

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-ID	Var Number 0001.00
Form Label	Line Number	

Input Specification

XML Element Name	ElementID	Required in schema
FilingId	0001.00	

Schema Info: Type FilingIdType minOccurs= 1; maxOccurs= 1

Type Info: FilingIdType - simpleType [21-char unique ID generated at time of signing a filing. EIN + YYMMDDhhmmss]

Base: xsd:string

Restrictions: Patterns: [0-9]{21}

Acknowledgment Error Message:The value for the XML element FilingId in the FilingHeader is invalid for the datatype FilingIdType. Valid values for this datatype include a unique identifier automatically generated by approved EFAST2 software when the assembled filing is last signed by plan sponsor or administrator.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-TIMESTAMP	Var Number 0002.00
Form Label	Line Number	

Input Specification

XML Element Name Timestamp	ElementID 0002.00	Required in schema
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Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\.]\+(Z|[\+\-].\+)

Acknowledgment Error Message:The value for the XML element Timestamp in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-EIN	Var Number 0003.00
Form Label	Line Number	

Input Specification

XML Element Name FilingHeader/EIN	ElementID 0003.00	Required in schema
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Edit tests:

X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: FilingHeader (FilingHeaderType)

Acknowledgment Error Message:The value for the XML element FilingHeader/EIN in the FilingHeader is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-PN	Var Number 0004.00
Form Label	Line Number	

Input Specification

XML Element Name PN	ElementID 0004.00	Required in schema
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Edit tests:

X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message:The value for the XML element PN in the FilingHeader is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-PLAN-YEAR-BEGIN	Var Number 0005.00
Form Label	Line Number	

Input Specification

XML Element Name PlanYearBeginDate	ElementID 0005.00	Required in schema
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Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
B-640MB	On Schedule MB, a shortfall actuarial cost method has been indicated on Line 5h, but either the plan year of first use of that method is not shown on Line 5j or the value entered in Line 5j is greater than the current plan year being reported.
B-711MB	You indicated on Line 4b of Schedule MB that the plan's status is "C" (Critical) or "D" (Critical and Declining), but you have not provided a future plan year in Line 4f when either emergence from critical status or insolvency is expected, or the plan year reported in Line 4f is less than the current plan year. Please review the status field reported in Line 4b or enter a plan year in Line 4f.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.
X-048	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-048SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-119	The Prior Year Indicator in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanYearBeginDate in the FilingHeader is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-PLAN-YEAR-END	Var Number 0006.00
Form Label	Line Number	

Input Specification

XML Element Name PlanYearEndDate	ElementID 0006.00	Required in schema
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Edit tests:

X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.
X-111	The Filing Header, Administrator Signature date is prior to the Plan Year End date.
X-112	The Filing Header, Sponsor Signature date is prior to the Plan Year End date.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanYearEndDate in the FilingHeader is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-AMENDED-IND	Var Number 0007.00
Form Label	Line Number	

Input Specification

XML Element Name AmendedInd	ElementID 0007.00	Optional in schema
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Valid values: 1 or 0

Edit tests:

I-101	Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
I-101SF	Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element AmendedInd in the FilingHeader is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-REF-ACK-ID	Var Number 0008.00
Form Label	Line Number	

Input Specification

XML Element Name RefAckId	ElementID 0008.00	Optional in schema
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Schema Info: Type AckIdType minOccurs= 0; maxOccurs= 1

Type Info: AckIdType - simpleType [Globally unique identifier for filing acknowledgment. Format: 30 character identifier.]

Base: StringType

Restrictions: Patterns: [A-Za-z0-9]{30}

Acknowledgment Error Message:The value for the XML element RefAckId in the FilingHeader is invalid for the datatype AckIdType. Valid values for this datatype include a unique 30-character identifier automatically generated by the EFAST2 system upon receipt of filings within a processable submission request.

Output Specification - XML Format

Copy input element value exactly

Comment: AckId of original filing submission, used to marry amended to original return.

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-FORM-YEAR	Var Number 0009.00
Form Label	Line Number	

Input Specification

XML Element Name FormYear	ElementID 0009.00	Required in schema
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Edit tests:

X-048	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-048SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-119	The Prior Year Indicator in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

Schema Info: Type FormYearType minOccurs= 1; maxOccurs= 1

Type Info: FormYearType - simpleType [A 4-digit year]

Base: YearType

Restrictions: None

Acknowledgment Error Message:The value for the XML element FormYear in the FilingHeader is invalid for the datatype FormYearType. Valid values for this datatype include a 4-digit year valid for the current processing year.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-FORM-VERSION	Var Number 0010.00
Form Label	Line Number	

Input Specification

XML Element Name FormVersion	ElementID 0010.00	Required in schema
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Valid values: FormYear + "v" + 2-digit version starting with 01

Schema Info: Type VersionType minOccurs= 1; maxOccurs= 1

Type Info: VersionType - simpleType [A string of the form 2018v01.00]

Base: StringType

Restrictions: Patterns: \d{4}v\d{2}\.\d{2}

Acknowledgment Error Message:The value for the XML element FormVersion in the FilingHeader is invalid for the datatype VersionType. Valid values for this datatype include a string of the form 2018v01.00

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-PRIOR-YR-IND	Var Number 0011.00
Form Label	Line Number	

Input Specification

XML Element Name PriorYearInd	ElementID 0011.00	Optional in schema
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Edit tests:

X-048	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-048SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-118SF	Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.
X-119	The Prior Year Indicator in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element PriorYearInd in the FilingHeader is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Comment: If the Plan Year begin date is prior to the current plan years being processed set the Prior Year Indicator in the Filing Header (FILING-HEADER-PRIOR-YR-IND).

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable FILING-HEADER-FILING-SOFTWARE-ID	Var Number 0012.00
Form Label	Line Number	

Input Specification

XML Element Name FilingSoftwareId	ElementID 0012.00	Required in schema
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Schema Info: Type SoftwareIdType minOccurs= 1; maxOccurs= 1

Type Info: SoftwareIdType - simpleType [9-digit ID for software certified to sign filings or transmit to IFAS; may represent Transmission software or Filing software.]

Base: xsd:string

Restrictions: Patterns: [0-9]{9}

Acknowledgment Error Message:The value for the XML element FilingSoftwareId in the FilingHeader is invalid for the datatype SoftwareIdType. Valid values for this datatype include a 9 digit identifier.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable ADMIN-SIGNATURE-USERID	Var Number 0013.00
Form Label	Line Number	

Input Specification

XML Element Name AdminSignature/SignerId	ElementID 0013.00	Required in schema if AdminSignature present
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Schema Info: Type UserIdType minOccurs= 1; maxOccurs= 1

Type Info: UserIdType - simpleType [Unique userid assigned by IREG]

Base: xsd:string

Restrictions: Patterns: [A-W][0-9]{7}

ParentInfo: AdminSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element AdminSignature/SignerId in the FilingHeader is invalid for the datatype UserIdType. Valid values for this datatype include 8-character personal identifier assigned in EFAST2 registration. The first character may include A-W, followed by 7 digits.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable ADMIN-SIGNATURE-PIN	Var Number 0014.00
Form Label	Line Number	

Input Specification

XML Element Name AdminSignature/PIN	ElementID 0014.00	Required in schema if AdminSignature present
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Schema Info: Type PINType minOccurs= 1; maxOccurs= 1

Type Info: PINType - simpleType [4-digit string]

Base: xsd:string

Restrictions: Patterns: [0-9]{4}

ParentInfo: AdminSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element AdminSignature/PIN in the FilingHeader is invalid for the datatype PINType. Valid values for this datatype include 4-digit numbers.

Output Specification - XML Format

Map from input element value as follows:

If parent element exists: Based on authentication, select Valid, Invalid, or Missing

Mapping from XML Input: See XML output

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable ADMIN-SIGNATURE-DATE	Var Number 0015.00
Form Label	Line Number	

Input Specification

XML Element Name AdminSignature/SignedDate	ElementID 0015.00	Required in schema if AdminSignature present
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Edit tests:

X-001	Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500.
X-001SF	Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500-SF.
X-111	The Filing Header, Administrator Signature date is prior to the Plan Year End date.
X-112	The Filing Header, Sponsor Signature date is prior to the Plan Year End date.

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: AdminSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element AdminSignature/SignedDate in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable ADMIN-SIGNATURE-SIGNED-NAME	Var Number 0016.00
Form Label	Line Number	

Input Specification

XML Element Name AdminSignature/SignedName	ElementID 0016.00	Required in schema if AdminSignature present
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Edit tests:

X-001	Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500.
X-001SF	Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500-SF.

Schema Info: Type PersonNameType minOccurs= 1; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: AdminSignature (SignatureType) minOccurs=0

Acknowledgment Error Message: The value for the XML element AdminSignature/SignedName in the FilingHeader is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable ADMIN-SIGNATURE-IP-ADDRESS	Var Number 0016.01
Form Label	Line Number	

Input Specification

XML Element Name AdminSignature/IPAddress	ElementID 0016.01	Optional in schema
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Schema Info: Type IPAddressType minOccurs= 0; maxOccurs= 1

Type Info: IPAddressType - simpleType [IPv4 or IPv6 address, max 39 chars]

Base: StringType

Restrictions: maxLength=39

Acknowledgment Error Message:The value for the XML element AdminSignature/IPAddress in the FilingHeader is invalid for the datatype IPAddressType. Valid values for this datatype include IPv4 or IPv6 address, a string of up to 39 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable SPONSOR-SIGNATURE-USERID	Var Number 0017.00
Form Label	Line Number	

Input Specification

XML Element Name SponsorSignature/SignerId	ElementID 0017.00	Required in schema if SponsorSignature present
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Schema Info: Type UserIdType minOccurs= 1; maxOccurs= 1

Type Info: UserIdType - simpleType [Unique userid assigned by IREG]

Base: xsd:string

Restrictions: Patterns: [A-W][0-9]{7}

ParentInfo: SponsorSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element SponsorSignature/SignerId in the FilingHeader is invalid for the datatype UserIdType. Valid values for this datatype include 8-character personal identifier assigned in EFAST2 registration. The first character may include A-W, followed by 7 digits.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable SPONSOR-SIGNATURE-PIN	Var Number 0018.00
Form Label	Line Number	

Input Specification

XML Element Name SponsorSignature/PIN	ElementID 0018.00	Required in schema if SponsorSignature present
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Schema Info: Type PINType minOccurs= 1; maxOccurs= 1

Type Info: PINType - simpleType [4-digit string]

Base: xsd:string

Restrictions: Patterns: [0-9]{4}

ParentInfo: SponsorSignature (SignatureType) minOccurs=0

Acknowledgment Error Message: The value for the XML element SponsorSignature/PIN in the FilingHeader is invalid for the datatype PINType. Valid values for this datatype include 4-digit numbers.

Output Specification - XML Format

Map from input element value as follows:

If parent element exists: Based on authentication, select Valid, Invalid, or Missing

Mapping from XML Input: See XML output

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable SPONSOR-SIGNATURE-DATE	Var Number 0019.00
Form Label	Line Number	

Input Specification

XML Element Name SponsorSignature/SignedDate	ElementID 0019.00	Required in schema if SponsorSignature present
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Edit tests:

X-002	Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date on the Form 5500.
X-002SF	Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.
X-112	The Filing Header, Sponsor Signature date is prior to the Plan Year End date.

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: SponsorSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element SponsorSignature/SignedDate in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable SPONSOR-SIGNATURE-SIGNED-NAME	Var Number 0020.00
Form Label	Line Number	

Input Specification

XML Element Name SponsorSignature/SignedName	ElementID 0020.00	Required in schema if SponsorSignature present
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Edit tests:

X-002	Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date on the Form 5500.
X-002SF	Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.

Schema Info: Type PersonNameType minOccurs= 1; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: SponsorSignature (SignatureType) minOccurs=0

Acknowledgment Error Message: The value for the XML element SponsorSignature/SignedName in the FilingHeader is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable SPONS-SIGNATURE-IP-ADDRESS	Var Number 0020.01
Form Label	Line Number	

Input Specification

XML Element Name SponsorSignature/IPAddress	ElementID 0020.01	Optional in schema
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Schema Info: Type IPAddressType minOccurs= 0; maxOccurs= 1

Type Info: IPAddressType - simpleType [IPv4 or IPv6 address, max 39 chars]

Base: StringType

Restrictions: maxLength=39

Acknowledgment Error Message:The value for the XML element SponsorSignature/IPAddress in the FilingHeader is invalid for the datatype IPAddressType. Valid values for this datatype include IPv4 or IPv6 address, a string of up to 39 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable DFE-SIGNATURE-USERID	Var Number 0021.00
Form Label	Line Number	

Input Specification

XML Element Name DfeSignature/SignerId	ElementID 0021.00	Required in schema if DfeSignature present
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Schema Info: Type UserIdType minOccurs= 1; maxOccurs= 1

Type Info: UserIdType - simpleType [Unique userid assigned by IREG]

Base: xsd:string

Restrictions: Patterns: [A-W][0-9]{7}

ParentInfo: DfeSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element DfeSignature/SignerId in the FilingHeader is invalid for the datatype UserIdType. Valid values for this datatype include 8-character personal identifier assigned in EFAST2 registration. The first character may include A-W, followed by 7 digits.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable DFE-SIGNATURE-PIN	Var Number 0022.00
Form Label	Line Number	

Input Specification

XML Element Name DfeSignature/PIN	ElementID 0022.00	Required in schema if DfeSignature present
---	-----------------------------	--

Schema Info: Type PINType minOccurs= 1; maxOccurs= 1

Type Info: PINType - simpleType [4-digit string]

Base: xsd:string

Restrictions: Patterns: [0-9]{4}

ParentInfo: DfeSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element DfeSignature/PIN in the FilingHeader is invalid for the datatype PINType. Valid values for this datatype include 4-digit numbers.

Output Specification - XML Format

Copy input element value exactlyMap from input element value as follows:

If parent element exists: Based on authentication, select Valid, Invalid, or Missing

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable DFE-SIGNATURE-DATE	Var Number 0023.00
Form Label	Line Number	

Input Specification

XML Element Name DfeSignature/SignedDate	ElementID 0023.00	Required in schema if DfeSignature present
--	-----------------------------	--

Edit tests:

[X-003](#) DFE signed name or signature date in the Filing Header does not match the DFE signed name or signature date on the Form 5500.

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: DfeSignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element DfeSignature/SignedDate in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable DFE-SIGNATURE-SIGNED-NAME	Var Number 0024.00
Form Label	Line Number	

Input Specification

XML Element Name DfeSignature/SignedName	ElementID 0024.00	Required in schema if DfeSignature present
--	-----------------------------	---

Edit tests:

[X-003](#) DFE signed name or signature date in the Filing Header does not match the DFE signed name or signature date on the Form 5500.

Schema Info: Type `PersonNameType` minOccurs= 1; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: `DfeSignature (SignatureType)` minOccurs=0

Acknowledgment Error Message: The value for the XML element `DfeSignature/SignedName` in the `FilingHeader` is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable DFE-SIGNATURE-IP-ADDRESS	Var Number 0024.001
Form Label	Line Number	

Input Specification

XML Element Name DfeSignature/IPAddress	ElementID 0024.001	Optional in schema
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Schema Info: Type IPAddressType minOccurs= 0; maxOccurs= 1

Type Info: IPAddressType - simpleType [IPv4 or IPv6 address, max 39 chars]

Base: StringType

Restrictions: maxLength=39

Acknowledgment Error Message:The value for the XML element DfeSignature/IPAddress in the FilingHeader is invalid for the datatype IPAddressType. Valid values for this datatype include IPv4 or IPv6 address, a string of up to 39 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable E-SIGNATURE-USERID	Var Number 0024.01
Form Label	Line Number	

Input Specification

XML Element Name ESignature/SignerId	ElementID 0024.01	Required in schema if ESignature present
--	-----------------------------	--

Schema Info: Type UserIdType minOccurs= 1; maxOccurs= 1

Type Info: UserIdType - simpleType [Unique userid assigned by IREG]

Base: xsd:string

Restrictions: Patterns: [A-W][0-9]{7}

ParentInfo: ESignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ESignature/SignerId in the FilingHeader is invalid for the datatype UserIdType. Valid values for this datatype include 8-character personal identifier assigned in EFAST2 registration. The first character may include A-W, followed by 7 digits.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable E-SIGNATURE-PIN	Var Number 0024.02
Form Label	Line Number	

Input Specification

XML Element Name ESignature/PIN	ElementID 0024.02	Required in schema if ESignature present
---	-----------------------------	---

Schema Info: Type PINType minOccurs= 1; maxOccurs= 1

Type Info: PINType - simpleType [4-digit string]

Base: xsd:string

Restrictions: Patterns: [0-9]{4}

ParentInfo: ESignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ESignature/PIN in the FilingHeader is invalid for the datatype PINType. Valid values for this datatype include 4-digit numbers.

Output Specification - XML Format

Copy input element value exactlyMap from input element value as follows:

If parent element exists: Based on authentication, select Valid, Invalid, or Missing

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable E-SIGNATURE-DATE	Var Number 0024.03
Form Label	Line Number	

Input Specification

XML Element Name ESignature/SignedDate	ElementID 0024.03	Required in schema if ESignature present
--	-----------------------------	---

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\.\.]+\+(Z|[\+\-].\+)

ParentInfo: ESignature (SignatureType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ESignature/SignedDate in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable E-SIGNATURE-SIGNED-NAME	Var Number 0024.04
Form Label	Line Number	

Input Specification

XML Element Name ESignature/SignedName	ElementID 0024.04	Required in schema if ESignature present
--	-----------------------------	---

Schema Info: Type `PersonNameType` minOccurs= 1; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: `ESignature (SignatureType)` minOccurs=0

Acknowledgment Error Message: The value for the XML element `ESignature/SignedName` in the `FilingHeader` is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable E-SIGNATURE-IP-ADDRESS	Var Number 0024.05
Form Label	Line Number	

Input Specification

XML Element Name ESignature/IPAddress	ElementID 0024.05	Optional in schema
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Schema Info: Type IPAddressType minOccurs= 0; maxOccurs= 1

Type Info: IPAddressType - simpleType [IPv4 or IPv6 address, max 39 chars]

Base: StringType

Restrictions: maxLength=39

Acknowledgment Error Message:The value for the XML element ESignature/IPAddress in the FilingHeader is invalid for the datatype IPAddressType. Valid values for this datatype include IPv4 or IPv6 address, a string of up to 39 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SECURITY-SIGNERID	Var Number 0025.00
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/SignerId	ElementID 0025.00	Required in schema if AgentSecurityCode present
---	-----------------------------	---

Schema Info: Type UserIdType minOccurs= 1; maxOccurs= 1

Type Info: UserIdType - simpleType [Unique userid assigned by IREG]

Base: xsd:string

Restrictions: Patterns: [A-W][0-9]{7}

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message:The value for the XML element AgentSecurityCode/SignerId in the FilingHeader is invalid for the datatype UserIdType. Valid values for this datatype include 8-character personal identifier assigned in EFAST2 registration. The first character may include A-W, followed by 7 digits.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SECURITY-PIN	Var Number 0026.00
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/PIN	ElementID 0026.00	Required in schema if AgentSecurityCode present
--	-----------------------------	---

Schema Info: Type PINType minOccurs= 1; maxOccurs= 1

Type Info: PINType - simpleType [4-digit string]

Base: xsd:string

Restrictions: Patterns: [0-9]{4}

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message: The value for the XML element AgentSecurityCode/PIN in the FilingHeader is invalid for the datatype PINType. Valid values for this datatype include 4-digit numbers.

Output Specification - XML Format

Map from input element value as follows:

If parent element exists: Based on authentication, select Valid, Invalid, or Missing

Mapping from XML Input: See XML output

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SIGNATURE-DATE	Var Number 0027.00
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/SignedDate	ElementID 0027.00	Required in schema if AgentSecurityCode present
---	-----------------------------	---

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\.\.]+\+(Z|[\+\-].\+)

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message:The value for the XML element AgentSecurityCode/SignedDate in the FilingHeader is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SECURED-DATE	Var Number 0027.01
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/SecuredDate	ElementID 0027.01	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message:The value for the XML element AgentSecurityCode/SecuredDate in the FilingHeader is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SIGNATURE-NAME	Var Number 0028.00
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/SignedName	ElementID 0028.00	Required in schema if AgentSecurityCode present
---	-----------------------------	---

Schema Info: Type PersonNameType minOccurs= 1; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message:The value for the XML element AgentSecurityCode/SignedName in the FilingHeader is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form FilingHeader	IRD Variable AGENT-SIGNATURE-IP-ADDRESS	Var Number 0028.01
Form Label	Line Number	

Input Specification

XML Element Name AgentSecurityCode/IPAddress	ElementID 0028.01	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type IPAddressType minOccurs= 0; maxOccurs= 1

Type Info: IPAddressType - simpleType [IPv4 or IPv6 address, max 39 chars]

Base: StringType

Restrictions: maxLength=39

ParentInfo: AgentSecurityCode (SignatureType - extended) minOccurs=0

Acknowledgment Error Message:The value for the XML element AgentSecurityCode/IPAddress in line of FilingHeader is invalid for the datatype IPAddressType. Valid values for this datatype include IPv4 or IPv6 address, a string of up to 39 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FORM-PLAN-YEAR-BEGIN-DATE	Var Number 0029.00
Form Label Plan Year Beginning Date	Line Number PLAN YEAR BEGIN	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearBeginDate	0029.00	

Edit tests:

B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).
I-130SB	Schedule SB, Box F does not equal 1 (100 or fewer) and Schedule SB, Line 1 is not equal to the Plan Year Begin date on Form 5500.
P-209	Form 5500 Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-027MB	The Plan Year Begin Date on Schedule MB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.
X-027SB	The Plan Year Begin Date on Schedule SB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.
X-031MB	Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-031SB	Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

Schema Info: Type `DateType` minOccurs= 1; maxOccurs= 1

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element `PlanYearBeginDate` in line `PLAN YEAR BEGIN` of Form 5500 is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format `YYYY-MM-DD` (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FORM-TAX-PRD	Var Number 0030.00
Form Label Plan Year Ending Date	Line Number PLAN YEAR END	

Input Specification

XML Element Name PlanYearEndDate	ElementID 0030.00	Required in schema
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Edit tests:

P-209	Form 5500 Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.
X-004	The Effective Date of the Plan on Form 5500, Line 1c is not valid.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-028MB	The Plan Year End Date on Schedule MB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.
X-028SB	The Plan Year End Date on Schedule SB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.
X-031MB	Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-031SB	Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-127	The date the Plan Administrator manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.
X-128	The date the Plan Sponsor manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.
X-129	The date the DFE manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanYearEndDate in line PLAN YEAR END of Form 5500 is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party

software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TYPE-PLAN-ENTITY-CD	Var Number 0031.00
Form Label Entity Type	Line Number A	

Input Specification

XML Element Name TypePlanEntityCd	ElementID 0031.00	Optional in schema
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Valid values: 1=Multiemployer plan; 2=Single-employer plan; 3=Multiple-employer plan; 4=DFE (Direct Filing Entity).

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode ='SchMBFndgStndAcntBases']) is not included.
B-607SB	Schedule SB, Line E, Single Employer is checked and Form 5500, Line A, Single Employer is not checked, or Schedule SB, Line E, Multiple A or Multiple B is checked and Form 5500, Line A, Multiple Employer is not checked.
B-633	Form 5500, Line A indicates a multiemployer plan, but Line 7 is blank.
B-634	Form 5500, Line 7 is not blank and Line A indicates that the plan is not a multiemployer plan.
B-671	Form 5500, Line A indicates that the return/report is for a multiemployer plan, but the collective-bargaining plan indicator in Line C has not been checked.
B-674	Schedule R, Line 13a cannot be blank when Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit) and Form 5500, Line 7 is less than 20.
I-144	Schedule R, Line 16a is greater than zero and Line 16b is blank and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
I-145	Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment[AttachmentTypeCode ='SchRASSETLiabTransfer']) is not attached and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
I-151	Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
I-157	Schedule R, Line 5 is completed and Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
P-210	Entity Type on Form 5500 Line A is blank. Line A must contain an entry.
P-211A	Form 5500, Line A (DFE) is checked, but a valid DFE code has not been entered. Line A (DFE-Specify) cannot be blank.
P-211B	Form 5500, Part I, Line A (DFE-Specify) has an entry, however Form 5500, Line A (DFE) is not checked.

P-212	Form 5500, Line A indicates a DFE, but neither Schedule H Begin Of Year (BOY) Total Assets (Line 1f) nor End Of Year (EOY) Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.
P-212A	Schedule H must be provided when Form 5500, Line A (DFE) is checked.
P-212B	Schedule D must be provided when Form 5500, Line A (DFE) is checked.
P-393	Form 5500, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.
P-401SB	A Schedule SB has been provided with a Form 5500, but the plan has not been identified as a defined benefit plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on Form 5500, Line 8a.

Schema Info: Type Enum1To4Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To4Type - simpleType [enum values 1,2,3,4]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4,

Acknowledgment Error Message:The value for the XML element TypePlanEntityCd in line A of Form 5500 is invalid for the datatype Enum1To4Type. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TYPE-DFE-PLAN-ENTITY-CD	Var Number 0032.00
Form Label Specify Type of Direct Filing Entity	Line Number A (DFE-Specify)	

Input Specification

XML Element Name TypeDFEPlanEntityCd	ElementID 0032.00	Optional in schema
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Valid values: C=Common-collective trust; E=103-12 investment entity; G=Group insurance arrangement; M=Master trust investment account; P=Pooled-separate account.

Edit tests:

P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-211A	Form 5500, Line A (DFE) is checked, but a valid DFE code has not been entered. Line A (DFE-Specify) cannot be blank.
P-211B	Form 5500, Part I, Line A (DFE-Specify) has an entry, however Form 5500, Line A (DFE) is not checked.
P-214	Accountant's Opinion with Financial Information must be attached when Form 5500, Line A (DFE-Specify) contains "E" (103-12IE) or "G" (GIA).
P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
P-360	Schedule H, Line 3d(1) is checked, but Form 5500, Part I, Line A (DFE-Specify) does not contain "C", "M", or "P".
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.

