropriate organization code for the broker, agent, or other person entered in element **(a)**.

Code Type of Organization

- | | |
|---|---|
| 1 | Banking, Savings & Loan Association, Credit Union, or other similar financial institution |
| 2 | Trust Company |
| 3 | Insurance Agent or Broker |
| 4 | Agent or Broker other than insurance |

- | | |
|---|---|
| 5 | Third party administrator |
| 6 | Investment Company/Mutual Fund |
| 7 | Investment Manager/Adviser |
| 8 | Labor Union |
| 9 | Foreign entity (e.g., an agent or broker, bank, insurance company, etc., not operating within the jurisdictional boundaries of the United States) |
| 0 | Other |

For plans, GIAs, MTIAs, and 103-12 IEs required to file Part I of Schedule C, commissions and fees listed on the Schedule A are also to be reported on Schedule C (Form 5500), unless the only compensation in relation to the plan or DFE consists of insurance fees and commissions listed on the Schedule A.

Part II - Investment and Annuity Contract Information

Line 3. Enter the current value of the plan's interest at year end in the contract reported on line 6, e.g., deposit administration (DA), immediate participation guarantee (IPG), or guaranteed investment contracts (GIC).

Exception. Contracts reported on line 6 need not be included on line 3 if **(1)** the Schedule A is filed for a defined benefit pension plan and the contract was entered into before March 20, 1992, or **(2)** the Schedule A is filed for a defined contribution pension plan and the contract is a fully benefit-responsive contract, i.e., it provides a liquidity guarantee by a financially responsible third party of principal and previously accrued interest for liquidations, transfers, loans, or hardship withdrawals initiated by plan participants exercising their rights to withdraw, borrow, or transfer funds under the terms of a defined contribution plan that does not include substantial restrictions to participants' access to plan funds.

Line 5a. The rate information called for here may be furnished by attaching the appropriate schedules of current rates filed with the appropriate state insurance department or by providing a statement regarding the basis of the rates. Enter "see attached" if appropriate.

Lines 6a through 6f. Report contracts with unallocated funds. Do not include portions of these contracts maintained in separate accounts. Show deposit fund amounts rather than experience credit records when both are maintained.

Part III - Welfare Benefit Contract Information

Line 7i. Report a stop-loss insurance policy that is an asset of the plan.

Note. Employers sponsoring welfare plans may purchase a stop-loss insurance policy with the employer as the insured to help the employer manage its risk associated with its liabilities under the plan. These employer contracts with premiums paid exclusively out of the employer's general assets without any employee contributions generally are not plan assets and are not reportable on Schedule A.

2008 Instructions for Schedule C (Form 5500)

Service Provider Information

General Instructions

Who Must File

Schedule C (Form 5500) must be attached to a Form 5500 filed for a large pension or welfare benefit plan and to a Form 5500 filed for a MTIA, 103-12 IE, or GIA to report information concerning service providers. See the instructions to the Form 5500 for **Form 5500 Schedules** and **Direct Filing Entity (DFE)**.

Check the Schedule C box on the Form 5500 (Part II, line 10b(4)) if a Schedule C is attached to the Form 5500. Multiple Schedule C pages must be attached to the Form 5500 if necessary to report the required information.

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule C is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D in lieu of an EIN. The Schedule C and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule C or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Line 1 of Part I. Line 1 must be completed if line 2 of Part I is required to be completed as specified below.

Line 2 of Part I. Line 2 of Part I must be completed to report contract administrators and persons receiving, directly or indirectly, \$5,000 or more in compensation for all services rendered to the plan or DFE during the plan or DFE year except:

1. Employees of the plan whose only compensation in relation to the plan was less than \$1,000 for each month of employment during the plan year;
2. Employees of the plan sponsor who did not receive direct or indirect compensation from the plan;
3. Employees of a business entity (e.g., corporation, partnership, etc.), other than the plan sponsor, who provided services to the plan; or
4. Persons whose only compensation in relation to the plan consists of insurance fees and commissions listed in a Schedule A attached to the Form 5500 filed for this plan.

Generally, indirect compensation would not include compensation that would have been received had the service not been rendered and that cannot be reasonably allocated to the services performed. Indirect compensation includes, among other things, payment of “finder’s fees” or other fees and commissions by a service provider to an independent agent or employee for a transaction or service involving the plan.

Notes.

- *Either the cash or accrual basis may be used for the recognition of transactions reported on the Schedule C as long as you use one method consistently.*
- *The compensation listed should only reflect the amount of compensation received by the service provider from the plan or DFE filing the Form 5500, not the aggregate amount received for providing services to several plans or DFEs.*
- *The term “persons” on the Schedule C instructions includes individuals, trades and businesses (whether incorporated or unincorporated). See ERISA section 3(9).*

Specific Instructions

Part I - Service Provider Information

Line 1. Enter the total dollar amount of compensation received by all persons who provided services to the plan who are not listed in line 2 (except for those persons described in 2, 3, or 4 in the General Instructions).

Example. A plan had service providers, A, B, C, and D, who received \$12,000, \$6,000, \$4,500, and \$430, respectively, from the plan. Service providers A and B must be identified separately in line 2 by name, EIN, official plan position, etc. As service providers C and D each received less than \$5,000, the amount they received must be combined and \$4,930 entered in line 1.

Line 2. List up to 40 service providers, including the contract administrator, as specified below.

First, list the contract administrator, if any, on the first item (complete elements **(a)** through **(g)**) on line 2 where indicated. A contract administrator is any individual, trade or business (whether incorporated or unincorporated) responsible for managing the clerical operations of the plan on a contractual basis (e.g., handling membership rosters, claims payment, maintaining books and records), except for salaried staff or employees of the plan or banks or insurance carriers. If you do not have a contract administrator, leave the first item blank and skip to the next item. DO NOT cross out the preprinted words “Contract administrator.”

Next, complete a separate item for each person required to be reported in line 2 in the order of compensation received. Start with the most highly compensated and end with the lowest compensated. Enter in element **(a)** the person’s name and complete elements **(b)** through **(g)** as specified below. Additional pages may be necessary to list all service providers. If you are using the official hand print forms, you can get additional hand print pages by calling **1-800-TAX-FORM** (1-800-829-3676) and requesting additional schedules.

Element (b). An EIN must be entered. If the name of an individual is entered in element **(a)**, the EIN to be entered in element **(b)** should be the EIN of the individual’s employer. Do not use a social security number in lieu of an EIN. The Schedule C and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule C or any of its attachments may result in the rejection of the filing.

Element (c). Enter, for example, employee, trustee, accountant, attorney, etc.

Element (d). Enter, for example, employee, vice-president, union president, etc.

Elements (e) and (f).

Plan Filers. Include the plan’s share of compensation for services paid during the year to a MTIA or 103-12 IE trustee and to persons providing services to the MTIA or 103-12 IE, if such compensation is **not** subtracted from the total income in determining the net income (loss) reported on the MTIA or 103-12 IE’s Schedule H, line 2k.

Include brokerage commissions or fees only if the broker is granted some discretion (see 29 CFR 2510.3-21 paragraph (d), regarding “discretion”). Include all other commissions and fees on investments, whether or not they are capitalized as investment costs.

MTIA and 103-12 IEs. Include compensation for services paid by the MTIA or 103-12 IE during its fiscal year to persons providing services to the MTIA or 103-12 IE if such compensation is subtracted from the total income in determining the net income (loss) reported by the MTIA or 103-12 IE on Schedule H, line 2k.

Element (g). Select and enter all codes that describe the nature of services provided from the list below. If more than one service was provided, list the code for the primary service first. If necessary, use a properly identified attachment to list all applicable service codes.

Note. Do not list PBGC or IRS as a service provider on Part I of Schedule C.

Code Service

- 10 Accounting (including auditing)
- 11 Actuarial
- 12 Contract Administrator
- 13 Administration
- 14 Brokerage (real estate)
- 15 Brokerage (stocks, bonds, commodities)
- 16 Computing, tabulating, ADP, etc.
- 17 Consulting (general)
- 18 Custodial (securities)
- 19 Insurance agents and brokers
- 20 Investment advisory
- 21 Investment management
- 22 Legal
- 23 Printing and duplicating
- 24 Recordkeeping
- 25 Trustee (individual)
- 26 Trustee (corporate)
- 27 Pension insurance advisor
- 28 Valuation services (appraisals, asset valuations, etc.)
- 29 Investment evaluations
- 30 Medical
- 31 Legal services to participants
- 99 Other (specify)

Part II - Termination Information on Accountants and Enrolled Actuaries

Complete Part II if there was a termination in the appointment of an accountant or enrolled actuary. In case the service provider is not an individual (i.e., when the accountant is a legal entity such as a corporation, partnership, etc.), report when the service provider (not the individual) has been terminated.

Provide an explanation of the reasons for the termination of an accountant or enrolled actuary. Include a description of any material disputes or matters of disagreement concerning the termination, even if resolved prior to the termination. If an individual is listed, the EIN to be entered should be the EIN of the individual's employer.

Do not use a social security number in lieu of an EIN. The Schedule C and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule C or any of its attachments may result in the rejection of the filing.

The plan administrator must also provide the terminated accountant or enrolled actuary with a copy of the explanation for the termination provided in Part II of the Schedule C, along with a completed copy of the notice below.

**Notice To Terminated Accountant
Or Enrolled Actuary**

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2008 Annual Return/Report Form 5500 for the _____ (enter name of plan). This Form 5500 is identified in line 2b by the nine-digit EIN ____ - _____ (enter sponsor's EIN), and in line 1b by the three-digit PN _____ (enter plan number).

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Signed
Dated

2008 Instructions for Schedule D (Form 5500) DFE/Participating Plan Information

General Instructions

Purpose of Schedule

When the Form 5500 is filed for a plan or DFE that invested or participated in any MTIAs, 103-12 IEs, CCTs and/or PSAs, Part I provides information about these entities. When the Form 5500 is filed for a DFE, Part II provides information about plans participating in the DFE.

Who Must File

Employee Benefit Plans: Schedule D must be attached to a Form 5500 filed for an employee benefit plan that participated or invested in one or more common/collective trusts (CCTs), pooled separate accounts (PSAs), master trust investment accounts (MTIAs), or 103-12 Investment Entities (103-12 IEs) at anytime during the plan year.

Direct Filing Entities: Schedule D must be attached to a Form 5500 filed for a CCT, PSA, MTIA, 103-12 IE or Group Insurance Arrangement (GIA), as a Direct Filing Entity (i.e., when Form 5500 Part I, line A(4) is checked). For more information, see instructions for **Direct Filing Entity (DFE)** on pages 4 and 11 of the instructions for the Form 5500.

Check the Schedule D box on the Form 5500 (Part II, line 10b(5)) if a Schedule D is attached to the Form 5500. Multiple Schedule D pages must be attached to the Form 5500 if necessary to report the required information. You can get additional hand print pages by calling **1-800-TAX-FORM** (1-800-829-3676) to request additional schedules.

Specific Instructions

Lines A, B, C, and D. The information should be the same as reported in Part II of the Form 5500 to which this Schedule D is attached. You may abbreviate the plan name (if necessary) to fit in the space provided. Do not use a social security number in line D in lieu of an EIN. The Schedule D and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule D or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Part I - Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IEs (To Be Completed by Plans and DFEs)

Use as many Schedule D, Part I pages as necessary to enter the information specified below for all MTIAs, CCTs, PSAs, and 103-12 IEs in which the plan or DFE filing the Form 5500 participated at anytime during the plan or DFE year.

Complete a separate item (elements **(a)** through **(e)**) for each MTIA, CCT, PSA, or 103-12 IE.

Element (a). Enter the name of the MTIA, CCT, PSA, or 103-12 IE in which the plan or DFE filing the Form 5500 participated at any time during the plan or DFE year.

Element (b). Enter the name of the sponsor of the MTIA, CCT, PSA, or 103-12 IE named in (a).

Element (c). Enter the nine-digit employer identification number (EIN) and three-digit plan/entity number (PN) for each MTIA, CCT, PSA, or 103-12 IE named in (a). This **must** be the same DFE EIN/PN as reported on lines 2b and 1b of the Form

5500 filed for the DFE. If a Form 5500 was **not** filed for a CCT or PSA named in element (a), enter the EIN for the CCT or PSA and enter 000 for the PN. Do not use a social security number in lieu of an EIN. The Schedule D and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule D or any of its attachments may result in the rejection of the filing.

Element (d). Enter an M, C, P, or E, as appropriate, (see table below) to identify the type of entity (MTIA, CCT, PSA, or 103-12 IE).

Type of entity	Enter in (d)
MTIA	M
CCT	C
PSA	P
103-12 IE	E

Element (e). Enter the dollar value of the plan's or DFE's interest as of the end of the year. If the plan or DFE for which this Schedule D is filed had no interest in the MTIA, CCT, PSA, or 103-12 IE listed at the end of the year, enter "0".

Example for Part I: If a plan participates in a MTIA, the MTIA is named in element (a); the MTIA's sponsor is named in element (b); the MTIA's EIN and PN is entered in element (c) (such as: 12-3456789-001); an "M" is entered in element (d); and the dollar value of the plan's interest in the MTIA as of the end of the plan year is entered in element (e).

If the plan also participates in a CCT for which a Form 5500 was **not** filed, the CCT is named in another element (a); the name of the CCT sponsor is entered in element (b); the EIN for the CCT, followed by 000 is entered in element (c) (such as: 99-8765432-000); a "C" is entered in element (d); and the dollar value of the plan's interest in the CCT is entered in element (e).

If the plan also participates in a PSA for which a Form 5500 was filed, the PSA is named in a third element (a); the name of the PSA sponsor is entered in element (b); the PSA's EIN and PN is entered in element (c) (such as: 98-7655555-001); a "P" is entered in element (d); and the dollar value of the plan's interest in the PSA is entered in element (e).

Part II - Information on Participating Plans (To Be Completed Only by DFEs)

Use as many Schedule D, Part II pages as necessary to enter the information specified below for all plans that invested or participated in the DFE at any time during the DFE year.

Complete a separate item (elements **(a)** through **(c)**) for each plan.

Element (a). Enter the name of each plan that invested or participated in the DFE at any time during the DFE year. GIAs need not complete element (a).

Element (b). Enter the sponsor of each investing or participating plan.

Element (c). Enter the nine-digit EIN and three-digit PN for each plan named in element (a). This is the EIN and PN entered on lines 2b and 1b of the plan's Form 5500. GIAs should enter the EIN of the sponsor listed in element (b). Do not use a social security number in lieu of an EIN. The Schedule D and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule D or any of its attachments may result in the rejection of the filing.

2008 Instructions for Schedule E (Form 5500) ESOP Annual Information

General Instructions

Purpose of Schedule

Use this schedule to satisfy the requirements under Code section 6047(e) for an annual information return for an employee stock ownership plan (ESOP).

Who Must File

Every employer or plan administrator of a pension benefit plan that contains ESOP benefits must file a Schedule E (Form 5500).

How To File

File Schedule E (Form 5500) annually as an attachment to Form 5500 or Form 5500-EZ. If more than one securities acquisition loan (see specific instructions for lines 7 through 12) is outstanding, you must file one Schedule E (Form 5500) and an attachment for each additional securities acquisition loan and label the attachment "**Schedule E, lines 7 through 12 – Additional Securities Acquisition Loans.**" Each attachment must provide answers to questions 7 through 12, be in a similar format to, and on the same size paper as, the Schedule E.

Check the Schedule E box on the Form 5500 (Part II, line 10a(3)) if a Schedule E is attached to the Form 5500.

Note. The Small Business Job Protection Act of 1996 repealed the partial interest exclusion of Code section 133 effective, in general, with respect to loans made after August 20, 1996. However, Schedule E (Form 5500) must be filed for securities acquisition loans made to ESOPs before August 21, 1996, loans made pursuant to a written binding contract in effect before June 10, 1996, and at all times thereafter before the loan was made, and certain loans made after August 20, 1996, to refinance a securities acquisition loan originally made on or before August 20, 1996.



If the employer maintaining the ESOP is an S corporation and Schedule E is attached to a Form 5500, enter 2Q and other applicable codes on Form 5500, Part II, line 8.

Specific Instructions

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule E is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Line 1b. Code section 409(p) precludes an ESOP from making allocations in a nonallocation year (as defined in Code section 409(p)(3)) to any disqualified person (within the meaning of Code section 409(p)(4)). If an ESOP fails Code section 409(p), allocations are taxed to the disqualified person (see Code section 409(p)(2)) and an excise tax is imposed on the S corporation under Code section 4979A. (See section 1.409(p)-1 of the Income Tax Regulations.)

Line 4. If the schedule does not provide enough space, enter "ATTACHED" and provide the required formula(s) as an attachment to Schedule E.

Lines 7 through 12. A "securities acquisition loan" is an exempt loan to an ESOP to the extent that the proceeds are used to acquire employer securities for the plan.

Line 7. A "back to back loan" is a securities acquisition loan from a lender to an employer corporation followed by a loan from the corporation to the ESOP maintained by the employer corporation. A "back to back loan" constitutes a "securities acquisition loan" under Code section 133 if the following requirements are satisfied:

1. The loan from the employer corporation to the ESOP qualifies as an exempt loan under Treasury Regulations sections 54.4975-7 and 54.4975-11;
2. The repayment terms of the loan from the corporation to the ESOP are "substantially similar" (as defined in Temporary

Income Tax Regulations section 1.133-1T) to the repayment terms of the loan from the corporation to the lender; and

3. If the loan from the corporation to the ESOP provides for more rapid repayment of principal and interest, the allocations under the ESOP attributable to such repayments do not discriminate in favor of highly compensated employees (within the meaning of Code section 414(q)).

Line 8. An immediate allocation loan is any loan to an employer corporation to the extent that, within 30 days, employer securities are transferred to the ESOP maintained by the corporation in an amount equal to the proceeds of the loan and the securities are allocable to the accounts of plan participants within one year of the date of the loan. (See Code section 133(b)(1)(B).)

Line 9c. The transition rules of Act section 7301(f)(2) through (6) of the Omnibus Budget Reconciliation Act of 1989 (OBRA), P.L. 101-239, provide that the amendments made to Code section 133 by OBRA will not apply to certain loans that satisfy the requirements of those paragraphs. In general, the amendments made by OBRA will not apply to:

1. Loans made pursuant to a binding written commitment in effect on June 6, 1989, and at all times thereafter before the loan was made, or pursuant to a written binding contract (or tender offer registered with the Securities and Exchange Commission (SEC)) in effect on June 6, 1989, and at all times thereafter before such securities were acquired.

2. If subparagraph 1 does not apply, loans made pursuant to a binding written commitment in effect on July 10, 1989, and at all times thereafter before the loan was made, but only to the extent that the proceeds were used to acquire employer securities pursuant to a certain binding written contract (or tender offer registered with the SEC) in effect on July 10, 1989, and at all times thereafter before the securities are acquired.

3. Any loan made on or before July 10, 1992, pursuant to a written agreement entered into before July 10, 1989, if the agreement evidences the intent of the borrower to enter, on a periodic basis, into securities acquisition loans described in Code section 133(b)(1)(B) (as in effect before December 19, 1989). This rule applies only if one or more securities acquisition loans were made to the borrower on or before July 10, 1989.

See Act section 7301(f)(2) to determine the specific requirements of the transition rules described above. See Act section 7301(f)(3) through (6) for additional transition rules on refinancings, collective-bargaining agreements, filings with the United States, and the 30% test for certain loans.

Line 10. If the loan is a back to back loan or an immediate allocation loan, enter the amount of interest paid by the employer corporation to the lender(s) during the plan year.

Line 12b. The repeal of Code section 133 by Act section 1602 of SBJPA 1996 does not apply to a refinancing of an ESOP securities acquisition loan made after August 20, 1996, or pursuant to a binding contract in effect before June 10, 1996, if:

1. The refinancing loan meets the requirements of Code section 133 in effect on August 20, 1996,
2. The outstanding principal amount of the loan is not increased, and
3. The term of the original loan is not extended.

Line 18. If there are more than three classes of stock, include an attachment with the information required for elements (a) through (f) for each additional class of stock and label the attachment "**Schedule E, line 18 – Additional Classes of Stock.**"

Line 18(d). In determining the dividend rate for a class of common stock, use the percentage of the average dividends paid on the class of common stock during the plan year over the average value of the class of common stock during the plan year.

In determining the dividend rate for a class of preferred stock, use the dividend rate stated in the terms of the stock, or if a dividend rate is not stated, use the percentage of the average dividends paid on the class of preferred stock during the plan year over the par value of the class of preferred stock.

2008 Instructions for Schedule G (Form 5500) Financial Transaction Schedules

General Instructions

Who Must File

Schedule G (Form 5500) must be attached to a Form 5500 filed for a plan, MTIA, 103-12 IE, or GIA to report loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan year, leases in default or classified as uncollectible, and nonexempt transactions. See Schedule H (Form 5500) lines 4b, 4c, and/or 4d.

Check the Schedule G box on the Form 5500 (Part II, line 10b(6)) if a Schedule G is attached to the Form 5500. Multiple Schedule G pages must be attached to the Form 5500 if necessary to report the required information. You can get additional hand print pages by calling **1-800-TAX-FORM** (1-800-829-3676) and requesting additional schedules.

The Schedule G consists of three parts. Part I of the Schedule G reports any loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan year. Part II of the Schedule G reports any leases in default or classified as uncollectible. Part III of the Schedule G reports nonexempt transactions.

Specific Instructions

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule G is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D in lieu of an EIN. The Schedule G and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule G or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

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

List all loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan year or the fiscal year of the GIA, MTIA, or 103-12 IE. Include:

- Obligations where the required payments have not been made by the due date;
- Fixed income obligations that have matured, but have not been paid, for which it has been determined that payment will not be made; and
- Loans that were in default even if renegotiated later during the year.

Note. Identify in element (a) each obligator known to be a party-in-interest to the plan.

Provide, on a separate attachment, an explanation of what steps have been taken or will be taken to collect overdue amounts for each loan listed and label the attachment **“Schedule G, Part I – Overdue Loan Explanation.”**

The due date, payment amount, and conditions for determining default in the case of a note or loan are usually contained in the documents establishing the note or loan. A loan is in default when the borrower is unable to pay the obligation upon maturity. Obligations that require periodic repayment can default at any time. Generally loans and fixed income obligations are considered uncollectible when payment has not been made and there is little probability that payment

will be made. A fixed income obligation has a fixed maturity date at a specified interest rate.

Do not report in Part I participant loans under an individual account plan with investment experience segregated for each account, that are made in accordance with 29 CFR 2550.408b-1, and that are secured solely by a portion of the participant's vested accrued benefit. Report all other participant loans in default or classified as uncollectible on Part I, and list each such loan individually.

Part II - Leases in Default or Classified as Uncollectible

List any leases in default or classified as uncollectible. A lease is an agreement conveying the right to use property, plant, or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made. Provide, on a separate attachment, an explanation of what steps have been taken or will be taken to collect overdue amounts for each lease listed and label the attachment **“Schedule G, Part II – Overdue Lease Explanation.”**

Part III - Nonexempt Transactions

All nonexempt party-in-interest transactions must be reported, regardless of whether disclosed in the accountant's report, unless the nonexempt transaction is:

1. Statutorily exempt under Part 4 of Title I of ERISA;
2. Administratively exempt under ERISA section 408(a);
3. Exempt under Code sections 4975(c) or 4975(d);
4. The holding of participant contributions in the employer's general assets for a welfare plan that meets the conditions of ERISA Technical Release 92-01;
5. A transaction of a 103-12 IE with parties other than the plan; or
6. A delinquent participant contribution reported on Schedule H, line 4a.

Nonexempt transactions with a party-in-interest include any direct or indirect:

- A. Sale or exchange, or lease, of any property between the plan and a party-in-interest.
- B. Lending of money or other extension of credit between the plan and a party-in-interest.
- C. Furnishing of goods, services, or facilities between the plan and a party-in-interest.
- D. Transfer to, or use by or for the benefit of, a party-in-interest, of any income or assets of the plan.
- E. Acquisition, on behalf of the plan, of any employer security or employer real property in violation of ERISA section 407(a).
- F. Dealing with the assets of the plan for a fiduciary's own interest or own account.
- G. Acting in a fiduciary's individual or any other capacity in any transaction involving the plan on behalf of a party (or represent a party) whose interests are adverse to the interests of the plan or the interests of its participants or beneficiaries.
- H. Receipt of any consideration for his or her own personal account by a party-in-interest who is a fiduciary from any party dealing with the plan in connection with a transaction involving the income or assets of the plan.



An unfunded, fully insured, or combination unfunded/insured welfare plan with 100 or more participants exempt under 29 CFR 2520.104-44 from completing Schedule H must still complete Schedule G, Part III, to report nonexempt transactions.

If you are unsure whether a transaction is exempt or not, you should consult with either the plan's independent qualified public accountant or legal counsel or both.

You may indicate that an application for an administrative exemption is pending.

If the plan is a qualified pension plan and a nonexempt prohibited transaction occurred with respect to a disqualified person, a **Form 5330**, Return of Excise Taxes Related to Employee Benefit Plans, is required to be filed with the IRS to pay the excise tax on the transaction.



The DOL Voluntary Fiduciary Correction Program (VFCP) describes how to apply, the specific transactions covered (which transactions include delinquent participant contributions to pension and welfare plans), and acceptable methods for correcting violations. In addition, applicants that satisfy both the VFCP requirements and the conditions of Prohibited Transaction Exemption (PTE) 2002-51 are eligible for immediate relief from payment of certain prohibited transaction excise taxes for certain corrected transactions, and are also relieved from the obligation to file the Form 5330 with the IRS. For more information, see 71 Fed. Reg. 20261 (Apr. 19, 2006) and 71 Fed. Reg. 20135 (Apr. 19, 2006). If the conditions of PTE 2002-51 are satisfied, corrected transactions should be treated as exempt under Code section 4975(c) for the purposes of answering Schedule G, Part III. Information about the VFCP is also available on the Internet at www.dol.gov/ebsa.

For purposes of this form, party-in-interest is deemed to include a disqualified person. See Code section 4975(e)(2). The term “party-in-interest” means, as to an employee benefit plan:

- A.** Any fiduciary (including, but not limited to, any administrator, officer, trustee or custodian), counsel, or employee of the plan;
- B.** A person providing services to the plan;

C. An employer, any of whose employees are covered by the plan;

D. An employee organization, any of whose members are covered by the plan;

E. An owner, direct or indirect, of 50% or more of: **(1)** the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of a corporation, **(2)** the capital interest or the profits interest of a partnership, or **(3)** the beneficial interest of a trust or unincorporated enterprise that is an employer or an employee organization described in C or D;

F. A relative of any individual described in A, B, C, or E;

G. A corporation, partnership, or trust or estate of which (or in which) 50% or more of: **(1)** the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of such corporation, **(2)** the capital interest or profits interest of such partnership, or **(3)** the beneficial interest of such trust or estate is owned directly or indirectly, or held by, persons described in A, B, C, D, or E;

H. An employee, officer, director (or an individual having powers or responsibilities similar to those of officers or directors), or a 10% or more shareholder, directly or indirectly, of a person described in B, C, D, E, or G, or of the employee benefit plan; or

I. A 10% or more (directly or indirectly in capital or profits) partner or joint venturer of a person described in B, C, D, E, or G.

2008 Instructions for Schedule H (Form 5500) Financial Information

General Instructions

Who Must File

Schedule H (Form 5500) must be attached to a Form 5500 filed for a pension benefit plan or a welfare benefit plan that covered 100 or more participants as of the beginning of the plan year and a Form 5500 filed for a MTIA, CCT, PSA, 103-12 IE, or GIA. See the instructions to the Form 5500 for **Direct Filing Entity (DFE) Filing Requirements**.

Exceptions: (1) Insured, unfunded, or a combination of unfunded/insured welfare plans and fully insured pension plans that meet the requirements of 29 CFR 2520.104-44 are exempt from completing the Schedule H. (2) If a Schedule I was filed for the plan for the 2007 plan year and the plan covered fewer than 121 participants as of the beginning of the 2008 plan year, the Schedule I may be completed instead of a Schedule H. See **What To File** on page 8.

Check the Schedule H box on the Form 5500 (Part II, line 10b(1)) if a Schedule H is attached to the Form 5500. Do not attach both a Schedule H and a Schedule I to the same Form 5500.

Specific Instructions

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule H is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D in lieu of an EIN. The Schedule H and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule H or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Note. Do not mark through the printed line descriptions on the Schedule H and insert your own description as this may cause correspondence due to a computerized review of the Schedule H.

The cash, modified cash, or accrual basis may be used for recognition of transactions in Parts I and II, as long as you use one method consistently. Round off all amounts reported on the Schedule H to the nearest dollar. Any other amounts are subject to rejection. Check all subtotals and totals carefully.

If the assets of two or more plans are maintained in a fund or account that is not a DFE, a registered investment company, or the general account of an insurance company under an unallocated contract (see the instructions for lines 1c(9) through 1c(14)), complete Parts I and II of the Schedule H by entering the plan's allocable part of each line item.

Exception. When completing Part II of the Schedule H for a plan or DFE that participates in a CCT or PSA for which a Form 5500 has not been filed, do not allocate the income of the CCT or PSA and expenses that were subtracted from the gross income of the CCT or PSA in determining their net investment gain (loss). Instead, enter the CCT or PSA net gain (loss) on line 2b(6) or (7) in accordance with the instructions for these lines.

If assets of one plan are maintained in two or more trust funds, report the combined financial information in Parts I and II.

Current value means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. See ERISA section 3(26).

