



Best Practices for Multiple Vendor  
403(b) Plans

Form 5500 Aggregation

Version: F5500-2.0

Date: September 13, 2010



**Best Practices for Multiple Vendor 403(b) Plans  
Form 5500 Aggregation  
(Version: F5500-2.0)**

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**Background**

ERISA covered 403(b) plans that use multiple Vendors must gather and aggregate data from their Vendors in order to complete Form 5500. Additionally, plans that may use only one Vendor but in the past have used multiple Vendors may be required to aggregate data from prior Vendors. Form 5500 aggregation across multiple investment-provider Vendors has created unique challenges.

SPARK Institute members, who are among the leading 403(b) investment providers and Vendors, recognized the potential difficulties, confusion and additional expenses these data aggregation requirements would cause for all affected parties, including plan sponsors. These Best Practices were developed to address the challenges of completing the Form 5500, to facilitate cost effective compliance, identify the roles and responsibilities of the affected parties and to provide an efficient approach to sharing and transferring data.

If upon review, a plan sponsor realizes that they are only required to file Form 5500 utilizing the data from a single Vendor, the parties may agree that compliance with this Best Practice is not necessary as aggregation across multiple Vendors is not required.

**General Information**

These Best Practices describe certain approaches, expectations, roles and responsibilities of Employers, Aggregators and Vendors in working together to complete the Form 5500.

The intended benefits of these Best Practices include:

- Facilitating compliance with the Form 5500 reporting requirements for ERISA-covered 403(b) plans.
- Creating a more efficient and cost effective process for Employers to complete the Form 5500.
- Building consensus among Aggregators and Vendors to allow more consistent service levels to all Employers.
- Defining consistent formats and processes that allow Aggregators and Vendors to more effectively assist plan sponsors in compiling a consolidated Form 5500 for plans that need to include assets from multiple Vendors.

- Establishing consistent data standards while providing the flexibility needed for Vendor specific information.

These Best Practices represent the views of The SPARK Institute only and are not intended as the sole or exclusive means of aggregating and creating a multiple Vendor Form 5500. Adherence to the Best Practices is completely voluntary and copies of the Best Practices are available to anyone, including non-SPARK Institute members free of charge.

The SPARK Institute intends to monitor technology developments, regulatory changes and other developments affecting the Best Practices and will release updated versions and provide additional information and clarification of this document as needed by posting information on The SPARK Institute website ([www.sparkinstitute.org](http://www.sparkinstitute.org)).

### **Summary of Changes from Version 1.0**

Version 1.0 was released in January 2010 as guidelines for completing the 2009 Form 5500. At that time The SPARK Institute indicated its intent to develop more specific best practices, including file layouts, for the 2010 reporting year. These Best Practices represent the completion of those initiatives and include a file format for delivery of Form 5500 data to an Aggregator.

**Effective Date** – This Best Practices document is effective for the 2010 and future plan years starting with calendar year plans ending December 31, 2010. **This Version replaces The SPARK Institute Guidelines for Multiple Vendor 403(b) Plans; 2009 Form 5500 Aggregation; Version: F5500-1.0.**

**THESE BEST PRACTICES ARE INTENDED TO APPLY ONLY TO THE GATHERING OF INFORMATION AND PREPARATION OF FORM 5500 BY ERISA-COVERED PLANS. THE SPARK INSTITUTE MAY RELEASE REVISED VERSIONS OF THESE BEST PRACTICES PERIODICALLY, AS NEEDED OR BENEFICIAL, BASED ON COMMENTS RECEIVED. ANYONE ADHERING TO THESE BEST PRACTICES IS ENCOURAGED TO CHECK THE SPARK INSTITUTE WEBSITE PERIODICALLY FOR UPDATES AND PROVIDE THEIR CONTACT INFORMATION TO THE SPARK INSTITUTE (AS NOTED BELOW) IF THEY WOULD LIKE TO RECEIVE INFORMATION ABOUT UPDATES.**

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Anyone with questions about this document, and non-SPARK Institute members that would like to receive periodic updates about this material, should contact Larry Goldbrum at [Larry@sparkinstitute.org](mailto:Larry@sparkinstitute.org).