Schema Info: Type TypeDFEEntityType minOccurs= 0; maxOccurs= 1

Type Info: TypeDFEEntityType - simpleType [Enumerated C, E, G, M, P]

Base: StringType

Restrictions: Enumerations: C, E, G, M, P,

Acknowledgment Error Message:The value for the XML element TypeDFEPlanEntityCd in line A (DFE-Specify) of Form 5500 is invalid for the datatype TypeDFEEntityType. Valid values for this datatype include C, E, G, M, or P.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable INITIAL-FILING-IND	Var Number 0033.00
Form Label Type of Filing	Line Number B (first return/report)	

Input Specification

XML Element Name InitialFilingInd	ElementID 0033.00	Optional in schema
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Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element InitialFilingInd in line B (first return/report) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable AMENDED-IND	Var Number 0034.00
Form Label Type of Filing	Line Number B (amended filing)	

Input Specification

XML Element Name AmendedInd	ElementID 0034.00	Optional in schema
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Edit tests:

[X-008](#) Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element AmendedInd in line B (amended filing) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FINAL-FILING-IND	Var Number 0035.00
Form Label Type of Filing	Line Number B (final filing)	

Input Specification

XML Element Name FinalFilingInd	ElementID 0035.00	Optional in schema
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Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
P-215	Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
P-362	Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.
P-397	Form 5500, Line B (the final return/report) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Form 5500, Line 6f (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report) on the Form 5500. Otherwise, verify that the correct information has been provided on Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) and Form 5500, Line 6f (Total Participants).

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element FinalFilingInd in line B (final filing) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SHORT-PLAN-YR-IND	Var Number 0036.00
Form Label Type of Filing	Line Number B (short plan year filing)	

Input Specification

XML Element Name ShortPlanYrInd	ElementID 0036.00	Optional in schema
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Edit tests:

[X-034](#)

Either Form 5500, Line B (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500, Line B (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ShortPlanYrInd in line B (short plan year filing) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable COLLECTIVE-BARGAIN-IND	Var Number 0037.00
Form Label Collectively-bargained Indicator	Line Number C	

Input Specification

XML Element Name CollectiveBargainInd	ElementID 0037.00	Optional in schema
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Edit tests:

[B-671](#) Form 5500, Line A indicates that the return/report is for a multiemployer plan, but the collective-bargaining plan indicator in Line C has not been checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element CollectiveBargainInd in line C of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable 5558-APPLICATION-FILED-IND	Var Number 0038.00
Form Label Filing under Form 5558 extension - Check Box	Line Number D (Form 5558)	

Input Specification

XML Element Name	ElementID	Optional in schema
Form5558ApplicationFiledInd	0038.00	

Edit tests:

[I-101](#) Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element Form5558ApplicationFiledInd in line D (Form 5558) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable EXT-AUTOMATIC-IND	Var Number 0039.00
Form Label Filing under automatic extension - Check Box	Line Number D (automatic extension)	

Input Specification

XML Element Name	ElementID	Optional in schema
ExtAutomaticInd	0039.00	

Edit tests:

[I-101](#) Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ExtAutomaticInd in line D (automatic extension) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable DFVC-PROGRAM-IND	Var Number 0040.00
Form Label Filing under DFVC program - Check Box	Line Number D (DFVC program)	

Input Specification

XML Element Name DFVCProgramInd	ElementID 0040.00	Optional in schema
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Edit tests:

[I-101](#)

Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element DFVCProgramInd in line D (DFVC program) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable EXT-SPECIAL-IND	Var Number 0041.00
Form Label Filing under special extension - Check Box	Line Number D (special extension)	

Input Specification

XML Element Name ExtSpecialInd	ElementID 0041.00	Optional in schema
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Edit tests:

I-101	Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
X-117	Form 5500, Part I, Line D (special extension) is checked, but Line D (description) is blank.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ExtSpecialInd in line D (special extension) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable EXT-SPECIAL-TEXT	Var Number 0042.00
Form Label Filing Under An Extension Of Time - Check Box	Line Number D (special extension text)	

Input Specification

XML Element Name ExtSpecialText	ElementID 0042.00	Optional in schema
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Edit tests:

[X-117](#) Form 5500, Part I, Line D (special extension) is checked, but Line D (description) is blank.

Schema Info: Type String35Type minOccurs= 0; maxOccurs= 1

Type Info: String35Type - simpleType [35 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=35

Acknowledgment Error Message:The value for the XML element ExtSpecialText in line D (special extension text) of Form 5500 is invalid for the datatype String35Type. Valid values for this datatype include any string of up to 35 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable PLAN-NAME	Var Number 0043.00
Form Label Name of Plan	Line Number 1a	

Input Specification

XML Element Name PlanName	ElementID 0043.00	Required in schema
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Schema Info: Type PlanNameType minOccurs= 1; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9, '& \- \. / % \ (\) * @ \+ \? ! ~ _ ; #]) *

Acknowledgment Error Message: The value for the XML element PlanName in line 1a of Form 5500 is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-PN	Var Number 0044.00
Form Label Three Digit Plan Number	Line Number 1b	

Input Specification

XML Element Name SponsDfePlanNum	ElementID 0044.00	Required in schema
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Valid values: 001-999

Edit tests:

J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
J-503	Form 5500, Line 8a cannot contain an entry when Form 5500, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 8a and enter welfare benefit codes in Line 8b from the instructions.
P-217	Form 5500, Line 8a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the Form 5500 instructions for a complete list of valid Pension Benefit Codes.
P-240	The plan number on Schedule(s) A does not match the Plan Number on Form 5500, Part II, Line 1b.
P-359	Welfare benefit code(s) on Form 5500 line 8b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500 instructions for a complete list of valid Welfare Benefit Codes.
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.
P-404	Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.
X-029MB	The Plan Number on Schedule MB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).
X-029SB	The Plan Number on Schedule SB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element SponsDfePlanNum in line 1b of Form 5500 is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable PLAN-EFF-DATE	Var Number 0045.00
Form Label Effective Date of Plan	Line Number 1c	

Input Specification

XML Element Name PlanEffDate	ElementID 0045.00	Optional in schema
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Edit tests:

P-219	Plan effective date on Form 5500, Line 1c cannot be blank.
X-004	The Effective Date of the Plan on Form 5500, Line 1c is not valid.

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanEffDate in line 1c of Form 5500 is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONSOR-DFE-NAME	Var Number 0046.00
Form Label Plan Sponsor's Name	Line Number 2a-NAME	

Input Specification

XML Element Name	ElementID	Required in schema
SponsorDfe/Name	0046.00	

Schema Info: Type SponsorNameType minOccurs= 1; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;!])*

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message:The value for the XML element SponsorDfe/Name in line 2a-NAME of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-DBA-NAME	Var Number 0047.00
Form Label Plan Sponsor's Doing Business As (DBA) Name	Line Number 2a-DBA	

Input Specification

XML Element Name SponsorDfe/Dbaname	ElementID 0047.00	Optional in schema
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Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\.\%\\(\)*\@+\?~_;\#!])*

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message:The value for the XML element SponsorDfe/Dbaname in line 2a-DBA of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-CARE-OF-NAME	Var Number 0048.00
Form Label Plan Sponsor's Care/Of Name	Line Number 2a-CARE/OF NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
SponsorDfe/CareOfName	0048.00	

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+?\~_;\#!])*

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message:The value for the XML element SponsorDfe/CareOfName in line 2a-CARE/OF NAME of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-US-ADDRESS1	Var Number 0049.00
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Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET
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Input Specification

XML Element Name USMailingAddress/AddressLine1	ElementID 0049.00	Required in schema if USMailingAddress present
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Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USMailingAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USMailingAddress/AddressLine1 in line 2a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-US-ADDRESS2	Var Number 0050.00
Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET	

Input Specification

XML Element Name USMailingAddress/AddressLine2	ElementID 0050.00	Optional in schema
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Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USMailingAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USMailingAddress/AddressLine2 in line 2a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-US-CITY	Var Number 0051.00
Form Label Plan Sponsor's City (or Foreign City)	Line Number 2a-CITY	

Input Specification

XML Element Name USMailingAddress/City	ElementID 0051.00	Required in schema if USMailingAddress present
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Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USMailingAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USMailingAddress/City in line 2a-CITY of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-US-STATE	Var Number 0052.00
Form Label Plan Sponsor's State	Line Number 2a-STATE	

Input Specification

XML Element Name USMailingAddress/State	ElementID 0052.00	Required in schema if USMailingAddress present
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Valid values:

AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP

Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USMailingAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USMailingAddress/State in line 2a-STATE of Form 5500 is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-US-ZIP	Var Number 0053.00
Form Label Plan Sponsor's Zip Code	Line Number 2a-ZIP	

Input Specification

XML Element Name USMailingAddress/ZipCode	ElementID 0053.00	Required in schema if USMailingAddress present
---	-----------------------------	--

Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USMailingAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USMailingAddress/ZipCode in line 2a-ZIP of Form 5500 is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	SPONS-DFE-MAIL-FOREIGN-ADDRESS1	0054.00

Form Label	Line Number
Plan Sponsor's Mailing Street Address (or Foreign Street)	2a-STREET

Input Specification

XML Element Name	ElementID	Required in schema if
ForeignMailingAddress/AddressLine1	0054.00	ForeignMailingAddress present

Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignMailingAddress/AddressLine1 in line 2a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-FOREIGN-ADDRESS2	Var Number 0055.00
Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignMailingAddress/AddressLine2	0055.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignMailingAddress/AddressLine2 in line 2a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-FOREIGN-CITY	Var Number 0056.00
--------------------------	--	------------------------------

Form Label Plan Sponsor's City (or Foreign City)	Line Number 2a-CITY
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Input Specification

XML Element Name ForeignMailingAddress/City	ElementID 0056.00	Required in schema if ForeignMailingAddress present
---	-----------------------------	---

Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignMailingAddress/City in line 2a-CITY of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-FOREIGN-PROV-STATE	Var Number 0057.00
Form Label Plan Sponsor's State	Line Number 2a-STATE	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignMailingAddress/ProvinceOrState	0057.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignMailingAddress/ProvinceOrState in line 2a-STATE of Form 5500 is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-FOREIGN-CNTRY	Var Number 0058.00
Form Label Sponsor's Foreign Mailing Country	Line Number 2a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignMailingAddress/Country	ElementID 0058.00	Required in schema if ForeignMailingAddress present
--	-----------------------------	---

Valid values: 2-character country codes only.

Edit tests:

[X-113](#) Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignMailingAddress/Country in line 2a-COUNTRY (FOREIGN) of Form 5500 is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-MAIL-FOREIGN-POSTAL-CD	Var Number 0059.00
Form Label Sponsor's Foreign Routing Code (Zip Code)	Line Number 2a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name ForeignMailingAddress/PostalCode	ElementID 0059.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignMailingAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignMailingAddress/PostalCode in line 2a-ROUTING CODE (FOREIGN) of Form 5500 is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-US-ADDRESS1	Var Number 0060.00
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/AddressLine1	ElementID 0060.00	Required in schema if USLocationAddress present
---	-----------------------------	---

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USLocationAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USLocationAddress/AddressLine1 in line 2a-LOCATION of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-US-ADDRESS2	Var Number 0061.00
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/AddressLine2	ElementID 0061.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USLocationAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USLocationAddress/AddressLine2 in line 2a-LOCATION of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-US-CITY	Var Number 0062.00
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/City	ElementID 0062.00	Required in schema if USLocationAddress present
---	-----------------------------	--

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.]

ParentInfo: USLocationAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USLocationAddress/City in line 2a-LOCATION of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-US-STATE	Var Number 0063.00
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/State	ElementID 0063.00	Required in schema if USLocationAddress present
--	-----------------------------	--

Valid values:

AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USLocationAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USLocationAddress/State in line 2a-LOCATION of Form 5500 is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-US-ZIP	Var Number 0064.00
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/ZipCode	ElementID 0064.00	Required in schema if USLocationAddress present
--	-----------------------------	---

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USLocationAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USLocationAddress/ZipCode in line 2a-LOCATION of Form 5500 is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-ADDRESS1	Var Number 0065.00
Form Label Plan Sponsor's Location Street Address (or Foreign Street)	Line Number 2a-LOCATION	

Input Specification

XML Element Name ForeignLocationAddress/AddressLine1	ElementID 0065.00	Required in schema if ForeignLocationAddress present
--	-----------------------------	--

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/AddressLine1 in line 2a-LOCATION of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-ADDRESS2	Var Number 0066.00
Form Label Plan Sponsor's Location Street Address (or Foreign Street)	Line Number 2a-LOCATION	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignLocationAddress/AddressLine2	0066.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/AddressLine2 in line 2a-LOCATION of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-CITY	Var Number 0067.00
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Form Label Plan Sponsor's Location City (or Foreign City)	Line Number 2a-LOCATION
---	-----------------------------------

Input Specification

XML Element Name ForeignLocationAddress/City	ElementID 0067.00	Required in schema if ForeignLocationAddress present
--	-----------------------------	--

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignLocationAddress/City in line 2a-LOCATION of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-PROV-STATE	Var Number 0068.00
Form Label Plan Sponsor's Location State	Line Number 2a-LOCATION	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignLocationAddress/ProvinceOrState	0068.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/ProvinceOrState in line 2a-LOCATION of Form 5500 is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-CNTRY	Var Number 0069.00
Form Label Plan Sponsor's Foreign Location Country	Line Number 2a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignLocationAddress/Country	ElementID 0069.00	Required in schema if ForeignLocationAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignLocationAddress/Country in line 2a-COUNTRY (FOREIGN) of Form 5500 is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-LOC-FOREIGN-POSTAL-CD	Var Number 0070.00
Form Label Plan Sponsor's Location Foreign Routing Code (Zip Code)	Line Number 2a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignLocationAddress/PostalCode	0070.00	

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/PostalCode in line 2a-ROUTING CODE (FOREIGN) of Form 5500 is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-EIN	Var Number 0071.00
Form Label Employer Identification Number	Line Number 2b	

Input Specification

XML Element Name	ElementID	Required in schema
SponsorDfe/EIN	0071.00	

Edit tests:

I-114MB	Schedule MB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.
I-114SB	Schedule SB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.
I-159	The Plan Sponsor EIN in Form 5500, Line 2(b) cannot begin with 69, 70, 79, 96, or 97. Submit an amended return using the correct Plan Sponsor EIN or contact the IRS to obtain a new EIN.
J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
P-241	The EIN on Schedule(s) A does not match the EIN on Form 5500, Part II, Line 2b.
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.
X-008	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message: The value for the XML element SponsorDfe/EIN in line 2b of Form 5500 is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-PHONE-NUM	Var Number 0072.00
Form Label Sponsor Telephone Number	Line Number 2c	

Input Specification

XML Element Name SponsorDfe/PhoneNum	ElementID 0072.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message:The value for the XML element SponsorDfe/PhoneNum in line 2c of Form 5500 is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-DFE-PHONE-NUM-FOREIGN	Var Number 0072.01
Form Label Sponsor Telephone Number (Foreign)	Line Number 2c (Foreign)	

Input Specification

XML Element Name SponsorDfe/ForeignPhoneNum	ElementID 0072.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

ParentInfo: SponsorDfe (SponsorDfeType)

Acknowledgment Error Message:The value for the XML element SponsorDfe/ForeignPhoneNum in line 2c (Foreign) of Form 5500 is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BUSINESS-CODE	Var Number 0073.00
Form Label Business Code	Line Number 2d	

Input Specification

XML Element Name BusinessCode	ElementID 0073.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[J-502](#) Form 5500, Line 2d cannot be missing or invalid. Refer to the Form 5500 instructions for a complete list of valid Business Codes.

Schema Info: Type BusinessCodeType minOccurs= 0; maxOccurs= 1

Type Info: BusinessCodeType - simpleType [6-digit business code]

Base:xsd:string

Restrictions:Patterns: [0-9]{6}

Acknowledgment Error Message:The value for the XML element BusinessCode in line 2d of Form 5500 is invalid for the datatype BusinessCodeType. Valid values for this datatype include 6-digit codes listed in the filer instructions.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-NAME	Var Number 0074.00
Form Label Administrator Name	Line Number 3a-NAME	

Input Specification

XML Element Name Administrator/Name	ElementID 0074.00	Required in schema if Administrator/NameSameAsSponsorInd not present.
---	-----------------------------	---

Edit tests:

- [P-226](#) The Plan Administrator's EIN on Form 5500, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.
- [X-114](#) Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type SponsorNameType minOccurs= 1; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\.\%\\(\)*@\+\\?~_;\#!])*

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message:The value for the XML element Administrator/Name in line 3a-NAME of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-NAME-SAME-AS-SPONSOR-IND	Var Number 0074.01
--------------------------	---	------------------------------

Form Label Administrator's Name Same as Plan Sponsor	Line Number 3a-Admin Name Same
--	--

Input Specification

XML Element Name Administrator/NameSameAsSponsorInd	ElementID 0074.01	Required in schema if Administrator/Name not present.
---	-----------------------------	---

Edit tests:

[P-226](#) The Plan Administrator's EIN on Form 5500, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

[X-114](#) Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type CheckboxType minOccurs= 1; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message:The value for the XML element Administrator/NameSameAsSponsorInd in line 3a-Admin Name Same of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Checking this box will copy the plan sponsor data to the plan administrator fields, including Name field(s), Address fields, EIN, and Telephone Number

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0074.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-CARE-OF-NAME	Var Number 0075.00
Form Label Plan Administrator's Care/Of Name	Line Number 3a-CARE/OF NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
Administrator/CareOfName	0075.00	

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+?~_;!])*

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message:The value for the XML element Administrator/CareOfName in line 3a-CARE/OF NAME of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-US-ADDRESS1	Var Number 0076.00
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Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET
---	---------------------------------

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0076.00	Required in schema if USAddress present
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Edit tests:

[X-114](#)

Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line 3a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-US-ADDRESS2	Var Number 0077.00
Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET	

Input Specification

XML Element Name USAddress/AddressLine2	ElementID 0077.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line 3a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-US-CITY	Var Number 0078.00
Form Label Administrator City (or Foreign City)	Line Number 3a-CITY	

Input Specification

XML Element Name USAddress/City	ElementID 0078.00	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[X-114](#)

Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/City in line 3a-CITY of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-US-STATE	Var Number 0079.00
Form Label Administrator State	Line Number 3a-STATE	

Input Specification

XML Element Name USAddress/State	ElementID 0079.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Edit tests:

[X-114](#)

Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line 3a-STATE of Form 5500 is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-US-ZIP	Var Number 0080.00
Form Label Administrator Zip Code	Line Number 3a-ZIP	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0080.00	Required in schema if USAddress present
--	-----------------------------	--

Edit tests:

[X-114](#)

Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/ZipCode in line 3a-ZIP of Form 5500 is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-ADDRESS1	Var Number 0081.00
--------------------------	---	------------------------------

Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET
---	---------------------------------

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0081.00	Required in schema if ForeignAddress present
--	-----------------------------	--

Edit tests:

[X-114](#) Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/AddressLine1 in line 3a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-ADDRESS2	Var Number 0082.00
Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET	

Input Specification

XML Element Name ForeignAddress/AddressLine2	ElementID 0082.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line 3a-STREET of Form 5500 is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-CITY	Var Number 0083.00
Form Label Administrator's City (or Foreign City)	Line Number 3a-City	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0083.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Edit tests:

[X-114](#)

Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base:xsd:string

Restrictions:maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line 3a-City of Form 5500 is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-PROV-STATE	Var Number 0084.00
Form Label Administrator's State	Line Number 3a - State	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0084.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line 3a - State of Form 5500 is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-CNTRY	Var Number 0085.00
Form Label Administrator's Foreign Mailing Country	Line Number 3a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0085.00	Required in schema if ForeignAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Edit tests:

[X-114](#) Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line 3a-COUNTRY (FOREIGN) of Form 5500 is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-FOREIGN-POSTAL-CD	Var Number 0086.00
Form Label Administrator's Foreign Routing Code (Zip Code)	Line Number 3a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0086.00	Optional in schema
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Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line 3a-ROUTING CODE (FOREIGN) of Form 5500 is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-EIN	Var Number 0087.00
Form Label Administrator EIN	Line Number 3b	

Input Specification

XML Element Name Administrator/EIN	ElementID 0087.00	Optional in schema
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Edit tests:

[P-226](#)

The Plan Administrator's EIN on Form 5500, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message: The value for the XML element Administrator/EIN in line 3b of Form 5500 is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-PHONE-NUM	Var Number 0088.00
Form Label Administrator Telephone Number	Line Number 3c	

Input Specification

XML Element Name	ElementID	Optional in schema
Administrator/PhoneNum	0088.00	

Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message:The value for the XML element Administrator/PhoneNum in line 3c of Form 5500 is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-PHONE-NUM-FOREIGN	Var Number 0088.01
Form Label Administrator Telephone Number (Foreign)	Line Number 3c (Foreign)	

Input Specification

XML Element Name Administrator/ForeignPhoneNum	ElementID 0088.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

ParentInfo: Administrator (AdminType)

Acknowledgment Error Message:The value for the XML element Administrator/ForeignPhoneNum in line 3c (Foreign) of Form 5500 is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable LAST-RPT-SPONS-NAME	Var Number 0089.00
Form Label Sponsor Name From Last Return/Report	Line Number 4a-NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptSponsName	0089.00	

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;!])*

Acknowledgment Error Message:The value for the XML element LastRptSponsName in line 4a-NAME of Form 5500 is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable LAST-RPT-SPONS-EIN	Var Number 0090.00
Form Label Sponsor EIN From Last Return/Report	Line Number 4b-EIN	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptSponsEIN	0090.00	

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message: The value for the XML element LastRptSponsEIN in line 4b-EIN of Form 5500 is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable LAST-RPT-PLAN-NAME	Var Number 0090.01
Form Label Plan Name From Last Return/Report	Line Number 4c-PLAN-NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptPlanName	0090.01	

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?!~_;\#])*

Acknowledgment Error Message:The value for the XML element LastRptPlanName in line 4c-PLAN-NAME of Form 5500 is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable LAST-RPT-PLAN-NUM	Var Number 0091.00
Form Label Sponsor Plan Number From Last Return/Report	Line Number 4d-PN	

Input Specification

XML Element Name LastRptPlanNum	ElementID 0091.00	Optional in schema
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Valid values: 001-999

Schema Info: Type PNTYPE minOccurs= 0; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element LastRptPlanNum in line 4d-PN of Form 5500 is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-SIGNED-DATE	Var Number 0092.00
Form Label Plan Administrator Signature Date	Line Number ADMINISTRATOR DATE	

Input Specification

XML Element Name AdminSignature/SignedDate	ElementID 0092.00	Optional in schema
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Edit tests:

[X-001](#) Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\-.\+])

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element AdminSignature/SignedDate in line ADMINISTRATOR DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-MANUAL-SIGN-DATE	Var Number 0092.01
Form Label Plan Administrator Signature Date (Manual)	Line Number ADMINISTRATOR DATE	

Input Specification

XML Element Name AdminSignature/ManualSignedDate	ElementID 0092.01	Optional in schema
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Edit tests:

P-227	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
X-125	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.
X-127	The date the Plan Administrator manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\.\.]+\+(Z|[\+\-].\+)

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element AdminSignature/ManualSignedDate in line ADMINISTRATOR DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the date the Form 5500 was manually signed by the Plan Administrator. Otherwise, this field should be blank. The time portion of the manual signed date field may be defaulted to 12:00 p.m.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-SIGNED-NAME	Var Number 0093.00
Form Label Plan Administrator Typed Signature	Line Number ADMINISTRATOR TYPED NAME	

Input Specification

XML Element Name AdminSignature/SignedName	ElementID 0093.00	Optional in schema
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Edit tests:

[X-001](#) Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500.

Schema Info: Type PersonNameType minOccurs= 0; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element AdminSignature/SignedName in line ADMINISTRATOR TYPED NAME of Form 5500 is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable ADMIN-MANUAL-SIGNED-NAME	Var Number 0093.01
Form Label Plan Administrator Typed Signature (Manual)	Line Number ADMINISTRATOR TYPED NAME	

Input Specification

XML Element Name AdminSignature/ManualSignedName	ElementID 0093.01	Optional in schema
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Edit tests:

- [P-227](#) The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
- [P-227A](#) You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
- [X-125](#) The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element AdminSignature/ManualSignedName in line ADMINISTRATOR TYPED NAME of Form 5500 is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the name of the Plan Administrator who manually signed the Form 5500. Otherwise, this field should be blank.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-SIGNED-DATE	Var Number 0094.00
Form Label Plan Sponsor Signature Date	Line Number SPONSOR DATE	

Input Specification

XML Element Name SponsSignature/SignedDate	ElementID 0094.00	Optional in schema
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Edit tests:

[X-002](#) Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date on the Form 5500.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\-.\+])

ParentInfo: SponsSignature (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element SponsSignature/SignedDate in line SPONSOR DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-MANUAL-SIGN-DATE	Var Number 0094.01
Form Label Plan Sponsor Signature Date (Manual)	Line Number SPONSOR DATE	

Input Specification

XML Element Name SponsSignature/ManualSignedDate	ElementID 0094.01	Optional in schema
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Edit tests:

- [X-125](#) The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.
- [X-128](#) The date the Plan Sponsor manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: SponsSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element SponsSignature/ManualSignedDate in line SPONSOR DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the date the Form 5500 was manually signed by the Plan Sponsor. Otherwise, this field should be blank. The time portion of the manual signed date field may be defaulted to 12:00 p.m.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-SIGNED-NAME	Var Number 0095.00
Form Label Plan Sponsor Typed Signature	Line Number SPONSOR TYPED NAME	

Input Specification

XML Element Name SponsSignature/SignedName	ElementID 0095.00	Optional in schema
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Edit tests:

[X-002](#) Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date on the Form 5500.