Note. For the 2008 plan year, plans that provide participant-directed brokerage accounts as an investment alternative (and have entered pension feature code "2R" on line 8a of the Form 5500) may report investments in assets made through participant-directed brokerage accounts either:

1. *As individual investments on the applicable asset and liability categories in Part I and the income and expense categories in Part II, or*
2. *By including on line 1c(15) the total aggregate value of the assets and on line 2c the total aggregate investment income (loss) before expenses, provided the assets are not loans, partnership or joint-venture interests, real property, employer securities, or investments that could result in a loss in excess of the account balance of the participant or beneficiary who directed the transaction. Expenses charged to the accounts must be reported on the applicable expense line items. Participant-directed brokerage account assets reported in the aggregate on line 1c(15) should be treated as one asset held for investment for purposes of the line 4i schedules, except that investments in tangible personal property must continue to be reported as separate assets on the line 4i schedules.*

In the event that investments made through a participant-directed brokerage account are loans, partnership or joint venture interests, real property, employer securities, or investments that could result in a loss in excess of the account balance of the participant or beneficiary who directed the transaction, such assets must be broken out and treated as separate assets on the applicable asset and liability categories in Part I, income and expense categories in Part II, and on the line 4i schedules. The remaining assets in the participant-directed brokerage account may be reported in the aggregate as set forth in paragraph 2 above. The agencies will be evaluating whether, and to what extent, the aggregate method of reporting is appropriate for future plan years.

Columns (a) and (b). Enter the current value on each line as of the beginning and end of the plan year.

Note. Amounts reported in column (a) must be the same as reported for the end of the plan year for corresponding line items of the return/report for the preceding plan year. Do not include contributions designated for the 2008 plan year in column (a).

Line 1a. Total noninterest bearing cash includes, among other things, cash on hand or cash in a noninterest bearing checking account.

Line 1b(1). Noncash basis filers should include contributions due the plan by the employer but not yet paid. Do not include other amounts due from the employer such as the reimbursement of an expense or the repayment of a loan.

Line 1b(2). Noncash basis filers should include contributions withheld by the employer from participants and amounts due directly from participants that have not yet been received by the plan. Do not include the repayment of participant loans.

Line 1b(3). Noncash basis filers should include amounts due to the plan that are not includable in lines 1b(1) or 1b(2). These amounts may include investment income earned but not yet received by the plan and other amounts due to the plan such as amounts due from the employer or another plan for expense reimbursement or from a participant for the repayment of an overpayment of benefits.

Line 1c(1). Include all assets that earn interest in a financial institution account such as interest bearing checking accounts, passbook savings accounts, or in money market accounts.

Line 1c(2). Include securities issued or guaranteed by the U.S. Government or its designated agencies such as U.S. Savings Bonds, Treasury bonds, Treasury bills, FNMA, and GNMA.

Line 1c(3). Include investment securities (other than employer securities defined below in 1d(1)) issued by a corporate entity at a stated interest rate repayable on a particular future date such as most bonds, debentures, convertible debentures, commercial paper and zero coupon bonds. Do not include debt securities of governmental units that should be reported on line 1c(2) or 1c(15).

“Preferred” means any of the above securities that are publicly traded on a recognized securities exchange and the securities have a rating of “A” or above. If the securities are not “Preferred,” they are listed as “Other.”

Line 1c(4)(A). Include stock issued by corporations (other than employer securities defined in 1d(1) below) which is accompanied by preferential rights such as the right to share in distributions of earnings at a higher rate or which has general priority over the common stock of the same entity. Include the value of warrants convertible into preferred stock.

Line 1c(4)(B). Include any stock (other than employer securities defined in 1d(1)) that represents regular ownership of the corporation and is not accompanied by preferential rights. Include the value of warrants convertible into common stock.

Line 1c(5). Include the value of the plan’s participation in a partnership or joint venture if the underlying assets of the partnership or joint venture are not considered to be plan assets under 29 CFR 2510.3-101. Do not include the value of a plan’s interest in a partnership or joint venture that is a 103-12 IE. Include the value of a 103-12 IE in 1c(12).

Line 1c(6). Include the current value of both income and non-income producing real property owned by the plan. Do not include the value of property that is employer real property or property used in plan operations that should be reported on lines 1d and 1e, respectively.

Line 1c(7). Enter the current value of all loans made by the plan, except participant loans reportable on line 1c(8). Include the sum of the value of loans for construction, securities loans, commercial and/or residential mortgage loans that are not subject to Code section 72(p) (either by making or participating in the loans directly or by purchasing loans originated by a third party), and other miscellaneous loans.

Line 1c(8). Enter the current value of all loans to participants including residential mortgage loans that are subject to Code section 72(p). Include the sum of the value of the unpaid principal balances, plus accrued but unpaid interest, if any, for participant loans made under an individual account plan with investment experience segregated for each account, that are made in accordance with 29 CFR 2550.408b-1 and secured solely by a portion of the participant’s vested accrued benefit. When applicable, combine this amount with the current value of any other participant loans. Do not include in column (b) a participant loan that has been deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1, if both of the following circumstances apply:

1. Under the plan, the participant loan is treated as a directed investment solely of the participant’s individual account; and
2. As of the end of the plan year, the participant is not continuing repayment under the loan.

If both of these circumstances apply, report the loan as a deemed distribution on line 2g. However, if either of these circumstances does not apply, the current value of the participant loan (including interest accruing thereon after the deemed distribution) should be included in column (b) without regard to the occurrence of a deemed distribution.

Note. After a participant loan that has been deemed distributed is reported on line 2g, it is no longer to be reported as an asset on Schedule H or Schedule I unless, in a later year, the participant resumes repayment under the loan. However, such a loan (including interest accruing thereon after the deemed distribution) that has not been repaid is still considered outstanding for purposes of applying Code section 72(p)(2)(A) to determine the maximum amount of subsequent loans. Also,

the deemed distribution is not treated as an actual distribution for other purposes, such as the qualification requirements of Code section 401, including, for example, the determination of top-heavy status under Code section 416 and the vesting requirements of Treasury Regulations section 1.411(a)-7(d)(5). See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

The entry on line 1c(8), column (b), of Schedule H (participant loans - end of year) or on line 1a, column (b), of Schedule I (plan assets - end of year) must include the current value of any participant loan that was reported as a deemed distribution on line 2g for any earlier year if the participant resumes repayment under the loan during the plan year. In addition, the amount to be entered on line 2g must be reduced by the amount of the participant loan that was reported as a deemed distribution on line 2g for the earlier year.

Lines 1c(9), (10), (11), and (12). Enter the total current value of the plan’s or DFE’s interest in DFEs on the appropriate lines as of the beginning and end of the plan or DFE year. The value of the plan’s or DFE’s interest in each DFE at the end of the plan or DFE year must be reported on the Schedule D (Form 5500).



*The plan’s or DFE’s interest in CCTs and PSAs for which a DFE Form 5500 has not been filed may **not** be included on lines 1c(9) or 1c(10). The plan’s or DFE’s interest in the underlying assets of such CCTs and PSAs **must** be allocated and reported in the appropriate categories on a line-by-line basis on Part I of the Schedule H.*

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.

Line 1c(14). Use the same method for determining the value of the insurance contracts reported here as you used for line 3 of Schedule A (Form 5500), or, if line 3 is not required, line 6 of Schedule A (Form 5500).

Line 1c(15). Include all other investments not includable in lines 1c(1) through (14), such as options, index futures, repurchase agreements, state and municipal securities, collectibles, and other personal property.

Line 1d(1). An employer security is any security issued by an employer (including affiliates) of employees covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes and commercial paper.

Line 1d(2). The term “employer real property” means real property (and related personal property) that is leased to an employer of employees covered by the plan, or to an affiliate of such employer. For purposes of determining the time at which a plan acquires employer real property for purposes of this line, such property shall be deemed to be acquired by the plan on the date on which the plan acquires the property or on the date on which the lease to the employer (or affiliate) is entered into, whichever is later.

Line 1e. Include the current (not book) value of the buildings and other property used in the operation of the plan. Buildings or other property held as plan investments should be reported in 1c(6) and 1d(2).

Do not include the value of future pension payments on lines 1g, h, i, j, or k.

Line 1g. Noncash basis plans should include the total amount of benefit claims that have been processed and approved for payment by the plan. Welfare plans should also include “incurred but not reported” benefit claims.

Line 1h. Noncash basis plans should include the total amount of obligations owed by the plan which were incurred in the normal operations of the plan and have been approved for payment by the plan but have not been paid.

Line 1i. “Acquisition indebtedness,” for debt-financed property other than real property, means the outstanding amount of the principal debt incurred:

1. By the organization in acquiring or improving the property;
2. Before the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property; or
3. After the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property and was reasonably foreseeable at the time of such acquisition or improvement. For further explanation, see Code section 514(c).

Line 1j. Noncash basis plans should include amounts owed for any liabilities that would not be classified as benefit claims payable, operating payables, or acquisition indebtedness.

Line 1l. The entry in column (b) must equal the sum of the entry in column (a) plus lines 2k, 2l(1), and 2l(2).

Line 2a. Include the total cash contributions received and/or (for accrual basis plans) due to be received.

Note. Plans using the accrual basis of accounting should not include contributions designated for years before the 2008 plan year on line 2a.

Line 2a(1)(B). For welfare plans, report all employee contributions, including all elective contributions under a cafeteria plan (Code section 125). For pension plans, participant contributions, for purposes of this item, also include elective contributions under a qualified cash or deferred arrangement (Code section 401(k)).

Line 2a(2). Use the current value, at date contributed, of securities or other noncash property.

Line 2b(1)(A). Enter interest earned on interest-bearing cash, including earnings from sweep accounts, STIF accounts, money market accounts, certificates of deposit, etc. This is the interest earned on the investments reported on line 1c(1).

Line 2b(1)(B). Enter interest earned on U.S. Government Securities. This is the interest earned on the investments reported on line 1c(2).

Line 2b(1)(C). Generally, this is the interest earned on securities that are reported on lines 1(c)(3)(A) and (B) and 1d(1).

Line 2b(2). Generally, the dividends are for investments reported on line 1c(4)(A) and (B) and 1d(1). For accrual basis plans, include any dividends declared for stock held on the date of record, but not yet received as of the end of the plan year.

Line 2b(3). Generally, rents represent the income earned on the real property that is reported in items 1c(6) and 1d(2). Rents should be entered as a "Net" figure. Net rents are determined by taking the total rent received and subtracting all expenses directly associated with the property. If the real property is jointly used as income producing property and for the operation of the plan, that portion of the expenses attributable to the income producing portion of the property should be netted against the total rents received.

Line 2b(4). Enter in column (b), the total of net gain (loss) on sale of assets. This equals the sum of the net realized gain (or loss) on each asset held at the beginning of the plan year which was sold or exchanged during the plan year, and on each asset that was both acquired and disposed of within the plan year.

Note. As current value reporting is required for the Form 5500, assets are revalued to current value at the end of the plan year. For purposes of this form, the increase or decrease in the value of assets since the beginning of the plan year (if held on the first day of the plan year) or their acquisition date (if purchased during the plan year) is reported in line 2b(5) below, with two exceptions: **(1)** the realized gain (or loss) on each asset that was disposed of during the plan year is reported in 2b(4) (NOT on line 2b(5)), and **(2)** the net investment gain (or loss) from CCTs, PSAs, MTIAs, 103-12 IEs, and registered investment companies is reported in lines 2b(6) through (10).

The sum of the realized gain (or loss) of assets sold or exchanged during the plan year is to be calculated as follows:

1. Enter in 2b(4)(A), column (a), the sum of the amount received for these former assets;

2. Enter in 2b(4)(B), column (a), the sum of the current value of these former assets as of the beginning of the plan year and the purchase price for assets both acquired and disposed of during the plan year; and

3. Enter in 2b(4)(C), column (b), the result obtained when 2b(4)(B) is subtracted from 2b(4)(A). If entering a negative number, enter a minus sign "-" to the left of the number.

Note. Bond write-offs should be reported as realized losses.

Line 2b(5). Subtract the current value of assets at the beginning of the year plus the cost of any assets acquired during the plan year from the current value of assets at the end of the year to obtain this figure. If entering a negative number, enter a minus sign "-" to the left of the number. Do not include the value of assets reportable in lines 2b(4) and 2b(6) through 2b(10).

Lines 2b(6), (7), (8), and (9). Report all earnings, expenses, gains or losses, and unrealized appreciation or depreciation included in computing the net investment gain (or loss) from all CCTs, PSAs, MTIAs, and 103-12 IEs here. If some plan funds are held in any of these entities and other plan funds are held in other funding media, complete all applicable subitems of line 2 to report plan earnings and expenses relating to the other funding media. The net investment gain (or loss) allocated to the plan for the plan year from the plan's investment in these entities is equal to:

1. The sum of the current value of the plan's interest in each entity at the end of the plan year,
2. Minus the current value of the plan's interest in each entity at the beginning of the plan year,
3. Plus any amounts transferred out of each entity by the plan during the plan year, and
4. Minus any amounts transferred into each entity by the plan during the plan year.

Enter the net gain as a positive number or the net loss as a negative number.

Note. Enter the combined net investment gain or loss from all CCTs and PSAs, regardless of whether a DFE Form 5500 was filed for the CCTs and PSAs.

Line 2b(10). Enter net investment gain (loss) from registered investment companies here. Compute in the same manner as discussed above for lines 2b(6) through (9).

Line 2c. Include all other plan income earned that is not included in 2a or 2b. Do not include transfers from other plans that should be reported in line 2l.

Line 2e(1). Include the current value of all cash, securities, or other property at the date of distribution. Include all eligible rollover distributions as defined in Code section 401(a)(31)(C) paid at the participant's election to an eligible retirement plan (including an IRA within the meaning of section 401(a)(31)(D)).

Line 2e(2). Include payments to insurance companies and similar organizations such as Blue Cross, Blue Shield, and health maintenance organizations for the provision of plan benefits (e.g., paid-up annuities, accident insurance, health insurance, vision care, dental coverage, stop-loss insurance whose claims are paid to the plan (or which is otherwise an asset of the plan)), etc.

Line 2e(3). Include all payments made to other organizations or individuals providing benefits. Generally, these are individual providers of welfare benefits such as legal services, day care services, training and apprenticeship services.

Line 2f. Include on this line all distributions paid during the plan year of excess deferrals under Code section 402(g)(2)(A)(ii), excess contributions under section 401(k)(8), and excess aggregate contributions under section 401(m)(6). Include allocable income distributed. Also include on this line any elective deferrals and employee contributions distributed or returned to employees during the plan year in accordance with Treasury Regulations section 1.415-6(b)(6)(iv), as well as any attributable gains that were also distributed.

Line 2g. Report on line 2g a participant loan that has been deemed distributed during the plan year under the provisions of

Code section 72(p) and Treasury Regulations section 1.72(p)-1 only if both of the following circumstances apply:

1. Under the plan, the participant loan is treated as a directed investment solely of the participant's individual account; and
2. As of the end of the plan year, the participant is not continuing repayment under the loan.

If either of these circumstances does not apply, a deemed distribution of a participant loan should not be reported on line 2g. Instead, the current value of the participant loan (including interest accruing thereon after the deemed distribution) should be included on line 1c(8), column (b) (participant loans - end of year), without regard to the occurrence of a deemed distribution.

Note. The amount to be reported on line 2g of Schedule H or Schedule I must be reduced if, during the plan year, a participant resumes repayment under a participant loan reported as a deemed distribution on line 2g for any earlier year. The amount of the required reduction is the amount of the participant loan reported as a deemed distribution on line 2g for the earlier year. If entering a negative number, enter a minus sign “-” to the left of the number. The current value of the participant loan must then be included in line 1c(8), column (b), of Schedule H (participant loans - end of year) or in line 1a, column (b), of Schedule I (plan assets - end of year).

Although certain participant loans deemed distributed are to be reported on line 2g of the Schedule H or Schedule I, and are not to be reported on the Schedule H or Schedule I as an asset thereafter (unless the participant resumes repayment under the loan in a later year), they are still considered outstanding loans and are not treated as actual distributions for certain purposes. See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

Line 2h. Interest expense is a monetary charge for the use of money borrowed by the plan. This amount should include the total of interest paid or to be paid (for accrual basis plans) during the plan year.

Line 2i. Report all administrative expenses (by specified category) paid by or charged to the plan, including those that were not subtracted from the gross income of CCTs, PSAs, MTIAs, and 103-12 IEs in determining their net investment gain(s) or loss(es). Expenses incurred in the general operations of the plan are classified as administrative expenses.

Line 2i(1). Include the total fees paid (or in the case of accrual basis plans costs incurred during the plan year but not paid as of the end of the plan year) by the plan for outside accounting, actuarial, legal, and valuation/appraisal services. Include fees for the annual audit of the plan by an independent qualified public accountant; for payroll audits; for accounting/bookkeeping services; for actuarial services rendered to the plan, and to a lawyer for rendering legal opinions, litigation, and advice (but not for providing legal services as a benefit to plan participants). Include the fee(s) for valuations or appraisals to determine the cost, quality, or value of an item such as real property, personal property (gemstones, coins, etc.), and for valuations of closely held securities for which there is no ready market. Do not include amounts paid to plan employees to perform bookkeeping/accounting functions that should be included in 2i(4).

Line 2i(2). Enter the total fees paid (or in the case of accrual basis plans, costs incurred during the plan year but not paid as of the end of the plan year) to a contract administrator for performing administrative services for the plan. For purposes of the return/report, a contract administrator is any individual, partnership or corporation, responsible for managing the clerical operations (e.g., handling membership rosters, claims payments, maintaining books and records) of the plan on a contractual basis. Do not include salaried staff or employees of the plan or banks or insurance carriers.

Line 2i(3). Enter the total fees paid (or in the case of accrual basis plans, costs incurred during the plan year but not paid as of the end of the plan year) to an individual, partnership or

corporation (or other person) for advice to the plan relating to its investment portfolio. These may include fees paid to manage the plan's investments, fees for specific advice on a particular investment, and fees for the evaluation of the plan's investment performance.

Line 2i(4). Other expenses are those that cannot be included in 2i(1) through 2i(3). These may include plan expenditures such as salaries and other compensation and allowances (e.g., payment of premiums to provide health insurance benefits to plan employees), expenses for office supplies and equipment, cars, telephone, postage, rent, expenses associated with the ownership of a building used in the operation of the plan, all miscellaneous expenses and trustees' fees and reimbursement of expenses associated with trustees such as lost time, seminars, travel, meetings, etc.

Line 2l. Include in these reconciliation figures the value of all transfers of assets or liabilities into or out of the plan resulting from, among other things, mergers and consolidations. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. A transfer is not a shifting of one plan's assets or liabilities from one investment to another. A transfer is not a distribution of all or part of an individual participant's account balance that is reportable on **Form 1099-R**, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., (see the instructions for line 2e). Transfers out at the end of the year should be reported as occurring during the plan year.

Note. If this Schedule H is filed for a DFE, report the value of all asset transfers to the DFE, including those resulting from contributions to participating plans on line 2l(1), and report the total value of all assets transferred out of the DFE, including assets withdrawn for disbursement as benefit payments by participating plans, on line 2l(2). Contributions and benefit payments are considered to be made to/by the plan (not to/by a DFE).

Line 3. The administrator of an employee benefit plan who files a Schedule H (Form 5500) generally must engage an independent qualified public accountant (IQPA) pursuant to ERISA section 103(a)(3)(A) and 29 CFR 2520.103-1(b). This requirement also applies to a Form 5500 filed for a 103-12 IE and for a GIA (see 29 CFR 2520.103-12 and 29 CFR 2520.103-2). The accountant's report must be attached to the Form 5500 when a Schedule H (Form 5500) is attached unless line 3d(1) or 3d(2) on the Schedule H is checked.

29 CFR 2520.103-1(b) requires that any separate financial statements prepared in order for the independent qualified public accountant to form the opinion and notes to these financial statements must be attached to the Form 5500. Any separate statements must include the information required to be disclosed in Parts I and II of the Schedule H; however, they may be aggregated into categories in a manner other than that used on the Schedule H. The separate statements should be either typewritten or printed and consist of reproductions of Parts I and II or statements incorporating by references Parts I and II. See ERISA section 103(a)(3)(A), and the DOL regulations 29 CFR 2520.103-1(a)(2) and (b), 2520.103-2, and 2520.104-50.

Note. Delinquent participant contributions reported on line 4a should be treated as part of the separate schedules referenced in ERISA section 103(a)(3)(A) and 29 CFR 2520.103-1(b) and 2520.103-2(b) for purposes of preparing the accountant's opinion described on line 3 even though they are no longer required to be listed on Part III of the Schedule G. If the information contained on line 4a is not presented in accordance with regulatory requirements, the IQPA report must make the appropriate disclosures in accordance with generally accepted auditing standards. Delinquent participant contributions that are exempt because they satisfy the DOL Voluntary Fiduciary Correction Program (VFCP) requirements and the conditions of Prohibited Transaction Exemption (PTE) 2002-51 do not need

to be treated as part of the schedule of nonexempt party-in-interest transactions.

If the required accountant's report is not attached to the Form 5500, the filing is subject to rejection as incomplete and penalties may be assessed.

Lines 3a(1) through 3a(4). These boxes identify the type of opinion offered by the accountant.

Line 3a(1). Check if an unqualified opinion was issued. Generally, an unqualified opinion is issued when the independent qualified public accountant concludes that the plan's financial statements present fairly, in all material respects, the financial status of the plan as of the end of the period audited and the changes in its financial status for the period under audit in conformity with generally accepted accounting principles (GAAP) or an other comprehensive basis of accounting (OCBOA), e.g., cash basis.

Line 3a(2). Check if a qualified opinion was issued. Generally, a qualified opinion is issued by an independent qualified public accountant when the plan's financial statements present fairly, in all material respects, the financial status of the plan as of the end of the audit period and the changes in its financial status for the period under audit in conformity with GAAP or OCBOA, except for the effects of one or more matters described in the opinion.

Line 3a(3). Check if a disclaimer of opinion was issued. A disclaimer of opinion is issued when the independent qualified public accountant does not express an opinion on the financial statements because he or she has not performed an audit sufficient in scope to enable him or her to form an opinion on the financial statements.

Line 3a(4). Check if the plan received an adverse accountant's opinion. Generally, an adverse opinion is issued by an independent qualified public accountant when the plan's financial statements do not present fairly, in all material respects, the financial status of the plan as of the end of the audit period and the changes in its financial status for the period under audit in conformity with GAAP or OCBOA.

Line 3b. Check "Yes" if a box is checked on line 3a and the scope of the plan's audit was limited pursuant to DOL regulations 29 CFR 2520.103-8 and 2520.103-12(d) because the examination and report of an independent qualified public accountant did not extend to: (a) statements or information regarding assets held by a bank, similar institution or insurance carrier that is regulated and supervised and subject to periodic examination by a state or Federal agency provided that the statements or information are prepared by and certified to by the bank or similar institution or an insurance carrier, or (b) information included with the Form 5500 filed for a 103-12 IE. The term "similar institution" as used here does not extend to securities brokerage firms (see DOL Advisory Opinion 93-21A). See 29 CFR 2520.103-8 and 2520.103-12(d).

Note. These regulations do not exempt the plan administrator from engaging an accountant or from attaching the accountant's report to the Form 5500. If you check line 3b, you must also check the appropriate box on line 3a to identify the type of opinion offered by the accountant.

Line 3c. Enter the name and EIN of the accountant (or accounting firm) in the space provided on line 3c. Do not use a social security number in lieu of an EIN. The Schedule H is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule H may result in the rejection of the filing.

Line 3d(1). Check this box only if the Schedule H is being filed for a CCT, PSA, or MTIA.

Line 3d(2). Check this box if the plan has elected to defer attaching the accountant's opinion for the first of 2 consecutive plan years, one of which is a short plan year of 7 months or less. The Form 5500 for the first of the 2 years must be complete and accurate, with all required attachments, except for the accountant's report, including an attachment explaining

why one of the 2 plan years is of 7 or fewer months duration and stating that the annual report for the immediately following plan year will include a report of an independent qualified public accountant with respect to the financial statements and accompanying schedules for both of the 2 plan years. The Form 5500 for the second year must include: (a) financial schedules and statements for both plan years; (b) a report of an independent qualified public accountant with respect to the financial schedules and statements for each of the 2 plan years (regardless of the number of participants covered at the beginning of each plan year); and (c) a statement identifying any material differences between the unaudited financial information submitted with the first Form 5500 and the audited financial information submitted with the second Form 5500. See 29 CFR 2520.104-50.

Note. Do not check the box on line 3d(2) if the Form 5500 is filed for a 103-12 IE or a GIA. A deferral of the accountant's opinion is not permitted for a 103-12 IE or a GIA. If an E or G is entered on Form 5500, Part I, line A(4), an accountant's opinion must be attached to the Form 5500 and the type of opinion must be reported on Schedule H, line 3a.

Lines 4a through 4k. Plans completing Schedule H must answer all these lines either "Yes" or "No." If lines 4a through 4h are "Yes," an amount must be entered where indicated. Report investments in CCTs, PSAs, MTIAs, and 103-12 IEs, but not the investments made by these entities. Plans with all of their funds held in a master trust should check "No" on line 4b, 4c, 4i, and 4j. CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, or 4k. 103-12 IEs also do not complete line 4j.

Line 4a. Amounts paid by a participant or beneficiary to an employer and/or withheld by an employer for contribution to the plan are participant contributions that become plan assets as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets (see 29 CFR 2510.3-102). An employer holding these assets after that date commingled with its general assets will have engaged in a prohibited use of plan assets (see ERISA section 406). If such a nonexempt prohibited transaction occurred with respect to a disqualified person (see Code section 4975(e)(2)), file **Form 5330**, Return of Excise Taxes Related to Employee Benefit Plans, with the IRS to pay any applicable excise tax on the transaction.

Plans that check "Yes" must enter the aggregate amount of all late contributions for the year. The total amount of the delinquent contributions should be included on line 4a of the Schedule H or I, as applicable, for the year in which the contributions were delinquent and should be carried over and reported again on line 4a of the Schedule H or I, as applicable, for each subsequent year until the year after the violation has been fully corrected, which correction includes payment of the late contributions and reimbursement of the plan for lost earnings or profits. If no participant contributions were received or withheld by the employer during the plan year, answer "No."



Delinquent participant contributions reported on line 4a should be treated as part of the separate schedules referenced in ERISA section 103(a)(3)(A) and 29 CFR 2520.103-1(b) and 2520.103-2(b) for purposes of preparing the accountant's opinion described on line 3 even though they are no longer required to be listed on Part III of the Schedule G. If the information contained on line 4a is not presented in accordance with regulatory requirements, the IQPA report must make the appropriate disclosures in accordance with generally accepted auditing standards. For more information, see EBSA's Frequently Asked Questions About Reporting Delinquent Contributions, available on the Internet at www.dol.gov/ebsa. Although all delinquent participant contributions must be reported on line 4a, delinquent contributions for which the DOL Voluntary Fiduciary Correction Program (VFCP) requirements and the conditions of Prohibited Transaction Exemption (PTE) 2002-51 have been satisfied do not need to be treated as nonexempt party-in-interest transactions.

The VFCP describes how to apply, the specific transactions covered (which transactions include delinquent participant contributions to pension and welfare plans), and acceptable methods for correcting violations. In addition, applicants that satisfy both the VFCP requirements and the conditions of PTE 2002-51 are eligible for immediate relief from payment of certain prohibited transaction excise taxes for certain corrected transactions, and are also relieved from the obligation to file the Form 5330 with the IRS. For more information, see 71 Fed. Reg. 20261 (Apr. 19, 2006) and 71 Fed. Reg. 20135 (Apr. 19, 2006). Information about the VFCP is also available on the Internet at www.dol.gov/ebsa.

Line 4b. Plans that check “Yes” must enter the amount and complete Part I of Schedule G. The due date, payment amount and conditions for determining default of a note or loan are usually contained in the documents establishing the note or loan. A loan by the plan is in default when the borrower is unable to pay the obligation upon maturity. Obligations that require periodic repayment can default at any time. Generally, loans and fixed income obligations are considered uncollectible when payment has not been made and there is little probability that payment will be made. A fixed income obligation has a fixed maturity date at a specified interest rate. Do not include participant loans made under an individual account plan with investment experience segregated for each account that were made in accordance with 29 CFR 2550.408b-1 and secured solely by a portion of the participant’s vested accrued benefit.

Line 4c. Plans that check “Yes” must enter the amount and complete Part II of Schedule G. A lease is an agreement conveying the right to use property, plant or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made.

Line 4d. Plans that check “Yes” must enter the amount and complete Part III of Schedule G. Check “Yes” if any nonexempt transaction with a party-in-interest occurred regardless of whether the transaction is disclosed in the accountant’s report. Do not check “Yes” or complete Schedule G, Part III, with respect to transactions that are: (1) statutorily exempt under Part 4 of Title I of ERISA; (2) administratively exempt under ERISA section 408(a); (3) exempt under Code sections 4975(c) or 4975(d); (4) the holding of participant contributions in the employer’s general assets for a welfare plan that meets the conditions of ERISA Technical Release 92-01; (5) a transaction of a 103-12 IE with parties other than the plan; or (6) delinquent participant contributions reported on line 4a.

Note. See the instructions for Part III of the Schedule G (Form 5500) concerning nonexempt transactions and party-in-interest.

You may indicate that an application for an administrative exemption is pending. If you are unsure as to whether a transaction is exempt or not, you should consult with either the plan’s independent qualified public accountant or legal counsel or both.

TIP Applicants that satisfy the VFCP requirements and the conditions of PTE 2002-51 (see the instructions for line 4a) are eligible for immediate relief from payment of certain prohibited transaction excise taxes for certain corrected transactions, and are also relieved from the obligation to file the Form 5330 with the IRS. For more information, see 71 Fed. Reg. 20261 (Apr. 19, 2006) and 71 Fed. Reg. 20135 (Apr. 19, 2006). When the conditions of PTE 2002-51 have been satisfied, the corrected transactions should be treated as exempt under Code section 4975(c) for the purposes of answering line 4d.

