

SCHEDULE Q
(Form 5300)

(Rev. 7-98)
Department of the Treasury
Internal Revenue Service

Nondiscrimination Requirements

► **File as an attachment to Form 5300, 5303, 5307, or 5310.**
See the instructions before completing this schedule.

OMB No. 1545-0197

Name of plan sponsor (employer, if single-employer plan) as shown on Form 5300, 5303, 5307, or 5310

Employer identification number

Name of plan

Part I **Type of Plan** (See page 1 of instructions)

Enter the appropriate letter ("A" through "I") that describes the type of plan: ►

If you entered A or I, do not complete the rest of the schedule.

Part II **Participation, Coverage, and Nondiscrimination Requirements**

	Yes	No
1 Are the qualified separate lines of business rules of section 414(r) being used in applying the requirements of section 401(a)(26) or section 410(b) to the employer's plan(s)? ► If yes, see the instructions for line 1 and attach Demo 1.		
2 Section 401(a)(26) participation requirements: Note: Defined contribution plans skip line 2 and go to line 3.		
a Is this a plan that automatically satisfies section 401(a)(26)? If yes, see the instructions for additional information that must be submitted, and go to line 2i. Otherwise, continue with line 2b.		
b If this plan is disaggregated, are additional schedules attached? (See Instructions)		
c Enter the section 401(a)(26) test date (MMDDYYYY)		
d Total number of employees on the test date (employer-wide)		
e Number of excludable employees counted on line 2d		
f Subtract line 2e from line 2d		
g Number of benefiting employees on the test date		
h See the Instructions for this line entry		
i Is line 2g at least as great as line 2h, or, if you answered yes on line 2a, have you attached Demo 2 as required by the instructions? ►		
If you entered C, D, or E, in Part I, stop here. If you entered F or G in Part I, skip to line 5. If you entered H, continue with line 3.		
3 Is this a request for a determination that specified benefits, rights, or features meet the nondiscriminatory current availability requirement? ► If yes, see the instructions for line 3 and attach Demo 3.		
4 Is the plan restructured, mandatorily disaggregated, or permissively aggregated? (See instructions.) . . . ► If yes, see the instructions for the demonstration that must be submitted and label it Demo 4.		
5 Section 410(b) coverage requirements (See instructions.):		
a If the plan is disaggregated into two or more separate plans, are additional coverage schedules attached? . . .		
b Does the employer receive services from any leased employees as defined in section 414(n)?		
c Coverage of plan at (give date)		
d Total number of employees (include self-employed individuals) (employer-wide)		
e Statutory and regulatory exclusions under this plan (do not count an employee more than once):		
(1) Number of employees excluded because of minimum age or years of service required		
(2) Number of employees excluded because of inclusion in a collective bargaining unit		
(3) Number of employees excluded because they terminated employment with less than 501 hours of service and were not employed on last day of plan year		
(4) Number of employees excluded because employed by other qualified separate lines of business (QSLOBs)		
(5) Number of employees excluded because they were nonresident aliens with no earned income from sources within the United States		
f Total statutory and regulatory exclusions (add lines 5e(1) through (5))		
g Nonexcludable employees (subtract line 5f from line 5d)		
h Number of nonexcludable employees on line 5g who are highly compensated employees (HCEs)		
i Number of nonexcludable HCEs on line 5h benefiting under the plan		
j Number of nonexcludable employees who are nonhighly compensated employees (NHCEs) (subtract line 5h from line 5g)		
k Number of nonexcludable NHCEs on line 5j benefiting under the plan		
l Ratio percentage (see instructions)		
m Enter the ratio percentage for the following, if applicable:		
(1) Section 401(k) part of the plan		
(2) Section 401(m) part of the plan		
n Are the results on line 5l or 5m based on the aggregated coverage of more than one plan?		

	Yes	No
o Identify the coverage test being met by the plan by entering "A" for ratio percentage, "B" for average benefit, or "C" for pre-ERISA rules for certain nonelecting church plans. (See instructions.) ▶ If you entered F in Part I, stop here. If you entered G in Part I, skip to Part III, line 12. Otherwise continue. Answer line 6 only if the response on line 5o is "B."		
6 Is this a request for a determination that the plan satisfies the average benefit test? ▶ If yes, see the instructions for line 6 and attach Demo 5. If the plan consists solely of a section 401(k) plan and/or a section 401(m) plan (e.g., there are no nonelective contributions), skip to line 10. Otherwise, continue with line 7.		
7 Is the plan intended to satisfy a design-based safe harbor? (See instructions.) ▶ Answer line 8 if the response to line 7 is yes. Skip to line 9 if line 7 is answered no.		
8 Design-based nondiscrimination safe harbors: a Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(l)? If yes, answer line 8b. Otherwise, skip to line 8c. b Do the provisions of the plan ensure that the overall permitted disparity limits will not be exceeded? c Enter the letter ("A" - "G") from the list below that identifies the safe harbor intended to be satisfied ▶ A = Defined contribution plan with uniform allocation formula B = Target benefit plan C = Unit credit defined benefit plan D = Unit credit fractional rule plan E = Flat benefit fractional rule plan F = Insurance contract plan G = Cash balance plan d List the plan sections that satisfy the safe harbor (including, if applicable, the permitted disparity requirements) here: Answer line 9 only if the response to line 7 is no.		
9 Is this a request for a determination that the plan satisfies a nondesign-based safe harbor or a general test? . ▶ If yes, see the instructions for line 9 and attach Demo 6. Also, enter the letter ("A" - "C") corresponding to the type of determination requested: A = General test, involving "safety valve" rule in Regulations section 1.401(a)(4)-3(c)(3) (defined benefit plans only) B = General test, not involving "safety valve" rule C = Nondesign-based safe harbor		
10 Does a plan provision provide for pre-participation or imputed service or does a plan amendment or, for an initial determination, a plan provision, provide for a period of past service in excess of the safe harbor? ▶ If yes, see the instructions for line 10 and attach Demo 7.		
11 Is the plan part of a floor offset arrangement intended to satisfy the safe harbor in Regulations section 1.401(a)(4)-8(d)? ▶ If yes, see the instructions for line 11 and attach Demo 8. Stop here if the response to line 7 is no.		

Part III Nondiscriminatory Compensation and Employee Contributions

12 Are you required to show that a definition of compensation is nondiscriminatory? (See instructions.) ▶ If yes, see instructions and attach Demo 9. If you entered G in Part I, stop here.		
13 Is this a defined benefit plan with employee contributions not allocated to separate accounts? ▶ If no, stop here.		
14 Enter the letter ("A" - "E") corresponding to the method used to determine the employer-provided benefit: ▶ Method A = Composition-of-workforce method B = Minimum benefit method (also enter the plan factor, if applicable (.4 or .6)) C = Grandfather rule D = Government plan method E = Cessation of employee contributions method If "A," see the instructions for line 14 and attach Demo 10. If applicable, list the plan provisions and indicate the plan factor here:		
15 Enter the letter (A, B, or C) corresponding to the method used to show that the employee-provided benefit is nondiscriminatory in amount: ▶ Method A = Same rate of contributions B = Total benefits method C = Grandfather rule If "C," see the instructions for line 15 and attach Demo 11.		