Schema Info: Type PersonNameType minOccurs= 0; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: SponsSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element SponsSignature/SignedName in line SPONSOR TYPED NAME of Form 5500 is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SPONS-MANUAL-SIGNED-NAME	Var Number 0095.01
Form Label Plan Sponsor Typed Signature (Manual)	Line Number SPONSOR TYPED NAME	

Input Specification

XML Element Name SponsSignature/ManualSignedName	ElementID 0095.01	Optional in schema
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Edit tests:

[X-125](#)

The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - `simpleType` [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: `SponsSignature` (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element `SponsSignature/ManualSignedName` in line `SPONSOR TYPED NAME` of Form 5500 is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the name of the Plan Sponsor who manually signed the filing. Otherwise, this field should be blank.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable DFE-SIGNED-DATE	Var Number 0096.00
Form Label Signature of DFE - Date	Line Number DFE DATE	

Input Specification

XML Element Name DfeSignature/SignedDate	ElementID 0096.00	Optional in schema
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Edit tests:

[X-003](#) DFE signed name or signature date in the Filing Header does not match the DFE signed name or signature date on the Form 5500.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\.\.]+\+(Z|[\+\-].\+)

ParentInfo: DfeSignature (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element DfeSignature/SignedDate in line DFE DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable DFE-MANUAL-SIGN-DATE	Var Number 0096.01
Form Label DFE Signature Date (Manual)	Line Number DFE DATE	

Input Specification

XML Element Name DfeSignature/ManualSignedDate	ElementID 0096.01	Optional in schema
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Edit tests:

P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
X-125	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.
X-129	The date the DFE manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: DfeSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element DfeSignature/ManualSignedDate in line DFE DATE of Form 5500 is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the date the Form 5500 was manually signed by the DFE. Otherwise, this field should be blank. The time portion of the manual signed date field may be defaulted to 12:00 p.m.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable DFE-SIGNED-NAME	Var Number 0097.00
Form Label DFE Typed Signature	Line Number DFE TYPED NAME	

Input Specification

XML Element Name DfeSignature/SignedName	ElementID 0097.00	Optional in schema
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Edit tests:

[X-003](#) DFE signed name or signature date in the Filing Header does not match the DFE signed name or signature date on the Form 5500.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]`

ParentInfo: `DfeSignature` (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element `DfeSignature/SignedName` in line DFE TYPED NAME of Form 5500 is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable DFE-MANUAL-SIGNED-NAME	Var Number 0097.001
Form Label DFE Typed Signature (Manual)	Line Number DFE TYPED NAME	

Input Specification

XML Element Name DfeSignature/ManualSignedName	ElementID 0097.001	Optional in schema
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Edit tests:

- [P-227A](#) You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
- [X-125](#) The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]`

ParentInfo: `DfeSignature` (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element `DfeSignature/ManualSignedName` in line DFE TYPED NAME of Form 5500 is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the name of the DFE who manually signed the filing. Otherwise, this field should be blank.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.01
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.03
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.04
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.05
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.06
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.07
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.08
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.09
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.10
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.11
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.12
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.13
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.14
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500	RESERVED	0097.15
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TOT-PARTCP-BOY-CNT	Var Number 0098.00
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Form Label Total number of participants at beginning of year	Line Number 5
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Input Specification

XML Element Name TotPartcpBoyCnt	ElementID 0098.00	Optional in schema
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Edit tests:

[B-600MB](#) Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStdAccntBases']) is not included.

[B-702MB](#) A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

[P-230](#) Schedule H must be provided when Form 5500, Line 5 exceeds 120.

[P-356](#) Form 5500, Line 5 cannot be blank.

[P-395](#) The number of participants entered on Form 5500, Line 5 cannot be less than the number of active participants entered on Line 6a(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotPartcpBoyCnt in line 5 of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TOT-ACT-PARTCP-BOY-CNT	Var Number 0098.01
Form Label Total active participants at beginning of year	Line Number 6a(1)	

Input Specification

XML Element Name TotActPartcpBoyCnt	ElementID 0098.01	Optional in schema
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Edit tests:

[P-395](#) The number of participants entered on Form 5500, Line 5 cannot be less than the number of active participants entered on Line 6a(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotActPartcpBoyCnt in line 6a(1) of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TOT-ACTIVE-PARTCP-CNT	Var Number 0099.00
Form Label Active Participants - EOY	Line Number 6a(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotActivePartcpCnt	0099.00	

Edit tests:

[B-725MB](#)

You have attached a Schedule MB for a plan that has not indicated a resolution to terminate on Schedule H, Line 5a. However, Schedule MB, Line 8b(2) is not checked "Yes" indicating a Schedule of Active Participants is required although active participants are reported on the Form 5500, Line 6a(2) and the Schedule MB, Line 2b(3)(c)(1). Review the instructions for Schedule MB, Line 8b(2) and make any necessary corrections.

[P-231](#)

Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element TotActivePartcpCnt in line 6a(2) of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable RTD-SEP-PARTCP-RCVG-CNT	Var Number 0100.00
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Form Label Retired or Separated Participants Receiving Benefits	Line Number 6b
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Input Specification

XML Element Name RtdSepPartcpRcvgCnt	ElementID 0100.00	Optional in schema
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Edit tests:

[P-231](#) Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element RtdSepPartcpRcvgCnt in line 6b of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable RTD-SEP-PARTCP-FUT-CNT	Var Number 0101.00
Form Label Other Retired or Separated Vested Participants	Line Number 6c	

Input Specification

XML Element Name RtdSepPartcpFutCnt	ElementID 0101.00	Optional in schema
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Edit tests:

[P-231](#) Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element RtdSepPartcpFutCnt in line 6c of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SUBTL-ACT-RTD-SEP-CNT	Var Number 0102.00
Form Label Subtotal of 6a(2), 6b, and 6c	Line Number 6d	

Input Specification

XML Element Name SubtlActRtdSepCnt	ElementID 0102.00	Optional in schema
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Edit tests:

- [P-231](#) Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.
- [P-232](#) Form 5500, Line 6f is blank or does not equal the sum of Lines 6d and 6e.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element SubtlActRtdSepCnt in line 6d of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 6a(2), 6b, and 6c." - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BENEF-RCVG-BNFT-CNT	Var Number 0103.00
Form Label Deceased Participants Whose Beneficiaries are Receiving/Entitled to Benefits	Line Number 6e	

Input Specification

XML Element Name	ElementID	Optional in schema
BenefRcvgBnftCnt	0103.00	

Edit tests:

P-232	Form 5500, Line 6f is blank or does not equal the sum of Lines 6d and 6e.
P-404	Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element BenefRcvgBnftCnt in line 6e of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TOT-ACT-RTD-SEP-BENEF-CNT	Var Number 0104.00
Form Label Total of 6d and 6e	Line Number 6f	

Input Specification

XML Element Name	ElementID	Optional in schema
TotActRtdSepBenefCnt	0104.00	

Edit tests:

P-215	Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
P-232	Form 5500, Line 6f is blank or does not equal the sum of Lines 6d and 6e.
P-397	Form 5500, Line B (the final return/report) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Form 5500, Line 6f (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report) on the Form 5500. Otherwise, verify that the correct information has been provided on Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) and Form 5500, Line 6f (Total Participants).
P-398	The number of participants entered on Form 5500, Line 6f cannot be less than the number of participants with account balances entered on Line 6g. Defined Benefit plans should not complete Form 5500, Line 6g.
P-404	Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotActRtdSepBenefCnt in line 6f of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 6d and 6e - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable PARTCP-ACCOUNT-BAL-CNT	Var Number 0105.00
Form Label Number of Participants With Account Balances	Line Number 6g	

Input Specification

XML Element Name PartcpAccountBalCnt	ElementID 0105.00	Optional in schema
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Edit tests:

- [P-398](#) The number of participants entered on Form 5500, Line 6f cannot be less than the number of participants with account balances entered on Line 6g. Defined Benefit plans should not complete Form 5500, Line 6g.
- [P-404](#) Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element PartcpAccountBalCnt in line 6g of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SEP-PARTCP-PARTL-VSTD-CNT	Var Number 0106.00
Form Label Participants That Terminated Employment With Accrued Pension Benefits	Line Number 6h	

Input Specification

XML Element Name SepPartcpPartlVstdCnt	ElementID 0106.00	Optional in schema
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Edit tests:

[P-404](#)

Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element SepPartcpPartlVstdCnt in line 6h of Form 5500 is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable CONTRIB-EMPLRS-CNT	Var Number 0107.00
Form Label Total number of contributing employers	Line Number 7	

Input Specification

XML Element Name ContribEmployersCnt	ElementID 0107.00	Optional in schema
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Edit tests:

- [B-633](#) Form 5500, Line A indicates a multiemployer plan, but Line 7 is blank.
- [B-634](#) Form 5500, Line 7 is not blank and Line A indicates that the plan is not a multiemployer plan.
- [B-674](#) Schedule R, Line 13a cannot be blank when Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit) and Form 5500, Line 7 is less than 20.

Schema Info: Type Count4Type minOccurs= 0; maxOccurs= 1

Type Info: Count4Type - simpleType [4-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=4

Acknowledgment Error Message:The value for the XML element ContribEmployersCnt in line 7 of Form 5500 is invalid for the datatype Count4Type. Valid values for this datatype include unsigned integers up to a maximum of 9999 (4 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 9999 (4 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TYPE-PENSION-BNFT-CODE	Var Number 0108.00
Form Label Pension Benefit Codes	Line Number 8a-CODES	

Input Specification

XML Element Name PensionCodeTable/TypePensionBnftCode	ElementID 0108.00	Required in schema if PensionCodeTable present
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Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode = 'SchMBFndgStndAccntBases']) is not included.
B-601MB	Schedule MB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode = 'PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode = 'ActrlAssmptnMthds']).
B-601SB	Schedule SB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode = 'PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode = 'ActrlAssmptnMthds']).
B-624SB	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-674	Schedule R, Line 13a cannot be blank when Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit) and Form 5500, Line 7 is less than 20.
B-692SB	Schedule R, Line 3 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).
B-693	Schedule R, Line 9 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-703MB	A Schedule MB has been provided with a Form 5500, but the plan has not been identified as either a defined benefit or defined contribution plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on the Form 5500, Line 8a.
B-710	Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.
B-720MB	Schedule MB, Line 1d(2)(b) is not greater than zero when Lines 1b(1) and 2b(3)(c)(1) are greater than zero and Form 5500, Line 8a does not contain '1I'.
I-123	Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."
I-144	Schedule R, Line 16a is greater than zero and Line 16b is blank and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
I-145	Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment[AttachmentTypeCode = 'SchRASSETLiabTransfer']) is not attached and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x"

(Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.

- [I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).
- [I-154MB](#) Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
- [I-154SB](#) Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
- [I-157](#) Schedule R, Line 5 is completed and Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
- [J-503](#) Form 5500, Line 8a cannot contain an entry when Form 5500, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 8a and enter welfare benefit codes in Line 8b from the instructions.
- [J-509](#) No Plan Characteristic codes have been entered on Form 5500, Line 8a or 8b. Pension and/or Welfare codes must be provided.
- [P-215](#) Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
- [P-217](#) Form 5500, Line 8a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the Form 5500 instructions for a complete list of valid Pension Benefit Codes.
- [P-227A](#) You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
- [P-234](#) Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
- [P-290](#) Schedule H, Line 21(2)(b) indicates a transfer amount greater than \$5000, but Schedule H, Line 5b(1) is blank.
- [P-321](#) A Plan Name, EIN, and PN must be provided for each Plan Transfer listed in Schedule H Line 5b.
- [P-373](#) Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 21(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 21(2) and 5b of the Schedule H and provide the corrected information.
- [P-389](#) The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.
- [P-401SB](#) A Schedule SB has been provided with a Form 5500, but the plan has not been identified as a defined benefit plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on Form 5500, Line 8a.
- [P-402MB](#) Line 8a of the Form 5500 does not identify the plan as a defined benefit plan, however, Schedule MB, Line E Box 1 (Multiemployer Defined Benefit) is checked. Verify the Plan Characteristic codes selected on the Form 5500, Line 8a or verify Schedule MB, Line E.
- [P-403MB](#) Line 8a of the Form 5500 does not identify the plan as a money purchase plan, however, Schedule MB, Line E Box 2 (Money Purchase) is checked. Verify the Plan Characteristic codes on the Form 5500, Line 8a or verify Schedule MB, Line E.
- [X-121](#) Schedule H, Line 4m cannot be blank.
- [X-122](#) Schedule I, Line 4m cannot be blank.

Schema Info: Type TypePensionBnftCodeType minOccurs= 1; maxOccurs= 20

Type Info: TypePensionBnftCodeType - simpleType [Allowed 2-char pension codes]

Base: StringType

Restrictions: Patterns: [1-3][A-Z]

ParentInfo: PensionCodeTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element PensionCodeTable/TypePensionBnftCode in line 8a-CODES of Form 5500 is invalid for the datatype TypePensionBnftCodeType. Valid values for this datatype include 2-character codes where the first character is 1-3 and the second character is A-Z.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Automatically formatted as upper-case

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable TYPE-WELFARE-BNFT-CODE	Var Number 0109.00
Form Label Welfare Benefit Codes	Line Number 8b-CODES	

Input Specification

XML Element Name WelfareCodeTable/TypeWelfareBnftCode	ElementID 0109.00	Required in schema if WelfareCodeTable present
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Edit tests:

J-509	No Plan Characteristic codes have been entered on Form 5500, Line 8a or 8b. Pension and/or Welfare codes must be provided.
P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
P-359	Welfare benefit code(s) on Form 5500 line 8b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500 instructions for a complete list of valid Welfare Benefit Codes.
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.

Schema Info: Type TypeWelfareBnftCodeType minOccurs= 1; maxOccurs= 20

Type Info: TypeWelfareBnftCodeType - simpleType [Allowed 2-char welfare codes]

Base: StringType

Restrictions: Patterns: 4[A-Z]

ParentInfo: WelfareCodeTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WelfareCodeTable/TypeWelfareBnftCode in line 8b-CODES of Form 5500 is invalid for the datatype TypeWelfareBnftCodeType. Valid values for this datatype include 2-character codes where the first character is 4 and the second character is A-Z.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Automatically formatted as upper-case

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FUNDING-INSURANCE-IND	Var Number 0110.00
Form Label Plan Funding Arrangement	Line Number 9a(1)	

Input Specification

XML Element Name FundingArrangement/InsuranceInd	ElementID 0110.00	Optional in schema
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Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
J-504	Form 5500, Line 9a must contain an entry.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-236	Form 5500, Line 9a(1) and/or Line 9a(2) must be checked, when Schedule H Line 1c(10)(a) or Line 1c(10)(b) indicates an amount.
P-265	Form 5500, Line 9a(1) and/or Line 9b(1) must be checked when Schedule H Line 1c(14)(a) or Line 1c(14)(b) indicates an amount.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: FundingArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element FundingArrangement/InsuranceInd in line 9a(1) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FUNDING-SEC412-IND	Var Number 0111.00
Form Label Plan Funding Arrangement	Line Number 9a(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
FundingArrangement/CdSection412Ind	0111.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
B-710	Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
J-504	Form 5500, Line 9a must contain an entry.
P-215	Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-236	Form 5500, Line 9a(1) and/or Line 9a(2) must be checked, when Schedule H Line 1c(10)(a) or Line 1c(10)(b) indicates an amount.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: FundingArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element FundingArrangement/CdSection412Ind in line 9a(2) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FUNDING-TRUST-IND	Var Number 0112.00
Form Label Plan Funding Arrangement	Line Number 9a(3)	

Input Specification

XML Element Name FundingArrangement/TrustInd	ElementID 0112.00	Optional in schema
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Edit tests:

J-504	Form 5500, Line 9a must contain an entry.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: FundingArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element FundingArrangement/TrustInd in line 9a(3) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable FUNDING-GEN-ASSET-IND	Var Number 0113.00
Form Label Plan Funding Arrangement	Line Number 9a(4)	

Input Specification

XML Element Name	ElementID	Optional in schema
FundingArrangement/GeneralAssetInd	0113.00	

Edit tests:

J-504	Form 5500, Line 9a must contain an entry.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: FundingArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element FundingArrangement/GeneralAssetInd in line 9a(4) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BENEFIT-INSURANCE-IND	Var Number 0114.00
Form Label Plan Benefit Arrangement	Line Number 9b(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
BenefitArrangement/InsuranceInd	0114.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
J-505	Form 5500, Line 9b must contain an entry.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-265	Form 5500, Line 9a(1) and/or Line 9b(1) must be checked when Schedule H Line 1c(14)(a) or Line 1c(14)(b) indicates an amount.
P-285	Benefit Payments on Schedule H Line 2e(2)(a) (indicating insurance arrangement) equals an amount other than zero, but Form 5500, Line 9b(1) is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: BenefitArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element BenefitArrangement/InsuranceInd in line 9b(1) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BENEFIT-SEC412-IND	Var Number 0115.00
Form Label Plan Benefit Arrangement	Line Number 9b(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
BenefitArrangement/CdSection412Ind	0115.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
B-710	Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.
J-505	Form 5500, Line 9b must contain an entry.
P-215	Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: BenefitArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element BenefitArrangement/CdSection412Ind in line 9b(2) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BENEFIT-TRUST-IND	Var Number 0116.00
Form Label Plan Benefit Arrangement	Line Number 9b(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
BenefitArrangement/TrustInd	0116.00	

Edit tests:

J-505	Form 5500, Line 9b must contain an entry.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: BenefitArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element BenefitArrangement/TrustInd in line 9b(3) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable BENEFIT-GEN-ASSET-IND	Var Number 0117.00
Form Label Plan Benefit Arrangement	Line Number 9b(4)	

Input Specification

XML Element Name	ElementID	Optional in schema
BenefitArrangement/GeneralAssetInd	0117.00	

Edit tests:

J-505	Form 5500, Line 9b must contain an entry.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: BenefitArrangement (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element BenefitArrangement/GeneralAssetInd in line 9b(4) of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-R-ATTACHED-IND	Var Number 0118.00
Form Label Schedule R Attached Indicator	Line Number 10a(1) BOX	

Input Specification

XML Element Name SchRAttachedInd	ElementID 0118.00	Optional in schema
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Edit tests:

[X-009](#) Either Form 5500, Line 10a(1) Box is checked and no Schedule R is provided, or Schedule R is provided and Form 5500, Line 10a(1) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchRAttachedInd in line 10a(1) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-MB-ATTACHED-IND	Var Number 0119.00
Form Label Schedule MB Attached Indicator	Line Number 10a(2) BOX	

Input Specification

XML Element Name SchMBAttachedInd	ElementID 0119.00	Optional in schema
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Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-703MB	A Schedule MB has been provided with a Form 5500, but the plan has not been identified as either a defined benefit or defined contribution plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on the Form 5500, Line 8a.
X-010MB	Either Form 5500, Line 10a(2) Box is checked and no Schedule MB is provided, or Schedule MB is provided and Form 5500, Line 10a(2) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchMBAttachedInd in line 10a(2) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-SB-ATTACHED-IND	Var Number 0120.00
Form Label Schedule SB Attached Indicator	Line Number 10a(3) BOX	

Input Specification

XML Element Name SchSBAttachedInd	ElementID 0120.00	Optional in schema
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Edit tests:

[X-010SB](#) Either Form 5500, Line 10a(3) Box is checked and no Schedule SB is provided, or Schedule SB is provided and Form 5500, Line 10a(3) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element SchSBAttachedInd in line 10a(3) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-H-ATTACHED-IND	Var Number 0121.00
Form Label Schedule H Attached Indicator	Line Number 10b(1) BOX	

Input Specification

XML Element Name SchHAttachedInd	ElementID 0121.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-013](#) Either Form 5500, Line 10b(1) Box is checked and no Schedule H is provided, or Schedule H is provided and Form 5500, Line 10b(1) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element SchHAttachedInd in line 10b(1) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-I-ATTACHED-IND	Var Number 0122.00
Form Label Schedule I Attached Indicator	Line Number 10b(2) BOX	

Input Specification

XML Element Name SchIAttachedInd	ElementID 0122.00	Optional in schema
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Edit tests:

[X-014](#) Either Form 5500, Line 10b(2) Box is checked and no Schedule I is provided, or Schedule I is provided and Form 5500, Line 10b(2) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element SchIAttachedInd in line 10b(2) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-A-ATTACHED-IND	Var Number 0123.00
Form Label Schedule A Attached Indicator	Line Number 10b(3) BOX	

Input Specification

XML Element Name SchAAttachedInd	ElementID 0123.00	Optional in schema
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Edit tests:

[X-015](#) Either Form 5500, Line 10b(3) Box is checked and no Schedule A is provided, or Schedule A is provided and Form 5500, Line 10b(3) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchAAttachedInd in line 10b(3) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable NUM-SCH-A-ATTACHED-CNT	Var Number 0124.00
Form Label Schedule A Count	Line Number 10b(3) COUNT	

Input Specification

XML Element Name NumSchAAttachedCnt	ElementID 0124.00	Optional in schema
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Edit tests:

[P-237](#) Form 5500, Line 10b(3) does not equal the number of Schedule(s) A attached.

Schema Info: Type Count3Type minOccurs= 0; maxOccurs= 1

Type Info: Count3Type - simpleType [3-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=3

Acknowledgment Error Message:The value for the XML element NumSchAAttachedCnt in line 10b(3) COUNT of Form 5500 is invalid for the datatype Count3Type. Valid values for this datatype include unsigned integers up to a maximum of 999.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 999 (3 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-C-ATTACHED-IND	Var Number 0125.00
Form Label Schedule C Attached Indicator	Line Number 10b(4) BOX	

Input Specification

XML Element Name SchCAttachedInd	ElementID 0125.00	Optional in schema
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Edit tests:

[X-017](#) Either Form 5500, Line 10b(4) Box is checked and no Schedule C is provided, or Schedule C is provided and Form 5500, Line 10b(4) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchCAttachedInd in line 10b(4) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-D-ATTACHED-IND	Var Number 0126.00
Form Label Schedule D Attached Indicator	Line Number 10b(5) BOX	

Input Specification

XML Element Name SchDAttachedInd	ElementID 0126.00	Optional in schema
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Edit tests:

[X-018](#) Either Form 5500, Line 10b(5) Box is checked and no Schedule D is provided, or Schedule D is provided and Form 5500, Line 10b(5) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchDAttachedInd in line 10b(5) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SCH-G-ATTACHED-IND	Var Number 0127.00
Form Label Schedule G Attached Indicator	Line Number 10b(6) BOX	

Input Specification

XML Element Name SchGAttachedInd	ElementID 0127.00	Optional in schema
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Edit tests:

[X-019](#) Either Form 5500, Line 10b(6) Box is checked and no Schedule G is provided, or Schedule G is provided and Form 5500, Line 10b(6) Box is not checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element SchGAttachedInd in line 10b(6) BOX of Form 5500 is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable SUBJ-M1-FILING-REQ-IND	Var Number 0127.01
Form Label Subject to Form M-1 Filing Requirement	Line Number 11a	

Input Specification

XML Element Name SubjM1FilingRqmtInd	ElementID 0127.01	Optional in schema
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Edit tests:

- [P-391](#) Form 5500, Line 11b is blank and Line 11a contains "Yes".
[P-392](#) Form 5500, Line 11c is blank and Line 11a contains "Yes".

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element SubjM1FilingRqmtInd in line 11a of Form 5500 is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable COMPLIANCE-M1-FILING-REQ-IND	Var Number 0127.02
Form Label Compliance with Form M-1 Filing Requirement	Line Number 11b	

Input Specification

XML Element Name ComplianceM1FilingRqmtInd	ElementID 0127.02	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-391](#) Form 5500, Line 11b is blank and Line 11a contains "Yes".

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ComplianceM1FilingRqmtInd in line 11b of Form 5500 is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500	IRD Variable M1-RECEIPT-CONFIRMATION-CODE	Var Number 0127.03
Form Label Form M-1 Receipt Confirmation Code	Line Number 11c	

Input Specification

XML Element Name M1ReceiptConfirmationCode	ElementID 0127.03	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-392](#) Form 5500, Line 11c is blank and Line 11a contains "Yes".

Schema Info: Type M1RcptConfirmationCodeType minOccurs= 0; maxOccurs= 1

Type Info: M1RcptConfirmationCodeType - simpleType [12-digit numeric code]

Base: IntegerNNType

Restrictions: totalDigits=12

Acknowledgment Error Message:The value for the XML element M1ReceiptConfirmationCode in line 11c of Form 5500 is invalid for the datatype M1RcptConfirmationCodeType. Valid values for this datatype include numeric strings of exactly 12 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-YEAR-BEGIN-DATE	Var Number 0128.00
Form Label Plan Year Beginning Date	Line Number PLAN YEAR BEGIN	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearBeginDate	0128.00	

Edit tests:

P-209SF	Form 5500-SF Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.
X-027MB	The Plan Year Begin Date on Schedule MB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.
X-027SB	The Plan Year Begin Date on Schedule SB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.
X-031MB	Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-031SB	Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element PlanYearBeginDate in line PLAN YEAR BEGIN of Form 5500-SF is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
SF-TAX-PRD

Var Number
0129.00

Form Label
Plan Year Ending Date

Line Number
PLAN YEAR END

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearEndDate	0129.00	

Edit tests:

P-209SF	Form 5500-SF Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.
X-004SF	The Effective Date of the Plan on Form 5500-SF, Line 1c is not valid.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.
X-028MB	The Plan Year End Date on Schedule MB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.
X-028SB	The Plan Year End Date on Schedule SB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.
X-031MB	Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-031SB	Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.
X-127SF	The date the Plan Administrator manually signed the Form 5500-SF under the E-Signature option may be invalid. Please verify and correct the date if needed.
X-128SF	The date the Plan Sponsor manually signed the Form 5500-SF using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element PlanYearEndDate in line PLAN YEAR END of Form 5500-SF is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-ENTITY-CD	Var Number 0130.00
Form Label Entity Type	Line Number A	

Input Specification

XML Element Name TypePlanEntityCd	ElementID 0130.00	Optional in schema
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Valid values: 1=Single-employer plan; 2=Multiple-employer plan (not multiemployer); 3=One-participant plan; 4=Foreign plan

Edit tests:

B-607SF	Schedule SB, Line E, Single Employer is checked and Form 5500-SF, Line A Single Employer is not checked, or Schedule SB, Line E Multiple A or Multiple B is checked and Form 5500-SF, Line A Multiple Employer is not checked.
P-210SF	Entity Type on Form 5500-SF Line A is blank. Line A must contain an entry.
P-393SF	Form 5500-SF, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.
P-394SF	Form 5500-SF, Line A indicates that this is a "One-participant plan" and Line 9b contains an entry.