Line 4e. Plans that check “Yes” must enter the aggregate amount of coverage for all claims. Check “Yes” only if the plan itself (as opposed to the plan sponsor or administrator) is a named insured under a fidelity bond from an approved surety covering plan officials and that protects the plan as described in 29 CFR Part 2580. Generally, every plan official of an employee benefit plan who “handles” funds or other property of such plan must be bonded. Generally, a person shall be deemed to be

“handling” funds or other property of a plan, so as to require bonding, whenever his or her other duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and DOL regulations 29 CFR 2580 provide the bonding requirements, including the definition of “handling” (29 CFR 2580.412-6), the permissible forms of bonds (29 CFR 2580.412-10), the amount of the bond (29 CFR 2580, subpart C), and certain exemptions such as the exemption for unfunded plans, certain banks and insurance companies (ERISA section 412), and the exemption allowing plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (29 CFR 2580.412-23). Information concerning the list of approved sureties and reinsurers is available on the Internet at www.fms.treas.gov/c570.

Note. Plans are permitted under certain conditions to purchase fiduciary liability insurance. These policies do not protect the plan from dishonest acts and are not bonds that should be reported in line 4e.

Line 4f. Check “Yes,” if the plan had suffered or discovered any loss as a result of any dishonest or fraudulent act(s) even if the loss was reimbursed by the plan’s fidelity bond or from any other source. If “Yes” is checked enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide an estimate and disclose that the figure is an estimate, such as “@1000.”



Willful failure to report is a criminal offense. See ERISA section 501.

Lines 4g and 4h. *Current value* means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at the time of the determination. See ERISA section 3(26).

An accurate assessment of fair market value is essential to a pension plan’s ability to comply with the requirements set forth in the Code (e.g., the exclusive benefit rule of Code section 401(a)(2), the limitations on benefits and contributions under Code section 415, and the minimum funding requirements under Code section 412) and must be determined annually.

Examples of assets that may not have a readily determinable value on an established market (e.g., NYSE, AMEX, over the counter, etc.) include real estate, nonpublicly traded securities, shares in a limited partnership, and collectibles. Do not check “Yes” on line 4g if the plan is a defined contribution plan and the only assets the plan holds, that do not have a readily determinable value on an established market, are: (1) participant loans not in default, or (2) assets over which the participant exercises control within the meaning of section 404(c) of ERISA.

Although the current value of plan assets must be determined each year, there is no requirement that the assets (other than certain nonpublicly traded employer securities held in ESOPs) be valued every year by independent third-party appraisers.

Enter in the amount column the fair market value of the assets referred to on line 4g whose value was not readily determinable on an established market and which were not valued by an independent third-party appraiser in the plan year. Generally, as it relates to these questions, an appraisal by an independent third party is an evaluation of the value of an asset prepared by an individual or firm who knows how to judge the value of such assets and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisals.

Line 4i. Check “Yes” if the plan had any assets held for investment purposes, and attach a schedule of assets held for investment purposes at end of year, a schedule of assets held

for investment purposes that were both acquired and disposed of within the plan year, or both, as applicable. The schedules must use the format set forth below or a similar format and the same size paper as the Form 5500. See 29 CFR 2520.103-11.

Assets held for investment purposes shall include:

- Any investment asset held by the plan on the last day of the plan year; and
- Any investment asset purchased during the plan year and sold before the end of the plan year except:
 1. Debt obligations of the U.S. or any U.S. agency.
 2. Interests issued by a company registered under the Investment Company Act of 1940 (e.g., a mutual fund).
 3. Bank certificates of deposit with a maturity of one year or less.
 4. Commercial paper with a maturity of 9 months or less if it is valued in the highest rating category by at least two nationally recognized statistical rating services and is issued by a company required to file reports with the Securities and Exchange Commission under section 13 of the Securities Exchange Act of 1934.
 5. Participations in a bank common or collective trust.
 6. Participations in an insurance company pooled separate account.
 7. Securities purchased from a broker-dealer registered under the Securities Exchange Act of 1934 and either: **(1)** listed on a national securities exchange and registered under section 6 of the Securities Exchange Act of 1934, or **(2)** quoted on NASDAQ.

Assets held for investment purposes shall not include any investment that was not held by the plan on the last day of the plan year if that investment is reported in the annual report for that plan year in any of the following:

1. The schedule of loans or fixed income obligations in default required by Schedule G, Part I;
2. The schedule of leases in default or classified as uncollectible required by Schedule G, Part II;
3. The schedule of nonexempt transactions required by Schedule G, Part III; and
4. The schedule of reportable transactions required by Schedule H, line 4j.

Line 4j. Check “Yes” and attach to the Form 5500 the following schedule if the plan had any reportable transactions (see 29 CFR 2520.103-6 and the examples provided in the regulation). The schedule must use the format set forth on page 36 or a similar format and the same size paper as the Form 5500. See 29 CFR 2520.103-11.

A reportable transaction includes:

1. A single transaction within the plan year in excess of 5% of the current value of the plan assets;
2. Any series of transactions with or in conjunction with the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets;
3. Any transaction within the plan year involving securities of the same issue if within the plan year any series of

Line 4i schedules. The first schedule required to be attached is a schedule of all assets held for investment purposes at the end of the plan year, aggregated and identified by issue, maturity date, rate of interest, collateral, par or maturity value, cost and current value, and, in the case of a loan, the payment schedule.

In column (a), place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan. In column (c), include any restriction on transferability of corporate securities. (Include lending of securities permitted under Prohibited Transactions Exemption 81-6.)

This schedule must be clearly labeled “**Schedule H, line 4i—Schedule of Assets (Held At End of Year).**”

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value

The second schedule required to be attached is a schedule of investment assets that were both acquired and disposed of within the plan year. This schedule must be clearly labeled “**Schedule H, line 4i—Schedule of Assets (Acquired and Disposed of Within Year).**”

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Costs of acquisitions	(d) Proceeds of dispositions

Notes: **(1)** Participant loans under an individual account plan with investment experience segregated for each account, that are made in accordance with 29 CFR 2550.408b-1 and that are secured solely by a portion of the participant’s vested accrued benefit, may be aggregated for reporting purposes in item 4i. Under identity of borrower enter “Participant loans,” under rate of interest enter the lowest rate and the highest rate charged during the plan year (e.g., 8%–10%), under the cost and proceeds columns enter zero, and under current value enter the total amount of these loans. **(2)** Column (d) cost information for the **Schedule of Assets (Held At End of Year)** and the column (c) cost of acquisitions information for the **Schedule of Assets (Acquired and Disposed of Within Year)** may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan). **(3)** Participant-directed brokerage account assets reported in the aggregate on line 1c(15) should be treated as one asset held for investment for purposes of the line 4i schedules, except investments in tangible personal property must continue to be reported as separate assets on the line 4i schedules.

transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets; and

4. Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.

The 5% figure is determined by comparing the current value of the transaction at the transaction date with the current value of the plan assets at the beginning of the plan year. If this is the **initial** plan year, you may use the current value of plan assets at the end of the plan year to determine the 5% figure.

If the assets of two or more plans are maintained in one trust, except as provided below, the plan's allocable portion of the transactions of the trust shall be combined with the other transactions of the plan, if any, to determine which transactions (or series of transactions) are reportable (5%) transactions.

For investments in common/collective trusts, pooled separate accounts, 103-12 IEs and registered investment companies, determine the 5% figure by comparing the transaction date value of the acquisition and/or disposition of units of participation or shares in the entity with the current value of the plan assets at the beginning of the plan year. If the Schedule H is attached to a Form 5500 filed for a plan with all plan funds held in a master trust, check "No" on line 4j. Plans with assets in a master trust that have other transactions should determine the 5% figure by subtracting the current value of plan assets held in the master trust from the current value of all plan assets at the beginning of the plan year and check "Yes" or "No," as appropriate. Do not include individual transactions of common/collective trusts, pooled separate accounts, master trust investment accounts, 103-12 IEs, and registered investment companies in which this plan or DFE invests.

In the case of a purchase or sale of a security on the market, do not identify the person from whom purchased or to whom sold.

Special rule for certain participant-directed transactions.

Transactions under an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan) should not be treated for purposes of line 4j as reportable transactions. The current value of all assets of the plan, including these participant-directed transactions, should be included in determining the 5% figure for all other transactions.

Line 4k. Check "Yes" if all the plan assets (including insurance/annuity contracts) were distributed to the participants and beneficiaries, legally transferred to the control of another plan, or brought under the control of the PBGC.

Check "No" for a welfare benefit plan that is still liable to pay benefits for claims incurred before the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Note. If "Yes" was checked on line 4k because all plan assets were distributed to participants and/or beneficiaries, you are encouraged to complete Schedule SSA (Form 5500), listing each participant reported on a previous Schedule SSA (Form 5500) who has received all of his/her plan benefits, and, therefore, is no longer entitled to receive deferred vested benefits. This will ensure that SSA's records are correct, and help eliminate confusion for participants and plan administrators in the future. See the instructions to the Schedule SSA (Form 5500) for greater detail.

Line 5a. Check "Yes" if a resolution to terminate the plan was adopted during this or any prior plan year, unless the termination was revoked and no assets reverted to the employer. If "Yes" is checked, enter the amount of plan assets that reverted to the employer during the plan year in connection with the implementation of such termination. Enter "-0-" if no reversion occurred during the current plan year.



A Form 5500 must be filed for each year the plan has assets, and, for a welfare benefit plan, if the plan is still liable to pay benefits for claims incurred before the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Line 5b. Enter information concerning assets and/or liabilities transferred from this plan to another plan(s) (including spin-offs) during the plan year. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Enter the name, PN, and EIN of the transferee plan(s) involved on lines 5b(1), (2), and (3). If there are more than four plans, include an attachment with the information required for 5b(1), (2), and (3) for each additional plan and label the attachment "**Schedule H, line 5b – Additional Plans.**"

Do not use a social security number in lieu of an EIN or include an attachment that contains visible social security numbers. The Schedule H is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule H or the inclusion of a visible social security number on an attachment may result in the rejection of the filing.

Note. A distribution of all or part of an individual participant's account balance that is reportable on **Form 1099-R** should not be included on line 5b. Do not submit Form 1099-R with the Form 5500.



Form 5310-A, Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business, must be filed at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan. There is a penalty for not filing Form 5310-A on time. In addition, a transfer of benefit liabilities involving a plan covered by PBGC insurance may be reportable to the PBGC (see PBGC Form 10 and Form 10-Advance).

Line 4j schedule. The schedule required to be attached is a schedule of reportable transactions that must be clearly labeled "**Schedule H, line 4j — Schedule of Reportable Transactions.**"

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

2008 Instructions for Schedule I (Form 5500)

Financial Information – Small Plan

General Instructions

Who Must File

Schedule I (Form 5500) must be attached to a Form 5500 filed for pension benefit plans and welfare benefit plans that covered fewer than 100 participants as of the beginning of the plan year.

Exception. If a Schedule I was filed for the plan for the 2007 plan year and the plan covered fewer than 121 participants as of the beginning of the 2008 plan year, the Schedule I may be completed instead of a Schedule H.

Note. Certain insured, unfunded or combination unfunded/insured welfare plans are exempt from filing the Form 5500 and the Schedule I. In addition, certain fully insured pension plans are exempt from completing the Schedule I. See the Form 5500 instructions for **Who Must File** on page 3 and **Limited Pension Plan Reporting** on page 10 for more information.

Check the Schedule I box on the Form 5500 (Part II, line 10b(2)) if a Schedule I is attached to the Form 5500. Do not attach both a Schedule I and a Schedule H to the same Form 5500.

Specific Instructions

Lines A, B, C, and D. This information should be the same as reported in Part II of the Form 5500 to which this Schedule I is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D in lieu of an EIN. The Schedule I and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule I or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Note. Do not mark through the printed line descriptions on the Schedule I and insert your own description as this may cause additional correspondence due to a computerized review of the Schedule I.

Use either the cash, modified cash, or accrual basis for recognition of transactions, as long as you use one method consistently. Round off all amounts reported on the Schedule I to the nearest dollar. Any other amounts are subject to rejection. Check all subtotals and totals carefully.

If the assets of two or more plans are maintained in one fund, such as when an employer has two plans funded through a single trust (except a DFE), complete Parts I and II by entering the plan's allocable part of each line item.

If assets of one plan are maintained in two or more trust funds, report the combined financial information in Part I.

Current value means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. See ERISA section 3(26).

Part I - Small Plan Financial Information

Amounts reported on lines 1a, 1b, and 1c for the beginning of the plan year must be the same as reported for the end of the plan year for corresponding lines on the return/report for the preceding plan year.

Do not include contributions designated for the 2008 plan year in column (a).

Line 1a. A plan with assets held in common/collective trusts, pooled separate accounts, master trust investment accounts, and/or 103-12 IEs must also attach Schedule D (Form 5500).

Use the same method for determining the value of the plan's interest in an insurance company general account (unallocated contracts) that you used for line 3 of Schedule A (Form 5500), or, if line 3 is not required, line 6 of Schedule A (Form 5500).

Note. Do not include in column (b) a participant loan that has been deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1, if both of the following circumstances apply:

1. Under the plan, the participant loan is treated as a directed investment solely of the participant's individual account; and
2. As of the end of the plan year, the participant is not continuing repayment under the loan.

If the deemed distributed participant loan is included in column (a) and both of these circumstances apply, report the loan as a deemed distribution on line 2g. However, if either of these circumstances does not apply, the current value of the participant loan (including interest accruing thereon after the deemed distribution) should be included in column (b) without regard to the occurrence of a deemed distribution.

After a participant loan that has been deemed distributed is reported on line 2g, it is no longer to be reported as an asset on Schedule H or Schedule I unless, in a later year, the participant resumes repayment under the loan. However, such a loan (including interest accruing thereon after the deemed distribution) that has not been repaid is still considered outstanding for purposes of applying Code section 72(p)(2)(A) to determine the maximum amount of subsequent loans. Also, the deemed distribution is not treated as an actual distribution for other purposes, such as the qualification requirements of Code section 401, including, for example, the determination of top-heavy status under Code section 416 and the vesting requirements of Treasury Regulations section 1.411(a)-7(d)(5). See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

The entry on line 1a, column (b), of Schedule I (plan assets - end of year) or on line 1c(8), column (b), of Schedule H (participant loans - end of year) must include the current value of any participant loan reported as a deemed distribution on line 2g for any earlier year if, during the plan year, the participant resumes repayment under the loan. In addition, the amount to be entered on line 2g must be reduced by the amount of the participant loan reported as a deemed distribution on line 2g for the earlier year.

Line 1b. Enter the total liabilities at the beginning and end of the plan year. Liabilities to be entered here do not include the value of future pension payments to plan participants. However, the amount to be entered in line 1b for accrual basis filers includes, among other things:

1. Benefit claims that have been processed and approved for payment by the plan but have not been paid (including all incurred but not reported welfare benefit claims);
2. Accounts payable obligations owed by the plan that were incurred in the normal operations of the plan but have not been paid; and
3. Other liabilities such as acquisition indebtedness and any other amount owed by the plan.

Line 1c. Enter the net assets as of the beginning and end of the plan year. (Subtract line 1b from 1a.) Line 1c, column (b) must equal the sum of line 1c, column (a) plus lines 2j and 2k.

Line 2a. Include the total cash contributions received and/or (for accrual basis plans) due to be received.

Line 2a(1). Plans using the accrual basis of accounting should not include contributions designated for years before the 2008 plan year on line 2a(1).

Line 2a(2). For welfare plans, report all employee contributions, including all elective contributions under a

cafeteria plan (Code section 125). For pension plans, participant contributions, for purposes of this item, also include elective contributions under a qualified cash or deferred arrangement (Code section 401(k)).

Line 2b. Use the current value, at date contributed, of securities or other noncash property.

Line 2c. Enter all other plan income for the plan year. Do not include transfers from other plans that should be reported on line 2k. Other income received and/or receivable would include:

1. Interest on investments (including money market accounts, sweep accounts, STIF accounts, etc.).
2. Dividends. (Accrual basis plans should include dividends declared for all stock held by the plan even if the dividends have not been received as of the end of the plan year.)
3. Rents from income-producing property owned by the plan.
4. Royalties.
5. Net gain or loss from the sale of assets.
6. Other income, such as unrealized appreciation (depreciation) in plan assets. To compute this amount subtract the current value of all assets at the beginning of the year plus the cost of any assets acquired during the plan year from the current value of all assets at the end of the year minus assets disposed of during the plan year.

Line 2d. Enter the total of all cash contributions (line 2a(1) through (3)), noncash contributions (line 2b), and other plan income (line 2c) during the plan year. If entering a negative number, enter a minus sign “-” to the left of the number.

Line 2e. Include: **(1)** payments made (and for accrual basis filers payments due) to or on behalf of participants or beneficiaries in cash, securities, or other property (including rollovers of an individual’s accrued benefit or account balance). Include all eligible rollover distributions as defined in Code section 401(a)(31)(D) paid at the participant’s election to an eligible retirement plan (including an IRA within the meaning of Code section 401(a)(31)(E)); **(2)** payments to insurance companies and similar organizations such as Blue Cross, Blue Shield, and health maintenance organizations for the provision of plan benefits (e.g., paid-up annuities, accident insurance, health insurance, vision care, dental coverage, etc.); and **(3)** payments made to other organizations or individuals providing benefits. Generally, these payments discussed in (3) are made to individual providers of welfare benefits such as legal services, day care services, and training and apprenticeship services. If securities or other property are distributed to plan participants or beneficiaries, include the current value on the date of distribution.

Line 2f. Include all distributions paid during the plan year of excess deferrals under Code section 402(g)(2)(A)(ii), excess contributions under Code section 401(k)(8), and excess aggregate contributions under Code section 401(m)(6), allocable income distributed, and any elective deferrals and employee contributions distributed or returned to employees during the plan year in accordance with Treasury Regulations section 1.415-6(b)(6)(iv), as well as any attributable gains that were also distributed.

Line 2g. Report on line 2g a participant loan included in line 1a, column (a) (participant loans - beginning of year) and that has been deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1 only if both of the following circumstances apply:

1. Under the plan, the participant loan is treated as a directed investment solely of the participant’s individual account; and
2. As of the end of the plan year, the participant is not continuing repayment under the loan.

If either of these circumstances does not apply, a deemed distribution of a participant loan should not be reported on line 2g. Instead, the current value of the participant loan (including interest accruing thereon after the deemed distribution) should

be included on line 1a, column (b) (plan assets - end of year), without regard to the occurrence of a deemed distribution.

Note. The amount to be reported on line 2g of Schedule H or Schedule I must be reduced if, during the plan year, a participant resumes repayment under a participant loan reported as a deemed distribution on line 2g for any earlier year. The amount of the required reduction is the amount of the participant loan reported as a deemed distribution on line 2g for the earlier year. If entering a negative number, enter a minus sign “-” to the left of the number. The current value of the participant loan must then be included in line 1c(8), column (b), of Schedule H (participant loans - end of year) or in line 1a, column (b), of Schedule I (plan assets - end of year).

Although certain participant loans deemed distributed are to be reported on line 2g of the Schedule H or Schedule I, and are not to be reported on the Schedule H or Schedule I as an asset thereafter (unless the participant resumes repayment under the loan in a later year), they are still considered outstanding loans and are not treated as actual distributions for certain purposes. See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

Line 2h. Other expenses (paid and/or payable) may include, among others:

1. Salaries to employees of the plan;
2. Expenses for accounting, actuarial, legal, and investment services;
3. Fees and expenses for trustees including reimbursement for travel, seminars, and meeting expenses;
4. Fees paid for valuations and appraisals; and
5. Other administrative and miscellaneous expenses paid by or charged to the plan, including those that were not subtracted from the gross income of master trust investment accounts and 103-12 IEs in determining their net investment gain(s) or loss(es).

Line 2i. Enter the total of all benefits paid or due as reported on lines 2e, 2f, and 2g and all other plan expenses (line 2h) during the year.

Line 2k. Enter the net value of all assets transferred to and from the plan during the plan year including those resulting from mergers and spin-offs. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Transfers out at the end of the year should be reported as occurring during the plan year.

Note. A distribution of all or part of an individual participant’s account balance that is reportable on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., should not be included on line 2k but must be included in benefit payments reported on line 2e. Do not submit Form 1099-R with Form 5500.

Lines 3a through 3g. You must check either “Yes” or “No” on each line to report whether the plan held any assets in the listed categories at any time during the plan year. If “Yes” is checked on any line, enter in the amount column for that line the current value of the assets held at the end of the plan year or “0” if no assets remain in the category at the end of the plan year. You should 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, except do not include on lines 3a through 3g the value of the plan’s interest in any CCT, PSA, MTIA, or 103-12 IE (see page 11 for definitions of CCT, PSA, MTIA, and 103-12 IE).

Line 3a. Enter the value of the plan’s participation in a partnership or joint venture, unless the partnership or joint venture is a 103-12 IE.

Line 3b. The term “employer real property” means real property (and related personal property) that is leased to an employer of employees covered by the plan, or to an affiliate of such employer. For purposes of determining the time at which a plan acquires employer real property for purposes of this line, such property shall be deemed to be acquired by the plan on

the date on which the plan acquires the property or on the date on which the lease to the employer (or affiliate) is entered into, whichever is later.

Line 3d. An employer security is any security issued by an employer (including affiliates) of employees covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes and commercial paper.

Line 3e. Enter the current value of all loans to participants including residential mortgage loans that are subject to Code section 72(p). Include the sum of the value of the unpaid principal balances, plus accrued but unpaid interest, if any, for participant loans made under an individual account plan with investment experience segregated for each account, that are made in accordance with 29 CFR 2550.408b-1 and secured solely by a portion of the participant's vested accrued benefit. When applicable, combine this amount with the current value of any other participant loans. Do not include any amount of a participant loan deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1, if both of the following circumstances apply:

1. Under the plan, the participant loan is treated as a directed investment solely of the participant's individual account; and
2. As of the end of the plan year, the participant is not continuing repayment under the loan.

If both of these circumstances apply, report the loan as a deemed distribution on line 2g. However, if either of these circumstances does not apply, the current value of the participant loan (including interest accruing thereon after the deemed distribution) should be included on line 3e without regard to the occurrence of a deemed distribution.

Note. After participant loans have been deemed distributed and reported on line 2g of the Schedule I or H, they are no longer required to be reported as assets on the Schedule I or H. However, such loans (including interest accruing thereon after the deemed distribution) that have not been repaid are still considered outstanding for purposes of applying Code section 72(p)(2)(A) to determine the maximum amount of subsequent loans. Also, the deemed distribution is not treated as an actual distribution for other purposes, such as the qualification requirements of Code section 401, including, for example, the determination of top-heavy status under Code section 416 and the vesting requirements of Treasury Regulations section 1.411(a)-7(d)(5). See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

Line 3f. Enter the current value of all loans made by the plan, except participant loans reportable on line 3e. Include the sum of the value of loans for construction, securities loans, commercial and/or residential mortgage loans that are not subject to Code section 72(p) (either by making or participating in the loans directly or by purchasing loans originated by a third party), and other miscellaneous loans.

Line 3g. Include all property that has concrete existence and is capable of being processed, such as goods, wares, merchandise, furniture, machines, equipment, animals, automobiles, etc. This includes collectibles, such as works of art, rugs, antiques, metals, gems, stamps, coins, alcoholic beverages, musical instruments, and historical objects (documents, clothes, etc.). Do not include the value of a plan's interest in property reported on lines 3a through 3f, or intangible property, such as patents, copyrights, goodwill, franchises, notes, mortgages, stocks, claims, interests, or other property that embodies intellectual or legal rights.

Part II - Transactions During Plan Year

Answer all lines either "Yes" or "No," and if lines 4a through 4i are "Yes," an amount must be entered. If you check "No" on line 4k you must attach the report of an independent qualified public accountant or a statement that the plan is eligible and elects to defer attaching the IQPA's opinion pursuant to 29 CFR 2520.104-50 in connection with a short plan year of seven

months or less. Plans with all of their funds held in a master trust should check "No" on Schedule I, lines 4b, c, and i.

Line 4a. Amounts paid by a participant or beneficiary to an employer and/or withheld by an employer for contribution to the plan are participant contributions that become plan assets as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets (see 29 CFR 2510.3-102). An employer holding these assets after that date commingled with its general assets will have engaged in a prohibited use of plan assets (see ERISA section 406). If such a nonexempt prohibited transaction occurred with respect to a disqualified person (see Code section 4975(e)(2)), file **Form 5330, Return of Excise Taxes Related to Employee Benefit Plans**, with the IRS to pay any applicable excise tax on the transaction.

Plans that check "Yes" must enter the aggregate amount of all late contributions for the year. The total amount of the delinquent contributions should be included on line 4a of the Schedule H or I, as applicable, for the year in which the contributions were delinquent and should be carried over and reported again on line 4a of the Schedule H or I, as applicable, for each subsequent year until the year after the violation has been fully corrected, which correction includes payment of the late contributions and reimbursement of the plan for lost earnings or profits. If no participant contributions were received or withheld by the employer during the plan year, answer "No."



The DOL Voluntary Fiduciary Correction Program (VFCP) describes how to apply, the specific transactions covered (which transactions include delinquent participant contributions to pension and welfare plans), and acceptable methods for correcting violations. In addition, applicants that satisfy both the VFCP requirements and the conditions of Prohibited Transaction Exemption (PTE) 2002-51 are eligible for immediate relief from payment of certain prohibited transaction excise taxes for certain corrected transactions, and are also relieved from the obligation to file the Form 5330 with the IRS. For more information, see 71 Fed. Reg. 20261 (Apr. 19, 2006) and 71 Fed. Reg. 20135 (Apr. 19, 2006). All delinquent participant contributions must be reported on line 4a even if violations have been corrected. Information about the VFCP is also available on the Internet at www.dol.gov/ebsa.

Line 4b. Plans that check "Yes" must enter the amount. The due date, payment amount and conditions for determining default of a note or loan are usually contained in the documents establishing the note or loan. A loan by the plan is in **default** when the borrower is unable to pay the obligation upon maturity. Obligations that require periodic repayment can default at any time. Generally, loans and fixed income obligations are considered **uncollectible** when payment has not been made and there is little probability that payment will be made. A fixed income obligation has a fixed maturity date at a specified interest rate. Do not include participant loans made under an individual account plan with investment experience segregated for each account that were made in accordance with 29 CFR 2550.408b-1 and secured solely by a portion of the participant's vested accrued benefit.

Line 4c. Plans that check "Yes" must enter the amount. A lease is an agreement conveying the right to use property, plant or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made.

Line 4d. Plans that check "Yes" must enter the amount. Check "Yes" if any nonexempt transaction with a party-in-interest occurred regardless of whether the transaction is disclosed in the accountant's report. Do not check "Yes" with respect to transactions that are: **(1)** statutorily exempt under Part 4 of Title I of ERISA; **(2)** administratively exempt under ERISA section 408(a); **(3)** exempt under Code sections 4975(c) or 4975(d); **(4)** the holding of participant contributions in the employer's general assets for a welfare plan that meets the conditions of ERISA Technical Release 92-01; **(5)** a transaction

of a 103-12 IE with parties other than the plan; or **(6)** delinquent participant contributions reported on line 4a. You may indicate that an application for an administrative exemption is pending. If you are unsure whether a transaction is exempt or not, you should consult with either a qualified public accountant, legal counsel or both. If the plan is a qualified pension plan and a nonexempt prohibited transaction occurred with respect to a disqualified person, a Form 5330 should be filed with the IRS to pay the excise tax on the transaction.



Applicants that satisfy the VFCP requirements and the conditions of PTE 2002-51 (see the instructions for line 4a) are eligible for immediate relief from payment of certain prohibited transaction excise taxes for certain corrected transactions, and are also relieved from the obligation to file the Form 5330 with the IRS. For more information, see 71 Fed. Reg. 20261 (Apr. 19, 2006) and 71 Fed. Reg. 20135 (Apr. 19, 2006). When the conditions of PTE 2002-51 have been satisfied, the corrected transactions should be treated as exempt under Code section 4975(c) for the purposes of answering line 4d.

Party-in-Interest. For purposes of this form, party-in-interest is deemed to include a disqualified person. See Code section 4975(e)(2). The term “party-in-interest” means, as to an employee benefit plan:

- A.** Any fiduciary (including, but not limited to, any administrator, officer, trustee or custodian), counsel, or employee of the plan;
- B.** A person providing services to the plan;
- C.** An employer, any of whose employees are covered by the plan;
- D.** An employee organization, any of whose members are covered by the plan;
- E.** An owner, direct or indirect, of 50% or more of: **(1)** the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of a corporation, **(2)** the capital interest or the profits interest of a partnership, or **(3)** the beneficial interest of a trust or unincorporated enterprise that is an employer or an employee organization described in C or D;
- F.** A relative of any individual described in A, B, C, or E;
- G.** A corporation, partnership, or trust or estate of which (or in which) 50% or more of: **(1)** the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of such corporation, **(2)** the capital interest or profits interest of such partnership, or **(3)** the beneficial interest of such trust or estate is owned directly or indirectly, or held by, persons described in A, B, C, D, or E;
- H.** An employee, officer, director (or an individual having powers or responsibilities similar to those of officers or directors), or a 10% or more shareholder, directly or indirectly, of a person described in B, C, D, E, or G, or of the employee benefit plan; or
- I.** A 10% or more (directly or indirectly in capital or profits) partner or joint venturer of a person described in B, C, D, E, or G.

Nonexempt transactions with a party-in-interest include any direct or indirect:

- A.** Sale or exchange, or lease, of any property between the plan and a party-in-interest.
- B.** Lending of money or other extension of credit between the plan and a party-in-interest.
- C.** Furnishing of goods, services, or facilities between the plan and a party-in-interest.
- D.** Transfer to, or use by or for the benefit of, a party-in-interest, of any income or assets of the plan.
- E.** Acquisition, on behalf of the plan, of any employer security or employer real property in violation of ERISA section 407(a).
- F.** Dealing with the assets of the plan for a fiduciary’s own interest or own account.