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## TABLE OF CONTENTS

### **PART I – Aggregation of Form 5500**

<b>Vendors and Employers or Employer Representatives (Aggregators)</b> .....	1
A. General Data Conventions .....	1
B. Data Format Best Practices .....	2
C. Creating the Participant Count .....	3
D. Allowable Exclusions .....	3
E. Confidentiality and Responsibility for Accuracy of Data .....	4

### **PART II – Form 5500 Delivery & Audit Support**

<b>Delivery of Data and Responsibilities of Aggregators and Vendors</b> .....	5
A. Data Delivery Best Practices .....	5
B. Delivery of Form 5500 Data from the Aggregator to the Employer .....	5
C. Aggregator & Vendor Responsibilities for Audit Support .....	6

<b>Appendix A – Form 5500 Vendor File Format</b> .....	7
1. Vendor Information .....	7
2. Basic Plan Information .....	8
3. Schedule A .....	8
4. Schedule C .....	12
5. Schedule D .....	20
6. Schedule H .....	22
7. Schedule R .....	25
8. Participant List .....	25

<b>Appendix B - Version Control Log</b> .....	26
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## PART I

### **Aggregation of Form 5500 Vendors and Employers or Employer Representatives (Form 5500 Aggregators)**

#### **A. General Data Conventions**

1. Starting the Process - The Employer, i.e., plan sponsor, sponsoring a 403(b) plan (“Employer”) that requires Form 5500 data aggregation across multiple Vendors is responsible for:
  - a. Identifying Vendors under the plan required to share information for the Form 5500 (“Vendors”). Please refer to Part 1 Section D for additional information.
  - b. Selecting the Form 5500 Aggregator (“Aggregator”) who will be responsible for the consolidation of data. If the Employer elects to collect and consolidate the data itself it should notify the Vendors that it intends to do so.
  - c. Determining if the plan requires an independent audit.
  - d. Selecting an independent auditor, as required.
  - e. Providing direction to each Vendor regarding expectations for collection and delivery of data. Such direction should be provided to each Vendor at least 30 days prior to the due date for delivery of such data.
  - f. Providing direction to the Aggregator if all Vendors do not meet the delivery timeline and Best Practices for delivery of data. The Employer, not the Aggregator, is ultimately responsible to ensure each Vendor provides the information required.
  - g. Disclosing any plan fees to the Aggregator that are not covered within the products and programs of the Vendors (e.g., auditor fees and TPA fees).
  - h. Validating the list of employees and employment status. Note: Some Vendors may not have termination dates and/or employee status. This data is optional in the file formats but should be provided whenever available.
  - i. Determining if the Employer or Aggregator will file the IRS Form 8955-SSA for 2010 filing years and beyond.
2. The Aggregator identified by the Employer is responsible for:
  - a. Providing information to the Employer clearly identifying the services offered by the Aggregator and responsibilities of all parties (Aggregator, Vendor, Employer, auditor (if applicable)) for the creation and filing of the Form 5500.
  - b. Providing information to the Employer to be delivered to each Vendor defining the processes and procedures for Form 5500 data collection.
  - c. Reviewing data provided by the Employer and Vendors to identify omitted information, to the extent that any such omission is readily apparent.
3. The Employer and Aggregator should determine between themselves, on a case-by-case basis, whether the Employer or the Aggregator will undertake collecting information from each Vendor required for the Form 5500 reporting.