Schema Info: Type SFTYPEPlanEntityCodeType minOccurs= 0; maxOccurs= 1

Type Info: SFTYPEPlanEntityCodeType - simpleType [1=Single-employer plan; 2=Multiple-employer plan (not multiemployer); 3=One-participant plan; 4=Foreign plan]

Base: Enum1To4Type

Restrictions: None

Acknowledgment Error Message:The value for the XML element TypePlanEntityCd in line A of Form 5500-SF is invalid for the datatype SFTYPEPlanEntityCodeType. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-INITIAL-FILING-IND	Var Number 0131.00
Form Label Type of Filing	Line Number B (first return/report)	

Input Specification

XML Element Name InitialFilingInd	ElementID 0131.00	Optional in schema
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Valid values: 1=First return/report filed for the plan

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element InitialFilingInd in line B (first return/report) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-AMENDED-IND	Var Number 0132.00
Form Label Type of Filing	Line Number B (amended filing)	

Input Specification

XML Element Name AmendedInd	ElementID 0132.00	Optional in schema
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Edit tests:

[X-008SF](#) Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element AmendedInd in line B (amended filing) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FINAL-FILING-IND	Var Number 0133.00
Form Label Type of Filing	Line Number B (final filing)	

Input Specification

XML Element Name FinalFilingInd	ElementID 0133.00	Optional in schema
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Edit tests:

P-215SF	Form 5500-SF, Line B (Final Return/Report) is checked; however, the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Line 13b, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.
P-397SF	Form 5500-SF, Line B (the final return/report) is not checked, but Form 5500-SF, Line 7a (Total Assets EOY) is equal to zero and Line 5b (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report). Otherwise, verify that the correct information has been provided on Line 7a (Total Assets EOY) and Line 5b (Total Participants).

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element FinalFilingInd in line B (final filing) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SHORT-PLAN-YR-IND	Var Number 0134.00
Form Label Type of Filing	Line Number B (short plan year filing)	

Input Specification

XML Element Name ShortPlanYrInd	ElementID 0134.00	Optional in schema
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Edit tests:

[X-034SF](#)

Either Form 5500-SF, Line B4 (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500-SF, Line B4 (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ShortPlanYrInd in line B (short plan year filing) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-5558-APPLICATION-FILED-IND	Var Number 0135.00
Form Label Filing under Form 5558 extension - Check Box	Line Number C (Form 5558)	

Input Specification

XML Element Name Form5558ApplicationFiledInd	ElementID 0135.00	Optional in schema
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Edit tests:

[I-101SF](#)

Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element Form5558ApplicationFiledInd in line C (Form 5558) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-EXT-AUTOMATIC-IND	Var Number 0136.00
Form Label Filing under automatic extension - Check Box	Line Number C (automatic extension)	

Input Specification

XML Element Name	ElementID	Optional in schema
ExtAutomaticInd	0136.00	

Edit tests:

[I-101SF](#)

Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ExtAutomaticInd in line C (automatic extension) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-DFVC-PROGRAM-IND	Var Number 0137.00
Form Label Filing under DFVC program - Check Box	Line Number C (DFVC program)	

Input Specification

XML Element Name	ElementID	Optional in schema
DFVCProgramInd	0137.00	

Edit tests:

[I-101SF](#)

Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element DFVCProgramInd in line C (DFVC program) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-EXT-SPECIAL-IND	Var Number 0138.00
Form Label Filing under special extension - Check Box	Line Number C (special extension)	

Input Specification

XML Element Name ExtSpecialInd	ElementID 0138.00	Optional in schema
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Edit tests:

I-101SF	Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
X-117SF	Form 5500-SF, Part I, Line C (special extension) is checked, but Line C (description) is blank.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ExtSpecialInd in line C (special extension) of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-EXT-SPECIAL-TEXT	Var Number 0139.00
Form Label Filing Under An Extension Of Time - Check Box	Line Number C (special extension text)	

Input Specification

XML Element Name ExtSpecialText	ElementID 0139.00	Optional in schema
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Edit tests:

[X-117SF](#) Form 5500-SF, Part I, Line C (special extension) is checked, but Line C (description) is blank.

Schema Info: Type String35Type minOccurs= 0; maxOccurs= 1

Type Info: String35Type - simpleType [35 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=35

Acknowledgment Error Message:The value for the XML element ExtSpecialText in line C (special extension text) of Form 5500-SF is invalid for the datatype String35Type. Valid values for this datatype include any string of up to 35 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-NAME	Var Number 0140.00
Form Label Name of Plan	Line Number 1a	

Input Specification

XML Element Name PlanName	ElementID 0140.00	Required in schema
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Schema Info: Type PlanNameType minOccurs= 1; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9, '& \- \. / % \ (\) \ * @ \ + \ ? ! ~ _ ; #]) *

Acknowledgment Error Message: The value for the XML element PlanName in line 1a of Form 5500-SF is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-NUM	Var Number 0141.00
Form Label Three Digit Plan Number	Line Number 1b	

Input Specification

XML Element Name	ElementID	Required in schema
SponsorPlanNum	0141.00	

Valid values: 001-999

Edit tests:

J-501SF	Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Form 5500-SF, Part VII, Line 13c (EIN and PN). Assets and/or Liabilities cannot be transferred to the same plan.
J-503SF	Form 5500-SF, Line 9a cannot contain an entry when Form 5500-SF, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 9a and enter welfare benefit codes in Line 9b from the instructions.
P-217SF	Form 5500-SF, Line 9a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the instructions for a complete list of valid Pension Benefit Codes.
P-359SF	Welfare benefit code(s) on Form 5500-SF, Line 9b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500-SF instructions for a complete list of valid Welfare Benefit Codes.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.
X-029MB	The Plan Number on Schedule MB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).
X-029SB	The Plan Number on Schedule SB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element SponsorPlanNum in line 1b of Form 5500-SF is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-EFF-DATE	Var Number 0142.00
Form Label Effective Date of Plan	Line Number 1c	

Input Specification

XML Element Name PlanEffDate	ElementID 0142.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-219SF	Plan effective date on Form 5500-SF, Line 1c cannot be blank.
X-004SF	The Effective Date of the Plan on Form 5500-SF, Line 1c is not valid.

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanEffDate in line 1c of Form 5500-SF is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONSOR-NAME	Var Number 0143.00
Form Label Plan Sponsor's Name	Line Number 2a-NAME	

Input Specification

XML Element Name	ElementID	Required in schema
Sponsor/Name	0143.00	

Schema Info: Type SponsorNameType minOccurs= 1; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;\#!])*

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Sponsor/Name in line 2a-NAME of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONSOR-DFE-DBA-NAME	Var Number 0143.05
Form Label Plan Sponsor's Doing Business As (DBA) Name	Line Number 2a-DBA	

Input Specification

XML Element Name Sponsor/DbName	ElementID 0143.05	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\.\%\\(\)*@\+\?~_;\#!])*

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Sponsor/DbName in line 2a-DBA of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-CARE-OF-NAME	Var Number 0143.06
Form Label Plan Sponsor's Care/Of Name	Line Number 2a-CARE/OF NAME	

Input Specification

XML Element Name Sponsor/CareOfName	ElementID 0143.06	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*\@+\?~_;!])*

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Sponsor/CareOfName in line 2a-CARE/OF NAME of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-US-ADDRESS1	Var Number 0144.00
-----------------------------	---	------------------------------

Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET
---	---------------------------------

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0144.00	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line 2a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-US-ADDRESS2	Var Number 0145.00
Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET	

Input Specification

XML Element Name USAddress/AddressLine2	ElementID 0145.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line 2a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-US-CITY	Var Number 0146.00
Form Label Plan Sponsor's City (or Foreign City)	Line Number 2a-CITY	

Input Specification

XML Element Name USAddress/City	ElementID 0146.00	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USAddress/City in line 2a-CITY of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-US-STATE	Var Number 0147.00
Form Label Plan Sponsor's State	Line Number 2a-STATE	

Input Specification

XML Element Name USAddress/State	ElementID 0147.00	Required in schema if USAddress present
--	-----------------------------	--

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/State in line 2a-STATE of Form 5500-SF is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-US-ZIP	Var Number 0148.00
Form Label Plan Sponsor's Zip Code	Line Number 2a-ZIP	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0148.00	Required in schema if USAddress present
--	-----------------------------	---

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/ZipCode in line 2a-ZIP of Form 5500-SF is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-ADDRESS1	Var Number 0149.00
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Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET
---	---------------------------------

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0149.00	Required in schema if ForeignAddress present
--	-----------------------------	--

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line 2a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-ADDRESS2	Var Number 0150.00
Form Label Plan Sponsor's Mailing Street Address (or Foreign Street)	Line Number 2a-STREET	

Input Specification

XML Element Name ForeignAddress/AddressLine2	ElementID 0150.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line 2a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-CITY	Var Number 0151.00
Form Label Plan Sponsor's City (or Foreign City)	Line Number 2a-CITY	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0151.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line 2a-CITY of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-PROV-STATE	Var Number 0152.00
Form Label Plan Sponsor's State	Line Number 2a-STATE	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0152.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line 2a-STATE of Form 5500-SF is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-CNTRY	Var Number 0153.00
Form Label Sponsor's Foreign Mailing Country	Line Number 2a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0153.00	Required in schema if ForeignAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Edit tests:

[X-113SF](#) Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line 2a-COUNTRY (FOREIGN) of Form 5500-SF is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-FOREIGN-POSTAL-CD	Var Number 0154.00
Form Label Sponsor's Foreign Routing Code (Zip Code)	Line Number 2a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0154.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line 2a-ROUTING CODE (FOREIGN) of Form 5500-SF is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-US-ADDRESS1	Var Number 0154.01
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/AddressLine1	ElementID 0154.01	Required in schema if USLocationAddress present
---	-----------------------------	---

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USLocationAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USLocationAddress/AddressLine1 in line 2a-LOCATION of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-US-ADDRESS2	Var Number 0154.02
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name	ElementID	Optional in schema
USLocationAddress/AddressLine2	0154.02	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USLocationAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USLocationAddress/AddressLine2 in line 2a-LOCATION of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-US-CITY	Var Number 0154.03
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/City	ElementID 0154.03	Required in schema if USLocationAddress present
---	-----------------------------	--

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USLocationAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USLocationAddress/City in line 2a-LOCATION of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-US-STATE	Var Number 0154.04
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/State	ElementID 0154.04	Required in schema if USLocationAddress present
--	-----------------------------	--

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USLocationAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USLocationAddress/State in line 2a-LOCATION of Form 5500-SF is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-US-ZIP	Var Number 0154.05
Form Label Plan Sponsor's Location Address	Line Number 2a-LOCATION	

Input Specification

XML Element Name USLocationAddress/ZipCode	ElementID 0154.05	Required in schema if USLocationAddress present
--	-----------------------------	---

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USLocationAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USLocationAddress/ZipCode in line 2a-LOCATION of Form 5500-SF is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-ADDRESS1	Var Number 0154.06
Form Label Plan Sponsor's Location Street Address (or Foreign Street)	Line Number 2a-LOCATION	

Input Specification

XML Element Name ForeignLocationAddress/AddressLine1	ElementID 0154.06	Required in schema if ForeignLocationAddress present
--	-----------------------------	--

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/AddressLine1 in line 2a-LOCATION of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-ADDRESS2	Var Number 0154.07
Form Label Plan Sponsor's Location Street Address (or Foreign Street)	Line Number 2a-LOCATION	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignLocationAddress/AddressLine2	0154.07	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/AddressLine2 in line 2a-LOCATION of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-CITY	Var Number 0154.08
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Form Label Plan Sponsor's Location City (or Foreign City)	Line Number 2a-LOCATION
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Input Specification

XML Element Name ForeignLocationAddress/City	ElementID 0154.08	Required in schema if ForeignLocationAddress present
--	-----------------------------	--

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/City in line 2a-LOCATION of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-PROV-STATE	Var Number 0154.09
Form Label Plan Sponsor's Location State	Line Number 2a-LOCATION	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignLocationAddress/ProvinceOrState	0154.09	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/ProvinceOrState in line 2a-LOCATION of Form 5500-SF is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-CNTRY	Var Number 0154.10
Form Label Plan Sponsor's Foreign Location Country	Line Number 2a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignLocationAddress/Country	ElementID 0154.10	Required in schema if ForeignLocationAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element ForeignLocationAddress/Country in line 2a-COUNTRY (FOREIGN) of Form 5500-SF is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-LOC-FOREIGN-POSTAL-CD	Var Number 0154.11
Form Label Plan Sponsor's Location Foreign Routing Code (Zip Code)	Line Number 2a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name ForeignLocationAddress/PostalCode	ElementID 0154.11	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignLocationAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignLocationAddress/PostalCode in line 2a-ROUTING CODE (FOREIGN) of Form 5500-SF is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-EIN	Var Number 0155.00
Form Label Employer Identification Number	Line Number 2b	

Input Specification

XML Element Name	ElementID	Required in schema
Sponsor/EIN	0155.00	

Edit tests:

I-114MB	Schedule MB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.
I-114SB	Schedule SB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.
I-159SF	The Plan Sponsor EIN in Form 5500-SF, Line 2(b) cannot begin with 69, 70, 79, 96, or 97. Submit an amended return using the correct Plan Sponsor EIN or contact the IRS to obtain a new EIN.
J-501SF	Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Form 5500-SF, Part VII, Line 13c (EIN and PN). Assets and/or Liabilities cannot be transferred to the same plan.
X-008SF	Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]
Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message: The value for the XML element Sponsor/EIN in line 2b of Form 5500-SF is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-PHONE-NUM	Var Number 0156.00
Form Label Sponsor Phone Number	Line Number 2c	

Input Specification

XML Element Name Sponsor/PhoneNum	ElementID 0156.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Sponsor/PhoneNum in line 2c of Form 5500-SF is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-PHONE-NUM-FOREIGN	Var Number 0156.01
Form Label Sponsor Telephone Number (Foreign)	Line Number 2c (Foreign)	

Input Specification

XML Element Name Sponsor/ForeignPhoneNum	ElementID 0156.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

ParentInfo: Sponsor (SponsorType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Sponsor/ForeignPhoneNum in line 2c (Foreign) of Form 5500-SF is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-BUSINESS-CODE	Var Number 0157.00
Form Label Business Code	Line Number 2d	

Input Specification

XML Element Name BusinessCode	ElementID 0157.00	Optional in schema
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Edit tests:

[J-502SF](#) Form 5500-SF, Line 2d cannot be missing or invalid. Refer to the Form 5500-SF instructions for a complete list of valid Business Codes.

Schema Info: Type BusinessCodeType minOccurs= 0; maxOccurs= 1

Type Info: BusinessCodeType - simpleType [6-digit business code]

Base:xsd:string

Restrictions:Patterns: [0-9]{6}

Acknowledgment Error Message:The value for the XML element BusinessCode in line 2d of Form 5500-SF is invalid for the datatype BusinessCodeType. Valid values for this datatype include 6-digit codes listed in the filer instructions.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-NAME	Var Number 0158.00
Form Label Administrator Name	Line Number 3a-NAME	

Input Specification

XML Element Name Administrator/Name	ElementID 0158.00	Required in schema if Administrator/NameSameAsSponsorInd not present.
---	-----------------------------	---

Edit tests:

[P-226SF](#)

The Plan Administrator's EIN on Form 5500-SF, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type SponsorNameType minOccurs= 1; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\.\%\\(\)*@\+\?~_;\#!])*

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Administrator/Name in line 3a-NAME of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-NAME-SAME-AS-SPONSOR-IND	Var Number 0158.01
Form Label Administrator's Name Same as Sponsor	Line Number 3a-Admin Name Same	

Input Specification

XML Element Name	ElementID	Required in schema if
Administrator/NameSameAsSponsorInd	0158.01	Administrator/Name not present.

Edit tests:

[P-226SF](#)

The Plan Administrator's EIN on Form 5500-SF, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type CheckboxType minOccurs= 1; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Administrator/NameSameAsSponsorInd in line 3a-Admin Name Same of Form 5500-SF is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0158.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-CARE-OF-NAME	Var Number 0159.00
Form Label Plan Administrator's Care/Of Name	Line Number 3a-CARE/OF NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
Administrator/CareOfName	0159.00	

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;\#!])*

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Administrator/CareOfName in line 3a-CARE/OF NAME of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-US-ADDRESS1	Var Number 0160.00
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Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET
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Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0160.00	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line 3a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-US-ADDRESS2	Var Number 0161.00
Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET	

Input Specification

XML Element Name USAddress/AddressLine2	ElementID 0161.00	Optional in schema
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Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line 3a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-US-CITY	Var Number 0162.00
Form Label Administrator City (or Foreign City)	Line Number 3a-CITY	

Input Specification

XML Element Name USAddress/City	ElementID 0162.00	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element USAddress/City in line 3a-CITY of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-US-STATE	Var Number 0163.00
Form Label Administrator State	Line Number 3a-STATE	

Input Specification

XML Element Name USAddress/State	ElementID 0163.00	Required in schema if USAddress present
--	-----------------------------	--

Edit tests:

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/State in line 3a-STATE of Form 5500-SF is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-US-ZIP	Var Number 0164.00
Form Label Administrator Zip Code	Line Number 3a-ZIP	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0164.00	Required in schema if USAddress present
--	-----------------------------	--

Edit tests:

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element USAddress/ZipCode in line 3a-ZIP of Form 5500-SF is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-ADDRESS1	Var Number 0165.00
-----------------------------	--	------------------------------

Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET
---	---------------------------------

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0165.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Edit tests:

[X-114SF](#) Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line 3a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-ADDRESS2	Var Number 0166.00
Form Label Administrator Street Address (or Foreign Street)	Line Number 3a-STREET	

Input Specification

XML Element Name ForeignAddress/AddressLine2	ElementID 0166.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line 3a-STREET of Form 5500-SF is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-CITY	Var Number 0167.00
Form Label Administrator's City (or Foreign City)	Line Number 3a-City	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0167.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Edit tests:

[X-114SF](#)

Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element ForeignAddress/City in line 3a-City of Form 5500-SF is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-PROV-STATE	Var Number 0168.00
Form Label Administrator's State	Line Number 3a - State	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/ProvinceOrState	0168.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line 3a - State of Form 5500-SF is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-CNTRY	Var Number 0169.00
Form Label Administrator's Foreign Mailing Country	Line Number 3a-COUNTRY (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0169.00	Required in schema if ForeignAddress present
---	-----------------------------	---

Valid values: 2-character country codes only.

Edit tests:

[X-114SF](#) Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line 3a-COUNTRY (FOREIGN) of Form 5500-SF is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-FOREIGN-POSTAL-CD	Var Number 0170.00
Form Label Administrator's Foreign Routing Code (Zip Code)	Line Number 3a-ROUTING CODE (FOREIGN)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0170.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line 3a-ROUTING CODE (FOREIGN) of Form 5500-SF is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-EIN	Var Number 0171.00
Form Label Administrator EIN	Line Number 3b	

Input Specification

XML Element Name Administrator/EIN	ElementID 0171.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-226SF](#)

The Plan Administrator's EIN on Form 5500-SF, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message: The value for the XML element Administrator/EIN in line 3b of Form 5500-SF is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-PHONE-NUM	Var Number 0172.00
Form Label Administrator Telephone Number	Line Number 3c	

Input Specification

XML Element Name	ElementID	Optional in schema
Administrator/PhoneNum	0172.00	

Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Administrator/PhoneNum in line 3c of Form 5500-SF is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-PHONE-NUM-FOREIGN	Var Number 0172.01
Form Label Administrator Telephone Number (Foreign)	Line Number 3c (Foreign)	

Input Specification

XML Element Name Administrator/ForeignPhoneNum	ElementID 0172.01	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

ParentInfo: Administrator (AdminType) minOccurs=1 maxOccurs=1

Acknowledgment Error Message:The value for the XML element Administrator/ForeignPhoneNum in line 3c (Foreign) of Form 5500-SF is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LAST-RPT-SPONS-NAME	Var Number 0173.00
Form Label Sponsor Name From Last Return/Report	Line Number 4a-NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptSponsName	0173.00	

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;!])*

Acknowledgment Error Message:The value for the XML element LastRptSponsName in line 4a-NAME of Form 5500-SF is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LAST-RPT-SPONS-EIN	Var Number 0174.00
Form Label Sponsor EIN From Last Return/Report	Line Number 4b-EIN	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptSponseEIN	0174.00	

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message: The value for the XML element LastRptSponseEIN in line 4b-EIN of Form 5500-SF is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LAST-RPT-PLAN-NAME	Var Number 0174.01
Form Label Plan Name From Last Return/Report	Line Number 4c-PLAN-NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
LastRptPlanName	0174.01	

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9, '& \- \. / % \ (\) \ * @ \ + \ ? ! ~ _ ; #]) *

Acknowledgment Error Message: The value for the XML element LastRptPlanName in line 4c-PLAN-NAME of Form 5500-SF is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LAST-RPT-PLAN-NUM	Var Number 0175.00
Form Label Sponsor Plan Number From Last Return/Report	Line Number 4d-PN	

Input Specification

XML Element Name LastRptPlanNum	ElementID 0175.00	Optional in schema
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Valid values: 001-999

Schema Info: Type PNTYPE minOccurs= 0; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base:xsd:string

Restrictions:Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message:The value for the XML element LastRptPlanNum in line 4d-PN of Form 5500-SF is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-PARTCP-BOY-CNT	Var Number 0176.00
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Form Label Total number of participants at beginning of year	Line Number 5a
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Input Specification

XML Element Name TotPartcpBoyCnt	ElementID 0176.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-230SF	Form 5500-SF cannot be submitted when Form 5500-SF, Line 5a exceeds 120. A Form 5500 must be submitted.
P-356SF	Form 5500-SF, Line 5a cannot be blank.
P-395SF	The number of participants entered on Form 5500-SF, Line 5a cannot be less than the number of active participants entered on Line 5d(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotPartcpBoyCnt in line 5a of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-ACT-RTD-SEP-BENEF-CNT	Var Number 0177.00
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Form Label Total number of participants at end of year	Line Number 5b
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Input Specification

XML Element Name TotActRtdSepBenefCnt	ElementID 0177.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-396SF](#) The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of active participants entered on Line 5d(2).

[P-397SF](#) Form 5500-SF, Line B (the final return/report) is not checked, but Form 5500-SF, Line 7a (Total Assets EOY) is equal to zero and Line 5b (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report). Otherwise, verify that the correct information has been provided on Line 7a (Total Assets EOY) and Line 5b (Total Participants).

[P-398SF](#) The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of participants with account balances entered on Line 5c. Defined Benefit plans should not complete Form 5500-SF, Line 5c.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotActRtdSepBenefCnt in line 5b of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTCP-ACCOUNT-BAL-CNT	Var Number 0178.00
Form Label Number of Participants With Account Balances	Line Number 5c	

Input Specification

XML Element Name PartcpAccountBalCnt	ElementID 0178.00	Optional in schema
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Edit tests:

[P-398SF](#) The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of participants with account balances entered on Line 5c. Defined Benefit plans should not complete Form 5500-SF, Line 5c.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element PartcpAccountBalCnt in line 5c of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-ACT-PARTCP-BOY-CNT	Var Number 0178.01
Form Label Total number of active participants at beginning of year	Line Number 5d(1)	

Input Specification

XML Element Name TotActPartcpBoyCnt	ElementID 0178.01	Optional in schema
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Edit tests:

[P-395SF](#) The number of participants entered on Form 5500-SF, Line 5a cannot be less than the number of active participants entered on Line 5d(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotActPartcpBoyCnt in line 5d(1) of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-ACT-PARTCP-EOY-CNT	Var Number 0178.02
Form Label Total number of active participants at end of year	Line Number 5d(2)	

Input Specification

XML Element Name TotActPartcpEoyCnt	ElementID 0178.02	Optional in schema
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Edit tests:

[P-396SF](#) The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of active participants entered on Line 5d(2).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element TotActPartcpEoyCnt in line 5d(2) of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SEP-PARTCP-PARTL-VSTD-CNT	Var Number 0178.03
Form Label Participants That Terminated Employment With Accrued Pension Benefits	Line Number 5e	

Input Specification

XML Element Name SepPartcpPartlVstdCnt	ElementID 0178.03	Optional in schema
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Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element SepPartcpPartlVstdCnt in line 5e of Form 5500-SF is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ELIGIBLE-ASSETS-IND	Var Number 0179.00
Form Label Eligible Assets Indicator	Line Number 6a	

Input Specification

XML Element Name EligibleAssetsInd	ElementID 0179.00	Optional in schema
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Edit tests:

X-091SF	Form 5500-SF, Line 6a cannot be blank.
X-092SF	Form 5500-SF cannot be submitted when Form 5500-SF, Line 6a is checked "no." A Form 5500 must be submitted.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EligibleAssetsInd in line 6a of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-IQPA-WAIVER-IND	Var Number 0180.00
Form Label Claiming Waiver Of Annual Report Of IQPA Under 29 CFR 2520.104-46	Line Number 6b	

Input Specification

XML Element Name IQPAWaiverInd	ElementID 0180.00	Optional in schema
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Edit tests:

P-357SF	Form 5500-SF, Line 6b cannot be blank.
X-094SF	Form 5500-SF cannot be submitted when Form 5500-SF, Line 6b is checked "no." A Form 5500 must be submitted.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element IQPAWaiverInd in line 6b of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-COVERED-PBGC-INSURANCE-IND	Var Number 0180.01
Form Label Covered under PBGC Insurance Program	Line Number 6c	

Input Specification

XML Element Name CoveredPBGCInsuranceInd	ElementID 0180.01	Optional in schema
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Edit tests:

B-624SF	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-710SF	Form 5500-SF, Line 6c is blank and Line 9a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 9a of the Form 5500-SF or complete the PBGC coverage question in Line 6c.
B-730SF	Form 5500-SF, Line 6c contains "yes" and Line 6c premium filing confirmation number is blank.

Schema Info: Type YesNoNotDetermType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNotDetermType - simpleType [boolean string, 1=yes, 2=no, 3=Not determinable]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element CoveredPBGCInsuranceInd in line 6c of Form 5500-SF is invalid for the datatype YesNoNotDetermType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (Not determinable).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PREMIUM-FILING-CONFIRMATION- NUMBER	Var Number 0180.02
Form Label PBGC Premium Filing Confirmation Number	Line Number 6c - Filing Confirmation Number	

Input Specification

XML Element Name PremiumFilingConfirmationNum	ElementID 0180.02	Optional in schema
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Edit tests:

[B-730SF](#) Form 5500-SF, Line 6c contains "yes" and Line 6c premium filing confirmation number is blank.