G. Acting in a fiduciary’s individual or any other capacity in any transaction involving the plan on behalf of a party (or represent a party) whose interests are adverse to the interests of the plan or the interests of its participants or beneficiaries.

H. Receipt of any consideration for his or her own personal account by a party-in-interest who is a fiduciary from any party dealing with the plan in connection with a transaction involving the income or assets of the plan.

Line 4e. Plans that check “Yes” must enter the aggregate amount of coverage for all claims. Check “Yes” only if the plan itself (as opposed to the plan sponsor or administrator) is a named insured under a fidelity bond from an approved surety covering plan officials and that protects the plan as described in 29 CFR Part 2580. Generally, every plan official of an employee benefit plan who “handles” funds or other property of such plan must be bonded. Generally, a person shall be deemed to be “handling” funds or other property of a plan, so as to require bonding, whenever his or her other duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and DOL regulations 29 CFR 2580 provide the bonding requirements, including the definition of “handling” (29 CFR 2580.412-6), the permissible forms of bonds (29 CFR 2580.412-10), the amount of the bond (29 CFR 2580, subpart C), and certain exemptions such as the exemption for unfunded plans, certain banks and insurance companies (ERISA section 412), and the exemption allowing plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (29 CFR 2580.412-23). Information concerning the list of approved sureties and reinsurers is available on the Internet at www.fms.treas.gov/c570.

Note. Plans are permitted under certain conditions to purchase fiduciary liability insurance. These policies do not protect the plan from dishonest acts and are not bonds that should be reported in line 4e.

Line 4f. Check “Yes,” if the plan had suffered or discovered any loss as a result of any dishonest or fraudulent act(s) even if the loss was reimbursed by the plan’s fidelity bond or from any other source. If “Yes” is checked enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide an estimate and disclose that the figure is an estimate, such as “@ 1000.”



Willful failure to report is a criminal offense. See ERISA section 501.

Lines 4g and 4h. *Current value* means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. See ERISA section 3(26).

An accurate assessment of fair market value is essential to a pension plan’s ability to comply with the requirements set forth in the Code (e.g., the exclusive benefit rule of Code section 401(a)(2), the limitations on benefits and contributions under Code section 415, and the minimum funding requirements under Code section 412) and must be determined annually.

Examples of assets that may not have a readily determinable value on an established market (e.g., NYSE, AMEX, over the counter, etc.) include real estate, nonpublicly traded securities, shares in a limited partnership, and collectibles. Do not check “Yes” on line 4g if the plan is a defined contribution plan and the only assets the plan holds, that do not have a readily determinable value on an established market, are: **(1)** participant loans not in default, or **(2)** assets over which the participant exercises control within the meaning of section 404(c) of ERISA.

Although the current value of plan assets must be determined each year, there is no requirement that the assets (other than certain nonpublicly traded employer securities held in ESOPs) be valued every year by independent third-party appraisers.

Enter in the amount column the fair market value of the assets referred to on line 4g whose value was not readily determinable on an established market and which were not valued by an independent third-party appraiser in the plan year. Generally, as it relates to these questions, an appraisal by an independent third party is an evaluation of the value of an asset prepared by an individual or firm who knows how to judge the value of such assets and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisals.

Line 4i. Include as a single security all securities of the same issue. An example of a single issue is a certificate of deposit issued by the XYZ Bank on July 1, 2006, which matures on June 30, 2007, and yields 5.5%. For the purposes of line 4i, do not check “Yes” for securities issued by the U.S. Government or its agencies. Also, do not check “Yes” for securities held as a result of participant-directed transactions.

Line 4j. Check “Yes” if all the plan assets (including insurance/annuity contracts) were distributed to the participants and beneficiaries, legally transferred to the control of another plan, or brought under the control of the PBGC.

Check “No” for a welfare benefit plan that is still liable to pay benefits for claims that were incurred before the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Note. If “Yes” was checked on line 4j because all plan assets were distributed to participants and/or beneficiaries, you are encouraged to complete Schedule SSA (Form 5500), listing each participant reported on a previous Schedule SSA (Form 5500) who has received all of his/her plan benefits, and therefore, is no longer entitled to receive deferred vested benefits. This will ensure that SSA’s records are correct, and help eliminate confusion for participants and plan administrators in the future. See the instructions to the Schedule SSA (Form 5500) for greater detail.

Line 4k. Check “Yes” if you are claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46. You are eligible to claim the waiver if the Schedule I is being filed for:

1. A small welfare plan, or
2. A small pension plan for a plan year that began on or after April 18, 2001, that complies with the conditions of 29 CFR 2520.104-46 summarized below.

Check “No” and attach the report of the IQPA meeting the requirements of 29 CFR 2520.103-1(b) if you are not claiming the waiver. Also check “No,” and attach the required IQPA reports or the required explanatory statement if you are relying on 29 CFR 2520.104-50 in connection with a short plan year of seven months or less. At the top of any attached 2520.104-50 statement, enter “2520.104-50 Statement, Schedule I, Line 4k.” For more information on the requirements for deferring an IQPA report pursuant to 29 CFR 2520.104-50 in connection with a short plan year of seven months or less and the contents of the required explanatory statement, see the instructions for Schedule H, line 3d(2) or call the EFAST Help Line at 1-866-463-3278.

Note. For plans that check “No,” the IQPA report must make the appropriate disclosures in accordance with generally accepted auditing standards if the information reported on line 4a is not presented in accordance with regulatory requirements.

The following summarizes the conditions of 29 CFR 2520.104-46 that must be met for a small pension plan with a plan year beginning on or after April 18, 2001, to be eligible for the waiver. For more information regarding these requirements, see the EBSA’s Frequently Asked Questions on the Small Pension Plan Audit Waiver Requirement and 29 CFR 2520.104-46, which are available at www.dol.gov/ebbsa, or call the EFAST Help Line at 1-866-463-3278.

Condition 1: At least 95 percent of plan assets are “qualifying plan assets” as of the end of the preceding plan year, or any person who handles assets of the plan that do not constitute qualifying plan assets is **bonded** in accordance with the requirements of ERISA section 412 (see the instructions for line 4e), except that the amount of the bond shall not be less than the value of such non-qualifying assets.

The determination of the “percent of plan assets” as of the end of the preceding plan year and the amount of any required bond must be made at the beginning of the plan’s reporting year for which the waiver is being claimed. For purposes of this line, you will have satisfied the requirement to make these determinations at the beginning of the plan reporting year for which the waiver is being claimed if they are made as soon after the date when such year begins as the necessary information from the preceding reporting year can practically be ascertained. See 29 CFR 2580.412-11, 14 and 19 for additional guidance on these determinations, and 29 CFR 2580.412-15 for procedures to be used for estimating these amounts if there is no preceding plan year.

The term “qualifying plan assets,” for purposes of this line, means:

1. Any assets held by any of the following regulated financial institutions:
 - a. A bank or similar financial institution as defined in 29 CFR 2550.408b-4(c);
 - b. An insurance company qualified to do business under the laws of a state;
 - c. An organization registered as a broker-dealer under the Securities Exchange Act of 1934; or
 - d. Any other organization authorized to act as a trustee for individual retirement accounts under Code section 408.
2. Shares issued by an investment company registered under the Investment Company Act of 1940 (e.g., mutual funds);
3. Investment and annuity contracts issued by any insurance company qualified to do business under the laws of a state;
4. In the case of an individual account plan, any assets in the individual account of a participant or beneficiary over which the participant or beneficiary has the opportunity to exercise control and with respect to which the participant or beneficiary is furnished, at least annually, a statement from a regulated financial institution referred to above describing the assets held or issued by the institution and the amount of such assets;
5. Qualifying employer securities, as defined in ERISA section 407(d)(5); and
6. Participant loans meeting the requirements of ERISA section 408(b)(1).

Condition 2: The administrator must include in the **summary annual report (SAR)** furnished to participants and beneficiaries in accordance with 29 CFR 2520.104b-10, or for defined benefit pension plans in the annual funding notice furnished to participants and beneficiaries in accordance with ERISA section 101(f):

1. The name of each regulated financial institution holding or issuing qualifying plan assets and the amount of such assets reported by the institution as of the end of the plan year (this SAR disclosure requirement does not apply to qualifying employer securities, participant loans and individual account assets described in paragraphs 4, 5 and 6 above);
2. The name of the surety company issuing the fidelity bond, if the plan has more than 5% of its assets in non-qualifying plan assets;
3. A notice that participants and beneficiaries may, upon request and without charge, examine or receive from the plan evidence of the required bond and copies of statements from the regulated financial institutions describing the qualifying plan assets; and
4. A notice that participants and beneficiaries should contact the EBSA Regional Office if they are unable to examine or obtain copies of the regulated financial institution statements or evidence of the required bond, if applicable.

Condition 3: In addition, in response to a request from any participant or beneficiary, the administrator, without charge to the participant or beneficiary, must make available for examination, or upon request furnish copies of, each regulated financial institution statement and evidence of any required bond.

Examples. Plan A, which has a plan year that began on or after April 18, 2001, had total assets of \$600,000 as of the end of the 2000 plan year that included: investments in various bank, insurance company and mutual fund products of \$520,000; investments in qualifying employer securities of \$40,000; participant loans (meeting the requirements of ERISA section 408(b)(1)), totaling \$20,000; and a \$20,000 investment in a real estate limited partnership. Because the only asset of the plan that did not constitute a “qualifying plan asset” is the \$20,000 real estate limited partnership investment and that investment represents less than 5% of the plan’s total assets, no fidelity bond is required as a condition for the plan to be eligible for the waiver for the 2001 plan year.

Plan B is identical to Plan A except that of Plan B’s total assets of \$600,000 as of the end of the 2000 plan year, \$558,000 constitutes “qualifying plan assets” and \$42,000 constitutes non-qualifying plan assets. Because 7% – more than 5% – of Plan B’s assets do not constitute “qualifying plan assets,” Plan B, as a condition to be eligible for the waiver for the 2001 plan year, must ensure that it has a fidelity bond in an amount equal to at least \$42,000 covering persons handling its non-qualifying plan assets. Inasmuch as compliance with ERISA section 412 generally requires the amount of the bond be not less than 10% of the amount of all the plan’s funds or other property handled, the bond acquired for ERISA section 412 purposes may be adequate to cover the non-qualifying plan assets without an increase (i.e., if the amount of the bond determined to be needed for the relevant persons for ERISA section 412 purposes is at least \$42,000). As demonstrated by the foregoing example, where a plan has more than 5% of its assets in non-qualifying plan assets, the required bond is for the total amount of the non-qualifying plan assets, not just the amount in excess of 5%.

If you need further information regarding these requirements, see 29 CFR 2520.104-46 which is available at www.dol.gov/ebsa or call the EFAST Help Line at 1-866-463-3278.

Line 5a. Check “Yes” if a resolution to terminate the plan was adopted during this or any prior plan year, unless the

termination was revoked and no assets reverted to the employer. If “Yes” is checked, enter the amount of plan assets that reverted to the employer during the plan year in connection with the implementation of such termination. Enter “-0-” if no reversion occurred during the current plan year.



A Form 5500 must be filed for each year the plan has assets, and, in the case of a welfare benefit plan, if the plan is still liable to pay benefits for claims that were incurred before the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Line 5b. Enter information concerning assets and/or liabilities transferred from this plan to another plan(s) (including spin-offs) during the plan year. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Enter the name, PN, and EIN of the transferee plan(s) involved on lines 5b(1), b(2) and b(3). If there are more than three plans, include an attachment with the information required for 5b(1), b(2) and b(3) for each additional plan and label the attachment “**Schedule I, line 5b – Additional Plans.**”

Do not use a social security number in lieu of an EIN or include an attachment that contains visible social security numbers. The Schedule I and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule I or the inclusion of a visible social security number on an attachment may result in the rejection of the filing.

Note. A distribution of all or part of an individual participant’s account balance that is reportable on **Form 1099-R** should not be included on line 5b. Do not submit Form 1099-R with the Form 5500.



Form 5310-A, Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business, must be filed at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan. There is a penalty for not filing Form 5310-A on time. In addition, a transfer of benefit liabilities involving a plan covered by PBGC insurance may be reportable to the PBGC (see PBGC Form 10 and Form 10-Advance).

2008 Instructions for Schedule MB (Form 5500) *Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information*

General Instructions

Who Must File

The employer or plan administrator of a multiemployer defined benefit plan that is subject to the minimum funding standards (see Code sections 412 and 431 and Part 3 of Title I of ERISA) must complete and file this schedule as an attachment to the Form 5500.

If a money purchase defined contribution plan (including a target benefit plan) has received a waiver of the minimum funding standard, and the waiver is currently being amortized, lines 3, 9, and 10 of Schedule MB must be completed. In such a case, the Schedule MB must be attached to Form 5500 but it need not be signed by an enrolled actuary.

Note. The Schedule MB does not have to be filed with the Form 5500-EZ, but it must be retained (in accordance with the instructions for Form 5500-EZ under the *What To File* section). Also, the funding standard account for the plan must continue to be maintained, even if the Schedule MB is not filed.

Check the Schedule B box on the Form 5500 (Part II, line 10a(2)) if a Schedule MB is attached to the Form 5500.

Lines A through E **must** be completed for ALL plans. If the Schedule MB is attached to a Form 5500, lines A, B, C, and D should include the same information as reported in Part II of the Form 5500. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D in lieu of an EIN. The Schedule MB and its attachments are open to public inspection if filed with a Form 5500, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule MB or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

All multiemployer defined benefit plans, regardless of size or type, **must** complete and file Schedule MB.

Note. (1) For split-funded plans, the costs and contributions reported on Schedule MB must include those relating to both trust funds and insurance carriers. (2) For plans with funding standard account amortization charges and credits, see the instructions for lines 9c and 9h. (3) For terminating plans, Rev. Rul. 79-237, 1979-2 C.B. 190, provides that minimum funding standards apply until the end of the plan year that includes the termination date. Accordingly, the Schedule MB is not required to be filed for any later plan year. However, if a termination fails to occur, whether because assets remain in the plan's related trust (see Rev. Rul. 89-87, 1989-2 C.B. 81) or for any other reason (e.g., the PBGC issues a notice of noncompliance pursuant to 29 CFR section 4041.31 for a standard termination), there is no termination date, and therefore, minimum funding standards continue to apply and a Schedule MB continues to be required.

Statement by Enrolled Actuary

An enrolled actuary must sign Schedule MB unless, as described above, the plan is a money purchase defined contribution plan that has received a waiver of the minimum funding standard. The signature of the enrolled actuary may be qualified to state that it is subject to attached qualifications. See

Treasury Regulations section 301.6059-1(d) for permitted qualifications. If the actuary has not fully reflected any final or temporary regulation, revenue ruling, or notice promulgated under the statute in completing the Schedule MB, check the box on the last line of page 1. If this box is checked, indicate on an attachment whether an accumulated funding deficiency or a contribution that is not wholly deductible would result if the actuary had fully reflected such regulation, revenue ruling, or notice, and label this attachment "**Schedule MB – Statement by Enrolled Actuary.**" A stamped or machine produced signature is not acceptable. The most recent enrollment number must be entered. In addition, the actuary may offer any other comments related to the information contained in Schedule MB.

Attachments

All attachments to the Schedule MB must be properly identified, and must include the name of the plan, the plan sponsor's EIN, and the plan number. Put "Schedule MB" and the line number to which the attachment relates at the top of each attachment. When assembling the package for filing, you can place attachments for a schedule either directly behind that schedule or at the end of the filing.

Do not include attachments that contain a visible social security number. The Schedule MB and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a visible social security number on an attachment may result in the rejection of the filing.

Specific Instructions

Line 1. All entries must be reported as of the valuation date.

Line 1a. Actuarial Valuation Date. The valuation for a plan year may be as of any date in the plan year, including the first or last day of the plan year. Valuations must be performed within the period specified by ERISA section 304(c)(7) and Code section 431(c)(7).

Line 1b(1). Current Value of Assets. Enter the current value of assets as of the valuation date. The current value is the same as the fair market value. Do not adjust for items such as the existing credit balance or the outstanding balances of certain amortization bases. Contributions designated for 2008 should not be included in this amount. Note that this entry may be different from the entry in line 2a. Such a difference may result, for example, if the valuation date is not the first day of the plan year, or if insurance contracts are excluded from assets reported on line 1b(1) but not on line 2a.

Rollover amounts or other assets held in individual accounts that are not available to provide defined benefits under the plan should not be included on line 1b(1), regardless of whether they are reported on the 2008 Schedule H (Form 5500) (line 11, column (a)) or Schedule I (Form 5500) (line 1c, column (a)). Additionally, asset and liability amounts must be determined in a consistent manner. Therefore, if the value of any insurance contracts have been excluded from the amount reported on line 1b(1), liabilities satisfied by such contracts should also be excluded from the liability values reported on lines 1c(1), 1c(2), and 1d(2).

Line 1b(2). Actuarial Value of Assets. Enter the value of assets determined in accordance with Code section 431(c)(2) or ERISA section 304(c)(2). Do not adjust for items such as the existing credit balance or the outstanding balances of certain amortization bases, and do not include contributions designated for 2008 in this amount.

Line 1c(1). Accrued Liability for Immediate Gain Methods. Complete this line only if you use an immediate gain method (see Rev. Rul. 81-213, 1981-2 C.B. 101, for a definition of immediate gain method).

Lines 1c(2)(a), (b), and (c). Information for Plans Using Spread Gain Methods. Complete these lines only if you use a spread gain method (see Rev. Rul. 81-213 for a definition of spread gain method).

Line 1c(2)(a). Unfunded Liability for Methods with Bases. Complete this line only if you use the frozen initial liability or attained age normal cost method.

Lines 1c(2)(b) and (c). Entry Age Normal Accrued Liability and Normal Cost. For spread gain methods, the full funding limitation is calculated using the entry age normal method (see Rev. Rul. 81-13, 1981-1 C.B. 229).

Line 1d(1). Amount Excluded from Current Liability. Enter "N/A."

Line 1d(2)(a). Current Liability. All multiemployer plans, regardless of the number of participants, must provide the information indicated in accordance with these instructions. The interest rate used to compute the current liability must be in accordance with guidelines issued by the IRS and, pursuant to the Pension Protection Act of 2006 (PPA), must not be more than 5 percent above and must not be more than 10 percent below the weighted average of the rates of interest, as set forth by the Treasury Department, on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the 2008 plan year.

The current liability must be computed using the mortality tables referenced in section 1.431(c)(6)-1 of the Treasury Regulations.

Each other actuarial assumption used in calculating the current liability must be the same assumption used for calculating other costs for the funding standard account. See Notice 90-11, 1990-1 C.B. 319. The actuary must take into account rates of early retirement and the plan's early retirement and turnover provisions as they relate to benefits, where these would significantly affect the results. Regardless of the valuation date, current liability is computed taking into account only credited service through the end of the prior plan year. No salary scale projections should be used in these computations. Do not include the expected increase in current liability due to benefits accruing during the plan year reported in line 1d(2)(b) in these computations.

Line 1d(2)(b). Expected Increase in Current Liability. Enter the amount by which the current liability is expected to increase due to benefits accruing during the plan year on account of credited service and/or salary changes for the current year. One year's salary scale may be reflected.

Line 1d(2)(c). Expected Release From Current Liability for the Plan Year. Enter the expected release from current liability on account of disbursements (including single-sum distributions) from the plan expected to be paid after the valuation date but prior to the end of the plan year (see also Q&A-7 of Rev. Rul. 96-21, 1996-1 C.B. 64).

Line 1d(3). Expected Plan Disbursements. Enter the amount of plan disbursements expected to be paid for the plan year.

Line 2. All entries must be reported as of the beginning of the 2008 plan year. Lines 2a and 2b should include all assets and liabilities under the plan except for assets and liabilities attributable to: (1) rollover amounts or other amounts in individual accounts that are not available to provide defined benefits, or (2) benefits for which an insurer has made an irrevocable commitment as defined in 29 CFR 4001.2.

Line 2a. Current Value of Assets. Enter the current value of net assets as of the first day of the plan year. Except for plans with excluded assets as described above, this entry should be the same as reported on the 2008 Schedule H (Form 5500) (line 11, column (a)) or Schedule I (Form 5500) (line 1c, column (a)). Note that contributions designated for the 2008 plan year are not included on those lines.

Line 2b. Current Liability (beginning of plan year). Enter the current liability as of the first day of the plan year. Do not include the expected increase in current liability due to benefits accruing during the plan year. See the instructions for line 1d(2)(a) for actuarial assumptions used in determining current liability.

Column (1)—Enter the number of participants and beneficiaries as of the beginning of the plan year. If the current liability figures are derived from a valuation that follows the first

day of the plan year, the participant and beneficiary count entries should be derived from the counts used in that valuation in a manner consistent with the derivation of the current liability reported in column (2).

Column (2)—Include the current liability attributable to all benefits, with subtotals for vested and nonvested benefits in the case of active participants.

Line 2c. This calculation is required under ERISA section 103(d)(11). Do not complete if line 2a divided by line 2b(4), column (2), is 70% or greater.

Line 3. Contributions Made to Plan. Show all employer and employee contributions for the plan year. Include employer contributions made not later than 2½ months (or the later date allowed under Code section 431(c)(8) and ERISA section 304(c)(8)) after the end of the plan year. Show only contributions actually made to the plan by the date this Schedule MB is signed.

Add the amounts in both columns (b) and (c) and enter both results on the total line. All contributions must be credited toward a particular plan year.

Line 4. Information on Plan Status. All multiemployer plans regardless of the number of participants must provide the information indicated in accordance with these instructions.

Line 4a. Enter the code for the status of the multiemployer plan for the plan year, as certified by the plan actuary, using one of the following codes:

Code Plan Status

E	Endangered Status
S	Seriously Endangered Status
C	Critical Status
N	Not in Endangered or Critical Status

If the plan is in endangered status, seriously endangered status, or critical status, attach a copy of the actuarial certification of such status to this Schedule MB. Also attach an illustration showing the details providing support for the actuarial certification of status and label the illustration "**Schedule MB, line 4a – Illustration Supporting Actuarial Certification of Status.**" For example, if a plan is in critical status based on Code section 432(b)(2)(B), show the funded percentage (if applicable) and the projection of funding to the year where the accumulated funding deficiency occurs.

Line 4c. Attach documentation comparing the current status of the plan to the scheduled progress under the applicable funding improvement or rehabilitation plan to this Schedule MB. Label the documentation "**Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan.**"

Line 5. Actuarial Cost Method. Enter the primary method used. If the plan uses one actuarial cost method in one year as the basis of establishing an accrued liability for use under the frozen initial liability method in subsequent years, answer as if the frozen initial liability method was used in all years. The projected unit credit method is included in the "Accrued benefit (unit credit)" category of line 5c. If a method other than a method listed in lines 5a through 5g is used, check the box for line 5j and specify the method. For example, if a modified individual level premium method for which actuarial gains and losses are spread as a part of future normal cost is used, check the box for 5j and describe the cost method.

Check the appropriate box for the underlying actuarial cost method used as the basis for this plan year's funding standard account computation. If box 5h is checked, enter the period of use of the shortfall method in line 5k. For this purpose, enter the calendar year (YY) which includes the first day of the plan year in which the shortfall method was first used. For plans in reorganization status, check the appropriate box for the underlying actuarial cost method used to determine charges and credits to the funding standard account and check the box for 5i.

Changes in funding methods include changes in actuarial cost method, changes in asset valuation method, and changes in the valuation date of plan costs and liabilities or of plan assets. Changes in the funding method of a plan include not only changes to the overall funding method used by the plan, but also changes to each specific method of computation used in applying the overall method. Generally, these changes require IRS approval. If the change was made pursuant to Rev. Proc. 2000-40, 2000-2 C.B. 357, check "Yes" for line 5m. If approval was granted for this plan by either an individual ruling letter or a class ruling letter, enter the date of the applicable ruling letter in line 5n. Note that the plan sponsor's agreement to a change in funding method (made pursuant to Rev. Proc. 2000-40, PPA section 201(b), or a class ruling letter) should be reported on line 7 of Schedule R (Form 5500).

Shortfall Method: Only certain collectively bargained plans may elect the shortfall funding method (see Treasury Regulations section 1.412(c)(1)-2). Advance approval from the IRS for the election of the shortfall method of funding is NOT required if it is first adopted for the first plan year to which Code section 412 applies. In addition, pursuant to PPA section 201(b), a plan does NOT need advance approval from the IRS to adopt or cease using the shortfall method if the plan (1) has not used the shortfall method during the 5-year period ending on the day before the date the plan is to use the method, and (2) is not operating under an amortization period extension and did not operate under such an extension during such 5-year period. In such a case, check "Yes" for line 5m. If a plan utilizes this automatic approval to apply the shortfall method, the benefit increase limitations of Code section 412(c)(7) apply.

If a plan is not eligible for automatic approval as set forth in the preceding paragraph, advance approval from the IRS is required if the shortfall funding method is adopted at a later time, if a specific computation method is changed, or if the shortfall method is discontinued. In such a case there is no automatic limitation on benefit increases.

Reorganization Status: Attach an explanation of the basis for the determination that the plan is in reorganization for this plan year and label the explanation "**Schedule MB, line 5 – Reorganization Status Explanation.**" Also, attach a worksheet showing for this plan year:

1. The amounts considered contributed by employers,
2. Any amount waived by the IRS,
3. The development of the minimum contribution requirement (taking into account the applicable overburden credit, cash-flow amount, contribution bases and limitation on required increases on the rate of employer contributions, and any adjustments in accrued benefits), and
4. The resulting accumulated funding deficiency, if any, which is to be reported on line 9n. (See Code sections 418B, 418C, and 418D.)

Label the worksheet "**Schedule MB, line 5 – Reorganization Status Worksheet.**"

Line 6. Actuarial Assumptions. If gender-based assumptions are used in developing plan costs, enter those rates where appropriate in line 6. Note that requests for gender-based cost information do not suggest that gender-based benefits are legal. If unisex tables are used, enter the values in both "Male" and "Female" lines. Complete all blanks. Check "N/A" if not applicable.

Attach a statement of actuarial assumptions (if not fully described by line 6) and actuarial methods used to calculate the figures shown in lines 1 and 9 (if not fully described by line 5), and label the statement "**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**" The statement must describe all actuarial assumptions used to determine the liabilities. For example, the statement for non-traditional plans (e.g., cash balance plans) must include the assumptions used to convert balances to annuities.

Also attach a summary of the principal eligibility and benefit provisions on which the valuation was based, including the status of the plan (e.g., eligibility frozen, service/pay frozen, benefits frozen), optional forms of benefits, special plan

provisions, including those that apply only to a subgroup of employees (e.g., those with imputed service), supplemental benefits, an identification of benefits not included in the valuation (e.g., shutdown benefits), a description of any significant events that occurred during the year, a summary of any changes in principal eligibility or benefit provisions since the last valuation, a description (or reasonably representative sample) of plan early retirement factors, and any change in actuarial assumptions or cost methods and justifications for any such change (see section 103(d) of ERISA). Label the summary "**Schedule MB, line 6 – Summary of Plan Provisions.**"

Also, include any other information needed to disclose the actuarial position of the plan fully and fairly.

Line 6a. Current Liability Interest Rate. Enter the interest rate used to determine current liability. The interest rate used must be in accordance with the guidelines issued by the IRS and, pursuant to PPA, must not be more than 5 percent above and must not be more than 10 percent below the weighted average of the rates of interest, as set forth by the Treasury Department, on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the 2008 plan year. Enter the rate to the nearest .01 percent.

Line 6b. Check "Yes," if the rates in the contract were used (e.g., purchase rates at retirement).

Line 6c. Mortality Table. The mortality table published in section 1.431(c)(6)-1 of the Treasury Regulations must be used in the calculation of current liability for non-disabled lives. Enter the mortality table code for non-disabled lives used for valuation purposes as follows:

Mortality Table	Code
1951 Group Annuity	1
1971 Group Annuity Mortality (G.A.M.)	2
1971 Individual Annuity Mortality (I.A.M.)	3
UP-1984	4
1983 I.A.M.	5
1983 G.A.M.	6
1983 G.A.M. (solely per Rev. Rul. 95-28)	7
UP-1994	8
Mortality table applicable to current plan year under section 1.431(c)(6)-1 of the Income Tax Regulations	9
Other	A
None	0

Code 6 includes all sex-distinct versions of the 1983 G.A.M. table other than the table published in Rev. Rul. 95-28. Thus, for example, Code 6 also would include the 1983 G.A.M. male-only table used for males, where the 1983 G.A.M. male-only table with a 6-year setback is used for females. Code A includes mortality tables other than those listed in Codes 1 through 9, including any unisex version of the 1983 G.A.M. table.

Where an indicated table consists of separate tables for males and females, add F to the female table (e.g., 1F). When a projection is used with a table, follow the code with "P" and the year of projection (omit the year if the projection is unrelated to a single calendar year); the identity of the projection scale should be omitted. When an age setback or set forward is used, indicate with "-" or "+" and the number of years. For example, if for females the 1951 Group Annuity Table with Projection C to 1971 is used with a 5-year setback, enter "1P71-5." If the table is not one of those listed, enter "A" with no further notation. If the valuation assumes a maturity value to provide the post-retirement income without separately identifying the mortality, interest and expense elements, enter on line 6c, under "Post-retirement," the value of \$1.00 of monthly pension beginning at the plan's weighted average retirement age,

assuming the normal form of annuity for an unmarried person. In such a case, enter "N/A" on lines 6d and 6e.

Line 6d. Valuation Liability Interest Rate. Enter the assumption as to the expected interest rate (investment return) used to determine all the calculated values except for current liability. If the assumed rate varies with the year, enter the weighted average of the assumed rate for 20 years following the valuation date. Enter rates to the nearest .01 percent.