## **B. Data Format Best Practices**

1. The Best Practices file format for each Vendor to share data with the Aggregator is defined in **Appendix A**. To clarify, this format will provide data that is:
  - a. Annualized to reflect activity for the entire plan year.
  - b. Summarized to provide data points that are easily transferable to the Form 5500 and supporting schedules.
  - c. Sufficient to provide all the data required to successfully complete all required fields in the Form 5500.
  - d. Clearly identified so the Aggregator can easily determine how to use the data to complete the Form 5500.
  - e. In a format that allows Vendors to consolidate data from multiple sources for delivery to the Aggregator.
2. This file format is intended to ensure that Vendors do not provide only individual account data or data that is not summarized across all accounts with a Vendor.
3. It is recognized that some Vendors may have multiple products and administrative platforms and may provide an Aggregator separate files for each. It is the responsibility of the Vendor to clearly communicate any such items to the Aggregator and Employer as soon as possible in the process.
4. The data type and size of each field in the file formats is dictated by the corresponding fields on the IRS forms.
5. File naming convention:
  - a. The file name is a combination of:
    - i. Vendor Name
    - ii. Vendor ID
    - iii. Employer/Plan Name
    - iv. Aggregator ID
    - v. Date/Time of extract (in case replacement files are created)
    - vi. The file extension, i.e., “.xls”
  - b. Example:
    - i. Vendor Name = “ABC\_Funds”
    - ii. Vendor ID = “RK1”
    - iii. Employer/Plan Name = “XYZ\_403b”
    - iv. Aggregator ID = “AGG”
    - v. Date/Time = “02272011 110503”

Resulting File Name = “ABC\_Funds RK1 XYZ\_403b AGG 02272011 110503.xls”

### **C. Creating the Participant Count**

1. Data is required from:
  - a. The Employer, including all eligible employees employed by the Employer during the plan year.
  - b. Vendors, including all participants that had an account balance in the plan at any time during the plan year with that Vendor and a Y/N indicator if the account had a balance at year end.
2. Vendors should provide participant data in the “Participant List” tab of the Best Practice file format, Appendix A.
3. The Employer is responsible for reviewing all final data and confirming the accuracy of all data.

### **D. Allowable Exclusions**

1. The Employer may decide, based upon its review of the relief provided by the Department of Labor in Field Assistance Bulletin 2009-02 & 2010-01, to exclude certain Vendors or selected accounts with a Vendor(s) from the Form 5500 reporting requirements.

**The foregoing is for informational purposes only. Users of this material should review FAB 2009-02 & 2010-01 and all other applicable rules and regulations, and consult with their legal counsel in connection with any decisions regarding these matters.**

2. If the Employer decides to exclude certain contracts or accounts, all impacted Vendors, and the Aggregator, should be informed, in writing, by the Employer of any such decisions. The responsibilities of the affected parties under these circumstances are as follows.
  - a. Vendors should:
    - i. Provide the entire plan Form 5500 data identified in Part I, Sections A-C of these Best Practices.
    - ii. Provide the Employer participant level financial reports, including the contracts and accounts the Employer elects to exclude.
  - b. The Employer should:
    - i. Adjust the impacted Vendor Form 5500 reporting totals to reflect any adjustments desired.
    - ii. Provide the adjusted Form 5500 data to the Aggregator for inclusion in the consolidated Form 5500.

**E. Confidentiality and Responsibility for Accuracy**

1. The Employer and Aggregator should reach a mutually acceptable agreement between themselves to clearly define the roles and responsibilities for the collection of data, the procedures to ensure the confidentiality of data, and the responsibilities, and potential liability, for the accuracy of the data.
2. The Employer and Vendor should mutually agree regarding the responsibilities concerning the confidentiality and accuracy in reporting data.