Schema Info: Type ConfirmationNumType minOccurs= 0; maxOccurs= 1

Type Info: ConfirmationNumType - simpleType [PBGC premium filing confirmation number, up to 20 digits]

Base: xsd:nonNegativeInteger

Restrictions: totalDigits=20

Acknowledgment Error Message:The value for the XML element PremiumFilingConfirmationNum in line 6c - Filing Confirmation Number of Form 5500-SF is invalid for the datatype ConfirmationNumType. Valid values for this datatype include numbers up to 20 digits in length.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-ASSETS-BOY-AMT	Var Number 0181.00
Form Label Total Assets BOY	Line Number 7a(a)	

Input Specification

XML Element Name TotAssetsBoyAmt	ElementID 0181.00	Optional in schema
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Edit tests:

[P-328SF](#) Form 5500-SF, Line 7c(a) Net Assets must equal Lines 7a(a) minus Line 7b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotAssetsBoyAmt in line 7a(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-LIABILITIES-BOY-AMT	Var Number 0182.00
Form Label Total Liabilities BOY	Line Number 7b(a)	

Input Specification

XML Element Name TotLiabilitiesBoyAmt	ElementID 0182.00	Optional in schema
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Edit tests:

[P-328SF](#) Form 5500-SF, Line 7c(a) Net Assets must equal Lines 7a(a) minus Line 7b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotLiabilitiesBoyAmt in line 7b(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-NET-ASSETS-BOY-AMT	Var Number 0183.00
Form Label Net Assets BOY	Line Number 7c(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetAssetsBoyAmt	0183.00	

Edit tests:

P-328SF	Form 5500-SF, Line 7c(a) Net Assets must equal Lines 7a(a) minus Line 7b(a).
P-390SF	The Net Assets End of Year Amount on Form 5500-SF, Line 7c(b) must equal the sum of Lines 7c(a), 8i(b) and 8j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetAssetsBoyAmt in line 7c(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 7b from line 7a - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-ASSETS-EOY-AMT	Var Number 0184.00
Form Label Total Assets EOY	Line Number 7a(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotAssetsEoyAmt	0184.00	

Edit tests:

P-330SF	Form 5500-SF, Line 7c(b) Net Assets must equal Lines 7a(b) minus 7b(b).
P-397SF	Form 5500-SF, Line B (the final return/report) is not checked, but Form 5500-SF, Line 7a (Total Assets EOY) is equal to zero and Line 5b (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report). Otherwise, verify that the correct information has been provided on Line 7a (Total Assets EOY) and Line 5b (Total Participants).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotAssetsEoyAmt in line 7a(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-LIABILITIES-EOY-AMT	Var Number 0185.00
Form Label Total Liabilities EOY	Line Number 7b(b)	

Input Specification

XML Element Name TotLiabilitiesEoyAmt	ElementID 0185.00	Optional in schema
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Edit tests:

[P-330SF](#) Form 5500-SF, Line 7c(b) Net Assets must equal Lines 7a(b) minus 7b(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotLiabilitiesEoyAmt in line 7b(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-NET-ASSETS-EOY-AMT	Var Number 0186.00
Form Label Net Assets EOY	Line Number 7c(b)	

Input Specification

XML Element Name NetAssetsEoyAmt	ElementID 0186.00	Optional in schema
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Edit tests:

P-330SF	Form 5500-SF, Line 7c(b) Net Assets must equal Lines 7a(b) minus 7b(b).
P-390SF	The Net Assets End of Year Amount on Form 5500-SF, Line 7c(b) must equal the sum of Lines 7c(a), 8i(b) and 8j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetAssetsEoyAmt in line 7c(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 7b from line 7a - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-EMPLR-CONTRIB-INCOME-AMT	Var Number 0187.00
Form Label Employers Contributions	Line Number 8a(1)(a)	

Input Specification

XML Element Name EmplrContribIncomeAmt	ElementID 0187.00	Optional in schema
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Edit tests:

[P-331SF](#) Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrContribIncomeAmt in line 8a(1)(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTICIPANT-CONTRIB-INCOME-AMT	Var Number 0188.00
Form Label Participants Contributions	Line Number 8a(2)(a)	

Input Specification

XML Element Name ParticipantContribIncomeAmt	ElementID 0188.00	Optional in schema
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Edit tests:

[P-331SF](#) Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ParticipantContribIncomeAmt in line 8a(2)(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-OTH-CONTRIB-RCVD-AMT	Var Number 0189.00
Form Label Other Contributions	Line Number 8a(3)(a)	

Input Specification

XML Element Name OthContribRcvdAmt	ElementID 0189.00	Optional in schema
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Edit tests:

[P-331SF](#) Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OthContribRcvdAmt in line 8a(3)(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-OTHER-INCOME-AMT	Var Number 0190.00
Form Label Other Income	Line Number 8b(a)	

Input Specification

XML Element Name OtherIncomeAmt	ElementID 0190.00	Optional in schema
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Edit tests:

[P-331SF](#) Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OtherIncomeAmt in line 8b(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-INCOME-AMT	Var Number 0191.00
Form Label Total Income	Line Number 8c(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotIncomeAmt	0191.00	

Edit tests:

- [P-331SF](#) Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).
- [P-333SF](#) The Net Income on Form 5500-SF, Line 8i(b) must equal Lines 8c(b) minus Line 8h(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotIncomeAmt in line 8c(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 8a(1), 8a(2), 8a(3), and 8b - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-DISTRIB-BNFT-AMT	Var Number 0192.00
Form Label Benefits Paid	Line Number 8d(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotDistribBnftAmt	0192.00	

Edit tests:

[P-332SF](#) The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotDistribBnftAmt in line 8d(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-CORRECTIVE-DEEMED-DISTRIB-AMT	Var Number 0193.00
Form Label Corrective and Deemed Distributions	Line Number 8e(a)	

Input Specification

XML Element Name CorrectiveDeemedDistribAmt	ElementID 0193.00	Optional in schema
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Edit tests:

[P-332SF](#) The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CorrectiveDeemedDistribAmt in line 8e(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-SRVC-PROVIDERS-AMT	Var Number 0194.00
Form Label Administrative Service Providers	Line Number 8f(a)	

Input Specification

XML Element Name AdminSrvcProvidersAmt	ElementID 0194.00	Optional in schema
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Edit tests:

[P-332SF](#) The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AdminSrvcProvidersAmt in line 8f(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-OTH-EXPENSES-AMT	Var Number 0195.00
Form Label Other Expenses	Line Number 8g(a)	

Input Specification

XML Element Name OthExpensesAmt	ElementID 0195.00	Optional in schema
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Edit tests:

[P-332SF](#) The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OthExpensesAmt in line 8g(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-EXPENSES-AMT	Var Number 0196.00
Form Label Total Expenses	Line Number 8h(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotExpensesAmt	0196.00	

Edit tests:

P-332SF	The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).
P-333SF	The Net Income on Form 5500-SF, Line 8i(b) must equal Lines 8c(b) minus Line 8h(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotExpensesAmt in line 8h(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 8d, 8e, 8f, and 8g - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-NET-INCOME-AMT	Var Number 0197.00
Form Label Net Income (Loss)	Line Number 8i(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetIncomeAmt	0197.00	

Edit tests:

P-333SF	The Net Income on Form 5500-SF, Line 8i(b) must equal Lines 8c(b) minus Line 8h(b).
P-390SF	The Net Assets End of Year Amount on Form 5500-SF, Line 7c(b) must equal the sum of Lines 7c(a), 8i(b) and 8j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetIncomeAmt in line 8i(b) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 8h from line 8c - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TOT-PLAN-TRANSFERS-AMT	Var Number 0198.00
Form Label Net Transfers	Line Number 8j(a)	

Input Specification

XML Element Name TotPlanTransfersAmt	ElementID 0198.00	Optional in schema
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Edit tests:

[P-390SF](#) The Net Assets End of Year Amount on Form 5500-SF, Line 7c(b) must equal the sum of Lines 7c(a), 8i(b) and 8j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotPlanTransfersAmt in line 8j(a) of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TYPE-PENSION-BNFT-CODE	Var Number 0199.00
Form Label Pension Benefit Codes	Line Number 9a	

Input Specification

XML Element Name PensionCodeTable/TypePensionBnftCode	ElementID 0199.00	Required in schema if PensionCodeTable present
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Edit tests:

B-624SF	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-710SF	Form 5500-SF, Line 6c is blank and Line 9a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 9a of the Form 5500-SF or complete the PBGC coverage question in Line 6c.
J-503SF	Form 5500-SF, Line 9a cannot contain an entry when Form 5500-SF, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 9a and enter welfare benefit codes in Line 9b from the instructions.
J-509SF	No Plan Characteristic codes have been entered on Form 5500-SF, Line 9a or 9b. Pension and/or Welfare codes must be provided.
P-217SF	Form 5500-SF, Line 9a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the instructions for a complete list of valid Pension Benefit Codes.
P-398SF	The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of participants with account balances entered on Line 5c. Defined Benefit plans should not complete Form 5500-SF, Line 5c.
X-087SF	Form 5500-SF, Line 10h cannot be blank.

Schema Info: Type TypePensionBnftCodeType minOccurs= 1; maxOccurs= 20

Type Info: TypePensionBnftCodeType - simpleType [Allowed 2-char pension codes]

Base: StringType

Restrictions: Patterns: [1-3][A-Z]

ParentInfo: PensionCodeTable (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element PensionCodeTable/TypePensionBnftCode in line 9a of Form 5500-SF is invalid for the datatype TypePensionBnftCodeType. Valid values for this datatype include 2-character codes where the first character is 1-3 and the second character is A-Z.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Automatically formatted as upper-case

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-TYPE-WELFARE-BNFT-CODE	Var Number 0200.00
Form Label Welfare Benefit Codes	Line Number 9b	

Input Specification

XML Element Name WelfareCodeTable/TypeWelfareBnftCode	ElementID 0200.00	Required in schema if WelfareCodeTable present
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Edit tests:

J-509SF	No Plan Characteristic codes have been entered on Form 5500-SF, Line 9a or 9b. Pension and/or Welfare codes must be provided.
P-359SF	Welfare benefit code(s) on Form 5500-SF, Line 9b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500-SF instructions for a complete list of valid Welfare Benefit Codes.
P-394SF	Form 5500-SF, Line A indicates that this is a "One-participant plan" and Line 9b contains an entry.

Schema Info: Type TypeWelfareBnftCodeType minOccurs= 1; maxOccurs= 20

Type Info: TypeWelfareBnftCodeType - simpleType [Allowed 2-char welfare codes]

Base: StringType

Restrictions: Patterns: 4[A-Z]

ParentInfo: WelfareCodeTable (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element WelfareCodeTable/TypeWelfareBnftCode in line 9b of Form 5500-SF is invalid for the datatype TypeWelfareBnftCodeType. Valid values for this datatype include 2-character codes where the first character is 4 and the second character is A-Z.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Automatically formatted as upper-case

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FAIL-TRANSMIT-CONTRIB-IND	Var Number 0201.00
Form Label Fail To Transmit Contributions Timely	Line Number 10a	

Input Specification

XML Element Name FailTransmitContribInd	ElementID 0201.00	Optional in schema
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Valid values: 1=Yes; 2=No.

Edit tests:

P-334SF	Form 5500-SF, Line 10a cannot be blank.
P-335SF	Form 5500-SF, Line 10a is checked "yes," but an amount greater than zero is not provided for Line 10a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailTransmitContribInd in line 10a of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FAIL-TRANSMIT-CONTRIB-AMT	Var Number 0202.00
Form Label Fail To Transmit Contributions Timely - Amount	Line Number 10a-AMOUNT	

Input Specification

XML Element Name FailTransmitContribAmt	ElementID 0202.00	Optional in schema
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Edit tests:

[P-335SF](#) Form 5500-SF, Line 10a is checked "yes," but an amount greater than zero is not provided for Line 10a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FailTransmitContribAmt in line 10a-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTY-IN-INT-NOT-RPTD-IND	Var Number 0203.00
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Form Label Engage In Non-exempt Transactions With PII	Line Number 10b
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Input Specification

XML Element Name PartyInIntNotRptdInd	ElementID 0203.00	Optional in schema
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Valid values: 1=Yes; 2=No.

Edit tests:

P-340SF	Form 5500-SF, Line 10b cannot be blank.
P-341SF	Form 5500-SF, Line 10b is checked "yes," but an amount greater than zero is not provided for Line 10b-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PartyInIntNotRptdInd in line 10b of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTY-IN-INT-NOT-RPTD-AMT	Var Number 0204.00
Form Label Engage In Non-exempt Transactions With PII - Amount	Line Number 10b-AMOUNT	

Input Specification

XML Element Name PartyInIntNotRptdAmt	ElementID 0204.00	Optional in schema
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Edit tests:

[P-341SF](#) Form 5500-SF, Line 10b is checked "yes," but an amount greater than zero is not provided for Line 10b-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PartyInIntNotRptdAmt in line 10b-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-INS-FDLTY-BOND-IND	Var Number 0205.00
Form Label Plan Covered By A Fidelity Bond	Line Number 10c	

Input Specification

XML Element Name PlanInsFdltyBondInd	ElementID 0205.00	Optional in schema
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Valid values: 1=Yes; 2=No.

Edit tests:

P-342SF	Form 5500-SF, Line 10c cannot be blank.
P-343SF	Form 5500-SF, Line 10c is checked "yes," but an amount greater than zero is not provided for Line 10c-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanInsFdltyBondInd in line 10c of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-INS-FDLTY-BOND-AMT	Var Number 0206.00
Form Label Plan Covered By A Fidelity Bond - Amount	Line Number 10c-AMOUNT	

Input Specification

XML Element Name PlanInsFdltyBondAmt	ElementID 0206.00	Optional in schema
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Edit tests:

I-202SF	Form 5500-SF, Line 10d-Amount is greater than zero but an amount greater than zero is not provided for Line 10c-Amount. Please ensure that these lines are answered correctly.
P-343SF	Form 5500-SF, Line 10c is checked "yes," but an amount greater than zero is not provided for Line 10c-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PlanInsFdltyBondAmt in line 10c-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LOSS-DISCV-DUR-YEAR-IND	Var Number 0207.00
Form Label Loss Caused by Fraud or Dishonesty	Line Number 10d	

Input Specification

XML Element Name LossDiscvDurYearInd	ElementID 0207.00	Optional in schema
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Valid values: 1=Yes; 2=No.

Edit tests:

P-344SF	Form 5500-SF, Line 10d cannot be blank.
P-345SF	Form 5500-SF, Line 10d is checked "yes," but an amount greater than zero is not provided for Line 10d-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element LossDiscvDurYearInd in line 10d of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-LOSS-DISCY-DUR-YEAR-AMT	Var Number 0208.00
Form Label Loss Caused by Fraud or Dishonesty - Amount	Line Number 10d-AMOUNT	

Input Specification

XML Element Name LossDiscyDurYearAmt	ElementID 0208.00	Optional in schema
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Edit tests:

I-202SF	Form 5500-SF, Line 10d-Amount is greater than zero but an amount greater than zero is not provided for Line 10c-Amount. Please ensure that these lines are answered correctly.
P-345SF	Form 5500-SF, Line 10d is checked "yes," but an amount greater than zero is not provided for Line 10d-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element LossDiscyDurYearAmt in line 10d-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-BROKER-FEES-PAID-IND	Var Number 0209.00
Form Label Fees Paid to Broker by Benefit Provider	Line Number 10e	

Input Specification

XML Element Name BrokerFeesPaidInd	ElementID 0209.00	Optional in schema
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Edit tests:

X-083SF	Form 5500-SF, Line 10e cannot be blank.
X-084SF	Form 5500-SF, Line 10e is checked "yes," but an amount is not entered on Line 10e-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element BrokerFeesPaidInd in line 10e of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-BROKER-FEES-PAID-AMT	Var Number 0210.00
Form Label Fees Paid to Broker by Benefit Provider - Amount	Line Number 10e-AMOUNT	

Input Specification

XML Element Name BrokerFeesPaidAmt	ElementID 0210.00	Optional in schema
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Edit tests:

[X-084SF](#) Form 5500-SF, Line 10e is checked "yes," but an amount is not entered on Line 10e-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element BrokerFeesPaidAmt in line 10e-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FAIL-PROVIDE-BENEFIT-DUE-IND	Var Number 0211.00
Form Label Fail to provide benefit due	Line Number 10f	

Input Specification

XML Element Name FailProvideBenefitDueInd	ElementID 0211.00	Optional in schema
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Edit tests:

X-085SF	Form 5500-SF, Line 10f cannot be blank.
X-086SF	Form 5500-SF, Line 10f is checked "yes," but an amount is not entered on Line 10f-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueInd in line 10f of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FAIL-PROVIDE-BENEFIT-DUE-AMT	Var Number 0212.00
Form Label Fail to provide benefit due	Line Number 10f - Amount	

Input Specification

XML Element Name FailProvideBenefitDueAmt	ElementID 0212.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-086SF](#) Form 5500-SF, Line 10f is checked "yes," but an amount is not entered on Line 10f-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueAmt in line 10f - Amount of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTCP-LOANS-IND	Var Number 0213.00
Form Label Participant Loans	Line Number 10g	

Input Specification

XML Element Name PartcpLoansInd	ElementID 0213.00	Optional in schema
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Edit tests:

X-088SF	Form 5500-SF, Line 10g cannot be blank.
X-089SF	Form 5500-SF, Line 10g is checked "yes," but an amount greater than or equal to zero is not entered on Line 10g-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PartcpLoansInd in line 10g of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PARTCP-LOANS-EOY-AMT	Var Number 0214.00
Form Label Participant Loans - Amount	Line Number 10g - Amount	

Input Specification

XML Element Name PartcpLoansEoyAmt	ElementID 0214.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-089SF](#) Form 5500-SF, Line 10g is checked "yes," but an amount greater than or equal to zero is not entered on Line 10g-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element PartcpLoansEoyAmt in line 10g - Amount of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-BLACKOUT-PERIOD-IND	Var Number 0215.00
Form Label Plan blackout period	Line Number 10h	

Input Specification

XML Element Name PlanBlackoutPeriodInd	ElementID 0215.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

X-087SF	Form 5500-SF, Line 10h cannot be blank.
X-110SF	Form 5500-SF, Line 10i cannot be blank when Line 10h is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanBlackoutPeriodInd in line 10h of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-COMPLY-BLACKOUT-NOTICE-IND	Var Number 0216.00
Form Label Comply blackout notice	Line Number 10i	

Input Specification

XML Element Name ComplyBlackoutNoticeInd	ElementID 0216.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-110SF](#) Form 5500-SF, Line 10i cannot be blank when Line 10h is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ComplyBlackoutNoticeInd in line 10i of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0216.01
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0216.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-DB-PLAN-FUNDING-REQD-IND	Var Number 0217.00
Form Label DB Plan Minimum Funding Required	Line Number 11	

Input Specification

XML Element Name DbPlanFundingReqdInd	ElementID 0217.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-101SF](#) Schedule SB must be provided when Form 5500-SF, Line 11 is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element DbPlanFundingReqdInd in line 11 of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-UNPAID-MIN-CONTRIB-CURR-YR-TOT-AMT	Var Number 0217.01
Form Label Unpaid minimum contribution, current year from SB	Line Number 11a	

Input Specification

XML Element Name UnpaidMinContribCurrYrTotAmt	ElementID 0217.01	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element UnpaidMinContribCurrYrTotAmt in line 11a of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-DC-PLAN-FUNDING-REQD-IND	Var Number 0218.00
Form Label DC Plan Minimum Funding Required	Line Number 12	

Input Specification

XML Element Name DcPlanFundingReqdInd	ElementID 0218.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-116SF](#) Form 5500-SF, Line 12 cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element DcPlanFundingReqdInd in line 12 of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-RULING-LETTER-GRANT-DATE	Var Number 0219.00
Form Label Ruling Letter Waiver Date	Line Number 12a - Date	

Input Specification

XML Element Name RulingLetterGrantDate	ElementID 0219.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[I-122SF](#) Form 5500-SF, Line 12a-Date is completed, but Schedule MB is not provided.

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element RulingLetterGrantDate in line 12a - Date of Form 5500-SF is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SEC-412-REQ-CONTRIB-AMT	Var Number 0220.00
Form Label Employer Contribution Required	Line Number 12b	

Input Specification

XML Element Name Sec412ReqContribAmt	ElementID 0220.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element Sec412ReqContribAmt in line 12b of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-EMPLR-CONTRIB-PAID-AMT	Var Number 0221.00
Form Label Employer Contribution Paid	Line Number 12c	

Input Specification

XML Element Name EmplrContribPaidAmt	ElementID 0221.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrContribPaidAmt in line 12c of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FUNDING-DEFICIENCY-AMT	Var Number 0222.00
Form Label Funding Deficiency	Line Number 12d	

Input Specification

XML Element Name FundingDeficiencyAmt	ElementID 0222.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FundingDeficiencyAmt in line 12d of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 12c from line 12b - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-FUNDING-DEADLINE-IND	Var Number 0223.00
Form Label Funding Deadline	Line Number 12e	

Input Specification

XML Element Name FundingDeadlineInd	ElementID 0223.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element FundingDeadlineInd in line 12e of Form 5500-SF is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-RES-TERM-PLAN-ADPT-IND	Var Number 0224.00
Form Label Resolution To Terminate Adopted	Line Number 13a	

Input Specification

XML Element Name ResTermPlanAdptInd	ElementID 0224.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-107SF](#) Form 5500-SF, Line 13a is checked "yes," but an amount greater than or equal to zero is not entered on Line 13a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base:StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptInd in line 13a of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-RES-TERM-PLAN-ADPT-AMT	Var Number 0225.00
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Form Label Resolution To Terminate Adopted - Amount	Line Number 13a-AMOUNT
---	----------------------------------

Input Specification

XML Element Name ResTermPlanAdptAmt	ElementID 0225.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-107SF](#) Form 5500-SF, Line 13a is checked "yes," but an amount greater than or equal to zero is not entered on Line 13a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptAmt in line 13a-AMOUNT of Form 5500-SF is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ALL-PLAN-AST-DISTRIB-IND	Var Number 0226.00
Form Label All Plan Assets Distributed to Participants	Line Number 13b	

Input Specification

XML Element Name AllPlanAstDistribInd	ElementID 0226.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-352SF](#) Form 5500-SF, Line 13b cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AllPlanAstDistribInd in line 13b of Form 5500-SF is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-TRANSFER-NAME	Var Number 0227.00
Form Label Transfer Name	Line Number 13c(1)	

Input Specification

XML Element Name PlanTransfer/TransferName	ElementID 0227.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-353SF](#) The Plan Name, EIN, and PN on Form 5500-SF, Line 13c must be provided for each Plan Transfer listed in Line 13c.

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?!\~_;\#])*

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PlanTransfer/TransferName in line 13c(1) of Form 5500-SF is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-TRANSFER-EIN	Var Number 0228.00
Form Label Transfer EIN	Line Number 13c(2)	

Input Specification

XML Element Name PlanTransfer/TransferEIN	ElementID 0228.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

J-501SF	Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Form 5500-SF, Part VII, Line 13c (EIN and PN). Assets and/or Liabilities cannot be transferred to the same plan.
P-353SF	The Plan Name, EIN, and PN on Form 5500-SF, Line 13c must be provided for each Plan Transfer listed in Line 13c.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PlanTransfer/TransferEIN in line 13c(2) of Form 5500-SF is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-PLAN-TRANSFER-PN	Var Number 0229.00
Form Label Transfer PN	Line Number 13c(3)	

Input Specification

XML Element Name PlanTransfer/TransferPlanNum	ElementID 0229.00	Optional in schema
---	-----------------------------	---------------------------

Valid values: 001-999

Edit tests:

J-501SF	Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Form 5500-SF, Part VII, Line 13c (EIN and PN). Assets and/or Liabilities cannot be transferred to the same plan.
P-353SF	The Plan Name, EIN, and PN on Form 5500-SF, Line 13c must be provided for each Plan Transfer listed in Line 13c.

Schema Info: Type PNTYPE minOccurs= 0; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PlanTransfer/TransferPlanNum in line 13c(3) of Form 5500-SF is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.01
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.03
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.04
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.05
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.06
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.07
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.071
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.072
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.073
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.074
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.08
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0229.09

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.091
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable RESERVED	Var Number 0229.092
Form Label RESERVED	Line Number	

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.093
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0229.10

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.11
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.12
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0229.13

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0229.14

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.15
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0229.16

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.17
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.18
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.19
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.191
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.192
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0229.20
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-SIGNED-DATE	Var Number 0230.00
Form Label Plan Administrator Signature Date	Line Number ADMINISTRATOR DATE	

Input Specification

XML Element Name AdminSignature/SignedDate	ElementID 0230.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-001SF](#) Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500-SF.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\-.\+])

ParentInfo: AdminSignature (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element AdminSignature/SignedDate in line ADMINISTRATOR DATE of Form 5500-SF is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-MANUAL-SIGN-DATE	Var Number 0230.01
Form Label Plan Administrator Signature Date (Manual)	Line Number ADMINISTRATOR DATE	

Input Specification

XML Element Name	ElementID	Optional in schema
AdminSignature/ManualSignedDate	0230.01	

Edit tests:

P-227SF	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
X-125SF	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.
X-127SF	The date the Plan Administrator manually signed the Form 5500-SF under the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element AdminSignature/ManualSignedDate in line ADMINISTRATOR DATE of Form 5500-SF is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the date the Form 5500-SF was manually signed by the Plan Administrator. Otherwise, this field should be blank. The time portion of the manual signed date field may be defaulted to 12:00 p.m.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-SIGNED-NAME	Var Number 0231.00
Form Label ADMINISTRATOR TYPED NAME	Line Number ADMINISTRATOR TYPED NAME	

Input Specification

XML Element Name AdminSignature/SignedName	ElementID 0231.00	Optional in schema
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Edit tests:

[X-001SF](#) Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500-SF.

Schema Info: Type PersonNameType minOccurs= 0; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: AdminSignature (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element AdminSignature/SignedName in line ADMINISTRATOR TYPED NAME of Form 5500-SF is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-ADMIN-MANUAL-SIGNED-NAME	Var Number 0231.01
Form Label Plan Administrator Typed Signature (Manual)	Line Number ADMINISTRATOR TYPED NAME	

Input Specification

XML Element Name AdminSignature/ManualSignedName	ElementID 0231.01	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-227SF	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
X-125SF	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]`

ParentInfo: AdminSignature (complex Type) minOccurs=0

Acknowledgment Error Message: The value for the XML element AdminSignature/ManualSignedName in line ADMINISTRATOR TYPED NAME of Form 5500-SF is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the name of the Plan Administrator who manually signed the Form 5500-SF. Otherwise, this field should be blank.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-SIGNED-DATE	Var Number 0232.00
Form Label Plan Sponsor Signature Date	Line Number SPONSOR DATE	

Input Specification

XML Element Name SponsSignature/SignedDate	ElementID 0232.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-002SF](#) Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\-.\+])

ParentInfo: SponsSignature (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message:The value for the XML element SponsSignature/SignedDate in line SPONSOR DATE of Form 5500-SF is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-MANUAL-SIGN-DATE	Var Number 0232.01
Form Label Plan Sponsor Signature Date (Manual)	Line Number SPONSOR DATE	

Input Specification

XML Element Name SponsSignature/ManualSignedDate	ElementID 0232.01	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

X-125SF	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.
X-128SF	The date the Plan Sponsor manually signed the Form 5500-SF using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.\+T[^\-.\+](Z|[\+|-].\+)

ParentInfo: SponsSignature (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element SponsSignature/ManualSignedDate in line SPONSOR DATE of Form 5500-SF is invalid for the datatype TimestampType. Valid values for this datatype include strings of the form YYYY-MM-DD+Thh:mm:ss-HH:MM, where YYYY-MM-DD is the date, hh:mm:ss is the time, and -HH:MM (or +HH:MM) represents the timezone relative to Coordinated Universal Time (UTC). In lieu of -HH:MM, Z is also valid, indicating the time is expressed as UTC.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the date the Form 5500-SF was manually signed by the Plan Sponsor. Otherwise, this field should be blank. The time portion of the manual signed date field may be defaulted to 12:00 p.m.