Line 6e. Expense Loading. If there is no expense loading, enter -0-. For instance, there would be no expense loading attributable to investments if the rate of investment return on assets is adjusted to take investment expenses into account. If there is a single expense loading not separately identified as pre-retirement or post-retirement, enter it under "Pre-retirement" and enter "N/A" under "Post-retirement". Where expenses are assumed other than as a percentage of plan costs or liabilities, enter the assumed pre-retirement expense as a percentage of the plan's normal cost, and enter the post-retirement expense as a percentage of plan liabilities. If the normal cost of the plan is zero, enter the assumed pre-retirement expense as a percentage of the sum of lines 9c(1), 9c(2), and 9(c)(3), minus line 9h. Enter rates to the nearest .1 percent.

Line 6f. Salary Scale. If a uniform level annual rate of salary increase is used, enter that annual rate. Otherwise, enter the level annual rate of salary increase that is equivalent to the rate(s) of salary increase used. Enter the annual rate as a percentage to the nearest .01 percent, used for a participant from age 25 to assumed retirement age. If the plan's benefit formula is not related to compensation, enter "N/A" on line 6f.

Line 6g. Estimated Investment Return – Actuarial Value. Enter the estimated rate of return on the actuarial value of plan assets for the 1-year period ending on the valuation date. For this purpose, the rate of return is determined by using the formula $2I/(A + B - I)$, where I is the dollar amount of the investment return under the asset valuation method used for the plan, A is the actuarial value of the assets one year ago, and B is the actuarial value of the assets on the current valuation date. Enter rates to the nearest .1 percent. If entering a negative number, enter a minus sign ("-") to the left of the number.

Note. Use the above formula even if the actuary feels that the result of using the formula does not represent the true estimated rate of return on the actuarial value of plan assets for the 1-year period ending on the valuation date. The actuary may attach a statement showing both the actuary's estimate of the rate of return and the actuary's calculations of that rate, and label the statement "**Schedule MB, line 6g – Estimated Rate of Investment Return (Actuarial Value).**"

Line 6h. Estimated Investment Return – Current (Market) Value. Enter the estimated rate of return on the current value of plan assets for the 1-year period ending on the valuation date. (The current value is the same as the fair market value —

see line 1b(1) instructions.) For this purpose, the rate of return is determined by using the formula $2I/(A + B - I)$, where I is the dollar amount of the investment return, A is the current value of the assets one year ago, and B is the current value of the assets on the current valuation date. Enter rates to the nearest .1 percent. If entering a negative number, enter a minus sign ("-") to the left of the number.

Note. Use the above formula even if the actuary feels that the result of using the formula does not represent the true estimated rate of return on the current value of plan assets for the 1-year period ending on the valuation date. The actuary may attach a statement showing both the actuary's estimate of the rate of return and the actuary's calculations of that rate, and label the statement "**Schedule MB, line 6h – Estimated Rate of Investment Return (Current Value).**"

Line 7. New Amortization Bases Established. List all new amortization bases established in the current plan year (before the combining of bases, if bases were combined). Use the following table to indicate the type of base established, and enter the appropriate code under "Type of base." List amortization bases and charges and/or credits as of the valuation date. Bases that are considered fully amortized because there is a credit for the plan year on line 9j(3) should be listed. If entering a negative number, enter a minus sign ("-") to the left of the number.

Code	Type of Amortization Base
1	Experience gain or loss
2	Shortfall gain or loss
3	Change in unfunded liability due to plan amendment
4	Change in unfunded liability due to change in actuarial assumptions
5	Change in unfunded liability due to change in actuarial cost method
6	Waiver of the minimum funding standard
7	Initial unfunded liability (for new plan)

Line 8a. Funding Waivers or Extensions. If a funding waiver or extension request is approved after the Schedule MB is filed, an amended Schedule MB must be filed with Form 5500 to report the waiver or extension approval (also see instructions for line 9k(1)).

Line 8b. Schedule of Active Participant Data. Check "Yes" only if this is a multiemployer plan covered by Title IV of ERISA that has active participants.

If line 8b is "Yes," attach a schedule of the active plan participant data used in the valuation for this plan year. Use the format shown below and label the schedule "**Schedule MB, line 8b – Schedule of Active Participant Data.**"

Schedule MB, Line 8b—Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE											
	Under 1			1 to 4			5 to 9			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Cash Bal.	Comp.		Cash Bal.	Comp.		Cash Bal.	Comp.		Cash Bal.	
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

Expand this schedule by adding columns after the “5 to 9” column and before the “40 & up” column for active participants with total years of credited service in the following ranges: 10 to 14; 15 to 19; 20 to 24; 25 to 29; 30 to 34; and 35 to 39. For each column, enter the number of active participants with the specified number of years of credited service divided according to age group. For participants with partial years of credited service, round the total number of years of credited service to the next lower whole number. Years of credited service are the years credited under the plan’s benefit formula.

Plans reporting 1,000 or more active participants on line 2b(3)(c), column (1), and using compensation to determine benefits must also provide average compensation data. For each grouping, enter the average compensation of the active participants in that group. For this purpose, compensation is the compensation taken into account for each participant under the plan’s benefit formula, limited to the amount defined under section 401(a)(17) of the Code. Do not enter the average compensation in any grouping that contains fewer than 20 participants.

Cash balance plans (or any plans using characteristic code 1C on line 8a of Form 5500) reporting 1,000 or more active participants on line 2b(3)(c), column (1), must also provide average cash balance account data, regardless of whether all active participants have cash balance accounts. For each age/service bin, enter the average cash balance account of the active participants in that bin. Do not enter the average cash balance account in any age/service bin that contains fewer than 20 active participants.

General Rule. In general, data to be shown in each age/service bin includes:

1. the number of active participants in the age/service bin,
2. the average compensation of the active participants in the age/service bin, and
3. the average cash balance account of the active participants in the age/service bin, using \$0 for anyone who has no cash balance account-based benefit.

If the accrued benefit is the greater of a cash balance benefit or some other benefit, average in only the cash balance account. If the accrued benefit is the sum of a cash balance account benefit and some other benefit, average in only the cash balance account. For both the average compensation and the average cash balance account, do not enter an amount for age/service bins with fewer than 20 active participants.

In lieu of the above, two alternatives are provided for showing compensation and cash balance accounts. Each alternative provides for two age/service scatters (one showing compensation and one showing cash balance accounts) as follows:

Alternative A:

- Scatter 1 — Provide participant count and average compensation for *all* active participants, whether or not participants have account-based benefits.
- Scatter 2 — Provide participant count and average cash balance account for *all* active participants, whether or not participants have account-based benefits.

Alternative B:

- Scatter 1 — Provide participant count and average compensation for *all* active participants, whether or not participants have account-based benefits (i.e., identical to Scatter 1 in Alternative A).
- Scatter 2 — Provide participant count and average cash balance account **for only those active participants with account-based benefits**. If the number of participants with account-based benefits in a bin is fewer than 20, the average account should not be shown even if there are more than 20 active participants in this bin on Scatter 1.

In general, information should be determined as of the valuation date. Average cash balance accounts may be determined as of either:

1. the valuation date or
2. the day immediately preceding the valuation date.

Average cash balance accounts that are offset by amounts from another plan may be reported either as amounts prior to taking into account the offset, or as amounts after taking into account the offset. Do not report the offset amount. For this or any other unusual or unique situation, the attachment should include an explanation of what is being provided.

Line 9. Shortfall Method. Under the shortfall method of funding, the normal cost in the funding standard account is the charge per unit of production (or per unit of service) multiplied by the actual number of units of production (or units of service) that occurred during the plan year. Each amortization installment in the funding standard account is similarly calculated.

Lines 9c and 9h. Amortization Charges and Credits. If there are any amortization charges or credits, attach a maintenance schedule of funding standard account bases and label the schedule “**Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases.**” The attachment should clearly indicate the type of base (i.e., original unfunded liability, amendments, actuarial losses, etc.), the outstanding balance of each base, the number of years remaining in the amortization period, and the amortization amount. If bases were combined in the current year, the attachment should show information on bases both prior to and after the combining of bases.

The outstanding balance and amortization charges and credits must be calculated as of the valuation date for the plan year.

Note. If an election was made under Code section 412(b)(7)(F) as in effect prior to PPA to defer a portion of an amount otherwise determined under previously effective section 412(b)(2)(B)(iv) (see Code section 431(b)(7)(E)), include an attachment describing this calculation and label the schedule “**Schedule MB, line 9c – Deferral of Charge for Portion of Net Experience Loss.**”

Line 9d. Interest as Applicable. Interest as applicable should be charged to the last day of the plan year.

Line 9f. Note that the credit balance or funding deficiency at the end of “Year X” should be equal to the credit balance or funding deficiency at the beginning of “Year X+1.” If such credit balances or funding deficiencies are not equal, attach an explanation and label the attachment “**Schedule MB, line 9f – Explanation of Prior Year Credit Balance/Funding Deficiency Discrepancy.**” For example, if the difference is because contributions for a prior year that were not previously reported are received this plan year, attach a listing of the amounts and dates of such contributions.

Line 9j(1). ERISA Full Funding Limitation. Instructions for this line are reserved pending published guidance.

Line 9j(2). “RPA ’94” Override. Instructions for this line are reserved pending published guidance.

Line 9j(3). Full Funding Credit. Enter the excess of (1) the accumulated funding deficiency, disregarding the credit balance and contributions for the current year, if any, over (2) the greater of lines 9j(1) or 9j(2).

Line 9k(1). Waived Funding Deficiency Credit. Enter a credit for a waived funding deficiency for the current plan year (Code section 431(b)(3)(C)). If a waiver of a funding deficiency is pending, report a funding deficiency. If the waiver is granted after Form 5500 is filed, file an amended Form 5500 with an amended Schedule MB to report the funding waiver (see page 7 of the **Instructions for Form 5500**).

Line 9k(2). Other Credits. Enter a credit in the case of a plan for which the accumulated funding deficiency is determined under the funding standard account if such plan year follows a plan year for which such deficiency was determined under the alternative minimum funding standard.

Line 9o. Reconciliation Account. The reconciliation account is made up of those components that upset the balance equation of Treasury Regulations section 1.412(c)(3)-1(b). Valuation assets must not be adjusted by the reconciliation

account balance when computing the required minimum funding.

Line 9o(1). If a waived funding deficiency is being amortized at an interest rate that differs from the valuation rate, enter the prior year's "reconciliation waiver outstanding balance" increased with interest at the valuation rate to the current valuation date and decreased by the year end amortization amount based on the mandated interest rate. Enter the amounts as of the valuation date.

Line 9o(2). Include in this line reconciliation amounts due to extensions of amortization periods that have been approved by the IRS.

Line 9o(3). Enter the sum of lines 9o(1), 9o(2)(a), and 9o(2)(b) (each adjusted with interest at the valuation rate to the current valuation date, if necessary).

Note. The net outstanding balance of amortization charges and credits minus the prior year's credit balance minus the amount on line 9o(3) (each adjusted with interest at the valuation rate, if necessary) must equal the unfunded liability.

Line 10. Contribution Necessary to Avoid Deficiency. Enter the amount from line 9n. For plans in reorganization, see the instructions for line 5. If applicable, file Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, with the IRS to pay the 5% excise tax on the funding deficiency.

Line 11. In accordance with ERISA section 103(d)(3), attach a justification for any change in actuarial assumptions for the current plan year and label the attachment "**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.**"

2008 Instructions for Schedule R (Form 5500) Retirement Plan Information

General Instructions

Purpose of Schedule

Schedule R (Form 5500), Retirement Plan Information, reports certain information on plan distributions, funding, and the adoption of amendments increasing or decreasing the value of benefits in a defined benefit pension plan.

Note. The Pension Protection Act of 2006 (PPA) requires filers of certain pension plans to provide additional new information beginning with the 2008 plan year. For the 2008 plan year, this new information will be filed as attachments to Schedule R. All multiemployer defined benefit plans are required to file attachments providing the information specified in the instructions. All defined benefit plans (single-employer, multiple-employer, and multiemployer) with 1,000 or more participants are required to provide financial asset breakout information as an attachment to Schedule R. See *Special Rules for Defined Benefit Pension Plans* on page 51. In addition, a new attachment is required if line 6c shows a positive amount.

Attachments. All attachments to Schedule R must be properly identified, and must include the name of the plan, plan sponsor's EIN, and plan number. Place "Schedule R" and the required heading from the instructions at the top of each attachment to identify the information to which the attachment relates. When assembling the package for filing, you can place attachments for a schedule either directly behind that schedule or at the end of the filing.

Do not include attachments that contain a visible social security number. Schedule R and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on Schedule R or any of its attachments may result in the rejection of the filing.

Who Must File

Schedule R must be attached to a Form 5500 filed for both tax-qualified and nonqualified pension benefit plans. The parts of Schedule R that must be completed depend on whether the plan is subject to the minimum funding standards of Code section 412 or ERISA section 302, the type of plan, and minimum coverage requirement of Code section 410(b). See line item requirements under *Specific Instructions* for more details.

Exceptions: (1) Schedule R should not be completed when the Form 5500 Return/Report is filed for a pension plan that uses, as the sole funding vehicle for providing benefits, a tax deferred annuity arrangement under Code section 403(b)(1), a custodial account for regulated investment company stock under Code section 403(b)(7), and/or individual retirement accounts or annuities (as described in Code section 408). See the Form 5500 instructions for *Limited Pension Plan Reporting* on page 10 for more information.

(2) Schedule R also should not be completed if **all** of the following conditions are met:

- The plan is not a defined benefit plan or otherwise subject to the minimum funding standards of Code section 412 or ERISA section 302.
- No plan benefits that would be reportable on line 1 of Part I of this Schedule R were distributed during the plan year. See the instructions for Part I, line 1, below.
- No benefits, as described in the instructions for Part I, line 2, below, were paid during the plan year other than by the plan sponsor or plan administrator. (This condition is not met if benefits were paid by the trust or any other payor(s) which are reportable on **Form 1099-R**, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance

Contracts, etc., using an EIN other than that of the plan sponsor or plan administrator reported on line 2b or 3b of Form 5500.)

- Unless the plan is a profit-sharing, ESOP or stock bonus plan, no plan benefits of living or deceased participants were distributed during the plan year in the form of a single-sum distribution. See the instructions for Part I, line 3, below.
- The plan is not a multiemployer defined benefit plan.

Check the Schedule R box on the Form 5500 (Part II, line 10a(1)) if a Schedule R is attached to the Form 5500.

As a result of the PPA changes, the 2007 Schedule R cannot be used by short plan year filers that are required to report additional new information for 2008 on attachments to the Schedule R. (See the **Caution** for *2008 Short Plan Year Filings* on page 5.)

Special Rule for Plans with Fewer Than 25 Participants

If the plan has fewer than 25 participants, meets all the conditions for PPA-simplified reporting that are listed on page 9, and elects to file under this simplified reporting option, then complete only lines A, B, C, D, and Part II.

Specific Instructions

Lines A, B, C, and D. This information must be the same as reported in Part II of the Form 5500 to which this Schedule R is attached. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D instead of an EIN. Schedule R and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on Schedule R or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

"Participant" for purposes of Schedule R, means any present or former employee who at any time during the plan year had an accrued benefit in the plan (account balance in a defined contribution plan).

Part I – Distributions

"Distribution" includes only payments of benefits during the plan year, in cash, in kind, by purchase for the distributee of an annuity contract from an insurance company, or by distribution of life insurance contracts. It does not include:

1. Corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions, or the income allocable to any of these amounts;
2. Distributions of automatic contributions pursuant to Code section 414(w);
3. The distribution of elective deferrals or the return of employee contributions to correct excess annual additions under Code section 415, or the gains attributable to these amounts; and
4. A loan treated as a distribution under Code section 72(p).

Note. It does, however, include a distribution of a plan loan offset amount as defined in Treasury Regulations section 1.402(c)-2, Q&A 9(b).

Line 1. Enter the total value of all distributions made during the year (regardless of when the distribution began) in any form other than cash, annuity contracts issued by an insurance company, distribution of life insurance contracts, marketable securities, within the meaning of Code section 731(c)(2), or plan loan offset amounts. Do not include eligible rollover distributions paid directly to eligible retirement plans in a direct rollover under Code section 401(a)(31) unless such direct rollovers include property other than that enumerated in the preceding sentence.

Line 2. Enter the EIN(s) of any payor(s) (other than the plan sponsor or plan administrator on line 2b or 3b of the Form

5500) who paid benefits reportable on Form 1099-R on behalf of the plan to participants or beneficiaries during the plan year. This is the EIN that appears on the Form 1099-R that is issued to report the payments. Include the EIN of the trust if different than that of the sponsor or plan administrator. If more than two payors made such payments during the year, enter the EINs of the two payors who paid the greatest dollar amounts during the year. For purposes of this line 2, take into account all payments made during the plan year, in cash or in kind, that are reportable on Form 1099-R, regardless of when the payments began, but take into account payments from an insurance company under an annuity only in the year the contract was purchased.

Line 3. Enter the number of living or deceased participants whose benefits under the plan were distributed during the plan year in the form of a single-sum distribution. For this purpose, a distribution of a participant's benefits will not fail to be a single-sum distribution merely because, after the date of the distribution, the plan makes a supplemental distribution as a result of earnings or other adjustments made after the date of the single-sum distribution. Also include any participants whose benefits were distributed in the form of a direct rollover to the trustee or custodian of a qualified plan or individual retirement account.

Part II – Funding Information

Complete Part II only if the plan is subject to the minimum funding requirements of Code section 412 or ERISA section 302.

All qualified defined benefit and defined contribution plans are subject to the minimum funding requirements of Code section 412 unless they are described in the exceptions listed under Code section 412(e)(2). These exceptions include profit-sharing or stock bonus plans, insurance contract plans described in Code section 412(e)(3), and certain plans to which no employer contributions are made.

Nonqualified employee pension benefit plans are subject to the minimum funding requirements of ERISA section 302 unless specifically exempted under ERISA sections 4(a) or 301(a).

The sponsor or plan administrator of a single-employer or multiple-employer defined benefit plan that is subject to the minimum funding requirements must file Schedule SB as an attachment to Form 5500. Schedule MB is filed for multiemployer defined benefit plans and certain money purchase defined contribution plans (whether they are single-employer or multiemployer plans). However, Schedule MB is not required to be filed for a money purchase defined contribution plan that is subject to the minimum funding requirements unless the plan is currently amortizing a waiver of the minimum funding requirements.

Line 4. Check "Yes" if, for purposes of computing the minimum funding requirements for the plan year, the plan administrator is making an election intended to satisfy the requirements of Code section 412(d)(2) or ERISA section 302(d)(2). Under Code section 412(d)(2) and ERISA section 302(d)(2), a plan administrator may elect to have any amendment, adopted after the close of the plan year for which it applies, treated as having been made on the first day of the plan year if all of the following requirements are met:

1. The amendment is adopted no later than two and one-half months after the close of such plan year (two years for a multiemployer plan);
2. The amendment does not reduce the accrued benefit of any participant determined as of the beginning of such plan year; and
3. The amendment does not reduce the accrued benefit of any participant determined as of the adoption of the amendment unless the plan administrator notified the Secretary of the Treasury of the amendment and the Secretary either

approved the amendment or failed to disapprove the amendment within 90 days after the date the notice was filed.

See Temporary Regulations section 11.412(c)-7(b) for details on when and how to make the election and what information to include on the statement of election, which must be filed with the Form 5500 annual return/report.

Line 5. If a money purchase defined contribution plan (including a target benefit plan) has received a waiver of the minimum funding standard, and the waiver is currently being amortized, complete lines 3, 9, and 10 of Schedule MB. See instructions for Schedule MB. Attach Schedule MB to Form 5500. The Schedule MB for a money purchase defined contribution plan does not need to be signed by an enrolled actuary.

Line 6a. The minimum required contribution for a money purchase defined contribution plan (including a target benefit plan) for a plan year is the amount required to be contributed for the year under the formula set forth in the plan document. If there is an accumulated funding deficiency for a prior year that has not been waived, that amount should also be included as part of the contribution required for the current year.

Line 6b. Include all contributions for the plan year made not later than 8½ months after the end of the plan year. Show only contributions actually made to the plan by the date the form is filed. For example, do not include receivable contributions for this purpose.

Line 6c. If line 6c shows a positive amount, attach a statement indicating whether the sponsor will contribute the reported minimum funding amount by the funding deadline. Label the attachment "**Schedule R, line 6c Information.**" The attachment must include the sponsor's name, EIN, plan name, and plan number. If the minimum required contribution exceeds the contributions for the plan year made not later than 8½ months after the end of the plan year, the excess is an accumulated funding deficiency for the plan year. File **Form 5330**, Return of Excise Taxes Related to Employee Benefit Plans, with the IRS to pay the excise tax on the deficiency. There is a penalty for not filing Form 5330 on time.

Line 7. A revenue procedure providing for automatic approval for a change in funding method for a plan year generally does not apply unless the plan administrator or an authorized representative of the plan sponsor explicitly agrees to the change. If a change in funding method made pursuant to such a revenue procedure (or a class ruling letter) is to be applicable for the current plan year, this line generally must be checked "Yes." In certain situations, however, the requirement that the plan administrator or an authorized representative of the plan sponsor agree to the change in funding method will be satisfied if the plan administrator or an authorized representative of the plan sponsor is made aware of the change. In these situations, this line must be checked "N/A." See section 6.01(2) of Rev. Proc. 2000-40, 2000-42 I.R.B. 357.

Part III – Amendments

Line 8.

- Check "No" if no amendments were adopted during this plan year that increased or decreased the value of benefits.
- Check "Increase" if an amendment was adopted during the plan year that increased the value of benefits in any way. This includes an amendment providing for an increase in the amount of benefits or rate of accrual, more generous lump sum factors, COLAs, more rapid vesting, additional payment forms, or earlier eligibility for some benefits.
- Check "Decrease" if an amendment was adopted during the plan year that decreased the value of benefits in any way. This includes a decrease in future accruals, closure of the plan to new employees, or accruals being frozen for some or all participants.
- If applicable, check both "Increase" and "Decrease."

Part IV – Coverage

Line 9.



Questions regarding coverage were previously raised in Schedule T (Form 5500), Qualified Pension Plan Coverage information, but Schedule T has been discontinued. The instructions to the Schedule T provided that Schedule T need not be filed every year if the employer was using the three-year testing cycle of Rev. Proc. 93-42, 1993-2 C.B. 540. That exception does not apply to Part IV of Schedule R.

If the ratio percentage for the plan, or any disaggregated part of the plan, is less than 70%, the plan does not satisfy the ratio percentage test. An employer that is using single day “snapshot” testing may, in certain circumstances, need to adjust the 70% figure to compensate for the fact that the substantiation quality data or snapshot population does not reflect employee turnover and may overstate the plan’s coverage. See section 3 of Rev. Proc. 93-42. If the plan, or any disaggregated part of the plan, does not satisfy the ratio percentage test, 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 Treasury 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 $\frac{3}{4}$ 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 Treasury 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 sections 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.

Notes. (1) Certain plans are required to be disaggregated, or may be permissively disaggregated, into two or more separate parts for purposes of applying the minimum coverage requirements of Code section 410(b). Check the box for “ratio percentage test” or “average benefit test,” whichever is applicable to the disaggregated plans. Both boxes may be checked if each test is satisfied by one or more of the disaggregated plans. (2) Multiple-employer plan filers should complete one Schedule R to report satisfaction of the coverage rules by all of the employers that participate in the plan. Check the box for “ratio percentage test,” “average benefit test,” or both, if any participating employer uses either test. Leave line 9 blank if all of the participating employers meet one of the exceptions noted below.

Plans may also satisfy the coverage rules of Code section 410(b) under one of the exceptions listed below. If one of the following exceptions applies, leave line 9 blank.

1. 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 Treasury Regulations section 1.410(b)-6(d)(2)).

2. If, during the plan year, the plan benefitted no highly compensated employees (within the meaning of Code section 414(q)), excluding employees who were collectively bargained employees (within the meaning of Treasury Regulations section 1.410(b)-6(d)(2)). This exception also applies if no employee received an allocation or accrued a benefit under the plan for the plan year.

3. If, during the plan year, the plan benefitted only collectively bargained employees (within the meaning of Treasury Regulations section 1.410(b)-6(d)(2)). However, this exception does not apply if more than 2% of the employees covered by the plan were professional employees (within the meaning of Treasury Regulations section 1.410(b)-9).

4. If, during the plan year, the plan benefitted 100% of the nonexcludable nonhighly compensated employees of the employer. (This exception also applies if, during the plan year, all of the nonhighly compensated employees of the employer were excludable.) 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:

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

Note. If a plan has multiple age and service conditions or if the employer is treating a plan benefitting otherwise excludable employees as two separate plans pursuant to Treasury Regulations section 1.410(b)-6(b)(3), refer to section 1.410(b)-6(b) and section 1.410(b)-7(c)(3) of the regulations regarding the determination of excludable employees.

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

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

d. Employees who fail to accrue a benefit solely because they: (1) fail to satisfy a minimum hour of service or a last day requirement under the plan; (2) do not have more than 500 hours of service for the plan year; and (3) are not employed on the last day of the plan year.

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

5. If, for the plan year, the plan is treated as satisfying the minimum coverage requirements of Code section 410(b) under the “acquisition or disposition” rule in Code section 410(b)(6)(C).

Special Rules for Defined Benefit Pension Plans.

PPA requires filers of certain pension plans to provide additional new information beginning with the 2008 plan year. For the 2008 plan year, this new information will be filed as attachments to Schedule R. Multiemployer defined benefit plans that are deemed to be in “Endangered Status,” “Seriously Endangered Status,” or “Critical Status” must attach a summary of their Funding Improvement Plan or Rehabilitation Plan. In addition, all multiemployer defined benefit plans must file an attachment to Schedule R reporting information about contributing employers, number of participants for whom no contributions are being made, number of employers withdrawing from the plan and their assessed withdrawal liabilities, and information on transfers to, or mergers with, the plan. Also, all defined benefit pension plans with 1,000 or more participants must file an attachment providing financial asset breakout information.

Note. For the 2009 and later plan years, this new information will be collected in a new Part V (Additional Employer Information for Multiemployer Defined Benefit Pension Plans) and Part VI (Additional Information for Single-Employer and

Multiemployer Defined Benefit Pension Plans) of the revised Schedule R. See 72 Fed. Reg. 64809-810.

Attachment for Multiemployer Plans with a Funding Improvement or Rehabilitation Plan

If the Plan Status Code on line 4a of Schedule MB is an “E” (Endangered Status), “S” (Seriously Endangered Status), or “C” (Critical Status), a summary of either the Funding Improvement Plan (for plans in Endangered and Seriously Endangered Status) or the Rehabilitation Plan (for plans in Critical Status) must be attached to Schedule R. This attachment must be labeled “*Schedule R, Summary of Funding Improvement Plan*” or “*Schedule R, Summary of Rehabilitation Plan*,” as appropriate, and must include the plan name, the plan sponsor’s name and EIN, and the plan number. The summary document must reflect the plan in effect at the end of the plan year (whether the original funding improvement plan or rehabilitation plan or as modified) and must include a description of the various contribution and benefit schedules that are being provided to the bargaining parties and any other actions taken in connection with the rehabilitation plan or the funding improvement plan, such as use of the shortfall funding method or extensions of the amortization period. The summary should also include a schedule of the expected progress for the funded percentage or other relevant factors under the rehabilitation plan or the funding improvement plan. The summary must also include the information described in the last sentence of Code section 432(e)(3)(A). The plan sponsor is required by Code section 432(c)(6) and Code section 432(e)(3)(B) to update annually the funding improvement or rehabilitation plan, schedule of contribution rates (to reflect the experience of the plan), and duration of this schedule of contributions. These annual updates should also be a part of the summary document attachment.

Attachment for ALL Multiemployer Defined Benefit Pension Plans

Multiemployer defined benefit pension plans that are subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) must provide certain information as an attachment to Schedule R. Label the attachment “*Schedule R, Certain Information for Multiemployer Plan*,” and include the following information:

1. Report the total number of employers obligated to contribute to the plan in 2008.
2. For each employer contributing more than five (5) percent of the plan’s total contributions for the 2008 plan year, indicate:
 - a. The name of the contributing employer.
 - b. The EIN of the contributing employer.
 - c. The dollar amount contributed by the employer.
 - d. The date the collective bargaining agreement expires. If the employer has more than one collective bargaining agreement requiring contributions to the plan, state the expiration date of each collective bargaining agreement (regardless of the amount of contributions arising from such agreement).
 - e. The contribution rate (in dollars and cents) per contribution base unit and the base unit measure. Indicate whether the base unit is measured on an hourly, weekly, unit-of-production, or other basis. If “other,” specify the base unit measure used. If the contribution rate changed during the plan year, enter the last contribution rate in effect for the plan year. If the employer has different contribution rates for different classifications of employees or different places of business, list each contribution rate and corresponding base unit measure under which the employer made contributions (regardless of the amount of contributions resulting from each rate).

Note. The employers must be listed in descending order according to the dollar amount of their contributions to the plan.

3. Provide the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:
 - a. The current (2008) plan year.

- b. The plan year immediately preceding the current plan year (i.e., 2007).

- c. The second preceding plan year (i.e., 2006).

For this purpose, count **only** those participants whose employers or former employers had withdrawn from the plan by the beginning of the relevant plan year. Disregard any participants whose employers had not withdrawn from the plan, even if, in the relevant year, no contributions were made by the employer on behalf of those participants. Thus, for the limited purposes of this item and notwithstanding any contrary definition of such participants applicable elsewhere, the deferred vested and retired participants of employers who have not withdrawn from the plan should not be included in these numbers.

Note. Withdrawal liability payments are not to be treated as contributions for the purpose of determining the number of participants here.