## **PART II**

### **Form 5500 Delivery & Audit Support Delivery of Data and Responsibilities of Aggregators and Vendors**

#### **A. Data Delivery Best Practices**

1. All data transmitted and received by the Employer, Vendor and/or Aggregator should be sent / received via secure means including but not limited to: secure website transmission, secure FTP, secure e-mail (where both parties agree) or postal service.
2. Based on the Employer's direction, either the Employer or Aggregator may collect data from each Vendor. The party collecting the data should define the method of delivery for all data provided that such methods meet commercially reasonable standards.
3. Each Vendor should retain the right to verify that the data transmission methodology of the Aggregator meets their requirements for secure delivery. In the event that a Vendor decides the Aggregator's methods do not meet their reasonable requirements, the Vendor should provide an alternate means of delivery that is mutually acceptable to the Aggregator and Vendor.
4. Each Vendor should provide contact information for obtaining data. Vendors may partner together to facilitate the batching of data requests from multiple Employers as timing and other requirements allow.
5. Data should be provided by the Employer and, where applicable, by each Vendor to the Aggregator, as soon as administratively feasible and no later than April 30<sup>th</sup> for calendar year plans or within 120 days of the end of the plan year.

#### **B. Delivery of Form 5500 Data from the Aggregator to the Employer**

1. The Aggregator should provide the Employer both the consolidated Form 5500 information in a PDF or other reasonable format for easy reading by the Employer and/or their auditor. Such delivery should include the consolidated Form 5500 and appropriate attachments. This should also include the consolidated Trial Balance compiled for reporting purposes. (Note: If the Aggregator is also a Vendor, both the consolidated report and report of the assets held by the Aggregator/Vendor should be supplied.)
2. The Employer and Aggregator should mutually agree to a delivery date to provide a draft of the consolidated Form 5500 and Vendor detail for the Plan audit, if required, and for Employer review prior to filing.
3. As required, the Employer and Aggregator should determine who will undertake filing for any filing extensions that may be necessary.
4. The Aggregator should define a means for the Employer and auditor, if applicable, to include required additional information and attachments to the electronic Form 5500

submission. Alternatively, some Aggregators may require the Employer to manually enter data directly to the IFILE/EFAST2 system. If an Aggregator decides to have the Employer directly access the EFAST2 system, the Aggregator should clearly inform the Employer of its service level and the Employer's responsibility.

5. If the Aggregator has not received all the information the Employer has directed the Aggregator to include by the specified deadline, the Aggregator should provide written notice to the Employer of the situation.
6. In the situation where complete data has not been received by the specified deadline, the Employer should determine when the Form 5500 will be filed.
7. Upon completion of the Employer review and of the plan audit, if required, the Aggregator should provide instruction to the Employer on obtaining electronic signing credentials to meet the EFAST2 electronic filing requirements.

### **C. Aggregator & Vendor Responsibilities for Audit Support**

1. The Aggregator is responsible for providing the aggregated Form 5500 and appropriate attachments to the plan sponsor along with a copy of the information provided by each Vendor for reporting purposes.
2. The Employer and Auditor should identify any additional data required to complete the review and audit of the Form 5500.
3. Each Vendor is independently responsible for providing any additional data required to the Employer and auditor including, but not limited to, a SAS-70 and testing samples.
4. The Employer and auditor should notify the Aggregator of any adjustments or corrections required as a result of direct inquiries with each Vendor.

## APPENDIX A

### To The Best Practices for Multiple Vendor 403(b) Plans Form 5500 Aggregation (Version F5500-2.0)

#### Form 5500 Vendor File Format

September 13, 2010

The eight file formats in this Appendix are also available in a spreadsheet format on The SPARK Institute website at: <http://www.sparkinstitute.org/comments-and-materials.php> under the 403(b) Plans Materials Subheading. Please note that the information in this Appendix and the corresponding spreadsheet are based on IRS forms that are subject to change from time to time. Anyone using this material should check The SPARK Institute website and ensure that they are using the most current version.

In addition to the following information, Vendors must provide additional attachments to the Employer or Aggregator including the Statement of Assets Held. These attachments must be in a DOL EFAST2 file attachment compliant format including non-secure .pdf or .txt files.