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-SIGNED-NAME	Var Number 0233.00
Form Label SPONSOR TYPED NAME	Line Number SPONSOR TYPED NAME	

Input Specification

XML Element Name SponsSignature/SignedName	ElementID 0233.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: Allowed characters are A-Z, hyphen, apostrophe and single space. No double spaces or leading spaces

Edit tests:

[X-002SF](#) Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.

Schema Info: Type PersonNameType minOccurs= 0; maxOccurs= 1

Type Info: PersonNameType - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]
Base: xsd:string

Restrictions: maxLength=35 Patterns: ([A-Za-z0-9,\.'\-\(\)*@\&] ?)*[A-Za-z0-9,\.'\-\(\)*@\&]

ParentInfo: SponsSignature (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element SponsSignature/SignedName in line SPONSOR TYPED NAME of Form 5500-SF is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Form 5500-SF	IRD Variable SF-SPONS-MANUAL-SIGNED-NAME	Var Number 0233.001
Form Label Plan Sponsor Typed Signature (Manual)	Line Number SPONSOR TYPED NAME	

Input Specification

XML Element Name SponsSignature/ManualSignedName	ElementID 0233.001	Optional in schema
--	------------------------------	---------------------------

Valid values: Allowed characters are A-Z, hyphen, apostrophe and single space. No double spaces or leading spaces

Edit tests:

[X-125SF](#) The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: SponsSignature (complex Type) minOccurs=0 maxOccurs=1

Acknowledgment Error Message: The value for the XML element SponsSignature/ManualSignedName in line SPONSOR TYPED NAME of Form 5500-SF is invalid for the datatype PersonNameType. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Comment: If the filing is submitted under the e-signature alternative, this field shall contain the name of the Plan Sponsor who manually signed the filing. Otherwise, this field should be blank.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0233.01

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.02
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.03
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.04
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0233.05

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form
Form 5500-SF

IRD Variable
RESERVED

Var Number
0233.06

Form Label
RESERVED

Line Number

Input Specification

Output Specification - XML Format

Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.07
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.08
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.09
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.10
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.11
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.12
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.13
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.14
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Form 5500-SF	RESERVED	0233.15
Form Label	Line Number	
RESERVED		

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable SCH-A-PLAN-YEAR-BEGIN-DATE	Var Number 0234.00
Form Label Plan Year Beginning Date	Line Number PLAN YEAR BEGIN	

Input Specification

XML Element Name PlanYearBeginDate	ElementID 0234.00	Required in schema
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Schema Info: Type `DateType` `minOccurs= 1; maxOccurs= 1`

Type Info: `DateType - simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Acknowledgment Error Message:The value for the XML element PlanYearBeginDate in line PLAN YEAR BEGIN of Schedule A is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable SCH-A-PLAN-YEAR-END-DATE	Var Number 0235.00
Form Label Plan Year Ending Date	Line Number PLAN YEAR END	

Input Specification

XML Element Name PlanYearEndDate	ElementID 0235.00	Required in schema
--	-----------------------------	---------------------------

Schema Info: Type `DateType` `minOccurs= 1; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Acknowledgment Error Message:The value for the XML element PlanYearEndDate in line PLAN YEAR END of Schedule A is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable SCH-A-PLAN-NUM	Var Number 0236.00
Form Label Three-Digit Plan Number	Line Number B	

Input Specification

XML Element Name PlanNum	ElementID 0236.00	Required in schema
------------------------------------	-----------------------------	---------------------------

Valid values: 001-999

Edit tests:

[P-240](#) The plan number on Schedule(s) A does not match the Plan Number on Form 5500, Part II, Line 1b.

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element PlanNum in line B of Schedule A is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Map from input element value as follows:

If missing, create element with values copied from 5500.

IFILE Auto-Calculated Requirements: Automatically populated from 5500

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable SCH-A-EIN	Var Number 0237.00
Form Label Sponsor EIN	Line Number D	

Input Specification

XML Element Name EIN	ElementID 0237.00	Required in schema
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Edit tests:

[P-241](#) The EIN on Schedule(s) A does not match the EIN on Form 5500, Part II, Line 2b.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message: The value for the XML element EIN in line D of Schedule A is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Map from input element value as follows:

Special processing: Leading zeroes must be retained. If blank, populate from SPONS-DFE-EIN.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

IFILE Auto-Calculated Requirements: Automatically populated from 5500

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-CARRIER-NAME	Var Number 0238.00
Form Label Name of Insurance Carrier	Line Number 1(a)	

Input Specification

XML Element Name InsCarrierName	ElementID 0238.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;\#!])*

Acknowledgment Error Message:The value for the XML element InsCarrierName in line 1(a) of Schedule A is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-CARRIER-EIN	Var Number 0239.00
Form Label EIN of Insurance Carrier	Line Number 1(b)	

Input Specification

XML Element Name InsCarrierEIN	ElementID 0239.00	Optional in schema
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Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message: The value for the XML element InsCarrierEIN in line 1(b) of Schedule A is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-CARRIER-NAIC-CODE	Var Number 0240.00
Form Label NAIC Code	Line Number 1(c)	

Input Specification

XML Element Name InsCarrierNAICCode	ElementID 0240.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String5Type minOccurs= 0; maxOccurs= 1

Type Info: String5Type - simpleType [5 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=5

Acknowledgment Error Message:The value for the XML element InsCarrierNAICCode in line 1(c) of Schedule A is invalid for the datatype String5Type. Valid values for this datatype include any string of up to 5 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-CONTRACT-NUM	Var Number 0241.00
Form Label Contract or Identification Number	Line Number 1(d)	

Input Specification

XML Element Name InsContractNum	ElementID 0241.00	Optional in schema
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Schema Info: Type String15Type minOccurs= 0; maxOccurs= 1

Type Info: String15Type - simpleType [15 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=15

Acknowledgment Error Message:The value for the XML element InsContractNum in line 1(d) of Schedule A is invalid for the datatype String15Type. Valid values for this datatype include any string of up to 15 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-PRSN-COVERED-EOY-CNT	Var Number 0242.00
---------------------------	---	------------------------------

Form Label Approximate Number of Persons Covered At End of Policy or Contract Year	Line Number 1(e)
---	----------------------------

Input Specification

XML Element Name InsPrsnCoveredEoyCnt	ElementID 0242.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type Count7Type minOccurs= 0; maxOccurs= 1

Type Info: Count7Type - simpleType [7-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=7

Acknowledgment Error Message:The value for the XML element InsPrsnCoveredEoyCnt in line 1(e) of Schedule A is invalid for the datatype Count7Type. Valid values for this datatype include unsigned integers up to a maximum of 9999999 (7 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 9999999 (7 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-POLICY-FROM-DATE	Var Number 0243.00
Form Label Policy or Contract Year (From Date)	Line Number 1(f)	

Input Specification

XML Element Name InsPolicyFromDate	ElementID 0243.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Acknowledgment Error Message: The value for the XML element `InsPolicyFromDate` in line 1(f) of Schedule A is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-POLICY-TO-DATE	Var Number 0244.00
Form Label Policy or Contract Year (To Date)	Line Number 1(g)	

Input Specification

XML Element Name InsPolicyToDate	ElementID 0244.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Acknowledgment Error Message: The value for the XML element `InsPolicyToDate` in line 1(g) of Schedule A is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-COMM-TOT-AMT	Var Number 0245.00
Form Label Total Amount of Commissions	Line Number 2(a)	

Input Specification

XML Element Name InsBrokerCommTotAmt	ElementID 0245.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element InsBrokerCommTotAmt in line 2(a) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FEES-TOT-AMT	Var Number 0246.00
Form Label Total Amount of Fees	Line Number 2(b)	

Input Specification

XML Element Name InsBrokerFeesTotAmt	ElementID 0246.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element InsBrokerFeesTotAmt in line 2(b) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-NAME	Var Number 0247.00
Form Label Broker Name	Line Number 3(a)-BROKER 1 NAME	

Input Specification

XML Element Name InsBroker/Name	ElementID 0247.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\.\%\\(\)*@\+\?~_;\#!])*

ParentInfo: InsBroker (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element InsBroker/Name in line 3(a)-BROKER 1 NAME of Schedule A is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-US-ADDRESS1	Var Number 0248.00
Form Label Broker 1 Address	Line Number 3(a)-BROKER 1 ADDRESS	

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0248.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine1 in line 3(a)-BROKER 1 ADDRESS of Schedule A is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-US-ADDRESS2	Var Number 0249.00
Form Label Broker 1 Address	Line Number 3(a)-BROKER 1 ADDRESS	

Input Specification

XML Element Name	ElementID	Optional in schema
USAddress/AddressLine2	0249.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line 3(a)-BROKER 1 ADDRESS of Schedule A is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-US-CITY	Var Number 0250.00
Form Label Broker 1 City	Line Number 3(a)-BROKER 1 CITY	

Input Specification

XML Element Name USAddress/City	ElementID 0250.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line 3(a)-BROKER 1 CITY of Schedule A is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-US-STATE	Var Number 0251.00
Form Label Broker 1 State	Line Number 3(a)-BROKER 1 STATE	

Input Specification

XML Element Name USAddress/State	ElementID 0251.00	Required in schema if USAddress present
--	-----------------------------	---

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line 3(a)-BROKER 1 STATE of Schedule A is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-US-ZIP	Var Number 0252.00
---------------------------	--	------------------------------

Form Label Broker 1 Zip Code	Line Number 3(a)-BROKER 1 ZIP CODE
--	--

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0252.00	Required in schema if USAddress present
--	-----------------------------	---

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/ZipCode in line 3(a)-BROKER 1 ZIP CODE of Schedule A is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-ADDRESS1	Var Number 0253.00
Form Label Broker 1 Address	Line Number 3(a)-BROKER 1 ADDRESS	

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0253.00	Required in schema if ForeignAddress present
--	-----------------------------	--

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line 3(a)-BROKER 1 ADDRESS of Schedule A is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-ADDRESS2	Var Number 0254.00
Form Label Broker 1 Address	Line Number 3(a)-BROKER 1 ADDRESS	

Input Specification

XML Element Name ForeignAddress/AddressLine2	ElementID 0254.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line 3(a)-BROKER 1 ADDRESS of Schedule A is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-CITY	Var Number 0255.00
Form Label Broker 1 City	Line Number 3(a)-BROKER 1 CITY	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0255.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line 3(a)-BROKER 1 CITY of Schedule A is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-PROV-STATE	Var Number 0256.00
Form Label Broker 1 State	Line Number 3(a)-BROKER 1 STATE	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0256.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line 3(a)-BROKER 1 STATE of Schedule A is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-CNTRY	Var Number 0257.00
Form Label Broker Foreign Country	Line Number 3(a) BROKER FOREIGN COUNTRY	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0257.00	Required in schema if ForeignAddress present
---	-----------------------------	---

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line 3(a) BROKER FOREIGN COUNTRY of Schedule A is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FOREIGN-POSTAL-CD	Var Number 0258.00
Form Label Broker 1 Zip Code	Line Number 3(a)-BROKER 1 ZIP CODE	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0258.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line 3(a)-BROKER 1 ZIP CODE of Schedule A is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-COMM-PD-AMT	Var Number 0259.00
Form Label Sales and base commissions paid	Line Number 3(b)-BROKER 1	

Input Specification

XML Element Name InsBroker/CommPdAmt	ElementID 0259.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: InsBroker (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element InsBroker/CommPdAmt in line 3(b)-BROKER 1 of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FEES-PD-AMT	Var Number 0260.00
Form Label Fees and other commissions paid	Line Number 3(c)-BROKER AMOUNT	

Input Specification

XML Element Name InsBroker/FeesPdAmt	ElementID 0260.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: InsBroker (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element InsBroker/FeesPdAmt in line 3(c)-BROKER AMOUNT of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-FEES-PD-TEXT	Var Number 0261.00
Form Label Fees Paid - Purpose	Line Number 3(d)-BROKER 1 PURPOSE	

Input Specification

XML Element Name InsBroker/FeesPdText	ElementID 0261.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

ParentInfo: InsBroker (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element InsBroker/FeesPdText in line 3(d)-BROKER 1 PURPOSE of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-BROKER-CODE	Var Number 0262.00
Form Label Type of Organization Code - Broker	Line Number 3(e)-BROKER 1	

Input Specification

XML Element Name	ElementID	Optional in schema
InsBroker/Code	0262.00	

Valid values: 1=Banking, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other.

Schema Info: Type InsBrokerCodeType minOccurs= 0; maxOccurs= 1

Type Info: InsBrokerCodeType - simpleType [enum 0-9]

Base: StringType

Restrictions: Patterns: [0-9]

ParentInfo: InsBroker (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element InsBroker/Code in line 3(e)-BROKER 1 of Schedule A is invalid for the datatype InsBrokerCodeType. Valid values for this datatype include single-digit codes from 0 to 9.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-EOY-GEN-ACCT-AMT	Var Number 0263.00
Form Label Current Value of Plan Interest In the General Account At Year End	Line Number 4	

Input Specification

XML Element Name PensionEoyGenAcctAmt	ElementID 0263.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PensionEoyGenAcctAmt in line 4 of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-EOY-SEP-ACCT-AMT	Var Number 0264.00
Form Label Current Value of Plan's Interest In Separate Accounts At Year End	Line Number 5	

Input Specification

XML Element Name PensionEoySepAcctAmt	ElementID 0264.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PensionEoySepAcctAmt in line 5 of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-BASIS-RATES-TEXT	Var Number 0265.00
Form Label State the Basis of Premium Rates	Line Number 6a	

Input Specification

XML Element Name PensionBasisRatesText	ElementID 0265.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element PensionBasisRatesText in line 6a of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-PREM-PAID-TOT-AMT	Var Number 0266.00
Form Label Premiums Paid To Carrier	Line Number 6b	

Input Specification

XML Element Name PensionPremPaidTotAmt	ElementID 0266.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element PensionPremPaidTotAmt in line 6b of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-UNPAID-PREMIUM-AMT	Var Number 0267.00
Form Label Premiums Due But Unpaid At The End Of The Year	Line Number 6c	

Input Specification

XML Element Name PensionUnpaidPremiumAmt	ElementID 0267.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PensionUnpaidPremiumAmt in line 6c of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-CONTRACT-COST-AMT	Var Number 0268.00
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Form Label Carrier Incurred Any Specific Costs In Connection With The Acquisition Of The Contract	Line Number 6d
---	--------------------------

Input Specification

XML Element Name PensionContractCostAmt	ElementID 0268.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionContractCostAmt in line 6d of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-COST-TEXT	Var Number 0269.00
Form Label Specify Nature of Costs	Line Number 6d-TEXT	

Input Specification

XML Element Name PensionCostText	ElementID 0269.00	Optional in schema
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Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element PensionCostText in line 6d-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable ALLOC-CONTRACTS-INDIV-IND	Var Number 0270.00
Form Label Specify Type of Allocated Contract	Line Number 6e	

Input Specification

XML Element Name AllocContractsIndivInd	ElementID 0270.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element AllocContractsIndivInd in line 6e of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable ALLOC-CONTRACTS-GROUP-IND	Var Number 0271.00
Form Label Specify Type of Allocated Contract	Line Number 6e	

Input Specification

XML Element Name AllocContractsGroupInd	ElementID 0271.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element AllocContractsGroupInd in line 6e of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable ALLOC-CONTRACTS-OTHER-IND	Var Number 0272.00
Form Label Specify Type of Allocated Contract	Line Number 6e	

Input Specification

XML Element Name AllocContractsOtherInd	ElementID 0272.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element AllocContractsOtherInd in line 6e of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable ALLOC-CONTRACTS-OTHER-TEXT	Var Number 0273.00
Form Label Specify Other Type of Allocated Contract	Line Number 6e-TEXT	

Input Specification

XML Element Name AllocContractsOtherText	ElementID 0273.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element AllocContractsOtherText in line 6e-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-DISTRIB-BNFT-TERM-PLN-IND	Var Number 0274.00
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Form Label If Contract Purchased To Distribute Benefits From A Terminating Plan Check Box	Line Number 6f
---	--------------------------

Input Specification

XML Element Name PensionDistribBnftTermPlnInd	ElementID 0274.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element PensionDistribBnftTermPlnInd in line 6f of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable UNALLOC-CONTRACTS-DEP-ADMIN-IND	Var Number 0275.00
Form Label Type of Unallocated Contract	Line Number 7a(1)	

Input Specification

XML Element Name UnallocContractsDepAdminInd	ElementID 0275.00	Optional in schema
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Schema Info: Type `CheckBoxType` minOccurs= 0; maxOccurs= 1

Type Info: `CheckBoxType` - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: `StringType`

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element UnallocContractsDepAdminInd in line 7a(1) of Schedule A is invalid for the datatype `CheckBoxType`. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable UNALLOC-CONTRACTS-IMM-PART-GUAR- IND	Var Number 0276.00
Form Label Type of Unallocated Contract	Line Number 7a(2)	

Input Specification

XML Element Name UnallocContractsImmPartGuarInd	ElementID 0276.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element UnallocContractsImmPartGuarInd in line 7a(2) of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable UNALLOC-CONTRACTS-GUAR-INVEST-IND	Var Number 0277.00
Form Label Type of Unallocated Contract	Line Number 7a(3)	

Input Specification

XML Element Name UnallocContractsGuarInvestInd	ElementID 0277.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element UnallocContractsGuarInvestInd in line 7a(3) of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable UNALLOC-CONTRACTS-OTHER-IND	Var Number 0278.00
Form Label Type of Unallocated Contract	Line Number 7a(4)	

Input Specification

XML Element Name UnallocContractsOtherInd	ElementID 0278.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element UnallocContractsOtherInd in line 7a(4) of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable UNALLOC-CONTRACTS-OTHER-TEXT	Var Number 0279.00
Form Label Specify Other Type of Unallocated Contract	Line Number 7a(4)-TEXT	

Input Specification

XML Element Name UnallocContractsOtherText	ElementID 0279.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element UnallocContractsOtherText in line 7a(4)-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-END-PREV-BAL-AMT	Var Number 0280.00
Form Label Balance at End of Previous Year	Line Number 7b	

Input Specification

XML Element Name PensionEndPrevBalAmt	ElementID 0280.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-021](#) Schedule(s) A, Line 7d must equal the sum of Lines 7b and 7c(6).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionEndPrevBalAmt in line 7b of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-CONTRIB-DEP-AMT	Var Number 0281.00
Form Label Contributions Deposited During The Year	Line Number 7c(1)	

Input Specification

XML Element Name PensionContribDepAmt	ElementID 0281.00	Optional in schema
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Edit tests:

[X-020](#) Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionContribDepAmt in line 7c(1) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-DIVND-CR-DEP-AMT	Var Number 0282.00
Form Label Dividends and Credits	Line Number 7c(2)	

Input Specification

XML Element Name PensionDivndCrDepAmt	ElementID 0282.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-020](#) Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionDivndCrDepAmt in line 7c(2) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-INT-CR-DUR-YR-AMT	Var Number 0283.00
Form Label Interest Credited During the Year	Line Number 7c(3)	

Input Specification

XML Element Name PensionIntCrDurYrAmt	ElementID 0283.00	Optional in schema
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Edit tests:

[X-020](#) Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionIntCrDurYrAmt in line 7c(3) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-TRANSFER-FROM-AMT	Var Number 0284.00
Form Label Transferred from Separate Accounts	Line Number 7c(4)	

Input Specification

XML Element Name PensionTransferFromAmt	ElementID 0284.00	Optional in schema
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Edit tests:

[X-020](#) Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionTransferFromAmt in line 7c(4) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-OTHER-AMT	Var Number 0285.00
Form Label Specify Other Additions Amount	Line Number 7c(5)-AMOUNT	

Input Specification

XML Element Name PensionOtherAmt	ElementID 0285.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-020](#) Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionOtherAmt in line 7c(5)-AMOUNT of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-OTHER-TEXT	Var Number 0286.00
Form Label Specify Other Additions Text	Line Number 7c(5)-TEXT	

Input Specification

XML Element Name PensionOtherText	ElementID 0286.00	Optional in schema
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Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element PensionOtherText in line 7c(5)-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-TOT-ADDITIONS-AMT	Var Number 0287.00
Form Label Total Additions	Line Number 7c(6)	

Input Specification

XML Element Name PensionTotAdditionsAmt	ElementID 0287.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

X-020	Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).
X-021	Schedule(s) A, Line 7d must equal the sum of Lines 7b and 7c(6).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionTotAdditionsAmt in line 7c(6) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 7c(1) through 7c(5) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-TOT-BAL-ADDN-AMT	Var Number 0288.00
Form Label Total of Balance and Additions	Line Number 7d	

Input Specification

XML Element Name	ElementID	Optional in schema
PensionTotBalAddnAmt	0288.00	

Edit tests:

X-021	Schedule(s) A, Line 7d must equal the sum of Lines 7b and 7c(6).
X-023	Schedule(s) A, Line 7f must equal Line 7d minus Line 7e(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionTotBalAddnAmt in line 7d of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 7b and 7c(6) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-BNFTS-DSBRSD-AMT	Var Number 0289.00
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Form Label Disbursed From Fund To Pay Benefits or Purchase Annuities	Line Number 7e(1)
---	-----------------------------

Input Specification

XML Element Name PensionBnftsDsbrsdAmt	ElementID 0289.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-022](#) Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionBnftsDsbrsdAmt in line 7e(1) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-ADMIN-CHRG-AMT	Var Number 0290.00
Form Label Administration Charge Made by Carrier	Line Number 7e(2)	

Input Specification

XML Element Name PensionAdminChrgAmt	ElementID 0290.00	Optional in schema
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Edit tests:

[X-022](#) Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionAdminChrgAmt in line 7e(2) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-TRANSFER-TO-AMT	Var Number 0291.00
Form Label Transferred to Separate Accounts	Line Number 7e(3)	

Input Specification

XML Element Name PensionTransferToAmt	ElementID 0291.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-022](#) Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionTransferToAmt in line 7e(3) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-OTH-DED-AMT	Var Number 0292.00
Form Label Specify Other Deductions Amount	Line Number 7e(4)-AMOUNT	

Input Specification

XML Element Name PensionOthDedAmt	ElementID 0292.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-022](#) Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionOthDedAmt in line 7e(4)-AMOUNT of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-OTH-DED-TEXT	Var Number 0293.00
Form Label Specify Other Deductions Text	Line Number 7e(4)-TEXT	

Input Specification

XML Element Name PensionOthDedText	ElementID 0293.00	Optional in schema
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Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element PensionOthDedText in line 7e(4)-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-TOT-DED-AMT	Var Number 0294.00
Form Label Total Deductions	Line Number 7e(5)	

Input Specification

XML Element Name	ElementID	Optional in schema
PensionTotDedAmt	0294.00	

Edit tests:

X-022	Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).
X-023	Schedule(s) A, Line 7f must equal Line 7d minus Line 7e(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionTotDedAmt in line 7e(5) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 7e(1) through 7e(4) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable PENSION-EOY-BAL-AMT	Var Number 0295.00
Form Label Balance at End of Year	Line Number 7f	

Input Specification

XML Element Name PensionEoyBalAmt	ElementID 0295.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-023](#) Schedule(s) A, Line 7f must equal Line 7d minus Line 7e(5).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PensionEoyBalAmt in line 7f of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 7e(5) from line 7d - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-HEALTH-IND	Var Number 0296.00
Form Label Benefit and Contract Type	Line Number 8a	

Input Specification

XML Element Name WlfrTable/HealthInd	ElementID 0296.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/HealthInd in line 8a of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-DENTAL-IND	Var Number 0297.00
Form Label Benefit and Contract Type	Line Number 8b	

Input Specification

XML Element Name WlfrTable/DentalInd	ElementID 0297.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/DentalInd in line 8b of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-VISION-IND	Var Number 0298.00
Form Label Benefit and Contract Type	Line Number 8c	

Input Specification

XML Element Name WlfrTable/VisionInd	ElementID 0298.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/VisionInd in line 8c of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-LIFE-INSUR-IND	Var Number 0299.00
Form Label Benefit and Contract Type	Line Number 8d	

Input Specification

XML Element Name WlfrTable/LifeInsurInd	ElementID 0299.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/LifeInsurInd in line 8d of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-TEMP-DISAB-IND	Var Number 0300.00
Form Label Benefit and Contract Type	Line Number 8e	

Input Specification

XML Element Name WlfrTable/TempDisabInd	ElementID 0300.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/TempDisabInd in line 8e of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-LONG-TERM-DISAB-IND	Var Number 0301.00
Form Label Benefit and Contract Type	Line Number 8f	

Input Specification

XML Element Name WlfrTable/LongTermDisabInd	ElementID 0301.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/LongTermDisabInd in line 8f of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-UNEMP-IND	Var Number 0302.00
Form Label Benefit and Contract Type	Line Number 8g	

Input Specification

XML Element Name	ElementID	Optional in schema
WlfrTable/SupplementUnemployInd	0302.00	

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/SupplementUnemployInd in line 8g of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-DRUG-IND	Var Number 0303.00
Form Label Benefit and Contract Type	Line Number 8h	

Input Specification

XML Element Name WlfrTable/PrescriptDrugInd	ElementID 0303.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/PrescriptDrugInd in line 8h of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-STOP-LOSS-IND	Var Number 0304.00
Form Label Benefit and Contract Type	Line Number 8i	