4. Enter:

- a. The ratio of the number of participants on whose behalf no employer had an obligation to make a contribution for the current (2008) plan year to the corresponding number for the preceding (2007) plan year, and

- b. The ratio of the number of participants on whose behalf no employer had an obligation to make a contribution for the current (2008) plan year to the corresponding number for the second preceding (2006) plan year.

For the purpose of paragraphs a and b, count all participants whose employers have withdrawn from the plan as well as all deferred vested and retired participants of employers still active in the plan (unless the collective bargaining agreement specifically requires the employer to make contributions for such participants).

Note. Withdrawal liability payments are not to be treated as contributions for this purpose.

5. If any employers withdrew from the plan during the preceding (2007) plan year:

- a. Enter the number of employers that withdrew from the plan.

- b. Enter the aggregate amount of withdrawal liability assessed against these employers. If the withdrawal liability for one or more withdrawing employers has not yet been determined, include the amounts estimated to be assessed against them in the aggregate amount.

The definitions of withdrawal are those contained in Section 4203 of ERISA. If the plan is in the building and construction industry, entertainment industry, or another industry that has special withdrawal rules, withdrawing employers should only be counted if the withdrawal adheres to the special rules applying to its specific industry.

6. If assets and liabilities from another plan were transferred to or merged with the assets and liabilities of this plan during the 2008 plan year, provide the following information:

- a. The names and EINs of all plans that transferred assets and liabilities to, or merged with, this plan.

- b. For each plan, including this plan, report the actuarial valuation of the total assets and total liabilities for the 2007 plan year, based on the most recent data available as of the day before the first day of the 2008 plan year.

Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

Liabilities from other plans. If any liabilities to participants or their beneficiaries under the plan at the end of the plan year consist of liabilities under two (2) or more plans as of immediately before the 2008 plan year, provide the following information as an attachment:

1. The names, EINs, and plan numbers of all plans that provided a portion of liabilities of the participants and beneficiaries in question. The current plan and its identifiers should be listed first.

2. The funded percentage of each plan as of the last day of the 2007 plan year.

The funded percentages are the ratios where the numerators are the actuarial values of the plans' assets at the end of the 2007 plan year and the denominators are the accrued liabilities of the plans at the end of the 2007 plan year. Label the attachment "**Schedule R, Funded Percentages of Plans Contributing to the Liabilities of Plan Participants.**"

Asset Distribution Information for Large Defined Benefit Plans

The following information must be provided by all defined benefit pension plans with 1,000 or more participants as of the beginning of the plan year, as shown on line 3d, column (1), of the Schedule SB for single-employer plans or on line 2b(4), column (1), of the Schedule MB for multiemployer plans. Label the attachment "**Schedule R, Distribution of Assets Information.**"

1. Show the beginning-of-year distribution of assets for the following categories:

- a. Stocks,
- b. Investment-grade debt instruments,
- c. High-yield debt instruments,
- d. Real estate, and
- e. Other asset classes.

These percentages, expressed to the nearest whole percent, should reflect the total assets held in each category, regardless of how they are listed on Schedule H. For example, assets held in master trusts should be disaggregated into the five asset components and properly distributed. They should not be listed

under "Other assets classes," unless the trust contains no stocks, bonds, or real estate holdings. The same methodology should be used in disaggregating trust assets as is used when disclosing the allocation of plan assets on the sponsor's 10-K filings to the Securities and Exchange Commission. Real estate investment trusts (REITs) should be listed with stocks, while real estate limited partnerships should be included in the Real Estate category. The percentage should be based on the assets current (fair market) value at the beginning of the plan year. The percentages in the five categories should sum up to 100 percent.

2. Indicate the average duration of the plan's debt portfolio by using one of the following categories: (a) 0–3 years; (b) 3–6 years; (c) 6–9 years; (d) 9–12 years; (e) 12–15 years; (f) 15–18 years; (g) 18–21 years; (h) 21 years or more. If the average duration falls exactly on the boundary of two categories, report the category with the lower duration.

3. To determine the average duration, use the "effective duration" or any other generally accepted measure of duration. Report the duration measure used from one of the following: (a) Effective duration; (b) Macaulay duration; (c) Modified duration; or (d) Other (and specify the measure used).

If bonds are held in multiple bond portfolios, report the weighted average of the average durations of the various portfolios where the weights are the dollar values of the individual portfolios.

2008 Instructions for Schedule SB (Form 5500)

Single-employer Defined Benefit Plan Actuarial Information

General Instructions

Note. Proposed regulations under Code sections 430, 436, and 4971 and ERISA sections 206(g) and 303 were published in the Federal Register on May 29, 2007, August 31, 2007, December 31, 2007, and April 15, 2008. However, with the exception of sections 1.430(h)(3)-1 and 54.4971(c)-1 of the proposed regulations, the provisions of the final regulations will not be effective until the plan year beginning in 2009. With respect to those provisions proposed to become effective after 2008, plan sponsors may either rely on the provisions of the proposed regulations for plan years beginning in 2008 or may generally follow a reasonable interpretation of the funding rules in the statute, taking into account any technical corrections to the funding rules that are enacted. In addition, once final regulations are issued, plan sponsors will be able to rely on the provisions of those final regulations for plan years beginning in 2008.

Who Must File

The sponsor or plan administrator of a single-employer defined benefit plan (including a multiple-employer defined benefit plan) that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) must file this schedule as an attachment to the Form 5500.

Note. This schedule is not filed for a multiemployer plan nor for a money purchase defined contribution plan (including a target benefit plan) for which a waiver of the minimum funding requirements is currently being amortized. Information for these plans must be filed using Schedule MB.

Note. The Schedule SB does not have to be filed with the Form 5500-EZ, but it must be retained (in accordance with the Instructions for Form 5500-EZ under the *What To File* section). The enrolled actuary must complete and sign the Schedule SB and forward it to the person responsible for filing the Form 5500-EZ, even if the Schedule SB is not filed.

Check the Schedule B box on the Form 5500 (Part II, line 10a(2)) if a Schedule SB is attached to Form 5500.

Lines A through D. Identifying Information. Include the same information as reported in corresponding lines in Part II of the Form 5500. You may abbreviate the plan name (if necessary) to fit in the space provided.

Do not use a social security number in line D instead of an EIN. The Schedule SB and its attachments are open to public inspection if filed with a Form 5500, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a social security number on this Schedule SB or any of its attachments may result in the rejection of the filing.

You can apply for an EIN online, by telephone, by fax, or by mail depending on how soon you need to use the EIN. For more information, see *Section 4: How To File* under *General Instructions to Form 5500*. The EBSA does not issue EINs.

Line E. Type of Plan. Check the applicable box to indicate the type of plan. A single-employer plan for this Form 5500 reporting purpose is an employee benefit plan maintained by one employer or one employee organization. A multiple-employer plan is a plan that is maintained by more than one employer, but is not a multiemployer plan. (See the Instructions for Form 5500, box A(1) for additional information on the definition of a multiemployer plan.)

- Check “Single” if the Form 5500 is filed for a single-employer plan (including a plan maintained by more than one member of the same controlled group).
- Check “Multiple-A” if the Form 5500 is being filed for a multiple-employer plan and the plan is subject to the rules of

Code section 413(c)(4)(A) (i.e., it is funded as if each employer were maintaining a separate plan). This includes plans established before January 1, 1989, for which an election was made to fund in accordance with Code section 413(c)(4)(A).

- Check “Multiple-B” if the Form 5500 is being filed for a multiple-employer plan and the plan is subject to the rules of Code section 412(c)(4)(B) (i.e., it is funded as if all participants were employed by a single employer.)

If “Multiple-A” is checked, compute the entries on Schedule SB filed for the plan as the sum of the individual amounts computed for each employer. Complete a Schedule SB for each employer showing information relative to that employer’s portion of the plan, and submit them as an attachment to the Schedule SB for the plan. Label the attachment, **“Schedule SB – Information for Each Individual Employer.”**

Line F. Prior Year Plan Size. Check the applicable box based on the highest number of participants (both active and inactive) on any day of the preceding plan year, taking into account participants in all defined benefit plans maintained by the same employer (or any member of such employer’s controlled group) who are or were also employees of that employer or member. For this purpose, participants whose only defined benefit plan is a multiemployer plan (as defined in Code section 414(f)) are not counted, and participants who are covered in more than one of the defined benefit plans described above are counted only once. Inactive participants include vested terminated and retired employees as well as beneficiaries of deceased participants. If this is the first plan year that a plan described in this paragraph exists, complete this line based on the highest number of participants that the plan is reasonably expected to have on any day during the first plan year.

General Instructions, Parts I through VIII, Statement by Enrolled Actuary, and Attachments

Except as noted below, all single and multiple-employer defined benefit plans, regardless of size or type, **must** complete Parts I through VIII. See instructions for line 27 for additional information to be provided for certain plans with special circumstances.

The Pension Protection Act of 2006, as amended (PPA), provides delayed effective dates for the new funding rules for plans meeting certain criteria (certain multiple-employer plans maintained by rural cooperatives or related organizations, PBGC settlement plans, and certain plans maintained by government contractors, as described in PPA sections 104 through 106). Eligible plans to which these delayed effective dates apply do not need to complete the entire Schedule SB, but will have to file information relating to pre-PPA calculations in an attachment using the 2007 Schedule B form.

The PPA provides funding relief for certain defined benefit plans (other than multiemployer plans) maintained by a commercial passenger airline or by an employer whose principal business is providing catering services to a commercial passenger airline, based on an alternative 17-year funding schedule. Plans using this funding relief do not need to complete the entire Schedule SB, but are required to provide supplemental information as an attachment to Schedule SB. Alternatively, these plans can elect to apply the funding rules generally applicable to single-employer defined benefit plans, but amortize the funding shortfall over 10 years instead of the standard 7-year period and use a special interest rate to determine the funding target. Plans using this 10-year funding option must complete the entire Schedule SB and provide additional information. See the instructions for line 27 for more information.

Notes. (1) For split-funded plans, the costs and contributions reported on Schedule SB should include those related to both trust funds and insurance carriers. (2) For terminating plans, Rev. Rul. 79-237, 1979-2 C.B. 190, provides that minimum funding standards apply until the end of the plan year that includes the termination date. Accordingly, the Schedule SB is not required to be filed for any later plan year. However, if a termination fails to occur — whether because assets remain in the plan’s related trust (see Rev. Rul. 89-87, 1989-2 C.B. 81) or

for any other reason (e.g., the PBGC issues a notice of noncompliance pursuant to 29 CFR section 4041.31 for a standard termination) — there is no termination date, and therefore, minimum funding standards continue to apply and a Schedule SB continues to be required.

Statement by Enrolled Actuary

An enrolled actuary must sign Schedule SB. The signature of the enrolled actuary may be qualified to state that it is subject to attached qualifications. See Treasury Regulations section 301.6059-1(d) for permitted qualifications. If the actuary has not fully reflected any final or temporary regulation, revenue ruling, or notice promulgated under the statute in completing the Schedule SB, check the box on the last line of page 1. If this box is checked, indicate on an attachment whether any unpaid required contribution or a contribution that is not wholly deductible would result if the actuary had fully reflected such regulation, revenue ruling, or notice, and label this attachment **“Schedule SB – Statement by Enrolled Actuary.”** A stamped or machine produced signature is not acceptable. The most recent enrollment number must be entered. In addition, the actuary may offer any other comments related to the information contained in Schedule SB.

Attachments

All attachments to the Schedule SB must be properly identified as attachments to the Schedule SB, and must include the name of the plan, plan sponsor’s EIN, plan number, and line number to which the schedule relates. When assembling the package for filing, attachments for a schedule should be placed either directly behind that schedule or at the end of the filing.

Do not include attachments that contain a visible social security number. Except for certain one-participant plans, the Schedule SB and its attachments are open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a visible social security number on an attachment may result in the rejection of the filing.

Specific Instructions for Part I — Basic Information

Note. All entries in Part I must be reported as of the valuation date.

Line 1. Valuation Date. The valuation date for a plan year must be the first day of the plan year unless the plan meets the small-plan exception of ERISA section 303(g)(2)(B) and Code section 430(g)(2)(B). For plans that qualify for the exception, the valuation date may be any date in the plan year, including the first or last day of the plan year.

A plan qualifies for this small-plan exception if there were 100 or fewer participants on each day of the prior plan year. For the definition of participant, as it applies in this case, see the instructions for line F.

Line 2a. Market Value of Assets. Enter the fair market value of assets as of the valuation date. Include contributions designated for the previous plan year that are made after the valuation date (but within the 8½-month period after the end of the prior plan year).

Contributions made for the current plan year must be excluded from the amount reported in line 2a. If these contributions were made prior to the valuation date (which can only occur for small plans with a valuation date other than the first day of the plan year), the asset value must be adjusted to exclude not only the contribution amounts, but interest on the contributions from the date of payment to the valuation date, using the current-year effective interest rate.

Do not adjust for items such as the funding standard carryover balance or prefunding balance or the present value of remaining shortfall or waiver amortization installments. Rollover amounts or other assets held in individual accounts that are not available to provide defined benefits under the plan should not be included on line 2a regardless of whether they are reported on the Schedule H (Form 5500) (line 11, column (a)) or Schedule I (Form 5500) (line 1c, column (a)). Additionally, asset

and liability amounts must be determined in a consistent manner. Therefore, if the value of any insurance contracts has been excluded from the amount reported in line 2a, liabilities satisfied by such contracts should also be excluded from the funding target values reported in lines 3 and 4.

Line 2b. Actuarial Value of Assets. If an averaging method is used to value plan assets (as permitted under Code section 430(g)(3)(B) and ERISA section 303(g)(3)(B)), enter the value as of the valuation date taking into account the requirement that such value must be within 90% to 110% of the fair market value of assets.

Do not adjust the actuarial value of assets for items such as the funding standard carryover balance or the present value of any remaining shortfall or waiver amortization installments. Treat contributions designated for a current or prior plan year, rollover amounts, insurance contracts, and other items in the same manner as for line 2a.

Note. Under Code section 430(g)(3)(B), the use of averaging methods in determining the value of plan assets is permitted only in accordance with methods prescribed in Treasury regulations. Accordingly, for plan years beginning in 2008, taxpayers cannot use asset valuation methods other than fair market value (as described in Code section 430(g)(3)(A)), except as provided under Treasury regulations. As provided in Notice 2008-21, 2008-7 I.R.B. 431, the final regulations will permit the averaging method set forth in section 1.430(g)-1(c)(2) of the proposed Treasury regulations to apply for plan years beginning during 2008.

Line 3. Funding Target/Participant Count Breakdown. All amounts should be reported as of the valuation date.

- **Column (1)**—Enter the number of participants, including beneficiaries of deceased participants, who are or who will be entitled to benefits under the plan.
- **Column (2)**—Enter the funding target calculated using the methods and assumptions provided in ERISA sections 303(h) and (i), Code sections 430(h) and (i), and other related guidance. When allocating the funding target for active participants (line 3c(3)) between vested and non-vested benefits (lines 3c(2) and 3c(1) respectively), benefits considered vested for PBGC premium purposes must be included in line 3c(2).

Unless the plan sponsor has received approval to use substitute mortality tables in accordance with ERISA section 303(h)(3)(C) and Code section 430(h)(3)(C), the funding target must be computed using the mortality tables for non-disabled lives, as published in section 1.430(h)(3)-1 of the Income Tax Regulations. If substitute mortality tables have been approved (or deemed to have been approved) by the IRS, such tables must be used instead of the mortality tables described in the previous sentence, subject to the rules of ERISA section 303(h)(3) and Code section 430(h)(3). The funding target may be computed taking into account the mortality tables for disabled lives published in Rev. Rul. 96-7, 1996-1 C.B. 59, and as provided in Notice 2008-29, 2008-12 I.R.B. 637.

Special rules for plans that are in at-risk status. If a plan is in at-risk status, report the amount reflecting the additional assumptions required in ERISA section 303(i)(1)(B) and Code section 430(i)(1)(B).

If the plan has been in at-risk status for any two or more of the preceding four plan years, also include the loading factor required in ERISA section 303(i)(1)(C) and Code section 430(i)(1)(C). If the plan is in at-risk status and has been in at-risk status for fewer than five consecutive years, report the funding target amounts after reflecting the transition rule provided in ERISA section 303(i)(5) and Code section 430(i)(5). Years beginning before 2008 do not count for this purpose. Therefore, the funding target for any plan that is in at-risk status for the 2008 plan year will reflect 20% of the funding target using the special at-risk assumptions and 80% of the funding target determined without regard to the at-risk assumptions.

Determining whether a plan is in at-risk status. Refer to ERISA section 303(i)(4) and Code section 430(i)(4) to determine whether the plan is in at-risk status. Generally, a plan

is in at-risk status for a plan year if it had more than 500 participants on any day during the preceding plan year (see instructions for line F for the definition of participants) and the plan's funding target attainment percentage ("FTAP") falls below specified thresholds.

A plan with over 500 participants is in at-risk status for 2008 if the FTAP for 2007 is less than 65%. Section 1.430(i)-1(f)(5) of the proposed Treasury regulations provides that the FTAP for 2007 may be determined as the ratio of the adjusted actuarial value of assets to the current liability from line 1d(2)(a) of the 2007 Schedule B. For this purpose, the actuarial value of assets for the 2007 plan year (line 1b(2) of the 2007 Schedule B) is adjusted if necessary to be no less than 90% and no more than 110% of the fair market value of assets, and then reduced by the amount of the credit balance in the funding standard account (line 9h of the 2007 Schedule B). If the plan's valuation date for 2007 was not the first day of the plan year, adjust the credit balance in line 9h of the 2007 Schedule B for interest between the beginning of the plan year and the valuation date. See section 1.430(i)-1(f)(5)(ii)(C) of the proposed Treasury regulations for a special rule permitting an adjustment to the amount of the credit balance used for the purposes of this calculation, if the plan sponsor has made an election to reduce the funding standard carryover balance for the 2008 plan year.

Line 4. Additional Information for Plans in At-Risk Status.

If the plan is in at-risk status as provided under ERISA section 303(i)(4) and Code section 430(i)(4), check the box, complete lines 4a and 4b, and include as an attachment the information described below. Do not complete line 4 if the plan is not in at-risk status for the current plan year.

- Line 4a — Enter the amount of the funding target determined as if the plan were not in at-risk status.
- Line 4b — Report the funding target disregarding the transition rule of ERISA section 303(i)(5) and Code section 430(i)(5), and disregarding the loading factor in ERISA section 303(i)(1)(C), and Code section 430(i)(1)(C).

If the plan is in at-risk status for the current plan year, attach a description of the at-risk assumption for assumed form of payment (i.e., optional form resulting in the highest present value). Label the attachment "**Schedule SB, line 4 – Additional Information for Plans in At-Risk Status.**"

Line 5. Effective Interest Rate. Enter the single rate of interest which, if used instead of the interest rate(s) reported in line 21 to determine the present value of the benefits that are taken into account in determining the plan's funding target for a plan year, would result in an amount equal to the plan's funding target determined for the plan year, without regard to calculations for plans in at-risk status. (This is the funding target reported in line 3d(2) for plans not in at-risk status, or in line 4a for plans in at-risk status.) See section 1.430(h)(2)-1(f)(1) of the proposed Treasury Regulations. Enter rate to the nearest .01% (e.g., 5.26%).

Line 6. Target Normal Cost. Report the present value of all benefits which have been accrued or have been earned (or that are expected to accrue or to be earned) under the plan during the plan year. Include any increase in benefits during the plan year that is a result of any actual or projected increase in compensation during the current plan year, even if that increase in benefits is with respect to benefits attributable to services performed in a preceding plan year.

This amount must generally be calculated as of the valuation date and must be based on the same assumptions used to determine the funding target reported in line 3c(3), column (2), reflecting the special assumptions and the loading factor for at-risk plans, if applicable. If the plan is in at-risk status and has been for fewer than five consecutive years, report the target normal cost after reflecting the transition rule provided in ERISA section 303(i)(5) and Code section 430(i)(5).

Special rule for airlines using 10-year amortization period under section 402(a)(2) of the PPA. Section 402(a)(2) of PPA (as amended by section 6615 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, Public Law 110-28

(121 Stat.112)) states that for plans electing the 10-year amortization period, the funding target during that period is determined using an interest rate of 8.25% rather than the interest rates or segment rates calculated on the basis of the corporate bond yield curve. However, this special 8.25% interest rate does not apply for other purposes, including the calculation of target normal cost or the amortization of the funding shortfall. Report the target normal cost using the interest rates or segment rates otherwise applicable under Code section 430(h)(2) and ERISA section 303(h)(2).

Specific Instructions for Part II — Beginning of Year Carryover and Prefunding Balances

Line 7. Balance at Beginning of Prior Plan Year After Applicable Adjustments. Enter "N/A" in both columns.

Line 8. Portion Used To Satisfy Prior Year's Funding Requirement. Enter "N/A" in both columns.

Line 9. Amount Remaining.

- Carryover balance (line 9, column (a)) — Enter the amount reported in line 9o on the 2007 Schedule B. If there has been any adjustment to this amount so that it does not match the amount in line 9o of the 2007 Schedule B, attach an explanation and label the attachment "**Schedule SB, line 9 – Explanation of 2007 Credit Balance Discrepancy.**" If the plan did not exist before 2008, enter "N/A."

- Prefunding balance (line 9, column (b)) — Enter "N/A."

Line 10. Interest on Line 9. Enter "N/A" in both columns.

Line 11. Prior Year's Excess Contributions to be Added to Prefunding Balance. Enter "N/A" in lines 11a–d.

Line 12. Reduction in Balances Due to Elections or Deemed Elections.

- Carryover balance (line 12, column (a)) — Enter the amount by which the employer elects to reduce (or is deemed to elect to reduce, per ERISA section 206(g)(5)(C) and Code section 436(f)(3)) the funding standard carryover balance under ERISA section 303(f) and Code section 430(f). This amount cannot be greater than the amount reported in line 9, column (a).

- Prefunding balance (line 12, column (b)) — Enter "N/A."

If the valuation date is not the beginning of the plan year, adjust the amount reported in line 12, column (a), to the beginning of the plan year using the effective interest rate for the current plan year. If the plan did not exist in the prior year and is not a successor plan, enter "N/A" in both columns.

Line 13. Balance at Beginning of Current Year.

- Carryover balance (line 13, column (a)) — Enter the amount in line 9, column (a), reduced by line 12, column (a).

- Prefunding balance (line 13, column (b)) — Enter "N/A."

Specific Instructions for Part III — Funding Percentages

Enter all percentages in this section to the nearest .01% (e.g., 82.64%).

Line 14. Funding Target Attainment Percentage. Enter the funding target attainment percentage (FTAP) determined in accordance with ERISA section 303(d)(2) and Code section 430(d)(2). The FTAP is the ratio (expressed as a percentage) which the actuarial value of plan assets (reduced by the funding standard carryover balance and prefunding balance) bears to the funding target determined without regard to the additional rules for plans in at-risk status.

For plans that are not in at-risk status, this percentage is determined by subtracting the amount reported in line 13, column (a), from line 2b and dividing the result by the funding target reported in line 3d, column (2). If the plan's valuation date is not the first day of the plan year, adjust the amount reported in line 13, column (a), for interest between the beginning of the plan year and the valuation date before subtracting from the amount reported in line 2b. For plans that are in at-risk status, the numerator is the same, but the denominator is the funding target reported in line 4a.

Line 15. Adjusted Funding Target Attainment Percentage. Enter the adjusted funding target attainment percentage

(AFTAP) determined in accordance with Code section 436(j)(2) and ERISA section 206(g)(9)(B). The AFTAP is generally the same as the FTAP reported in line 14, except that both the assets and the funding target used to calculate the AFTAP are increased by the aggregate amount of purchases of annuities for employees other than highly compensated employees (as defined in Code section 414(q)) which were made by the plan during the preceding two plan years.

See Code section 436(j)(3) and ERISA section 206(g)(9)(C) for rules regarding circumstances in which the actuarial value of plan assets is not reduced by the funding standard carryover balance and prefunding balance for certain fully-funded plans when determining the AFTAP. Note that this special rule applies only to the calculation of the AFTAP and not to the FTAP reported in line 14.

Special rules for airlines using 10-year amortization period under section 402(a)(2) of PPA. Section 402(a)(2) of PPA (as amended) states that for plans electing the 10-year funding amortization period, the funding target during that period is determined using an interest rate of 8.25% rather than the interest rates or segment rates calculated on the basis of the corporate bond yield curve. Report the AFTAP for these plans based on the funding target determined using the special 8.25% interest rate.

Line 16. Prior Year's Funding Percentage for Purposes of Determining Whether Carryover/Prefunding Balances May Be Used To Offset Current Year's Funding Requirement. Under ERISA section 303(f)(3) and Code section 430(f)(3), the funding standard carryover balance and prefunding balance may not be applied toward minimum contribution requirements unless the ratio of plan assets for the preceding plan year to the funding target for the preceding plan year (as described in ERISA section 303(f)(3)(C) and Code section 430(f)(3)(C)) is 80% or more.

Under Code section 430(f)(3)(C) and ERISA section 303(f)(3)(C), this ratio may be determined using estimation methods provided by the IRS. Section 1.430(f)-1(h)(5) of the proposed Treasury regulations provides that the ratio may be determined as the ratio of the actuarial value of assets to the current liability from line 1d(2)(a) of the 2007 Schedule B. For this purpose, the actuarial value of assets is the amount reported on line 1b(2) of the 2007 Schedule B, adjusted if necessary to be no less than 90% and no more than 110% of the fair market value of assets reported on line 1b(1) of the 2007 Schedule B. Do not reduce this amount by the credit balance or increase it by a funding deficiency.

Line 17. Ratio of Current Value of Assets to Funding Target if Below 70%. This calculation is required under ERISA section 103(d)(11). If line 2b divided by the funding target reported in line 3d, column (2), is less than 70%, enter such percentage. Otherwise, leave this line blank.

Specific Instructions for Part IV — Contributions and Liquidity Shortfalls

Line 18. Contributions Made to the Plan. Show all employer and employee contributions for the plan year. Include employer contributions made within 8½ months after the end of the plan year to the extent such contributions are designated for this plan year. Include amounts that will be allocated toward an unpaid minimum required contribution for a prior year.

Show only contributions actually made to the plan by the date Schedule SB is signed. Do not adjust contributions to reflect interest.

Certain employer contributions must be made in quarterly installments. See ERISA section 303(j) and Code section 430(j). Contributions made to meet the liquidity requirement of ERISA section 303(j)(4) and Code section 430(j)(4) should be reported. Include contributions made to avoid benefit restrictions under ERISA section 206(g) and Code section 436.

Add the amounts in both columns 18(b) and 18(c) separately and enter each result in the corresponding column on the total line. All contributions except those made to avoid benefit

restrictions under ERISA section 206(g) and Code section 436 must be credited toward minimum funding requirements for a particular plan year.

Line 19. Discounted Employer Contributions. Employer contributions reported in line 18 that were made on a date other than the valuation date must be adjusted to reflect interest for the time period between the valuation date for the plan year to which the contribution is allocated and the date the contribution was made. In general, adjust each contribution using the effective interest rate for the plan year to which the contribution is allocated.

Allocate the interest-adjusted employer contributions to lines 19a, 19b, and 19c to report the purpose for which they were made (as described below).

Attach a schedule showing the dates and amounts of individual contributions, the year to which the contributions (or the portion of individual contributions) are applied, the applicable effective interest rate (including increased rate for late quarterly installments, where applicable), and the interest-adjusted contribution. It is not necessary to include interest-adjusted contributions allocated toward the minimum required contribution for the current year (reported in line 19c) in this schedule, unless any of those contributions represent late quarterly installments. However, if any of the contributions reported in line 19c represent late quarterly installments, include all contributions reported in line 19c on this schedule. Label the attachment "**Schedule SB, line 19 – Discounted Employer Contributions.**"

Special note for small plans with valuation dates after the beginning of the plan year. If the valuation date is after the beginning of the plan year and contributions for the current year were made during the plan year but before the valuation date, such contributions are increased with interest to the valuation date using the effective interest rate for the current plan year. These contributions and the interest calculated as described in the preceding sentence are excluded from the value of assets reported in lines 2a and 2b.

Interest adjustment for contributions representing late required quarterly installments — installments due after the valuation date. If the full amount of a required installment due after the 2008 valuation date is not paid by the due date for that installment, increase the effective interest rate used to discount the contribution by 5 percentage points for the period between the due date for the required installment and the date on which the payment is made. If all or a portion of the late required quarterly installment is due to a liquidity shortfall, the increased interest rate is used for a period of time corresponding to the period between the due date for the installment and the end of that quarter, regardless of when the contribution is actually paid.

Line 19a. Contributions Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years. Code section 4971(c)(4)(B) provides that any payment to or under a plan for any plan year shall be allocated first to unpaid minimum required contributions for all preceding plan years on a first-in, first-out basis and then to the minimum required contribution for the current plan year. Report any contributions from line 18 that are allocated toward unpaid minimum required contributions from prior plan years, discounted for interest from the date the contribution was made to the valuation date for the plan year for which the contribution was originally required as described above. Increase the effective interest rate for the applicable plan year by 5 percentage points for any portion of the unpaid minimum required contribution that represents a late quarterly installment, for the period between the due date for the installment and the date of payment. Reflect the increased interest rate for any portion of the unpaid minimum required contribution that represents a late liquidity shortfall installment, for the period corresponding to the time between the date the installment was due and the end of the quarter during which it was due. The amount reported in line 19a cannot be larger than the amount reported in line 28.

Line 19b. Contributions Made To Avoid Benefit Restrictions. Include in this category contributions made to avoid benefit restrictions under ERISA section 206(g) and Code section 436. Adjust each contribution for interest from the date the contribution was made to the valuation date as described above.

Line 19c. Contributions Allocated Toward Minimum Required Contribution for Current Year. Include in this category contributions (including any contributions made in excess of the minimum required contribution) that are not included in line 19a or 19b. Adjust each contribution for interest from the date the contribution was made to the valuation date as described above.