#### **1. Vendor Information; Identifies the Vendor providing the information.**

##### **Vendor Information**

Vendor Name	
Vendor EIN	
Vendor Source Name	
Vendor Address	
Vendor Address 2	
Vendor City	
Vendor State	
Vendor Zip code	
Vendor Contact Name	
Vendor Phone Number	
Vendor Plan ID	
Aggregator Source Name <i>(Identity of Aggregator, if any, supplying the fields. NULL if no Aggregator has been selected by the Employer.)</i>	
Vendor Source ID <i>(The identifier used by the Aggregator, if any, to identify the Vendor.)</i>	
Aggregator Plan ID	

## 2. Basic Plan Information

### Part II Basic Plan Information

2a	Employer/Plan Sponsor Name	
2a	Employer/Plan Sponsor Address	
2a	Employer/Plan Sponsor Address 2	
2a	Employer/Plan Sponsor City	
2a	Employer/Plan Sponsor State	
2a	Employer/Plan Sponsor Zip code	
2b	Employer EIN	
2b	Employer EIN 2	
6	Number of participants as of the end of the plan year	
6a	Active participants	
6b	Retired or separated participants receiving benefits	
6c	Other retired or separated participants entitled to future benefits	
6d	Subtotal (add lines 6a, 6b, and 6c)	
6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	
6f	Total (add lines 6d and 6e)	
6g	Number of participants with account balances as of the end of the plan year (only for defined contribution plans)	
6h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	

## 3. Schedule A

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

	<b>Coverage Information:</b>	
1a	Name of Insurance Carrier	
1b	EIN	
1b	EIN 2	
1c	NAIC Code	
1d	Contract or Identification Number	
1e	Approximate number of persons covered at end of policy contract year	
1f	Policy or contract year From	
1g	Policy or contract year To	
	<b>Insurance Fee and Commission Information:</b>	
2a	Total amount of commissions paid	0.00
2b	Total amount of fees paid	0.00

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions (Cont.)**

	<b>Persons Receiving Commissions and Fees:</b>	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00
3d	Purpose	
3e	Organization code	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00
3d	Purpose	
3e	Organization code	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00
3d	Purpose	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions (Cont.)**

<b>Persons Receiving Commissions and Fees (Cont.):</b>		
3e	Organization code	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00
3d	Purpose	
3e	Organization code	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00
3d	Purpose	
3e	Organization code	
3a	Name of the agent, broker or other person to whom commissions or fees were paid	
3a	Address of the agent, broker or other person to whom commissions or fees were paid	
3a	Address 2 of the agent, broker or other person to whom commissions or fees were paid	
3a	City of the agent, broker or other person to whom commissions or fees were paid	
3a	State of the agent, broker or other person to whom commissions or fees were paid	
3a	Zip Code of the agent, broker or other person to whom commissions or fees were paid	
3b	Amount of sales and base commissions paid	0.00
3c	Amount	0.00

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions (Cont.)**

<b>Persons Receiving Commissions and Fees (Cont.):</b>	
3d	Purpose
3e	Organization code

**Part II Investment and Annuity Contract Information**

4	Current value of plan's interest under this contract in the general account at year end	0.00
5	Current value of plan's interest under this contract in separate account at year end	0.00
6a	Contracts With Allocated Funds: State the basis of the premium rates	
6b	Premium paid to carrier	0.00
6c	Premiums due but unpaid at the end of the year	0.00
6d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	0.00
	Specific nature of costs	
6e	Type of contract: 1 - individual policies, 2 - group deferred annuity, 3 - other (specify below)	
	Specify	
6f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
7a	Contracts With Unallocated Funds: Type of contract: 1 - deposit administration, 2 - immediate participation guarantee, 3 - guaranteed investment, 4 - other (specify below)	
	Specify	
7b	Balance at the end of the previous year	0.00
7c1	Contributions deposited during the year	0.00
7c2	Dividends and credits	0.00
7c3	Interest credited during the year	0.00
7c4	Transferred from separate account	0.00
7c5	Other (specify below)	0.00
	Specify	
7c6	Total additions	0.00
7d	Total of balance and additions (add 7b and 7c6)	0.00
7e1	Disbursed from fund to pay benefits or purchase annuities during year	0.00
7e2	Administration charge made by carrier	0.00
7e3	Transferred to separate account	0.00
7e4	Other (specify below)	0.00
	Specify	
7e5	Total deductions	0.00
7f	Balance at the end of the current year (subtract 7e5 from 7d)	0.00

**Part IV Provision of Information**

11	Did the insurance company fail to provide any information necessary to complete Schedule A?	
12	If the answer to line 11 is "Yes," specify the information not provided.	

