Fringe Benefit	Plan Annual	Information Return
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Under Section 6039D of the Internal Revenue Code

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

OMB No. 1210-0016

This Form is NOT Open to Public Inspection

Department of the Treasury ▶ For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 5500 or 5500-C/R. Internal Revenue Service

For	the calendar plan year 1994 or fiscal plan year beginning , 1994, a	nd ending		, 19	
1a	Name of plan sponsor as shown on line 1a of Form 5500 or 5500-C/R	1b Employer identification number		er	
1c	Plan name	1d Three-digit			
		plan number 🕨			
2	Check the Internal Revenue Code section that describes this fringe benefit plan:				
3	Enter the total number of employees of the employer				
4	Enter the total number of employees eligible to participate in the plan				
5	Enter the total number of employees participating in the plan. (See instructions.)				
6	Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) .				
7	Did the fringe benefit plan terminate in this plan year? (See instructions.).	[	Yes	🗌 No	

## General Instructions

Caution: Code section 127 is scheduled to terminate on December 31, 1994. However, we will publish an announcement in the Internal Revenue Bulletin if legislation extends this provision.

## Purpose of Form

SCHEDULE F

(Form 5500)

File Schedule F (Form 5500) for the following fringe benefit plans:

 A cafeteria plan described in Code section 125,

 An educational assistance program described in Code section 127.

Note: Do not file Schedule F for an educational assistance program that provides only job-related training, which is deductible as an ordinary and necessary business expense under Code section 162.

Fringe benefit plans filing only to satisfy the requirements of Code section 6039D(a) must complete page 1, Form 5500 (or Form 5500-C/R),

lines 1a through 5c, check box 6d, and attach Schedule F (Form 5500). Page 1 of Form 5500 (or Form 5500-C/R) and Schedule F are filed as the plan's annual information return. Do not file Schedule A, B, C, E, P, or SSA.

## Employers filing the same Form 5500 (or Form 5500-C/R) for both

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

## Specific Instructions

Line 5. For purposes of Code section 6039D, fringe benefit plan "participant" means any individual who, for a plan year, has had at least \$1 excluded from income by reason of Code section 125 or 127.

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

• The amount employees elect to have an employer contribute to provide for the benefits under the plan. For a Code section 125 cafeteria plan, enter the amount of the salary reductions and other employer contributions. Do not subtract benefits paid out from the plan and amounts forfeited.

 Administrative expenses including any legal, accounting, or consulting fees attributable to the plan, whether paid directly by the employer or through the plan. Overhead expenses such as utilities and photocopying costs are not to be included for this reporting purpose.

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

Cat. No. 14687J

Schedule F (Form 5500) 1994