Input Specification

XML Element Name WlfrTable/StopLossInd	ElementID 0304.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/StopLossInd in line 8i of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-HMO-IND	Var Number 0305.00
Form Label Benefit and Contract Type	Line Number 8j	

Input Specification

XML Element Name WlfrTable/HmoInd	ElementID 0305.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/HmoInd in line 8j of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-PPO-IND	Var Number 0306.00
Form Label Benefit and Contract Type	Line Number 8k	

Input Specification

XML Element Name WlfrTable/PpoInd	ElementID 0306.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/PpoInd in line 8k of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-INDEMNITY-IND	Var Number 0307.00
Form Label Benefit and Contract Type	Line Number 81	

Input Specification

XML Element Name WlfrTable/IndemnityInd	ElementID 0307.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/IndemnityInd in line 81 of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-BNFT-OTHER-IND	Var Number 0308.00
Form Label Benefit and Contract Type	Line Number 8m	

Input Specification

XML Element Name WlfrTable/OtherInd	ElementID 0308.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: WlfrTable (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element WlfrTable/OtherInd in line 8m of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-TYPE-BNFT-OTH-TEXT	Var Number 0309.00
Form Label Specify Other Benefit and Contract Types	Line Number 8m-TEXT	

Input Specification

XML Element Name WlfrTypeBnftOthText	ElementID 0309.00	Optional in schema
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Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element WlfrTypeBnftOthText in line 8m-TEXT of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-PREMIUM-RCVD-AMT	Var Number 0310.00
Form Label Premiums Received	Line Number 9a(1)	

Input Specification

XML Element Name WlfrPremiumRcvdAmt	ElementID 0310.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-024](#) Schedule(s) A, Line 9a(4) must equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrPremiumRcvdAmt in line 9a(1) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-UNPAID-DUE-AMT	Var Number 0311.00
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Form Label Increase (Decrease) in Amount Due But Unpaid	Line Number 9a(2)
---	-----------------------------

Input Specification

XML Element Name WlfrUnpaidDueAmt	ElementID 0311.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-024](#) Schedule(s) A, Line 9a(4) must equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrUnpaidDueAmt in line 9a(2) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RESERVE-AMT	Var Number 0312.00
Form Label Increase (Decrease) in Unearned Premium Reserve	Line Number 9a(3)	

Input Specification

XML Element Name WlfrReserveAmt	ElementID 0312.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[X-024](#) Schedule(s) A, Line 9a(4) must equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrReserveAmt in line 9a(3) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-TOT-EARNED-PREM-AMT	Var Number 0313.00
Form Label Total Premiums	Line Number 9a(4)	

Input Specification

XML Element Name	ElementID	Optional in schema
WlfrTotEarnedPremAmt	0313.00	

Edit tests:

[X-024](#) Schedule(s) A, Line 9a(4) must equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrTotEarnedPremAmt in line 9a(4) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9a(1) and 9a(2) minus 9a(3) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-CLAIMS-PAID-AMT	Var Number 0314.00
Form Label Claims Paid	Line Number 9b(1)	

Input Specification

XML Element Name WlfrClaimsPaidAmt	ElementID 0314.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-025](#) Schedule(s) A, Line 9b(3) must equal the sum of Lines 9b(1) and 9b(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrClaimsPaidAmt in line 9b(1) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-INCR-RESERVE-AMT	Var Number 0315.00
Form Label Increase (Decrease) in Claim Reserves	Line Number 9b(2)	

Input Specification

XML Element Name WlfrIncrReserveAmt	ElementID 0315.00	Optional in schema
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Edit tests:

[X-025](#) Schedule(s) A, Line 9b(3) must equal the sum of Lines 9b(1) and 9b(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrIncrReserveAmt in line 9b(2) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-INCURRED-CLAIM-AMT	Var Number 0316.00
Form Label Incurred Claims	Line Number 9b(3)	

Input Specification

XML Element Name WlfrIncurredClaimAmt	ElementID 0316.00	Optional in schema
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Edit tests:

[X-025](#) Schedule(s) A, Line 9b(3) must equal the sum of Lines 9b(1) and 9b(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrIncurredClaimAmt in line 9b(3) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9b(1) and 9b(2) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-CLAIMS-CHRGD-AMT	Var Number 0317.00
Form Label Claims Charged	Line Number 9b(4)	

Input Specification

XML Element Name WlfrClaimsChrgdAmt	ElementID 0317.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrClaimsChrgdAmt in line 9b(4) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-COMMISSIONS-AMT	Var Number 0318.00
Form Label Retention Charges - Commissions	Line Number 9c(1)A	

Input Specification

XML Element Name WlfrRetCommissionsAmt	ElementID 0318.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetCommissionsAmt in line 9c(1)A of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-ADMIN-AMT	Var Number 0319.00
Form Label Retention Charges - Administrative Service or Other Fees	Line Number 9c(1)B	

Input Specification

XML Element Name WlfrRetAdminAmt	ElementID 0319.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetAdminAmt in line 9c(1)B of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-OTH-COST-AMT	Var Number 0320.00
Form Label Retention Charges - Other Specific Acquisition Costs	Line Number 9c(1)C	

Input Specification

XML Element Name WlfrRetOthCostAmt	ElementID 0320.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetOthCostAmt in line 9c(1)C of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-OTH-EXPENSE-AMT	Var Number 0321.00
Form Label Retention Charges - Other Expenses	Line Number 9c(1)D	

Input Specification

XML Element Name WlfrRetOthExpenseAmt	ElementID 0321.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetOthExpenseAmt in line 9c(1)D of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-TAXES-AMT	Var Number 0322.00
Form Label Retention Charges - Taxes	Line Number 9c(1)E	

Input Specification

XML Element Name WlfrRetTaxesAmt	ElementID 0322.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrRetTaxesAmt in line 9c(1)E of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-CHARGES-AMT	Var Number 0323.00
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Form Label Retention Charges - Charges for Risks or Other Contingencies	Line Number 9c(1)F
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Input Specification

XML Element Name WlfrRetChargesAmt	ElementID 0323.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetChargesAmt in line 9c(1)F of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-OTH-CHRGs-AMT	Var Number 0324.00
Form Label Retention Charges - Other Retention Charges	Line Number 9c(1)G	

Input Specification

XML Element Name WlfrRetOthChrgsAmt	ElementID 0324.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetOthChrgsAmt in line 9c(1)G of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-RET-TOT-AMT	Var Number 0325.00
Form Label Total Retention Charges	Line Number 9c(1)H	

Input Specification

XML Element Name WlfrRetTotAmt	ElementID 0325.00	Optional in schema
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Edit tests:

[X-026](#) Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRetTotAmt in line 9c(1)H of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9c(1)A through 9c(1)G - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-REFUND-CASH-IND	Var Number 0326.00
Form Label Dividends or Retroactive Rate Refunds	Line Number 9c(2)-BOX	

Input Specification

XML Element Name WlfrRefundCashInd	ElementID 0326.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element WlfrRefundCashInd in line 9c(2)-BOX of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-REFUND-CREDIT-IND	Var Number 0327.00
Form Label Dividends or Retroactive Rate Refunds	Line Number 9c(2)-BOX	

Input Specification

XML Element Name WlfrRefundCreditInd	ElementID 0327.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element WlfrRefundCreditInd in line 9c(2)-BOX of Schedule A is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-REFUND-AMT	Var Number 0328.00
Form Label Dividend or Retroactive Rate Refunds - Amount	Line Number 9c(2)-AMOUNT	

Input Specification

XML Element Name WlfrRefundAmt	ElementID 0328.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrRefundAmt in line 9c(2)-AMOUNT of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-HELD-BNFTS-AMT	Var Number 0329.00
Form Label Amount Held to Provide Benefits After Retirement	Line Number 9d(1)	

Input Specification

XML Element Name WlfrHeldBnftsAmt	ElementID 0329.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrHeldBnftsAmt in line 9d(1) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-CLAIMS-RESERVE-AMT	Var Number 0330.00
Form Label Claim Reserves	Line Number 9d(2)	

Input Specification

XML Element Name WlfrClaimsReserveAmt	ElementID 0330.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrClaimsReserveAmt in line 9d(2) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-OTH-RESERVE-AMT	Var Number 0331.00
Form Label Other Reserves	Line Number 9d(3)	

Input Specification

XML Element Name WlfrOthReserveAmt	ElementID 0331.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrOthReserveAmt in line 9d(3) of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-DIVNDS-DUE-AMT	Var Number 0332.00
Form Label Dividends or Retroactive Rate Refunds Due	Line Number 9e	

Input Specification

XML Element Name WlfrDivndsDueAmt	ElementID 0332.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrDivndsDueAmt in line 9e of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-TOT-CHARGES-PAID-AMT	Var Number 0333.00
Form Label Total Premiums or Subscription Charges Paid to Carrier	Line Number 10a	

Input Specification

XML Element Name WlfrTotChargesPaidAmt	ElementID 0333.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element WlfrTotChargesPaidAmt in line 10a of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-ACQUIS-COST-AMT	Var Number 0334.00
Form Label Other Specific Costs Incurred With the Acquisition or Retention of the Contract	Line Number 10b	

Input Specification

XML Element Name WlfrAcquisCostAmt	ElementID 0334.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element WlfrAcquisCostAmt in line 10b of Schedule A is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable WLFR-ACQUIS-COST-TEXT	Var Number 0335.00
Form Label Specify Nature of Costs	Line Number 10b-TEXT	

Input Specification

XML Element Name WlfrAcquisCostText	ElementID 0335.00	Optional in schema
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Schema Info: Type ShortExplanationType minOccurs= 0; maxOccurs= 1

Type Info: ShortExplanationType - simpleType [A short explanation field that allows up to 1000 characters.]

Base: TextType

Restrictions: maxLength=1000

Acknowledgment Error Message:The value for the XML element WlfrAcquisCostText in line 10b-TEXT of Schedule A is invalid for the datatype ShortExplanationType. Valid values for this datatype include text strings up to 1000 characters of English letters, numbers, and punctuation, plus foreign characters and symbols in the range from hex 21 to hex 7E, plus hex A1; to hex BF, plus C1, C9, CD, D1, D3, D7, DA, DC, E1, E9, ED, F1, F3, FA, and FC. Leading spaces, trailing spaces, and adjacent spaces are not allowed.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: Due to the length of the Acknowledgement Error Message for this field as specified in the DER, the following alternate error message text may be implemented for this field: "Invalid information entered. Valid values for this field include text strings up to 1000 characters." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-FAIL-PROVIDE-INFO-IND	Var Number 0336.00
Form Label Insurance company fail to provide information	Line Number 11	

Input Specification

XML Element Name InsFailProvideInfoInd	ElementID 0336.00	Optional in schema
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Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element InsFailProvideInfoInd in line 11 of Schedule A is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule A	IRD Variable INS-FAIL-PROVIDE-INFO-TEXT	Var Number 0337.00
Form Label Line 12 specify	Line Number 12	

Input Specification

XML Element Name InsFailProvideInfoText	ElementID 0337.00	Optional in schema
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Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element InsFailProvideInfoText in line 12 of Schedule A is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PLAN-YEAR-BEGIN-DATE	Var Number 0338.00
Form Label Plan Year Beginning Date	Line Number PLAN YEAR BEGIN	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearBeginDate	0338.00	

Edit tests:

[X-027MB](#)

The Plan Year Begin Date on Schedule MB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.

Schema Info: Type `DateType` minOccurs= 1; maxOccurs= 1

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element `PlanYearBeginDate` in line `PLAN YEAR BEGIN` of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TAX-PRD	Var Number 0339.00
Form Label Tax Period End	Line Number TAXPERIOD	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearEndDate	0339.00	

Edit tests:

[X-028MB](#)

The Plan Year End Date on Schedule MB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.

Schema Info: Type `DateType` minOccurs= 1; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element PlanYearEndDate in line TAXPERIOD of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PN	Var Number 0340.00
Form Label Three Digit Plan Number	Line Number B	

Input Specification

XML Element Name PlanNum	ElementID 0340.00	Required in schema
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Valid values: 001-999

Edit tests:

[X-029MB](#) The Plan Number on Schedule MB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element PlanNum in line B of Schedule MB is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Map from input element value as follows:

If missing, create element with values copied from 5500.

Special processing: Leading zeroes must be retained. If blank, populate from SPONS-DFE-PN.

IFILE Auto-Calculated Requirements: Automatically populated from 5500 or 5500-SF

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EIN	Var Number 0341.00
Form Label Sponsor EIN	Line Number D	

Input Specification

XML Element Name SchMB/EIN	ElementID 0341.00	Required in schema
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Edit tests:

[I-114MB](#) Schedule MB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: SchMB (SchMBType)

Acknowledgment Error Message:The value for the XML element SchMB/EIN in line D of Schedule MB is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Map from input element value as follows:

If missing, create element with values copied from 5500.

Special processing:Leading zeroes must be retained. If blank, populate from SPONS-DFE-EIN.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

IFILE Auto-Calculated Requirements: Automatically populated from 5500 or 5500-SF

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PLAN-TYPE-CODE	Var Number 0342.00
Form Label Type of Plan	Line Number E	

Input Specification

XML Element Name	ElementID	Required in schema
ActrlPlanTypeCode	0342.00	

Valid values: 1=Multiemployer Defined Benefit plan; 2=Money purchase plan

Edit tests:

I-155MB	The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule MB when Line E Box 1 (Multiemployer Defined Benefit) is checked.
I-156SF	A Schedule MB was provided with a Form 5500-SF, but Schedule MB, Line E, Box 2 (Money Purchase) is not checked.
P-402MB	Line 8a of the Form 5500 does not identify the plan as a defined benefit plan, however, Schedule MB, Line E Box 1 (Multiemployer Defined Benefit) is checked. Verify the Plan Characteristic codes selected on the Form 5500, Line 8a or verify Schedule MB, Line E.
P-403MB	Line 8a of the Form 5500 does not identify the plan as a money purchase plan, however, Schedule MB, Line E Box 2 (Money Purchase) is checked. Verify the Plan Characteristic codes on the Form 5500, Line 8a or verify Schedule MB, Line E.

Schema Info: Type ActrlPlanTypeCodeType minOccurs= 1; maxOccurs= 1

Type Info: ActrlPlanTypeCodeType - simpleType [1=DB plan; 2= Money Purchase plan]

Base: Enum1To2Type

Restrictions: None

Acknowledgment Error Message:The value for the XML element ActrlPlanTypeCode in line E of Schedule MB is invalid for the datatype ActrlPlanTypeCodeType. Valid values for this datatype include 1 (Defined Benefit plan) or 2 (Money Purchase plan).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-VALUE-DATE	Var Number 0343.00
Form Label Actuarial Valuation Date	Line Number 1a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlValueDate	0343.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
X-031MB	Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element ActrlValueDate in line 1a of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-VALUE-AST-01-AMT	Var Number 0344.00
Form Label Current Value of Assets	Line Number 1b(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrValueAst01Amt	0344.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-716MB	Schedule MB Line 1c(1) requires a value greater than zero when Line 1b(1) is greater than zero, and either Line 5b or Line 5c has been checked.
B-717MB	Schedule MB Line 1c(2)(a) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5e has been checked.
B-718MB	Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.
B-719MB	Schedule MB Line 1c(3) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5c has been checked.
B-720MB	Schedule MB, Line 1d(2)(b) is not greater than zero when Lines 1b(1) and 2b(3)(c)(1) are greater than zero and Form 5500, Line 8a does not contain '1I'.
B-721MB	Expected plan disbursements are not reported in Schedule MB, Line 1d(3), but an amount greater than zero is reported in Line 1b(1) and Line 2b(1)(1).
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrValueAst01Amt in line 1b(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the

Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AST-FNDNG-STD-AMT	Var Number 0345.00
Form Label Actuarial Value of Assets For Funding Standard Account	Line Number 1b(2)	

Input Specification

XML Element Name ActrlAstFndngStdAmt	ElementID 0345.00	Optional in schema
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Edit tests:

- [B-677MB](#) Schedule MB, Line 4a is not equal to Line 1b(2) divided by Line 1c(3), or at least one of Lines 4a, 1b(2), or 1c(3) are blank.
- [B-702MB](#) A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAstFndngStdAmt in line 1b(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACCR-LIAB-GAIN-MTHD-AMT	Var Number 0346.00
Form Label Accrued Liability For Plans Using Immediate Gain Methods	Line Number 1c(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAccrLiabGainMthdAmt	0346.00	

Edit tests:

[B-716MB](#) Schedule MB Line 1c(1) requires a value greater than zero when Line 1b(1) is greater than zero, and either Line 5b or Line 5c has been checked.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAccrLiabGainMthdAmt in line 1c(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-UNFND-LIAB-MTHD-BASE-AMT	Var Number 0347.00
Form Label Unfunded Liability for Methods with Bases	Line Number 1c(2)(a)	

Input Specification

XML Element Name ActrlUnfndLiabMthdBaseAmt	ElementID 0347.00	Optional in schema
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Edit tests:

B-717MB	Schedule MB Line 1c(2)(a) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5e has been checked.
I-118MB	Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlUnfndLiabMthdBaseAmt in line 1c(2)(a) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACCR-LIAB-AGE-MTHD-AMT	Var Number 0348.00
Form Label Accrued Liability Under Entry Age Normal Method	Line Number 1c(2)(b)	

Input Specification

XML Element Name ActrlAccrLiabAgeMthdAmt	ElementID 0348.00	Optional in schema
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Edit tests:

B-718MB	Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.
I-118MB	Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAccrLiabAgeMthdAmt in line 1c(2)(b) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-NORM-COST-AGE-MTHD-AMT	Var Number 0349.00
Form Label Normal Cost Under Entry Age Normal Method	Line Number 1c(2)(c)	

Input Specification

XML Element Name ActrlNormCostAgeMthdAmt	ElementID 0349.00	Optional in schema
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Edit tests:

B-718MB	Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.
I-118MB	Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlNormCostAgeMthdAmt in line 1c(2)(c) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACCR-LIAB-UNIT-CREDIT-MTHD-AMT	Var Number 0350.00
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Form Label Accrued Liability Under Unit Credit Method	Line Number 1c(3)
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Input Specification

XML Element Name ActrlAccrLiabUnitCreditMthdAmt	ElementID 0350.00	Optional in schema
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Edit tests:

[B-677MB](#) Schedule MB, Line 4a is not equal to Line 1b(2) divided by Line 1c(3), or at least one of Lines 4a, 1b(2), or 1c(3) are blank.

[B-719MB](#) Schedule MB Line 1c(3) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5c has been checked.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlAccrLiabUnitCreditMthdAmt in line 1c(3) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-PRE-PARTCP-AMT	Var Number 0351.00
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Form Label Amount Excluded from Current Liability Attributable To Pre-Participation Service	Line Number 1d(1)
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Input Specification

XML Element Name ActrlCurrLiabPrePartcpAmt	ElementID 0351.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrLiabPrePartcpAmt in line 1d(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RPA94-INFO-CURR-LIAB-AMT	Var Number 0352.00
Form Label Current Liability - RPA 94	Line Number 1d(2)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlRpa94InfoCurrLiabAmt	0352.00	

Edit tests:

- [B-702MB](#) A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
- [B-722MB](#) No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRpa94InfoCurrLiabAmt in line 1d(2)(a) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RPA94-EXPT-INCR-LIAB-AMT	Var Number 0353.00
Form Label Expected increase in current liability due to benefits arriving during the plan year	Line Number 1d(2)(b)	

Input Specification

XML Element Name ActrlRpa94ExptIncrLiabAmt	ElementID 0353.00	Optional in schema
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Edit tests:

[B-720MB](#) Schedule MB, Line 1d(2)(b) is not greater than zero when Lines 1b(1) and 2b(3)(c)(1) are greater than zero and Form 5500, Line 8a does not contain '1I'.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRpa94ExptIncrLiabAmt in line 1d(2)(b) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RPA94-EXPT-RELEASE-LIAB-AMT	Var Number 0354.00
Form Label Expected Release from "RPA '94" Current Liability - RPA 94	Line Number 1d(2)(c)	

Input Specification

XML Element Name ActrlRpa94ExptReleaseLiabAmt	ElementID 0354.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRpa94ExptReleaseLiabAmt in line 1d(2)(c) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPECT-PLAN-PAYMENT-AMT	Var Number 0355.00
Form Label Expected Plan Disbursements for the Plan Year	Line Number 1d(3)	

Input Specification

XML Element Name ActrlExpectPlanPaymentAmt	ElementID 0355.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[B-721MB](#) Expected plan disbursements are not reported in Schedule MB, Line 1d(3), but an amount greater than zero is reported in Line 1b(1) and Line 2b(1)(1).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlExpectPlanPaymentAmt in line 1d(3) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SIGNATURE-DATE	Var Number 0356.00
Form Label Signature Date	Line Number DATE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlSignatureDate	0356.00	

Edit tests:

[I-155MB](#) The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule MB when Line E Box 1 (Multiemployer Defined Benefit) is checked.

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base:xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element ActrlSignatureDate in line DATE of Schedule MB is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-NAME-LINE	Var Number 0357.00
Form Label Print/Type Name of Actuary	Line Number TYPED NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryNameLine	0357.00	

Edit tests:

[I-155MB](#) The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule MB when Line E Box 1 (Multiemployer Defined Benefit) is checked.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

Acknowledgment Error Message: The value for the XML element `ActrlActuaryNameLine` in line `TYPED NAME` of Schedule MB is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FIRM-NAME	Var Number 0358.00
Form Label Firm Name of Actuary	Line Number FIRM	

Input Specification

XML Element Name ActrlActuaryFirmName	ElementID 0358.00	Optional in schema
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Edit tests:

[I-155MB](#)

The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule MB when Line E Box 1 (Multiemployer Defined Benefit) is checked.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\(\\)*@\+\'?~_;\#!])*

Acknowledgment Error Message:The value for the XML element ActrlActuaryFirmName in line FIRM of Schedule MB is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-US-ADDRESS1	Var Number 0359.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryUSAddress/AddressLine1	0359.00	ActrlActuaryUSAddress present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/AddressLine1 in line ADDRESS of Schedule MB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-US-ADDRESS2	Var Number 0360.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryUSAddress/AddressLine2	0360.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/AddressLine2 in line ADDRESS of Schedule MB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-US-CITY	Var Number 0361.00
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Form Label City of Actuary Firm	Line Number CITY
---	----------------------------

Input Specification

XML Element Name ActrlActuaryUSAddress/City	ElementID 0361.00	Required in schema if ActrlActuaryUSAddress present
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Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/City in line CITY of Schedule MB is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-US-STATE	Var Number 0362.00
Form Label State of Actuary Firm	Line Number STATE	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryUSAddress/State	0362.00	ActrlActuaryUSAddress present

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ActrlActuaryUSAddress/State in line STATE of Schedule MB is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-US-ZIP	Var Number 0363.00
Form Label Zip Code of Actuary Firm	Line Number ZIP	

Input Specification

XML Element Name ActrlActuaryUSAddress/ZipCode	ElementID 0363.00	Required in schema if ActrlActuaryUSAddress present
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Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/ZipCode in line ZIP of Schedule MB is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-ADDRESS1	Var Number 0364.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/AddressLine1	0364.00	ActrlActuaryForeignAddress present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ActrlActuaryForeignAddress/AddressLine1 in line ADDRESS of Schedule MB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-ADDRESS2	Var Number 0365.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/AddressLine2	0365.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/AddressLine2 in line ADDRESS of Schedule MB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-CITY	Var Number 0366.00
Form Label Actuary Firm City	Line Number CITY	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/City	0366.00	ActrlActuaryForeignAddress present

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/City in line CITY of Schedule MB is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-PROV-STATE	Var Number 0367.00
Form Label State	Line Number STATE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/ProvinceOrState	0367.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/ProvinceOrState in line STATE of Schedule MB is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-CNTRY	Var Number 0368.00
Form Label Actuary Foreign Mailing Country	Line Number COUNTRY	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/Country	0368.00	ActrlActuaryForeignAddress present

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ActrlActuaryForeignAddress/Country in line COUNTRY of Schedule MB is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-FOREIGN-POSTAL-CD	Var Number 0369.00
Form Label Zip Code	Line Number ZIP	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/PostalCode	0369.00	

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/PostalCode in line ZIP of Schedule MB is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-PHONE-NUM	Var Number 0370.00
Form Label Telephone Number of Actuary Firm	Line Number Phone	

Input Specification

XML Element Name ActrlActuaryPhoneNum	ElementID 0370.00	Optional in schema
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Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

Acknowledgment Error Message:The value for the XML element ActrlActuaryPhoneNum in line Phone of Schedule MB is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTUARY-PHONE-NUM-FOREIGN	Var Number 0370.01
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Form Label Telephone Number of Actuary Firm (Foreign)	Line Number Phone (Foreign)
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Input Specification

XML Element Name ActrlActuaryForeignPhoneNum	ElementID 0370.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignPhoneNum in line Phone (Foreign) of Schedule MB is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACTRY-ENRLMT-NUM	Var Number 0371.00
Form Label Most Recent Enrollment Number	Line Number Enrollment Number	

Input Specification

XML Element Name ActrlActryEnrlmtNum	ElementID 0371.00	Optional in schema
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Edit tests:

[I-124MB](#) The first two digits of the Actuary Enrollment Number of Schedule MB must equal 14 or 17.