**4. Schedule C**

**Part I Service Provider Information**

1a	Indicate "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures.	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	

**Part I Service Provider Information (Cont.)**

1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	

**Part I Service Provider Information (Cont.)**

1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	

**Part I Service Provider Information (Cont.)**

1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
1b	Enter name of person who provided you disclosure on eligible indirect compensation	

**Part I Service Provider Information (Cont.)**

1b	Enter EIN of person who provided you disclosure on eligible indirect compensation	
1b	Enter EIN 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter address of person who provided you disclosure on eligible indirect compensation	
1b	Enter address 2 of person who provided you disclosure on eligible indirect compensation	
1b	Enter city of person who provided you disclosure on eligible indirect compensation	
1b	Enter state of person who provided you disclosure on eligible indirect compensation	
1b	Enter zip code of person who provided you disclosure on eligible indirect compensation	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN 2	
2a	Enter address	
2a	Enter address 2	
2a	Enter city	
2a	Enter state	
2a	Enter zip code	
2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	
2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN2	
2a	Enter address	
2a	Enter address2	
2a	Enter city	
2a	Enter state	
2a	Enter zip code	
2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	

**Part I Service Provider Information (Cont.)**

2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN 2	
2a	Enter address	
2a	Enter address 2	
2a	Enter city	
2a	Enter state	
2a	Enter zip code	
2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	
2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN 2	
2a	Enter address	
2a	Enter address 2	
2a	Enter city	
2a	Enter state	
2a	Enter zip code	

**Part I Service Provider Information (Cont.)**

2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	
2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN 2	
2a	Enter address	
2a	Enter address 2	
2a	Enter city	
2a	Enter state	
2a	Enter zip code	
2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	
2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
2a	Enter name	
2a	Enter EIN	
2a	Enter EIN 2	
2a	Enter address	
2a	Enter address 2	
2a	Enter city	
2a	Enter state	

**Part I Service Provider Information (Cont.)**

2a	Enter zip code	
2b	Service Code(s)	
2c	Relationship to Employer, employee organization, or person known to be a party-in-interest	
2d	Enter direct compensation paid by the plan. If none, enter 0.	
2e	Did service provider receive indirect compensation? "Yes" or "No"	
2f	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? "Yes" or "No"	
2g	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to 2f. If none, enter 0.	
2h	Did the service provider give you a formula instead of an amount or estimated amount? "Yes" or "No"	
3a	Enter service provider name as it appears on line 2	
3b	Service Codes	
3c	Enter amount of indirect compensation	
3d	Enter name of source of indirect compensation	
3d	Enter EIN of source of indirect compensation	
3d	Enter EIN 2 of source of indirect compensation	
3d	Enter address of source of indirect compensation	
3d	Enter address 2 of source of indirect compensation	
3d	Enter city of source of indirect compensation	
3d	Enter state of source of indirect compensation	
3d	Enter zip code of source of indirect compensation	
3e	Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation	
3a	Enter service provider name as it appears on line 2	
3b	Service Codes	
3c	Enter amount of indirect compensation	
3d	Enter name of source of indirect compensation	
3d	Enter EIN of source of indirect compensation	
3d	Enter EIN 2 of source of indirect compensation	
3d	Enter address of source of indirect compensation	
3d	Enter address 2 of source of indirect compensation	
3d	Enter city of source of indirect compensation	
3d	Enter state of source of indirect compensation	
3d	Enter zip code of source of indirect compensation	
3e	Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation	
3a	Enter service provider name as it appears on line 2	
3b	Service Codes	