Line 20. Quarterly Contributions and Liquidity Shortfalls.

Line 20a. Did the Plan Have a Funding Shortfall for the Prior Plan Year? In accordance with ERISA section 303(j)(3) and Code section 430(j)(3), only plans that have a funding shortfall for the preceding plan year are subject to an accelerated quarterly contribution schedule. This includes plans that have a funding shortfall even if they are exempt from establishing a shortfall amortization base under the provisions of ERISA section 303(c)(5) and Code section 430(c)(5).

Line 20b. If line 20a is “No” (i.e., if the plan did not have a funding shortfall in the prior plan year), the plan is not subject to the quarterly contribution rules, and this line should not be completed. If line 20a is “Yes,” check the “Yes” box on line 20b if required installments for the current plan year were made in a timely manner; otherwise, check “No.”

Line 20c. If line 20a is “No,” or the plan had 100 or fewer participants on every day of the preceding plan year (as defined for line F), the plan is not subject to the liquidity requirement of ERISA section 303(j)(4) and Code section 430(j)(4) and this line should not be completed. Attach a certification by the enrolled actuary if the special rule for nonrecurring circumstances is used, and label the certification **“Schedule SB, line 20c – Liquidity Requirement Certification.”** (See ERISA section 303(j)(4)(E)(ii)(II) and Code section 430(j)(4)(E)(ii)(II).)

If the plan is subject to the liquidity requirement and has a liquidity shortfall for any quarter of the plan year (see ERISA section 303(j)(4)(E) and Code section 430(j)(4)(E)), enter the amount of the liquidity shortfall for each such quarter. If the plan was subject to the liquidity requirement but did not have a liquidity shortfall, enter zero. File **Form 5330**, Return of Excise Taxes Related to Employee Benefit Plans, with the IRS to pay the 10% excise tax(es) if there is a failure to pay any liquidity shortfall by the required due date, unless a waiver of the 10% tax under Code section 4971(f) has been granted.

Specific Instructions for Part V — Assumptions Used To Determine Funding Target and Target Normal Cost

Line 21. Discount Rate.

Line 21a. Enter the three segment rates used to calculate the funding target as provided under ERISA section 303(h)(2)(C) and Code section 430(h)(2)(C) and as published by the IRS, unless the plan sponsor has elected to use the full yield curve. Enter rates after application of the transition rule provided under ERISA section 303(h)(2)(G) and Code section 430(h)(2)(G) unless the sponsor has elected to not have the transition rule apply. If the sponsor has elected to use the full yield curve, check the “N/A, full yield curve used” box.

Special rules for airlines using 10-year amortization period under section 402(a)(2) of PPA (as amended). Enter the information described above to reflect the discount rates used to determine the target normal cost in accordance with Code section 430(h)(2) and ERISA section 303(h)(2). Do not enter the special 8.25% interest rate used to determine the funding target under section 402(a)(2) of the PPA.

Line 21b. ERISA section 303(h)(2)(E) and Code section 430(h)(2)(E) provide that the segment rate(s) used to measure the funding target are those published by Treasury for the month that includes the valuation date (based on the average of the monthly corporate bond yield curves for the 24-month

period ending with the month preceding that month).

Alternatively, at the election of the plan sponsor, the segment rate(s) used to measure the funding target may be those published by Treasury for any of the four months that precede the month that includes the valuation date.

Enter the applicable month to indicate which segment rates were used to determine the funding target. Enter “0” if the rates used to determine the funding target were published for the month that includes the valuation date. Enter “1” if the rates were published for the month immediately preceding the month that includes the valuation date, “2” for the second preceding month, and “3” or “4,” respectively, for the third or fourth preceding months. For example, if the valuation date is January 1 and the funding target was determined based on rates published for November, enter “2.”

Note. The plan sponsor’s election as to which interest rates to use (segment rates with or without the transition rules in ERISA section 303(h)(2)(G) and Code section 430(h)(2)(G) versus the full yield curve, and the applicable month for determining these interest rates) generally may not be changed unless the plan sponsor obtains approval from the IRS.

Line 22. Weighted Average Retirement Age. Enter the weighted average retirement age for active participants. If the plan is in at-risk status, enter the weighted average retirement age as if the plan were not in at-risk status. If each participant is assumed to retire at his/her normal retirement age, enter the age specified in the plan as normal retirement age. If the normal retirement age differs for individual participants, enter the age that is the weighted average normal retirement age; do not enter “NRA.” Otherwise, enter the assumed retirement age. If the valuation uses rates of retirement at various ages, enter the nearest whole age that is the weighted average retirement age.

On an attachment to Schedule SB, list the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age, and label the attachment **“Schedule SB, line 22 – Description of Weighted Average Retirement Age.”**

Line 23. Mortality Table. Mortality tables described in Code section 430(h)(3), ERISA section 303(h)(3), and section 1.430(h)(3)-1 of the Treasury Regulations as published by the IRS must be used to determine the funding target and target normal cost for non-disabled participants and may be used to determine the funding target and target normal cost for disabled participants, unless Treasury has approved (or was deemed to have approved) the use of a substitute mortality table reflecting the plan’s actual experience and projected trends in general mortality experience. Standard mortality tables must be either applied on a generational basis, or the tables must be updated to reflect the static tables published for the year in which the valuation date occurs. Substitute mortality tables must be applied in accordance with the terms of the IRS ruling letter.

Separate standard mortality tables were published by the IRS for annuitants (rates applying for periods when a participant is assumed to receive a benefit under the plan) and nonannuitants (rates applying to periods before a participant is assumed to receive a benefit under the plan). If a plan has 500 or fewer participants as of the valuation date for the current plan year as reported in line 3d, column (1), the plan sponsor can elect to use the combined mortality tables published by the IRS, which reflect combined rates for both annuitants and nonannuitants.

Check the applicable box(es) to indicate which mortality tables were used to determine the funding target and target normal cost. If prescribed tables were used for certain populations within the plan and substitute mortality tables for other populations, check all boxes that apply.

- Check “Prescribed–combined” if the funding target and target normal cost are based on the prescribed tables with combined annuitant/nonannuitant mortality rates.
- Check “Prescribed–separate” if the funding target and target normal cost are based on the prescribed tables with separate mortality rates for nonannuitants and annuitants.

- Check “Substitute” if the funding target and target normal cost are based on substitute mortality tables. If substitute mortality tables are used, attach a statement including a summary of plan populations for which substitute mortality tables are used, plan populations for which the prescribed tables are used, and the last plan year for which the IRS approval of the substitute mortality tables applies. Label the attachment “**Schedule SB, line 23 – Information on Use of Substitute Mortality Tables.**”

Attach a statement of actuarial assumptions and funding methods used to calculate the Schedule SB entries and label the statement “**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.**” The statement must describe all non-prescribed actuarial assumptions (e.g., retirement, withdrawal rates) used to determine the funding target and target normal cost, including the assumption as to the frequency with which participants are assumed to elect each optional form of benefit (including lump sum distributions), whether mortality tables are applied on a static or generational basis, whether combined mortality tables are used instead of separate annuitant and nonannuitant mortality tables (for plans with 500 or fewer participants as of the valuation date), and (for target normal cost) expected increases in compensation. For applicable defined benefit plans under ERISA section 203(f)(3) and Code section 411(a)(13)(C) (e.g., cash balance plans) the statement must include the assumptions used to convert balances to annuities. In addition, the statement must describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Also attach a summary of the principal eligibility and benefit provisions on which the valuation was based, including the status of the plan (e.g., frozen eligibility, service/pay, or benefits), optional forms of benefits, special plan provisions, including those that apply only to a subgroup of employees (e.g., those with imputed service), supplemental benefits, and identification of benefits not included in the valuation, a description of any significant events that occurred during the year, a summary of any changes in principal eligibility or benefit provisions since the last valuation, a description (or reasonably representative sample) of plan early retirement reduction factors and optional form conversion factors. Label the summary “**Schedule SB, Part V – Summary of Plan Provisions.**”

Also, include any other information needed to disclose the actuarial position of the plan fully and fairly.

Specific Instructions for Part VI — Miscellaneous Items

Line 24. Change in Non-Prescribed Actuarial Assumptions. If a change has been made in the non-prescribed actuarial assumptions for the current plan year, check “Yes.” If the only

assumption changes are statutorily required changes in the discount or mortality rates, or changes required for plans in at-risk status, check “No.” Include as an attachment a description of any change in non-prescribed actuarial assumptions and justifications for any such change. (See section 103(d) of ERISA.) Label the attachment “**Schedule SB, line 24 – Change in Actuarial Assumptions.**”

Generally, if the “Yes” box is checked and the non-prescribed assumptions have been changed in a way that decreases the funding shortfall for the current plan year, approval for such a change may be required. However, approval is not required with respect to any actuarial assumptions that are adopted for the first plan year for which Code section 430 and ERISA section 303 apply to the plan, and that are not inconsistent with the requirements of Code section 430.

Line 25. Change in Funding Method. If a change in the funding method has been made for the current plan year, check “Yes.” For this purpose, “funding method” refers to not only the overall method used by the plan, but also each specific method of computation used in applying the overall method. Accordingly, method changes include modifications such as a change in the method for calculating the actuarial value of assets or a change in the valuation date (not an exclusive list). Any changes in a plan’s funding methods that are made for the first plan year for which Code section 430 applies to the plan and that are not inconsistent with the requirements of Code section 430 do not need IRS approval.

Include, as an attachment, a description of the change. Label the attachment “**Schedule SB, line 25 – Change in Method.**”

Note. The plan sponsor’s agreement to any change in funding method should be reported on line 7 of Schedule R (Form 5500).

Line 26. Schedule of Active Participant Data. Check “Yes” only if (a) the plan is covered by Title IV of ERISA and (b) the plan has active participants.

If line 26 is “Yes,” attach a schedule of the active plan participant data used in the valuation for this plan year. Use the format shown below and label the schedule “**Schedule SB, line 26 – Schedule of Active Participant Data.**”

Expand this schedule by adding columns after the “5 to 9” column and before the “40 & up” column for active participants with total years of credited service in the following ranges: 10 to 14; 15 to 19; 20 to 24; 25 to 29; 30 to 34; and 35 to 39. For each column, enter the number of active participants with the specified number of years of credited service divided according to age group. For participants with partial years of credited service, round the total number of years of credited service to the next lower whole number. Years of credited service are the years credited under the plan’s benefit formula.

Schedule SB, Line 26—Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE											
	Under 1			1 to 4			5 to 9			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Cash Bal.	Comp.		Cash Bal.	Comp.		Cash Bal.	Comp.		Cash Bal.	
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

Plans reporting 1,000 or more active participants on line 3c(3), column 1, must also provide average compensation data. For each grouping, enter the average compensation of the active participants in that group. For this purpose, compensation is the compensation taken into account for each participant under the plan's benefit formula, limited to the amount defined under section 401(a)(17) of the Code. Do not enter the average compensation in any grouping that contains fewer than 20 participants.

Cash balance plans (or any plans using characteristic code 1C on line 8a of Form 5500) reporting 1,000 or more active participants on line 3c(3), column 1, must also provide average cash balance account data, regardless of whether all active participants have cash balance accounts. For each age/service bin, enter the average cash balance account of the active participants in that bin. Do not enter the average cash balance account in any age/service bin that contains fewer than 20 active participants.

General Rule. In general, data to be shown in each age/service bin includes:

1. the number of active participants in the age/service bin,
2. the average compensation of the active participants in the age/service bin, and
3. the average cash balance account of the active participants in the age/service bin, using \$0 for anyone who has no cash balance account-based benefit.

If the accrued benefit is the greater of a cash balance benefit or some other benefit, average in only the cash balance account. If the accrued benefit is the sum of a cash balance account benefit and some other benefit, average in only the cash balance account. For both the average compensation and the average cash balance account, do not enter an amount for age/service bins with fewer than 20 active participants.

In lieu of the above, two alternatives are provided for showing compensation and cash balance accounts. Each alternative provides for two age/service scatters (one showing compensation and one showing cash balance accounts) as follows:

Alternative A:

- Scatter 1 — Provide participant count and average compensation for *all* active participants, whether or not participants have account-based benefits.
- Scatter 2 — Provide participant count and average cash balance account for *all* active participants, whether or not participants have account-based benefits.

Alternative B:

- Scatter 1 — Provide participant count and average compensation for *all* active participants, whether or not participants have account-based benefits (i.e., identical to Scatter 1 in Alternative A).
- Scatter 2 — Provide participant count and average cash balance account **for only those active participants with account-based benefits**. If the number of participants with account-based benefits in a bin is fewer than 20, the average account should not be shown even if there are more than 20 active participants in this bin on Scatter 1.

In general, information should be determined as of the valuation date. Average cash balance accounts may be determined as of either:

1. the valuation date or
2. the day immediately preceding the valuation date.

Average cash balance accounts that are offset by amounts from another plan may be reported either as amounts prior to taking into account the offset, or as amounts after taking into account the offset. Do not report the offset amount. For this or any other unusual or unique situation, the attachment should include an explanation of what is being provided.

If the plan is a multiple-employer plan, complete one or more schedules of active-participant data in a manner consistent with the computations for the funding requirements reported in Part VIII. For example, if the funding requirements are computed as

if each participating employer maintained a separate plan, attach a separate **“Schedule SB, line 26 – Schedule of Active Participant Data”** for each participating employer in the multiple-employer plan.

Line 27. Alternative Funding Rules. If one of the alternative funding rules was used for this plan year, enter the appropriate code from the table below and follow the special instructions applicable to that code, including completion of any required attachments.

Code	Alternative Funding Rule
1	Certain multiple-employer plans maintained by rural cooperatives or related organizations as described in section 104 of PPA
2	Temporary relief for certain PBGC settlement plans described in section 105 of PPA
3	Certain plans maintained by government contractors as described in section 106 of PPA
4	Plans with binding agreements with PBGC to maintain prefunding and/or funding standard carryover balances described in Code section 430(f)(4)(B)(ii) and ERISA section 303(f)(4)(B)(ii)
5	Airlines using 10-year amortization period for initial post-PPA shortfall amortization base under section 402(a)(2) of PPA (as amended)
6	Alternative 17-year funding schedule for airlines with frozen plans under section 402(a)(1) of PPA
7	Interstate transit company described in section 115 of PPA

Plans entitled to delayed effective dates for PPA funding rules (codes 1, 2, and 3). For plan years before Code section 430 and ERISA section 303 apply to the plan, complete only the following lines on Schedule SB:

- Lines A through F.
- Part I (including signature of enrolled actuary), determined as if PPA provisions were effective for the plan year beginning in 2008.
- Part III, line 14, determined as if PPA provisions were effective for the plan year beginning in 2008.

Also, report other information for the current plan year using a 2007 Schedule B (Form 5500). Label this attachment **“2008 Schedule SB, line 27 – Actuarial Information Based on Pre-PPA Funding Rules.”** Complete all items, and attach the form and all applicable attachments to the Schedule SB. Note that under PPA, the third segment rate determined under Code section 430(h)(2)(C)(iii) and ERISA section 303(h)(2)(C)(iii) is substituted for the current liability interest rate under Code section 412(b)(5)(B) and ERISA section 302(b)(5)(B) (as in effect before PPA).

Plans with binding agreements with the PBGC to maintain prefunding and/or carryover balances (code 4). Complete entire Schedule SB and attachments as outlined in these instructions. In addition, report on an attachment the amount subject to the binding agreement with the PBGC, reported separately for the funding standard carryover balance and prefunding balance. Label the attachment **“Schedule SB, line 27 – Balances Subject to Binding Agreement with PBGC.”**

Airline using 10-year amortization period for initial post-PPA shortfall amortization base (code 5). Complete the entire Schedule SB and attachments as outlined in these instructions. Under section 402(a)(2) of PPA (as amended), the funding target for plans funded using this alternative is determined using an interest rate of 8.25% for each of the 10 years during the amortization period instead of the interest rates otherwise required under Code section 430(h)(2) and ERISA section 303(h)(2). However, this special 8.25% interest rate does not apply for other purposes, including the calculation of target normal cost or the amortization of the funding shortfall.

Alternative 17-year funding schedule for airlines with frozen plans (code 6). Complete the following lines on Schedule SB and provide associated attachments:

- Lines A through F.
- Part I (including signature of enrolled actuary) – complete all lines.
- Parts III through VII – complete all lines.

For this purpose, disregard the special funding rules under section 402(e) of PPA except for the information reported on the following lines:

- Line 19 – Discount contributions to the applicable valuation date using the 8.85% discount rate provided under section 402(e)(4)(B) of PPA.
- Line 20 – Reflect required quarterly installments based on the minimum required contribution determined under section 402(e) of PPA to the extent applicable (i.e., for purposes of calculating the required annual payment under Code section 430(j)(3)(D)(ii)(I) and ERISA section 303(j)(3)(D)(ii)(I)).
- Line 29 – Reflect the minimum required contribution determined under section 402(e) of PPA when determining the unpaid minimum required contribution.

Also, attach a worksheet showing the information below, determined in accordance with section 402(e) of the PPA. Label this worksheet **“Schedule SB, line 27 – Alternative 17-Year Funding Schedule for Airlines.”**

- Date as of which plan benefits were frozen as required under section 402(b)(2) of PPA.
- Date on which the first applicable plan year began.
- Accrued liability under the unit credit method calculated as of the first day of the plan year, using an interest rate of 8.85%.
- A summary of all other assumptions used to calculate the unit credit accrued liability.
- Fair market value of assets as of the first day of the plan year.
- Unfunded liability under section 402(e)(3)(A) of PPA.
- Alternative funding schedule:

1. Contribution necessary to amortize the unfunded liability over the remaining number of years, assuming payments at the valuation date for each plan year and using an interest rate of 8.85%;
2. Employer contributions for the plan year, discounted for interest to the valuation date for the plan year, and using a rate of 8.85%; and
3. Contribution shortfall, if any ((1)-(2) but not less than zero).

Interstate transit company (code 7). Complete the entire Schedule SB, reflecting the modifications to the otherwise-required funding rules under section 115(b) of PPA, and disregarding the attachment required for plans reporting the use of the substitute mortality table in line 23.

Specific Instructions for Part VII – Reconciliation of Unpaid Minimum Required Contributions for Prior Years

Line 28. Unpaid Minimum Required Contributions for Prior Years. Enter the amount of any accumulated funding deficiency from line 9p of the 2007 Schedule B. The accumulated funding deficiency is treated as a single contribution due on the last day of the 2007 plan year (without separately identifying any portion of the accumulated funding deficiency attributable to late quarterly installments or late liquidity shortfall installments), and the associated effective interest rate is deemed to be the valuation interest rate for the 2007 plan year.

Line 29. Employer Contributions Allocated Toward Unpaid Minimum Required Contributions from Prior Years. Enter the total amount of discounted contributions made for the current plan year allocated toward unpaid minimum required contributions from prior years as reported in line 19a.

Line 30. Remaining Unpaid Minimum Required Contributions. Enter the amount in line 28 minus the amount in line 29.

Specific Instructions for Part VIII – Minimum Required Contribution for Current Year

Line 31. Target Normal Cost, Adjusted if Applicable. In general, enter the target normal cost as reported in line 6. However, if the minimum contribution is determined under Code section 430(a)(2) or ERISA section 303(a)(2) (relating to plans with excess assets), enter the amount of the minimum required contribution. For this purpose, excess assets are determined as the value of assets reported on line 2b reduced by the funding standard carryover balance reported in line 13, column (a), minus the funding target reported in line 3d, column (2) (but not less than zero). If the plan’s valuation date is not the first day of the plan year, adjust the amount reported in line 13, column (a), for interest between the beginning of the plan year and the valuation date before subtracting from the value of assets reported in line 2b.

Line 32. Amortization Installments.

Line 32a. Shortfall Amortization Bases and Amortization Installments. *Outstanding balance* — If the plan is exempt from the requirement to establish a shortfall amortization base in accordance with Code section 430(c)(5) and ERISA section 303(c)(5), enter zero. Otherwise, enter the shortfall amortization base for the plan year beginning in 2008.

A plan is generally exempt from the requirement to establish a new shortfall amortization base for 2008 if the funding target reported in line 3d, column (2), is less than or equal to the value of assets reported in line 2b. The assets are not reduced by the amount of any funding standard carryover balance for this calculation. However, if the plan existed during 2007 and was not subject to Code section 412(l) for the last plan year beginning prior to 2008, only 92% of the funding target is taken into account for this calculation.

The amount of the shortfall amortization base is based on the plan’s funding shortfall. For this purpose, the plan’s funding shortfall is equal to the amount of the funding target reported in line 3d, column (2), minus the adjusted value of assets, but not less than zero. The adjusted value of assets is generally the amount reported in line 2b, reduced by the funding standard carryover balance reported in line 13, column (a). If the plan’s valuation date is not the first day of the plan year, adjust the amount reported in line 13, column (a), for interest between the beginning of the plan year and the valuation date before subtracting from the value of assets reported in line 2b. However, see Code section 430(f)(4)(B)(ii) for special rules in the case of a binding agreement with the PBGC providing that all or a portion of the funding standard carryover balance is not available to offset the minimum required contribution for the prior plan year.

Shortfall amortization installment — Enter the level amortization payment that will amortize the initial shortfall amortization base over 7 annual payments, using the same segment interest rates or rates from the full yield curve used to calculate the target normal cost for the current plan year.

Note. Shortfall amortization installments for a given shortfall amortization base are not re-determined from year to year regardless of any changes in interest rates.

Line 32b. Waiver Amortization Bases and Amortization Installments. *Outstanding balance* — If the plan’s funding shortfall (determined under Code section 430(c)(4) and ERISA section 303(c)(4)) is zero, all waiver amortization bases and related installments are considered fully amortized. In this case, enter zero. Otherwise, enter the present value as of the valuation date of all remaining waiver amortization installments (including any installment for the 2008 plan year), using the same segment interest rates or rates from the full yield curve used to calculate the target normal cost for the 2008 plan year. Do not include any new waiver amortization base established for a waiver of minimum funding requirements for the current plan year.

Waiver amortization installments — Enter the sum of any remaining waiver amortization installments that were established to amortize any waiver amortization bases for prior

plan years, unless such bases have been or are deemed to be fully amortized. Do not include an amortization installment for any new waiver amortization base established for a waiver of minimum funding requirements for the current plan year.

Note. If a waiver of minimum funding requirements has been granted for the current plan year, a waiver amortization base is established as of the valuation date for the current plan year equal to the amount of the funding waiver reported in line 33. The waiver amortization installment that corresponds to any waiver amortization base established for the current year is the level amortization payment that will amortize the new waiver amortization base over 5 annual payments, with the first payment due on the valuation date for the *following* plan year. The amount of the waiver amortization base and the waiver amortization installments for this base are not reported in line 32b for the year in which they are established. Rather, these are included in the entries for line 32b on the Schedule SB for the following plan year.

Note. Waiver amortization installments (including the waiver amortization installments of any waiver amortization base established for the prior plan year) are not re-determined from year to year regardless of any changes in interest rates.

Required attachment. If there are any shortfall or waiver amortization bases, include as an attachment a listing of all bases (other than a base established for a funding waiver for the current plan year) showing for each base:

1. The type of base (shortfall or waiver),
2. The present value of any remaining installments (including the installment for the current plan year),
3. The valuation date as of which the base was established,
4. The number of years remaining in the amortization period, and
5. The amortization installment.

If the base is negative (i.e., a “gain base”), show amounts in parentheses or with a negative sign in front of them. All amounts must be calculated as of the valuation date for the plan year. Label the schedule “**Schedule SB, line 32 – Schedule of Amortization Bases.**”

Line 33. Funding Waiver. If a waiver of minimum funding requirements has been approved for the current plan year, enter the date of the ruling letter granting the approval and the waived amount (reported as of the valuation date) in the spaces

provided. *If a waiver is pending, do not complete this line.* If a pending waiver is granted after Form 5500 is filed, file an amended Form 5500 with an amended Schedule SB.

Line 34. Total Funding Requirement Before Reflecting Carryover/Prefunding Balances. Enter the sum of line 31 and the amortization installments reported in lines 32a and 32b, reduced by line 33. (Result cannot be less than zero.)

Line 35. Carryover Balance Used to Offset Funding Requirement. If the percentage reported in line 16 is at least 80%, and the plan has a funding standard carryover balance (as reported in line 13, column (a)), the plan sponsor may elect to credit such balance against the minimum funding requirement. Enter the amount of any funding standard carryover balance to be used for this purpose in the applicable column and in the column headed “Total balance.” The amounts entered in line 35 cannot be larger than the amount in line 13, column (a) (unless the plan’s valuation date is not the first day of the plan year, as discussed below), or the amount in line 34.

If the plan’s valuation date is not the first day of the plan year, adjust the funding standard carryover balance for interest between the beginning of the plan year and the valuation date.

Line 36. Additional Cash Requirement. Enter the amount in line 34 minus the amount in line 35. (The result cannot be less than zero.) This represents the contribution needed to satisfy the minimum funding requirement for the current year, adjusted for interest to the valuation date.

Line 37. Contributions Allocated Toward Minimum Required Contribution for Current Year, Adjusted to Valuation Date. Enter the amount reported in line 19c.

Line 38. Interest-Adjusted Excess Contributions for Current Year. Report the interest-adjusted excess contributions. This amount is the maximum amount by which the employer may elect to increase the prefunding balance. Do not enter a negative number.

Line 39. Unpaid Minimum Required Contribution for Current Year. If line 37 is less than line 36, enter the amount by which line 36 exceeds line 37. Otherwise, enter “\$0.”

Line 40. Unpaid Minimum Required Contribution for All Years. Enter the sum of the remaining unpaid minimum required contributions from line 30 and the unpaid minimum required contribution for the current year from line 39.

2008 Instructions for Schedule SSA (Form 5500)

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

General Instructions

Purpose of Schedule

Use Schedule SSA to report information concerning separated participants with deferred vested benefit rights. Report participants who:

- separated from your company during the plan year; or
- transferred into this plan during the plan year; or
- previously were reported under this plan but are no longer entitled to those deferred vested benefits.

Also use Schedule SSA to correct information previously reported concerning participants with deferred vested benefits.

The information on this schedule is given to the Social Security Administration to provide to participants when they file for Social Security benefits.

Note. Beginning with the 2004 Schedule SSA, report required information regarding separated participants **only** on page 2 of Schedule SSA. Use additional pages 2 when you need to report information for more separated participants than one page 2 allows. Do not use attachments other than the page 2 Schedule SSA.

The Social Security Administration is revising its processing of participant plan data to avoid inaccurate information in the pension notice.

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.

Check the Schedule SSA box on the Form 5500 (Part II, line 10a(4)) if a Schedule SSA is attached to the Form 5500.

Note. Government, church, or other plans that elect to file the Schedule SSA voluntarily **must** check the appropriate box on the schedule **and** complete lines 2 through 3c.

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

1. Is paid some or all of the deferred vested retirement benefit (see the **Caution** below), or
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.



*If payment of the deferred vested retirement benefit ceases before **ALL** of the benefit to which the participant is entitled is paid to the participant, information relating to the deferred vested retirement benefit to which the participant remains entitled shall be filed on the Schedule SSA filed for the year **following** the last plan year within which a portion of the benefit is paid to the participant.*

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

Use Schedule SSA to report revisions to pension information for a participant you reported on a previous Schedule SSA. This will ensure that SSA's records are correct. This is important since SSA provides Schedule SSA information that 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 difference.

You do not need to report changes in the value of the employees' accounts, since that is likely to change. However, you may report these changes if you want.

Transfer of a Participant to a New Plan

When a separated participant with deferred vested benefits is transferred from the plan he or she was originally reported under to a new plan,

1. The new plan administrator should complete a Schedule SSA using:
 - Entry Code C for line 4, box (a), when the original plan information is available, or
 - Entry Code A for line 4, box (a), when the original plan information is not available.
2. The original plan administrator should complete a Schedule SSA using Entry Code D for line 4, box (a).

Where and How To File

File as an attachment to Form 5500.

Note. Government, church, or other plans that elect to voluntarily file the Schedule SSA are not required to attach their Schedule SSA to a Form 5500, but **must** check the appropriate box on the schedule.



A penalty may be assessed if Schedule SSA (Form 5500) is not timely filed or critical information is not furnished.

Specific Instructions

- Complete all applicable fields on Schedule SSA.
- Please verify that the EIN and plan number being used on the Form 5500 and this Schedule SSA are correct for this plan.

Line D. Enter the sponsor's employer identification number (EIN) shown on Form 5500, line 2b.

Line 2. 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.

Line 4, box (a). Enter the appropriate code from the following list.

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

Code B — Use this code for a participant previously reported under the plan number shown on this schedule to modify some of the previously reported information. Enter all the current information for boxes (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 boxes (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. This includes a participant who has begun receiving benefits, has received a lump-sum payout, or has been transferred to another plan. Also complete boxes (b) and (c).

Line 4, box (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 4, box (c). Enter each participant's name exactly as it appears on the participant's social security card. Do not enter periods; however, initials, if on the social security card, are permitted. Space is available for the first eleven characters of the participant's first name, one for their middle initial, and the first fifteen characters of their last name. If the participant does not have a middle initial, leave the space for the middle initial blank.

Line 4, box (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 years
- 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 4, box (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 4, box (f). For a defined benefit plan, enter the amount of the periodic payment that a participant is entitled to receive under line 4, box (f).

For a plan to which more than one employer contributes, if the amount of the periodic payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount.

Line 4, box (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 "S" to indicate shares. A number without the "S" will be interpreted to mean units.

Line 4, box (h). For defined contribution plans, enter the value of the participant's account at the time of separation.

Line 4, boxes (i) and (j). Show the EIN and plan number of the plan under which the participant was previously reported.

