

<b>SCHEDULE MEP (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">ACK_ID</div> <div>▶ File as an attachment to Form 5500.</div> </div>	OMB No. 1210-0110  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2023</div>  This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">SCH_MEP_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">SCH_MEP_TAX_PRD</span>	
<b>A</b> Name of plan	<b>B</b> Three-digit Plan number (PN) ..... ▶ <span style="border: 1px solid black; padding: 2px;">SCH_MEP_PN</span>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF	<b>D</b> Administrator's EIN <span style="border: 1px solid black; padding: 2px;">SCH_MEP_EIN</span>

<b>Part I</b>	<b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete.
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<b>1</b> Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).	
<b>a</b> <input type="checkbox"/> association retirement plan (See 29 CFR 2510.3-55) (Complete Part II) <b>b</b> <input type="checkbox"/> professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II) <b>c</b> <input type="checkbox"/> pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III) <b>d</b> <input type="checkbox"/> other multiple-employer pension plan (Describe) <span style="border: 1px solid black; padding: 2px;">MEP_MULTIPLE_EMPLR_OTHER_TEXT</span>	<span style="border: 1px solid black; padding: 2px;">MEP_TYPE_MULTIPLE_EMPLR_PLAN</span>

<b>Part II</b>	<b>Participating Employer Information.</b>
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**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

TABLE: EFAST\_09.F\_SCH\_MEP\_PART2

ROW\_ORDER

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
<span style="border: 1px solid black; padding: 2px;">MEP_PARTICIPATING_EMPLR_NAME</span>	<span style="border: 1px solid black; padding: 2px;">MEP_PARTICIPATING_EMPLR_EIN</span>	<span style="border: 1px solid black; padding: 2px;">MEP_TOTAL_CONTRIB_PRCNT</span>	<span style="border: 1px solid black; padding: 2px;">MEP_AGGREGATE_ACCOUNT_BALANCE</span>
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<span style="border: 1px solid black; padding: 2px;">MEP_EST_TOTAL_CONTRIB_PRCNT</span>
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals not listed on line 2a.	<span style="border: 1px solid black; padding: 2px;">MEP_AGGREGATE_ACCOUNT_BAL_NOT_LISTED_AMT</span>

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule MEP (2023)  
v. 230728

**Part II** Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

TABLE: EFAST\_09.F\_SCH\_MEP\_PART2

ROW\_ORDER

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEP_PARTICIPATING_EMPLR_NAME		MEP_TOTAL_CONTRIB_PRCNT	MEP_AGGREGATE_ACCOUNT_BALANCE
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

MEP\_POOLED\_PROVIDER\_COMPLIANCE\_FORM\_PR\_IND
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

MEP\_PR\_ACK\_ID

ACK ID

SAMPLE