**Part I Service Provider Information (Cont.)**

3c	Enter amount of indirect compensation	
3d	Enter name of source of indirect compensation	
3d	Enter EIN of source of indirect compensation	
3d	Enter EIN 2 of source of indirect compensation	
3d	Enter address of source of indirect compensation	
3d	Enter address 2 of source of indirect compensation	
3d	Enter city of source of indirect compensation	
3d	Enter state of source of indirect compensation	
3d	Enter zip code of source of indirect compensation	
3e	Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation	

**5. Schedule D**

**Part I Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IE**

1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	

**Part I Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IE (Cont.)**

1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	

**Part I Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IE (Cont.)**

1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00
1a	Name of MTIA, CCT, PSA, or 103-12 IE	
1b	Name of sponsor or entity listed in 1a:	
1c	EIN-PN	
1c	EIN-PN2	
1d	Entity code	
1e	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year	0.00

**6. Schedule H****Part I Asset and Liability Statement**

	<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
1a	Total noninterest-bearing cash	0.00	0.00
1b	Receivables (less allowance for doubtful accounts:		
1b1	Employer contributions	0.00	0.00
1b2	Participant contributions	0.00	0.00
1b3	Other	0.00	0.00
1c	General investments:		
1c1	Interest-bearing cash (include money market accounts & certificates of deposit)	0.00	0.00
1c2	U.S. Government securities	0.00	0.00
1c3	Corporate debt instruments (other than Employer securities)		
1c3A	Preferred	0.00	0.00
1c3B	All other	0.00	0.00
1c4	Corporate stocks (other than Employer securities)	0.00	0.00
1c4A	Preferred	0.00	0.00
1c4B	Common	0.00	0.00
1c5	Partnership/joint venture interests	0.00	0.00
1c6	Real estate (other than Employer real property)	0.00	0.00
1c7	Loans (other than to participants)	0.00	0.00
1c8	Participant loans	0.00	0.00
1c9	Value of interest in common/collective trusts	0.00	0.00
1c10	Value of interest in pooled separate accounts	0.00	0.00
1c11	Value of interest in master trust investment accounts	0.00	0.00
1c12	Value of interest in 103-12 investment entities	0.00	0.00

**Part I Asset and Liability Statement (Cont.)**

1c13	Value of interest in registered investment companies (e.g., mutual funds)	0.00	0.00
1c14	Value of funds held in insurance company general account (unallocated contracts)	0.00	0.00
1c15	Other	0.00	0.00
1d	Employer-related investments:		
1d1	Employer securities	0.00	0.00
1d2	Employer real property	0.00	0.00
1e	Buildings and other property used in plan operation	0.00	0.00
1f	Total assets (add all amounts in lines 1a through 1e)	0.00	0.00
	<b>Liabilities</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
1g	Benefit claims payable	0.00	0.00
1h	Operating payables	0.00	0.00
1i	Acquisition indebtedness	0.00	0.00
1j	Other liabilities	0.00	0.00
1k	Total liabilities (add all amounts in lines 1g through 1j)	0.00	0.00
	<b>Net Assets</b>		
1l	Net Assets (subtract line 1k from 1f)	0.00	0.00

**Part II Income and Expense Statement**

	<b>Income</b>	<b>(a) Amount</b>	<b>(b) Total</b>
2a	<b>Contributions:</b>		
2a1A	Received of receivable in cash from Employers	0.00	
2a1B	Received of receivable in cash from Participants	0.00	
2a1C	Received of receivable in cash from Others (including rollovers)	0.00	
2a2	Noncash contributions	0.00	0.00
2a3	Total contributions		0.00
2b	<b>Earnings and investments:</b>		
2b1	Interest:		
2b1A	Interest-bearing cash (include money market accounts & certificates of deposit)	0.00	
2b1B	U.S. Government securities	0.00	
2b1C	Corporate debt instruments	0.00	
2b1D	Loans (other than to participants)	0.00	
2b1E	Participant loans	0.00	
2b1F	Other	0.00	
2b1G	Total interest (add lines 2b1A through F)		0.00
2b2	Dividends:		
2b2A	Preferred stock	0.00	