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

OMB Control Numbers

Agency	OMB Number	Agency	OMB Number
Employee Benefits Security Administration	1210-0110	Pension Benefit Guaranty Corporation	1212-0057
	1210-0089	Social Security Administration	0960-0606
Internal Revenue Service	1545-1610		

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the law as specified in ERISA and Code sections 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 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:

	Pension Plans		Welfare Plans	
	Large	Small*	Large	Small*
Form 5500	1 hr., 43 min.	1 hr., 17 min.	1 hr., 45 min.	1 hr., 14 min.
Schedule A	2 hr., 41 min.	2 hr., 44 min.	3 hr., 30 min.	2 hr., 36 min.
Schedule C	2 hr., 22 min.		3 hr., 8 min.	
Schedule D	1 hr., 39 min.	20 min.	1 hr., 52 min.	20 min.
Schedule E	3 hr., 18 min.	3 hr., 18 min.		
Schedule G	11 hr., 29 min.		11 hr.	
Schedule H	7 hr., 12 min.		8 hr.	
Schedule I		1 hr., 57 min.		1 hr., 48 min.
Schedule MB	9 hr., 12 min.	4 hr., 29 min.		
Schedule R	1 hr., 55 min.	1 hr., 10 min.		
Schedule SB	9 hr., 8 min.	9 hr., 19 min.		
Schedule SSA	6 hr., 25 min.	1 hr., 42 min.		

*In 2008, certain small plans have a simplified reporting alternative, as described in the instructions, which allows eligible filers to complete fewer schedules and line items on certain schedules. We have assumed for purposes of assessing the paperwork burden that not all filers will use the simplified reporting method because this method of filing is optional. For eligible plans that choose to use the simplified reporting option, the burden of filing will be smaller than the table indicates, because this option allows eligible plans to fill out fewer line items and schedules.

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 Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send any of these forms or schedules to this address. Instead, see *Where To File* on page 6.

**Forms 5500 and 5500-EZ
Codes for Principal Business
Activity**

This list of principal business activities and their associated codes is designed to classify an enterprise by the type of activity in which it is

engaged. These principal activity codes are based on the North American Industry Classification System.

Code	Code	Code	Code
<p>Agriculture, Forestry, Fishing and Hunting Crop Production 111100 Oilseed & Grain Farming 111210 Vegetable & Melon Farming (including potatoes & yams) 111300 Fruit & Tree Nut Farming 111400 Greenhouse, Nursery, & Floriculture Production 111900 Other Crop Farming (including tobacco, cotton, sugarcane, hay, peanut, sugar beet, & all other crop farming)</p> <p>Animal Production 112111 Beef Cattle Ranching & Farming 112112 Cattle Feedlots 112120 Dairy Cattle & Milk Production 112210 Hog & Pig Farming 112300 Poultry & Egg Production 112400 Sheep & Goat Farming 112510 Aquaculture (including shellfish & finfish farms & hatcheries) 112900 Other Animal Production</p> <p>Forestry and Logging 113110 Timber Tract Operations 113210 Forest Nurseries & Gathering of Forest Products 113310 Logging</p> <p>Fishing, Hunting and Trapping 114110 Fishing 114210 Hunting & Trapping</p> <p>Support Activities for Agriculture and Forestry 115110 Support Activities for Crop Production (including cotton ginning, soil preparation, planting, & cultivating) 115210 Support Activities for Animal Production 115310 Support Activities For Forestry</p>	<p>Specialty Trade Contractors 238100 Foundation, Structure, & Building Exterior Contractors (including framing carpentry, masonry, glass, roofing, & siding) 238210 Electrical Contractors 238220 Plumbing, Heating, & Air-Conditioning Contractors 238290 Other Building Equipment Contractors 238300 Building Finishing Contractors (including drywall, insulation, painting, wallcovering, flooring, tile, & finish carpentry) 238900 Other Specialty Trade Contractors (including site preparation)</p> <p>Manufacturing Food Manufacturing 311110 Animal Food Mfg 311200 Grain & Oilseed Milling 311300 Sugar & Confectionery Product Mfg 311400 Fruit & Vegetable Preserving & Specialty Food Mfg 311500 Dairy Product Mfg 311610 Animal Slaughtering and Processing 311710 Seafood Product Preparation & Packaging 311800 Bakeries & Tortilla Mfg 311900 Other Food Mfg (including coffee, tea, flavorings & seasonings)</p> <p>Beverage and Tobacco Product Manufacturing 312110 Soft Drink & Ice Mfg 312120 Breweries 312130 Wineries 312140 Distilleries 312200 Tobacco Manufacturing</p> <p>Textile Mills and Textile Product Mills 313000 Textile Mills 314000 Textile Product Mills</p> <p>Apparel Manufacturing 315100 Apparel Knitting Mills 315210 Cut & Sew Apparel Contractors 315220 Men's & Boys' Cut & Sew Apparel Mfg 315230 Women's & Girls' Cut & Sew Apparel Mfg 315290 Other Cut & Sew Apparel Mfg 315990 Apparel Accessories & Other Apparel Mfg</p> <p>Leather and Allied Product Manufacturing 316110 Leather & Hide Tanning & Finishing 316210 Footwear Mfg (including rubber & plastics) 316990 Other Leather & Allied Product Mfg</p> <p>Wood Product Manufacturing 321110 Sawmills & Wood Preservation 321210 Veneer, Plywood, & Engineered Wood Product Mfg 321900 Other Wood Product Mfg</p> <p>Paper Manufacturing 322100 Pulp, Paper, & Paperboard Mills 322200 Converted Paper Product Mfg</p> <p>Printing and Related Support Activities 323100 Printing & Related Support Activities</p>	<p>Petroleum and Coal Products Manufacturing 324110 Petroleum Refineries (including integrated) 324120 Asphalt Paving, Roofing, & Saturated Materials Mfg 324190 Other Petroleum & Coal Products Mfg</p> <p>Chemical Manufacturing 325100 Basic Chemical Mfg 325200 Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg 325300 Pesticide, Fertilizer, & Other Agricultural Chemical Mfg 325410 Pharmaceutical & Medicine Mfg 325500 Paint, Coating, & Adhesive Mfg 325600 Soap, Cleaning Compound, & Toilet Preparation Mfg 325900 Other Chemical Product & Preparation Mfg</p> <p>Plastics and Rubber Products Manufacturing 326100 Plastics Product Mfg 326200 Rubber Product Mfg</p> <p>Nonmetallic Mineral Product Manufacturing 327100 Clay Product & Refractory Mfg 327210 Glass & Glass Product Mfg 327300 Cement & Concrete Product Mfg 327400 Lime & Gypsum Product Mfg 327900 Other Nonmetallic Mineral Product Mfg</p> <p>Primary Metal Manufacturing 331110 Iron & Steel Mills & Ferroalloy Mfg 331200 Steel Product Mfg from Purchased Steel 331310 Alumina & Aluminum Production & Processing 331400 Nonferrous Metal (except Aluminum) Production & Processing 331500 Foundries</p> <p>Fabricated Metal Product Manufacturing 332110 Forging & Stamping 332210 Cutlery & Handtool Mfg 332300 Architectural & Structural Metals Mfg 332400 Boiler, Tank, & Shipping Container Mfg 332510 Hardware Mfg 332610 Spring & Wire Product Mfg 332700 Machine Shops; Turned Product; & Screw, Nut, & Bolt Mfg 332810 Coating, Engraving, Heat Treating, & Allied Activities 332900 Other Fabricated Metal Product Mfg</p> <p>Machinery Manufacturing 333100 Agriculture, Construction, & Mining Machinery Mfg 333200 Industrial Machinery Mfg 333310 Commercial & Service Industry Machinery Mfg 333410 Ventilation, Heating, Air-Conditioning, & Commercial Refrigeration Equipment Mfg 333510 Metalworking Machinery Mfg 333610 Engine, Turbine & Power Transmission Equipment Mfg 333900 Other General Purpose Machinery Mfg</p>	<p>Computer and Electronic Product Manufacturing 334110 Computer & Peripheral Equipment Mfg 334200 Communications Equipment Mfg 334310 Audio & Video Equipment Mfg 334410 Semiconductor & Other Electronic Component Mfg 334500 Navigational, Measuring, Electromedical, & Control Instruments Mfg 334610 Manufacturing & Reproducing Magnetic & Optical Media</p> <p>Electrical Equipment, Appliance, and Component Manufacturing 335100 Electric Lighting Equipment Mfg 335200 Household Appliance Mfg 335310 Electrical Equipment Mfg 335900 Other Electrical Equipment & Component Mfg</p> <p>Transportation Equipment Manufacturing 336100 Motor Vehicle Mfg 336210 Motor Vehicle Body & Trailer Mfg 336300 Motor Vehicle Parts Mfg 336410 Aerospace Product & Parts Mfg 336510 Railroad Rolling Stock Mfg 336610 Ship & Boat Building 336990 Other Transportation Equipment Mfg</p> <p>Furniture and Related Product Manufacturing 337000 Furniture & Related Product Manufacturing</p> <p>Miscellaneous Manufacturing 339110 Medical Equipment & Supplies Mfg 339900 Other Miscellaneous Manufacturing</p> <p>Wholesale Trade Merchant Wholesalers, Durable Goods 423100 Motor Vehicle & Motor Vehicle Parts & Supplies 423200 Furniture & Home Furnishings 423300 Lumber & Other Construction Materials 423400 Professional & Commercial Equipment & Supplies 423500 Metals & Minerals (except Petroleum) 423600 Electrical & Electronic Goods 423700 Hardware, Plumbing & Heating Equipment & Supplies 423800 Machinery, Equipment, & Supplies 423910 Sporting & Recreational Goods & Supplies 423920 Toy & Hobby Goods & Supplies 423930 Recyclable Materials 423940 Jewelry, Watches, Precious Stones, & Precious Metals 423990 Other Miscellaneous Durable Goods</p> <p>Merchant Wholesalers, Nondurable Goods 424100 Paper & Paper Products 424210 Drugs & Druggists' Sundries 424300 Apparel, Piece Goods, & Notions 424400 Grocery & Related Products 424500 Farm Product Raw Materials 424600 Chemical & Allied Products</p>
<p>Mining 211110 Oil & Gas Extraction 212110 Coal Mining 212200 Metal Ore Mining 212310 Stone Mining & Quarrying 212320 Sand, Gravel, Clay, & Ceramic & Refractory Minerals Mining & Quarrying 212390 Other Nonmetallic Mineral Mining & Quarrying 213110 Support Activities for Mining</p>			
<p>Utilities 221100 Electric Power Generation, Transmission & Distribution 221210 Natural Gas Distribution 221300 Water, Sewage, & Other Systems 221500 Combination Gas & Electric</p>			
<p>Construction Construction of Buildings 236110 Residential Building Construction 236200 Nonresidential Building Construction</p> <p>Heavy and Civil Engineering Construction 237100 Utility System Construction 237210 Land Subdivision 237310 Highway, Street, & Bridge Construction 237990 Other Heavy & Civil Engineering Construction</p>			

Forms 5500 and 5500-EZ Codes for Principal Business Activity (continued)

Code	Code	Code	Code
424700 Petroleum & Petroleum Products	448140 Family Clothing Stores	Support Activities for Transportation	Activities Related to Credit Intermediation
424800 Beer, Wine, & Distilled Alcoholic Beverages	448150 Clothing Accessories Stores	488100 Support Activities for Air Transportation	522300 Activities Related to Credit Intermediation (including loan brokers, check clearing, & money transmitting)
424910 Farm Supplies	448190 Other Clothing Stores	488210 Support Activities for Rail Transportation	Securities, Commodity Contracts, and Other Financial Investments and Related Activities
424920 Books, Periodicals, & Newspapers	448210 Shoe Stores	488300 Support Activities for Water Transportation	523110 Investment Banking & Securities Dealing
424930 Flower, Nursery Stock, & Florists' Supplies	448310 Jewelry Stores	488410 Motor Vehicle Towing	523120 Securities Brokerage
424940 Tobacco & Tobacco Products	448320 Luggage & Leather Goods Stores	488490 Other Support Activities for Road Transportation	523130 Commodity Contracts Dealing
424950 Paint, Varnish, & Supplies	Sporting Goods, Hobby, Book, and Music Stores	488510 Freight Transportation Arrangement	523140 Commodity Contracts Brokerage
424990 Other Miscellaneous Nondurable Goods	451110 Sporting Goods Stores	488990 Other Support Activities for Transportation	523210 Securities & Commodity Exchanges
Wholesale Electronic Markets and Agents and Brokers	451120 Hobby, Toy, & Game Stores	Couriers and Messengers	523900 Other Financial Investment Activities (including portfolio management & investment advice)
425110 Business to Business Electronic Markets	451130 Sewing, Needlework, & Piece Goods Stores	492110 Couriers	Insurance Carriers and Related Activities
425120 Wholesale Trade Agents & Brokers	451140 Musical Instrument & Supplies Stores	492210 Local Messengers & Local Delivery	524140 Direct Life, Health, & Medical Insurance & Reinsurance Carriers
Retail Trade	General Merchandise Stores	Warehousing and Storage	524150 Direct Insurance & Reinsurance (except Life, Health & Medical) Carriers
Motor Vehicle and Parts Dealers	452110 Department Stores	493100 Warehousing & Storage (except lessors of miniwarehouses & self-storage units)	524210 Insurance Agencies & Brokerages
441110 New Car Dealers	452900 Other General Merchandise Stores	Information	524290 Other Insurance Related Activities (including third-party administration of insurance and pension funds)
441120 Used Car Dealers	Miscellaneous Store Retailers	Publishing Industries (except Internet)	Funds, Trusts, and Other Financial Vehicles
441210 Recreational Vehicle Dealers	453110 Florists	511110 Newspaper Publishers	525100 Insurance & Employee Benefit Funds
441221 Motorcycle Dealers	453210 Office Supplies & Stationery Stores	511120 Periodical Publishers	525910 Open-End Investment Funds (Form 1120-RIC)
441222 Boat Dealers	453220 Gift, Novelty, & Souvenir Stores	511130 Book Publishers	525920 Trusts, Estates, & Agency Accounts
441229 All Other Motor Vehicle Dealers	453310 Used Merchandise Stores	511140 Directory & Mailing List Publishers	525990 Other Financial Vehicles (including mortgage REITs & closed-end investment funds)
441300 Automotive Parts, Accessories, & Tire Stores	453910 Pet & Pet Supplies Stores	511190 Other Publishers	"Offices of Bank Holding Companies" and "Offices of Other Holding Companies" are located under Management of Companies (Holding Companies) .
Furniture and Home Furnishings Stores	453920 Art Dealers	511210 Software Publishers	Real Estate and Rental and Leasing
442110 Furniture Stores	453930 Manufactured (Mobile) Home Dealers	Motion Picture and Sound Recording Industries	531110 Lessors of Residential Buildings & Dwellings (including equity REITs)
442210 Floor Covering Stores	453990 All Other Miscellaneous Store Retailers (including tobacco, candle, & trophy shops)	512100 Motion Picture & Video Industries (except video rental)	531114 Cooperative Housing (including equity REITs)
442291 Window Treatment Stores	Nonstore Retailers	512200 Sound Recording Industries	531120 Lessors of Nonresidential Buildings (except Miniwarehouses) (including equity REITs)
442299 All Other Home Furnishings Stores	454110 Electronic Shopping & Mail-Order Houses	Broadcasting (except Internet)	531130 Lessors of Miniwarehouses & Self-Storage Units (including equity REITs)
Electronics and Appliance Stores	454210 Vending Machine Operators	515100 Radio & Television Broadcasting	531190 Lessors of Other Real Estate Property (including equity REITs)
443111 Household Appliance Stores	454311 Heating Oil Dealers	515210 Cable & Other Subscription Programming	531210 Offices of Real Estate Agents & Brokers
443112 Radio, Television, & Other Electronics Stores	454312 Liquefied Petroleum Gas (bottled gas) Dealers	Telecommunications	531310 Real Estate Property Managers
443120 Computer & Software Stores	454319 Other Fuel Dealers	517000 Telecommunications (including paging, cellular, satellite, cable & other program distribution, resellers, other telecommunications, & internet service providers)	531320 Offices of Real Estate Appraisers
443130 Camera & Photographic Supplies Stores	454390 Other Direct Selling Establishments (including door-to-door retailing, frozen food plan providers, party plan merchandisers, & coffee-break service providers)	Data Processing Services	531390 Other Activities Related to Real Estate
Building Material and Garden Equipment and Supplies Dealers	Transportation and Warehousing	518210 Data Processing, Hosting, & Related Services	Rental and Leasing Services
444110 Home Centers	Air, Rail, and Water Transportation	Other Information Services	532100 Automotive Equipment Rental & Leasing
444120 Paint & Wallpaper Stores	481000 Air Transportation	519100 Other Information Services (including news syndicates, libraries, internet publishing & broadcasting)	532210 Consumer Electronics & Appliances Rental
444130 Hardware Stores	482110 Rail Transportation	Finance and Insurance	532220 Formal Wear & Costume Rental
444190 Other Building Material Dealers	483000 Water Transportation	Depository Credit Intermediation	532230 Video Tape & Disc Rental
444200 Lawn & Garden Equipment & Supplies Stores	Truck Transportation	522110 Commercial Banking	
Food and Beverage Stores	484110 General Freight Trucking, Local	522120 Savings Institutions	
445110 Supermarkets and Other Grocery (except Convenience) Stores	484120 General Freight Trucking, Long-distance	522130 Credit Unions	
445120 Convenience Stores	484200 Specialized Freight Trucking	522190 Other Depository Credit Intermediation	
445210 Meat Markets	Transit and Ground Passenger Transportation	Nondepository Credit Intermediation	
445220 Fish & Seafood Markets	485110 Urban Transit Systems	522210 Credit Card Issuing	
445230 Fruit & Vegetable Markets	485210 Interurban & Rural Bus Transportation	522220 Sales Financing	
445291 Baked Goods Stores	485310 Taxi Service	522291 Consumer Lending	
445292 Confectionery & Nut Stores	485320 Limousine Service	522292 Real Estate Credit (including mortgage bankers & originators)	
445299 All Other Specialty Food Stores	485410 School & Employee Bus Transportation	522293 International Trade Financing	
445310 Beer, Wine, & Liquor Stores	485510 Charter Bus Industry	522294 Secondary Market Financing	
Health and Personal Care Stores	485990 Other Transit & Ground Passenger Transportation	522298 All Other Nondepository Credit Intermediation	
446110 Pharmacies & Drug Stores	Pipeline Transportation		
446120 Cosmetics, Beauty Supplies, & Perfume Stores	486000 Pipeline Transportation		
446130 Optical Goods Stores	Scenic & Sightseeing Transportation		
446190 Other Health & Personal Care Stores	487000 Scenic & Sightseeing Transportation		
Gasoline Stations			
447100 Gasoline Stations (including convenience stores with gas)			
Clothing and Clothing Accessories Stores			
448110 Men's Clothing Stores			
448120 Women's Clothing Stores			
448130 Children's & Infants' Clothing Stores			

Forms 5500 and 5500-EZ Codes for Principal Business Activity (continued)

<p><i>Code</i></p> <p>532290 Other Consumer Goods Rental</p> <p>532310 General Rental Centers</p> <p>532400 Commercial & Industrial Machinery & Equipment Rental & Leasing</p> <p>Lessors of Nonfinancial Intangible Assets (except copyrighted works)</p> <p>533110 Lessors of Nonfinancial Intangible Assets (except copyrighted works)</p>	<p><i>Code</i></p> <p>Administrative and Support and Waste Management and Remediation Services</p> <p>Administrative and Support Services</p> <p>561110 Office Administrative Services</p> <p>561210 Facilities Support Services</p> <p>561300 Employment Services</p> <p>561410 Document Preparation Services</p> <p>561420 Telephone Call Centers</p> <p>561430 Business Service Centers (including private mail centers & copy shops)</p> <p>561440 Collection Agencies</p> <p>561450 Credit Bureaus</p> <p>561490 Other Business Support Services (including repossession services, court reporting, & stenotype services)</p> <p>561500 Travel Arrangement & Reservation Services</p> <p>561600 Investigation & Security Services</p> <p>561710 Exterminating & Pest Control Services</p> <p>561720 Janitorial Services</p> <p>561730 Landscaping Services</p> <p>561740 Carpet & Upholstery Cleaning Services</p> <p>561790 Other Services to Buildings & Dwellings</p> <p>561900 Other Support Services (including packaging & labeling services, & convention & trade show organizers)</p> <p>Waste Management and Remediation Services</p> <p>562000 Waste Management & Remediation Services</p>	<p><i>Code</i></p> <p>Medical and Diagnostic Laboratories</p> <p>621510 Medical & Diagnostic Laboratories</p> <p>Home Health Care Services</p> <p>621610 Home Health Care Services</p> <p>Other Ambulatory Health Care Services</p> <p>621900 Other Ambulatory Health Care Services (including ambulance services & blood & organ banks)</p> <p>Hospitals</p> <p>622000 Hospitals</p> <p>Nursing and Residential Care Facilities</p> <p>623000 Nursing & Residential Care Facilities</p> <p>Social Assistance</p> <p>624100 Individual & Family Services</p> <p>624200 Community Food & Housing, & Emergency & Other Relief Services</p> <p>624310 Vocational Rehabilitation Services</p> <p>624410 Child Day Care Services</p>	<p><i>Code</i></p> <p>Other Services</p> <p>Repair and Maintenance</p> <p>811110 Automotive Mechanical & Electrical Repair & Maintenance</p> <p>811120 Automotive Body, Paint, Interior, & Glass Repair</p> <p>811190 Other Automotive Repair & Maintenance (including oil change & lubrication shops & car washes)</p> <p>811210 Electronic & Precision Equipment Repair & Maintenance</p> <p>811310 Commercial & Industrial Machinery & Equipment (except Automotive & Electronic) Repair & Maintenance</p> <p>811410 Home & Garden Equipment & Appliance Repair & Maintenance</p> <p>811420 Reupholstery & Furniture Repair</p> <p>811430 Footwear & Leather Goods Repair</p> <p>811490 Other Personal & Household Goods Repair & Maintenance</p> <p>Personal and Laundry Services</p> <p>812111 Barber Shops</p> <p>812112 Beauty Salons</p> <p>812113 Nail Salons</p> <p>812190 Other Personal Care Services (including diet & weight reducing centers)</p> <p>812210 Funeral Homes & Funeral Services</p> <p>812220 Cemeteries & Crematories</p> <p>812310 Coin-Operated Laundries & Drycleaners</p> <p>812320 Drycleaning & Laundry Services (except Coin-Operated)</p> <p>812330 Linen & Uniform Supply</p> <p>812910 Pet Care (except Veterinary) Services</p> <p>812920 Photofinishing</p> <p>812930 Parking Lots & Garages</p> <p>812990 All Other Personal Services</p> <p>Religious, Grantmaking, Civic, Professional, and Similar Organizations</p> <p>813000 Religious, Grantmaking, Civic, Professional, & Similar Organizations (including condominium and homeowners associations)</p> <p>813930 Labor Unions and Similar Labor Organizations</p>
<p>Professional, Scientific, and Technical Services</p> <p>Legal Services</p> <p>541110 Offices of Lawyers</p> <p>541190 Other Legal Services</p> <p>Accounting, Tax Preparation, Bookkeeping, and Payroll Services</p> <p>541211 Offices of Certified Public Accountants</p> <p>541213 Tax Preparation Services</p> <p>541214 Payroll Services</p> <p>541219 Other Accounting Services</p> <p>Architectural, Engineering, and Related Services</p> <p>541310 Architectural Services</p> <p>541320 Landscape Architecture Services</p> <p>541330 Engineering Services</p> <p>541340 Drafting Services</p> <p>541350 Building Inspection Services</p> <p>541360 Geophysical Surveying & Mapping Services</p> <p>541370 Surveying & Mapping (except Geophysical) Services</p> <p>541380 Testing Laboratories</p> <p>Specialized Design Services</p> <p>541400 Specialized Design Services (including interior, industrial, graphic, & fashion design)</p> <p>Computer Systems Design and Related Services</p> <p>541511 Custom Computer Programming Services</p> <p>541512 Computer Systems Design Services</p> <p>541513 Computer Facilities Management Services</p> <p>541519 Other Computer Related Services</p> <p>Other Professional, Scientific, and Technical Services</p> <p>541600 Management, Scientific, & Technical Consulting Services</p> <p>541700 Scientific Research & Development Services</p> <p>541800 Advertising & Related Services</p> <p>541910 Marketing Research & Public Opinion Polling</p> <p>541920 Photographic Services</p> <p>541930 Translation & Interpretation Services</p> <p>541940 Veterinary Services</p> <p>541990 All Other Professional, Scientific, & Technical Services</p>	<p>Educational Services</p> <p>611000 Educational Services (including schools, colleges, & universities)</p>	<p>Arts, Entertainment, and Recreation</p> <p>Performing Arts, Spectator Sports, and Related Industries</p> <p>711100 Performing Arts Companies</p> <p>711210 Spectator Sports (including sports clubs & racetracks)</p> <p>711300 Promoters of Performing Arts, Sports, & Similar Events</p> <p>711410 Agents & Managers for Artists, Athletes, Entertainers, & Other Public Figures</p> <p>711510 Independent Artists, Writers, & Performers</p> <p>Museums, Historical Sites, and Similar Institutions</p> <p>712100 Museums, Historical Sites, & Similar Institutions</p> <p>Amusement, Gambling, and Recreation Industries</p> <p>713100 Amusement Parks & Arcades</p> <p>713200 Gambling Industries</p> <p>713900 Other Amusement & Recreation Industries (including golf courses, skiing facilities, marinas, fitness centers, & bowling centers)</p>	<p>921000 Governmental Instrumentality or Agency</p>
<p>Management of Companies (Holding Companies)</p> <p>551111 Offices of Bank Holding Companies</p> <p>551112 Offices of Other Holding Companies</p>	<p>Health Care and Social Assistance</p> <p>Offices of Physicians and Dentists</p> <p>621111 Offices of Physicians (except mental health specialists)</p> <p>621112 Offices of Physicians, Mental Health Specialists</p> <p>621210 Offices of Dentists</p> <p>Offices of Other Health Practitioners</p> <p>621310 Offices of Chiropractors</p> <p>621320 Offices of Optometrists</p> <p>621330 Offices of Mental Health Practitioners (except Physicians)</p> <p>621340 Offices of Physical, Occupational & Speech Therapists, & Audiologists</p> <p>621391 Offices of Podiatrists</p> <p>621399 Offices of All Other Miscellaneous Health Practitioners</p> <p>Outpatient Care Centers</p> <p>621410 Family Planning Centers</p> <p>621420 Outpatient Mental Health & Substance Abuse Centers</p> <p>621491 HMO Medical Centers</p> <p>621492 Kidney Dialysis Centers</p> <p>621493 Freestanding Ambulatory Surgical & Emergency Centers</p> <p>621498 All Other Outpatient Care Centers</p>	<p>Accommodation and Food Services</p> <p>Accommodation</p> <p>721110 Hotels (except Casino Hotels) & Motels</p> <p>721120 Casino Hotels</p> <p>721191 Bed & Breakfast Inns</p> <p>721199 All Other Traveler Accommodation</p> <p>721210 RV (Recreational Vehicle) Parks & Recreational Camps</p> <p>721310 Rooming & Boarding Houses</p> <p>Food Services and Drinking Places</p> <p>722110 Full-Service Restaurants</p> <p>722210 Limited-Service Eating Places</p> <p>722300 Special Food Services (including food service contractors & caterers)</p> <p>722410 Drinking Places (Alcoholic Beverages)</p>	

ERISA COMPLIANCE QUICK CHECKLIST

Compliance with the Employee Retirement Income Security Act (ERISA) begins with knowing the rules. Plan administrators and other plan officials can use this checklist as a quick diagnostic tool for assessing a plan's compliance with certain important ERISA rules; it is not a complete description of all ERISA's rules and it is not a substitute for a comprehensive compliance review. Use of this checklist is voluntary, and it should not be filed with your Form 5500.

If you answer "No" to any of the questions below, you should review your plan's operations because you may not be in full compliance with ERISA's requirements.

1. Have you provided plan participants with a summary plan description, summaries of any material modifications of the plan, and annual summary financial reports?
2. Do you maintain copies of plan documents at the principal office of the plan administrator for examination by participants and beneficiaries?
3. Do you respond to written participant inquires for copies of plan documents and information within 30 days?
4. Does your plan include written procedures for making benefit claims and appealing denied claims, and are you complying with those procedures?
5. Is your plan covered by a fidelity bond against losses due to fraud or dishonesty?
6. Are the plan's investments diversified so as to minimize the risk of large losses?
7. If the plan permits participants to select the investments in their plan accounts, has the plan provided them with enough information to make informed decisions?
8. Has a plan official determined that the investments are prudent and solely in the interest of the plan's participants and beneficiaries, and evaluated the risks associated with plan investments before making the investments?
9. Did the employer or other plan sponsor send participant contributions to the plan on a timely basis?
10. Did the plan pay participant benefits on time and in the correct amounts?
11. Did the plan give participants and beneficiaries 30 days advance notice before imposing a "blackout period" of at least three consecutive business days during which participants or beneficiaries of a 401(k) or other individual account pension plan were unable to change their plan investments, obtain loans from the plan, or obtain distributions from the plan?

If you answer "Yes" to any of the questions below, you should review your plan's operations because you may not be in full compliance with ERISA's requirements.

1. Has the plan engaged in any financial transactions with persons related to the plan or any plan official? (For example, has the plan made a loan to or participated in an investment with the employer?)
2. Has the plan official used the assets of the plan for his/her own interest?
3. Have plan assets been used to pay expenses that were not authorized in the plan document, were not necessary to the proper administration of the plan, or were more than reasonable in amount?

If you need help answering these questions or want additional guidance about ERISA requirements, a plan official should contact the U.S. Department of Labor Employee Benefits Security Administration office in your region or consult with the plan's legal counsel or professional employee benefit advisor.

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