

IRS FORM 5500 SAMPLE

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <p>2013</p> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning July 01, 2013 , and ending June 30, 2014

- A** This return/report is for:
- a multiemployer plan; a multiple-employer plan;
 a single-employer plan; a DFE (specify) plan;
- B** This return/report is:
- the first return/report; the final return/report;
 an amended return/report; a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:
- Form 5558; automatic extension; the DFVC program;
 special extension (enter description)

Part II Basic Plan Information – enter all requested information.

<p>1a Name of plan</p> <p>EMPLOYEES' RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) 111</p> <p>1c Effective date of plan July 01, 1960</p>
<p>2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)</p> <p>XXXXXX 1112 XTRA ST NC</p>	<p>2b Employer Identification Number (EIN) 11-1111111</p>

2c Sponsor's telephone number
919-555-5555

2d Business code (see instructions)
111111

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

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

01/2/2015

Jay Jay

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor

Signature of DFE

Date

Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

**Form 5500 (2013)
v.111111.1**

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

JJ
VP, HR BENEFITS
111 XTRA ST.
NC

3b Administrator's EIN
11-1111111

3c Administrator's telephone number
919-555-5555

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	5	28544
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d)		
a	Active participants	6a	19111
b	Retired or separated participants receiving benefits	6b	4111
c	Other retired or separated participants entitled to future benefits	6c	3112
d	Subtotal. Add lines 6a , 6b , and 6c	6d	26334
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	210
f	Total. Add lines 6d and 6e	6f	26544
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	102
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides [pension benefits](#), enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A	-	-	-	-	-	-	-	-	-
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b If the plan provides [welfare benefits](#), enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

-	-	-	-	-	-	-	-	-	-
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9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Section 412(e)(3) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Section 412(e)(3) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)- signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3) **0 A** (Insurance Information)

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)