**Part II Income and Expense Statement (Cont.)**

<b>Income</b>		<b>(a) Amount</b>	<b>(b) Total</b>
2b2B	Common stock	0.00	
2b2C	Registered investment company shares (e.g. mutual funds)	0.00	
2b2d	Total dividends (add lines 2b2A, B and C)		0.00
2b3	Rents		0.00
2b4	Net gain (loss) on sale of assets:	<b>(a) Amount</b>	<b>(b) Total</b>
2b4A	Aggregate proceeds	0.00	
2b4B	Aggregate carrying amount	0.00	
2b4C	Subtract line 2b4B from line 2b4A		0.00
2b5	Unrealized appreciation (depreciation) of assets:		
2b5A	Real estate	0.00	
2b5B	Other	0.00	
2b5C	Total unrealized appreciation of assets (add lines 2b5A and B)		0.00
	<b>Liabilities</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
2b6	Net investment gain (loss) from common/collective trusts		0.00
2b7	Net investment gain (loss) from pooled separate accounts		0.00
2b8	Net investment gain (loss) from master trust investment accounts		0.00
2b9	Net investment gain (loss) from 103-12 investment entities		0.00
2b10	Net investment gain (loss) from registered investment companies (e.g. mutual funds)		0.00
2c	Other income		0.00
2d	Total income (add all income amounts in column b)		0.00
	<b>Expenses</b>		
2e	Benefit payment and payments to provide benefits:		
2e1	Directly to participants or beneficiaries, including direct rollovers	0.00	
2e2	To insurance carriers for the provision of benefits	0.00	
2e3	Other	0.00	
2e4	Total benefit payments (add lines 2e1 through 3)		0.00
2f	Corrective distributions		0.00
2g	Certain deemed distributions of participants loans		0.00
2h	Interest expense		0.00
2i	Administrative expenses:		
2i1	Professional fees	0.00	
2i2	Contract administrator fees	0.00	

**Part II Income and Expense Statement (Cont.)**

<b>Expenses (Cont.)</b>			
2i3	Investment advisory and management fees	0.00	
2i4	Other	0.00	
2i5	Total administrative expenses (add lines 2i1 through 4)		0.00
2j	Total expenses (add all expense amounts in column b)		0.00
<b>Net Income and Reconciliation</b>		<b>(a) Amount</b>	<b>(b) Total</b>
2k	Net income (loss) (subtract line 2j from 2d)		0.00
2l	Transfer of assets		
2l1	To this plan		0.00
2l2	From this plan		0.00
<b>Reconciliation</b>		<b>(a) Amount</b>	<b>(b) Total</b>
	Contract Exchanges of assets		
	To this plan		0.00
	From this plan		0.00

**7. Schedule R**

**Part I Distributions**

1	Total value of distributions paid in property other than in cash or the forms of property in the instructions	0.00
2	Enter the EIN(s) of the payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year	
3	Number of participants (living or deceased) whose benefits were distributed in a single sum during the plan year	

**8. Participant List**

Social Security Number	Last Name	First Name	Employment Status (e.g., Active, Retired, Terminated, Disability Leave ...)	Active Account Balance at Plan Year end (Y/N)	Termination Date

## APPENDIX B

### To The Best Practices for Multiple Vendor 403(b) Plans Form 5500 Aggregation (Version F5500-2.0)

#### VERSION CONTROL LOG

Version	Description	Date Published	Page Reference	Description of Revisions
F5500-1.0	Initial version	January 2010	n/a	n/a
F5500-2.0	Movement from Guideline to Best Practice	Sept. 13, 2010	n/a	This version includes Best Practices with a file format for Vendors to provide data to the Employer or an Aggregator to compile multiple Vendor Form 5500 filings.

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