Schema Info: Type EnrlmtNumType minOccurs= 0; maxOccurs= 1

Type Info: EnrlmtNumType - simpleType [7-digit enrollment number]

Base: StringType

Restrictions: Patterns: [0-9]{7}

Acknowledgment Error Message: The value for the XML element ActrlActryEnrlmtNum in line Enrollment Number of Schedule MB is invalid for the datatype EnrlmtNumType. Valid values for this datatype include 7-digit codes valid for the processing year.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-NOT-REFLECT-IND	Var Number 0372.00
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Form Label Actuary Not Fully Reflected Any Regulation/Ruling Promulgated Under Statute Box	Line Number BOX
--	---------------------------

Input Specification

XML Element Name ActrlNotReflectInd	ElementID 0372.00	Optional in schema
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Edit tests:

[X-032MB](#) Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule MB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlNotReflectInd in line BOX of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-VALUE-AST-02-AMT	Var Number 0373.00
Form Label Current Value of the Assets	Line Number 2a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrValueAst02Amt	0373.00	

Edit tests:

B-622MB	Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.
B-639MB	Either Schedule MB, Line 2a divided by Line 2b(4)(2) is less than 70%, and Line 2c is not equal to Line 2a divided by Line 2b(4)(2) or at least one of Lines 2a or 2b(4)(2) are blank.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrValueAst02Amt in line 2a of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-LIAB-RTD-PARTCP-CNT	Var Number 0374.00
Form Label Retired - Count	Line Number 2b(1)(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlLiabRtdPartcpCnt	0374.00	

Edit tests:

B-635MB	Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).
B-706MB	Current liabilities for retired participants and beneficiaries receiving payments have been reported in Schedule MB, Line 2b(1)(2), but the number of participants in Line 2b(1)(1) is either blank or equal to zero.
B-721MB	Expected plan disbursements are not reported in Schedule MB, Line 1d(3), but an amount greater than zero is reported in Line 1b(1) and Line 2b(1)(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlLiabRtdPartcpCnt in line 2b(1)(1) of Schedule MB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-RTD-AMT	Var Number 0375.00
Form Label Retired - Amount	Line Number 2b(1)(2)	

Input Specification

XML Element Name ActrlCurrLiabRtdAmt	ElementID 0375.00	Optional in schema
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Edit tests:

B-637MB	Schedule MB, Line 2b(4)(2) is not equal to the sum of Lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2).
B-706MB	Current liabilities for retired participants and beneficiaries receiving payments have been reported in Schedule MB, Line 2b(1)(2), but the number of participants in Line 2b(1)(1) is either blank or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrLiabRtdAmt in line 2b(1)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-LIAB-TERM-PARTCP-CNT	Var Number 0376.00
Form Label Terminated - Number	Line Number 2b(2)(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlLiabTermPartcpCnt	0376.00	

Edit tests:

B-635MB	Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).
B-707MB	Current liabilities for terminated vested participants have been reported in Schedule MB, Line 2b(2)(2), but the number of participants in Line 2b(2)(1) is either blank or equal to zero.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlLiabTermPartcpCnt in line 2b(2)(1) of Schedule MB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-TERM-AMT	Var Number 0377.00
Form Label Terminated	Line Number 2b(2)(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrLiabTermAmt	0377.00	

Edit tests:

B-637MB	Schedule MB, Line 2b(4)(2) is not equal to the sum of Lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2).
B-707MB	Current liabilities for terminated vested participants have been reported in Schedule MB, Line 2b(2)(2), but the number of participants in Line 2b(2)(1) is either blank or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrLiabTermAmt in line 2b(2)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-ACT-NONVEST-AMT	Var Number 0378.00
Form Label Active NonVested - Amount	Line Number 2b(3)(a)(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrLiabActNonvestAmt	0378.00	

Edit tests:

[B-636MB](#) Schedule MB, Line 2b(3)(c)(2) is not equal to the sum of Lines 2b(3)(a)(2) plus 2b(3)(b)(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlCurrLiabActNonvestAmt in line 2b(3)(a)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-ACT-VEST-AMT	Var Number 0379.00
Form Label Active Vested - Amount	Line Number 2b(3)(b)(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrLiabActVestAmt	0379.00	

Edit tests:

[B-636MB](#) Schedule MB, Line 2b(3)(c)(2) is not equal to the sum of Lines 2b(3)(a)(2) plus 2b(3)(b)(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlCurrLiabActVestAmt in line 2b(3)(b)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-LIAB-ACT-PARTCP-CNT	Var Number 0380.00
Form Label Active - Number	Line Number 2b(3)(c)(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlLiabActPartcpCnt	0380.00	

Edit tests:

B-635MB	Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).
B-708MB	Current liabilities for total active participants have been reported in Schedule MB, Line 2b(3)(c)(2), but the number of participants in Line 2b(3)(c)(1) is either blank or equal to zero.
B-720MB	Schedule MB, Line 1d(2)(b) is not greater than zero when Lines 1b(1) and 2b(3)(c)(1) are greater than zero and Form 5500, Line 8a does not contain '1I'.
B-725MB	You have attached a Schedule MB for a plan that has not indicated a resolution to terminate on Schedule H, Line 5a. However, Schedule MB, Line 8b(2) is not checked "Yes" indicating a Schedule of Active Participants is required although active participants are reported on the Form 5500, Line 6a(2) and the Schedule MB, Line 2b(3)(c)(1). Review the instructions for Schedule MB, Line 8b(2) and make any necessary corrections.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlLiabActPartcpCnt in line 2b(3)(c)(1) of Schedule MB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-ACT-AMT	Var Number 0381.00
Form Label Active - Amount	Line Number 2b(3)(c)(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrLiabActAmt	0381.00	

Edit tests:

B-636MB	Schedule MB, Line 2b(3)(c)(2) is not equal to the sum of Lines 2b(3)(a)(2) plus 2b(3)(b)(2).
B-637MB	Schedule MB, Line 2b(4)(2) is not equal to the sum of Lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2).
B-708MB	Current liabilities for total active participants have been reported in Schedule MB, Line 2b(3)(c)(2), but the number of participants in Line 2b(3)(c)(1) is either blank or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrLiabActAmt in line 2b(3)(c)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(3)(a)(2) and 2b(3)(b)(2) - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-LIAB-PARTCP-CNT	Var Number 0382.00
Form Label Total - Number	Line Number 2b(4)(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotLiabPartcpCnt	0382.00	

Edit tests:

B-635MB	Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element ActrlTotLiabPartcpCnt in line 2b(4)(1) of Schedule MB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(1)(1), 2b(2)(1), and 2b(3)(c)(1) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-CURR-LIAB-AMT	Var Number 0383.00
Form Label Total - Amount	Line Number 2b(4)(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotCurrLiabAmt	0383.00	

Edit tests:

B-637MB	Schedule MB, Line 2b(4)(2) is not equal to the sum of Lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2).
B-639MB	Either Schedule MB, Line 2a divided by Line 2b(4)(2) is less than 70%, and Line 2c is not equal to Line 2a divided by Line 2b(4)(2) or at least one of Lines 2a or 2b(4)(2) are blank.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-723MB	Schedule MB, Line 6a is blank, but an amount greater than zero is reported on Line 2b(4)(2).
B-724MB	Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTotCurrLiabAmt in line 2b(4)(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-CURR-LIAB-PRCNT	Var Number 0384.00
Form Label Percentage Less Than 70% Test	Line Number 2c	

Input Specification

XML Element Name ActrlTotCurrLiabPrnt	ElementID 0384.00	Optional in schema
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Edit tests:

[B-639MB](#)

Either Schedule MB, Line 2a divided by Line 2b(4)(2) is less than 70%, and Line 2c is not equal to Line 2a divided by Line 2b(4)(2) or at least one of Lines 2a or 2b(4)(2) are blank.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlTotCurrLiabPrnt in line 2c of Schedule MB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Divide line 2a by line 2b(4) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CONTRIB-DATE	Var Number 0385.00
Form Label Contribution Date 1	Line Number 3(a)	

Input Specification

XML Element Name ActrlContrib/Date	ElementID 0385.00	Optional in schema
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Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

ParentInfo: `ActrlContrib` (`ContribType`) `minOccurs=0 maxOccurs=unbounded`

Acknowledgment Error Message: The value for the XML element `ActrlContrib/Date` in line 3(a) of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CONTRIB-EMPLR-AMT	Var Number 0386.00
Form Label Employer Contribution 1	Line Number 3(b)	

Input Specification

XML Element Name ActrlContrib/EmplrAmt	ElementID 0386.00	Optional in schema
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Edit tests:

[B-614MB](#) The value provided in Schedule MB, Line 3(b)-Total is not equal to the sum of all Schedule MB Line 3(b) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

ParentInfo: ActrlContrib (ContribType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ActrlContrib/EmplrAmt in line 3(b) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CONTRIB-EMPLOYEE-AMT	Var Number 0387.00
Form Label Employee Contribution 1	Line Number 3(c)	

Input Specification

XML Element Name ActrlContrib/EmployeeAmt	ElementID 0387.00	Optional in schema
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Edit tests:

[B-615MB](#) Schedule MB, Line 3(c)-Total must equal the sum of all Schedule MB, Line 3(c) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

ParentInfo: ActrlContrib (ContribType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ActrlContrib/EmployeeAmt in line 3(c) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-EMPLR-CONTRIB-01-AMT	Var Number 0388.00
Form Label Total Employer Contributions	Line Number 3(b)-TOTAL	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotEmplrContribAmt	0388.00	

Edit tests:

B-608MB	Schedule MB, Line 3(b) - Total must equal Line 9g.
B-614MB	The value provided in Schedule MB, Line 3(b)-Total is not equal to the sum of all Schedule MB Line 3(b) values.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotEmplrContribAmt in line 3(b)-TOTAL of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Sum of all line 3(b) values - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-EMPLOYEE-CONTRIB-AMT	Var Number 0389.00
Form Label Total Employee Contributions	Line Number 3(c)-TOTAL	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotEmployeeContribAmt	0389.00	

Edit tests:

[B-615MB](#) Schedule MB, Line 3(c)-Total must equal the sum of all Schedule MB, Line 3(c) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotEmployeeContribAmt in line 3(c)-TOTAL of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Sum of all line 3(c) values - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PLAN-RISK-STATUS-CD	Var Number 0390.00
Form Label Plan At-Risk Status	Line Number 4b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPlanRiskStatusCd	0390.00	

Edit tests:

B-678MB	Schedule MB, Line 4d must be completed when Line 4b contains "C" or "D" and Line 4e cannot be blank or less than zero when Line 4d is checked "Yes".
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-711MB	You indicated on Line 4b of Schedule MB that the plan's status is "C" (Critical) or "D" (Critical and Declining), but you have not provided a future plan year in Line 4f when either emergence from critical status or insolvency is expected, or the plan year reported in Line 4f is less than the current plan year. Please review the status field reported in Line 4b or enter a plan year in Line 4f.
I-137MB	Schedule MB, Line 4b contains "E", "S", "C", or "D" and the Illustration Supporting Actuarial Certification of Status (Attachment[AttachmentTypeCode='SchMBActrlIllustration']) or the Actuarial Certification (Attachment[AttachmentTypeCode='SchMBActrlCertification']) or the Funding Improvement Plan (Attachment/[AttachmentTypeCode='SchRFundingImprovementPlan']) or the Rehabilitation Plan (Attachment[AttachmentTypeCode='SchRRRehabPlan']) is not attached.

Schema Info: Type ActrlPlanRiskStatusType minOccurs= 0; maxOccurs= 1

Type Info: ActrlPlanRiskStatusType - simpleType [E=Endangered; S=Seriously endangered; C=Critical; D=Critical and Declining; N=None of the above]

Base: StringType

Restrictions: Enumerations: E, S, C, D, N,

Acknowledgment Error Message:The value for the XML element ActrlPlanRiskStatusCd in line 4b of Schedule MB is invalid for the datatype ActrlPlanRiskStatusType. Valid values for this datatype include E (endangered), S (seriously endangered), C (critical), D (Critical and Declining), or N (none of the above).

Output Specification - XML Format

Copy input element value exactly

Comment: Beginning with Form Version 2015v01.00, the line numbers referenced in Variables 0390.00 and 0391.00 are out of order. Variable 0390.00 will be used to identify Schedule MB, Line 4b and Variable 0391.00 will be used to identify Schedule MB, Line 4a.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PLAN-FUNDED-PRCNT	Var Number 0391.00
Form Label Plan Funded Percentage	Line Number 4a	

Input Specification

XML Element Name ActrlPlanFundedPrct	ElementID 0391.00	Optional in schema
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Edit tests:

[B-677MB](#) Schedule MB, Line 4a is not equal to Line 1b(2) divided by Line 1c(3), or at least one of Lines 4a, 1b(2), or 1c(3) are blank.

Schema Info: Type DecimalNN1Type minOccurs= 0; maxOccurs= 1

Type Info: DecimalNN1Type - simpleType [1-digit decimal 0.0-9999.9]

Base:xsd:decimal

Restrictions:minInclusive=0.0 maxInclusive=9999.9 fractionDigits=1

Acknowledgment Error Message:The value for the XML element ActrlPlanFundedPrct in line 4a of Schedule MB is invalid for the datatype DecimalNN1Type. Valid values for this datatype include 1-digit decimal in range 0.0 to 9999.9.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: Line 1b(2) divided by line 1c(3) - Calculated by system - may not be changed by user

Comment: Beginning with Form Version 2015v01.00, the line numbers referenced in Variables 0390.00 and 0391.00 are out of order. Variable 0390.00 will be used to identify Schedule MB, Line 4b and Variable 0391.00 will be used to identify Schedule MB, Line 4a.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FNDNG-PROGRESS-IND	Var Number 0392.00
Form Label Plan Funding Progress	Line Number 4c	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFndngProgressInd	0392.00	

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlFndngProgressInd in line 4c of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-REDUCED-BNFT-IND	Var Number 0393.00
Form Label Critical Plan Benefit Reduced	Line Number 4d	

Input Specification

XML Element Name ActrlReducedBnftInd	ElementID 0393.00	Optional in schema
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Edit tests:

[B-678MB](#) Schedule MB, Line 4d must be completed when Line 4b contains "C" or "D" and Line 4e cannot be blank or less than zero when Line 4d is checked "Yes".

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlReducedBnftInd in line 4d of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-REDUCED-BNFT-AMT	Var Number 0394.00
Form Label Critical Plan Benefit Reduced - Amount	Line Number 4e	

Input Specification

XML Element Name ActrlReducedBnftAmt	ElementID 0394.00	Optional in schema
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Edit tests:

[B-678MB](#) Schedule MB, Line 4d must be completed when Line 4b contains "C" or "D" and Line 4e cannot be blank or less than zero when Line 4d is checked "Yes".

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlReducedBnftAmt in line 4e of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-REHABILITATION-PLAN-IND	Var Number 0394.01
Form Label Rehabilitation Plan Indicator	Line Number 4f	

Input Specification

XML Element Name ActrlRehabilitationPlanInd	ElementID 0394.01	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlRehabilitationPlanInd in line 4f of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-REHABILITATION-PLAN-YEAR	Var Number 0394.02
Form Label Rehabilitation Plan Year	Line Number 4f Year	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlRehabilitationPlanYear	0394.02	

Edit tests:

[B-711MB](#)

You indicated on Line 4b of Schedule MB that the plan's status is "C" (Critical) or "D" (Critical and Declining), but you have not provided a future plan year in Line 4f when either emergence from critical status or insolvency is expected, or the plan year reported in Line 4f is less than the current plan year. Please review the status field reported in Line 4b or enter a plan year in Line 4f.

Schema Info: Type FormYearType minOccurs= 0; maxOccurs= 1

Type Info: FormYearType - simpleType [A 4-digit year]

Base: YearType

Restrictions: None

Acknowledgment Error Message:The value for the XML element ActrlRehabilitationPlanYear in line 4f Year of Schedule MB is invalid for the datatype FormYearType. Valid values for this datatype include a 4-digit year valid for the current processing year.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ATT-AGE-NRML-MTHD-IND	Var Number 0395.00
Form Label Attained Age Normal	Line Number 5a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAttAgeNrmlMthdInd	0395.00	

Edit tests:

I-118MB	Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.
B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ActrlAttAgeNrmlMthdInd in line 5a of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ENTRY-AGE-NRML-MTHD-IND	Var Number 0396.00
Form Label Entry Age Normal	Line Number 5b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlEntryAgeNrmlMthdInd	0396.00	

Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-716MB	Schedule MB Line 1c(1) requires a value greater than zero when Line 1b(1) is greater than zero, and either Line 5b or Line 5c has been checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ActrlEntryAgeNrmlMthdInd in line 5b of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ACCR-BNFT-MTHD-IND	Var Number 0397.00
Form Label Accrued benefit (unit credit)	Line Number 5c	

Input Specification

XML Element Name ActrlAccrBnftMthdInd	ElementID 0397.00	Optional in schema
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Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-716MB	Schedule MB Line 1c(1) requires a value greater than zero when Line 1b(1) is greater than zero, and either Line 5b or Line 5c has been checked.
B-719MB	Schedule MB Line 1c(3) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5c has been checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlAccrBnftMthdInd in line 5c of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AGGREG-MTHD-IND	Var Number 0398.00
Form Label Aggregate	Line Number 5d	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAggregMthdInd	0398.00	

Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-718MB	Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ActrlAggregMthdInd in line 5d of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FRZN-INIT-LIAB-MTHD-IND	Var Number 0399.00
Form Label Frozen Initial Liability	Line Number 5e	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFrznInitLiabMthdInd	0399.00	

Edit tests:

I-118MB	Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.
B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-717MB	Schedule MB Line 1c(2)(a) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5e has been checked.
B-718MB	Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlFrznInitLiabMthdInd in line 5e of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-INDIV-LVL-PREM-MTHD-IND	Var Number 0400.00
Form Label Individual Level Premium	Line Number 5f	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlIndivLvlPremMthdInd	0400.00	

Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ActrlIndivLvlPremMthdInd in line 5f of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-INDIV-AGGREG-MTHD-IND	Var Number 0401.00
Form Label Individual Aggregate	Line Number 5g	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlIndivAggregMthdInd	0401.00	

Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlIndivAggregMthdInd in line 5g of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SHORT-MTHD-IND	Var Number 0402.00
Form Label Shortfall	Line Number 5h	

Input Specification

XML Element Name ActrlShortMthdInd	ElementID 0402.00	Optional in schema
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Edit tests:

B-640MB	On Schedule MB, a shortfall actuarial cost method has been indicated on Line 5h, but either the plan year of first use of that method is not shown on Line 5j or the value entered in Line 5j is greater than the current plan year being reported.
B-651MB	Schedule MB, Line 8e is blank and Line 5h is checked or Line 8c is checked "yes".
B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlShortMthdInd in line 5h of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable RESERVED	Var Number 0403.00
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-OTH-COST-MTHD-IND	Var Number 0404.00
Form Label Other	Line Number 5i	

Input Specification

XML Element Name ActrlOthCostMthdInd	ElementID 0404.00	Optional in schema
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Edit tests:

B-681MB	At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.
B-682MB	Schedule MB, Line 5i (specify) must be completed when Line 5i is checked.
B-722MB	No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlOthCostMthdInd in line 5i of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-OTH-COST-MTHD-TEXT	Var Number 0405.00
Form Label Specify Other Actuarial Cost Method	Line Number 5i-TEXT	

Input Specification

XML Element Name ActrlOthCostMthdText	ElementID 0405.00	Optional in schema
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Edit tests:

[B-682MB](#) Schedule MB, Line 5i (specify) must be completed when Line 5i is checked.

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

Acknowledgment Error Message:The value for the XML element ActrlOthCostMthdText in line 5i-TEXT of Schedule MB is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SHORT-PRD-CNT	Var Number 0406.00
Form Label Period of use, shortfall method	Line Number 5j	

Input Specification

XML Element Name ActrlShortPrdCnt	ElementID 0406.00	Optional in schema
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Edit tests:

[B-640MB](#) On Schedule MB, a shortfall actuarial cost method has been indicated on Line 5h, but either the plan year of first use of that method is not shown on Line 5j or the value entered in Line 5j is greater than the current plan year being reported.

Schema Info: Type Count2Type minOccurs= 0; maxOccurs= 1

Type Info: Count2Type - simpleType [2-digit count]

Base: IntegerNNTYPE

Restrictions: totalDigits=2

Acknowledgment Error Message:The value for the XML element ActrlShortPrdCnt in line 5j of Schedule MB is invalid for the datatype Count2Type. Valid values for this datatype include unsigned integers up to a maximum of 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CHG-FNDNG-MTHD-IND	Var Number 0407.00
Form Label Change in Funding Method	Line Number 5k	

Input Specification

XML Element Name ActrlChgFndngMthdInd	ElementID 0407.00	Optional in schema
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Edit tests:

[I-119MB](#) Schedule MB, Line 5k is checked "yes," Line 5l is checked "no," and Line 5m is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base:StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlChgFndngMthdInd in line 5k of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CHG-REVENUE-PROC-IND	Var Number 0408.00
Form Label Change Pursuant to Revenue Procedure 2000-40	Line Number 51	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlChgRevenueProcInd	0408.00	

Edit tests:

I-119MB	Schedule MB, Line 5k is checked "yes," Line 5l is checked "no," and Line 5m is blank.
I-126	Schedule MB, Line 5l is checked "yes" and Schedule R, Line 8 is not checked "yes" or "not applicable."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlChgRevenueProcInd in line 5l of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CHG-FNDNG-MTHD-DATE	Var Number 0409.00
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Form Label Date of Ruling Letter Approving the Change in Funding Method	Line Number 5m
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Input Specification

XML Element Name ActrlChgFndngMthdDate	ElementID 0409.00	Optional in schema
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Edit tests:

[I-119MB](#) Schedule MB, Line 5k is checked "yes," Line 5l is checked "no," and Line 5m is blank.

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element `ActrlChgFndngMthdDate` in line 5m of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-LIAB-RPA-PRCNT	Var Number 0410.00
Form Label RPA '94 Current Liability Interest Rates	Line Number 6a	

Input Specification

XML Element Name ActrlCurrLiabRpaPrnt	ElementID 0410.00	Optional in schema
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Edit tests:

[B-723MB](#) Schedule MB, Line 6a is blank, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlCurrLiabRpaPrnt in line 6a of Schedule MB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RATE-SPEC-INS-PRE-IND	Var Number 0411.00
Form Label Rates Specified In Insurance or Annuity Contracts - Pre-Retirement	Line Number 6b-PRE	

Input Specification

XML Element Name ActrlRateSpecInsPreInd	ElementID 0411.00	Optional in schema
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Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element ActrlRateSpecInsPreInd in line 6b-PRE of Schedule MB is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RATE-SPEC-INS-POST-IND	Var Number 0412.00
Form Label Rates Specified In Insurance or Annuity Contracts - Post-Retirement	Line Number 6b-POST	

Input Specification

XML Element Name ActrlRateSpecInsPostInd	ElementID 0412.00	Optional in schema
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Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element ActrlRateSpecInsPostInd in line 6b-POST of Schedule MB is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-MORTALITY-MALE-PRE-CODE	Var Number 0413.00
Form Label Mortality Males - Pre-retirement	Line Number 6c(1)-PRE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlMortalityMalePreCode	0413.00	

Valid values: 1=1951 Group Annuity; 2=1971 Group Annuity (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Mortality table applicable to current plan year under section 1.431(c)(6)-1 of the Income Tax Regulations; 10=RP-2000; 11=RP-2000 (with Blue Collar adjustment); 12=RP-2014; 13=RP-2014 (Blue Collar); 14=RP-2014 (adjusted to 2006 Base Year); 0=None; A=Other; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.

Edit tests:

[B-724MB](#) Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type MortalityCodeType minOccurs= 0; maxOccurs= 1

Type Info: MortalityCodeType - simpleType [String up to 9 chars containing 0-9, A-Z, +, -, or /]

Base: StringType

Restrictions: maxLength=9 Patterns: [0-9A-Z\+\-\-/+]

Acknowledgment Error Message: The value for the XML element ActrlMortalityMalePreCode in line 6c(1)-PRE of Schedule MB is invalid for the datatype MortalityCodeType. Valid values for this datatype include a string up to 9 characters containing the characters 0-9, A-Z, +, -, or /.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-MORTALITY-MALE-POST-CODE	Var Number 0414.00
Form Label Mortality Males - Post-retirement	Line Number 6c(1)-POST	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlMortalityMalePostCode	0414.00	

Valid values: 1=1951 Group Annuity; 2=1971 Group Annuity (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Mortality table applicable to current plan year under section 1.431(c)(6)-1 of the Income Tax Regulations; 10=RP-2000; 11=RP-2000 (with Blue Collar adjustment); 12=RP-2014; 13=RP-2014 (Blue Collar); 14=RP-2014 (adjusted to 2006 Base Year); 0=None; A=Other; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.

Edit tests:

[B-724MB](#)

Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type MortalityCodeType minOccurs= 0; maxOccurs= 1

Type Info: MortalityCodeType - simpleType [String up to 9 chars containing 0-9, A-Z, +, -, or /]

Base: StringType

Restrictions: maxLength=9 Patterns: [0-9A-Z\+\-\-/+]

Acknowledgment Error Message: The value for the XML element ActrlMortalityMalePostCode in line 6c(1)-POST of Schedule MB is invalid for the datatype MortalityCodeType. Valid values for this datatype include a string up to 9 characters containing the characters 0-9, A-Z, +, -, or /.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-MORTALITY-FEM-PRE-CODE	Var Number 0415.00
Form Label Mortality Females - Pre-retirement	Line Number 6c(2)-PRE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlMortalityFemPreCode	0415.00	

Valid values: 1=1951 Group Annuity; 2=1971 Group Annuity (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Mortality table applicable to current plan year under section 1.431(c)(6)-1 of the Income Tax Regulations; 10=RP-2000; 11=RP-2000 (with Blue Collar adjustment); 12=RP-2014; 13=RP-2014 (Blue Collar); 14=RP-2014 (adjusted to 2006 Base Year); 0=None; A=Other; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.

Edit tests:

[B-724MB](#)

Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type MortalityCodeType minOccurs= 0; maxOccurs= 1

Type Info: MortalityCodeType - simpleType [String up to 9 chars containing 0-9, A-Z, +, -, or /]

Base: StringType

Restrictions: maxLength=9 Patterns: [0-9A-Z\+\-\-/+]

Acknowledgment Error Message: The value for the XML element ActrlMortalityFemPreCode in line 6c(2)-PRE of Schedule MB is invalid for the datatype MortalityCodeType. Valid values for this datatype include a string up to 9 characters containing the characters 0-9, A-Z, +, -, or /.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-MORTALITY-FEM-POST-CODE	Var Number 0416.00
Form Label Mortality Females - Post-retirement	Line Number 6c(2)-POST	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlMortalityFemPostCode	0416.00	

Valid values: 1=1951 Group Annuity; 2=1971 Group Annuity (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Mortality table applicable to current plan year under section 1.431(c)(6)-1 of the Income Tax Regulations; 10=RP-2000; 11=RP-2000 (with Blue Collar adjustment); 12=RP-2014; 13=RP-2014 (Blue Collar); 14=RP-2014 (adjusted to 2006 Base Year); 0=None; A=Other; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /.

Edit tests:

[B-724MB](#)

Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

Schema Info: Type MortalityCodeType minOccurs= 0; maxOccurs= 1

Type Info: MortalityCodeType - simpleType [String up to 9 chars containing 0-9, A-Z, +, -, or /]

Base: StringType

Restrictions: maxLength=9 Patterns: [0-9A-Z\+\-\-/+]

Acknowledgment Error Message: The value for the XML element ActrlMortalityFemPostCode in line 6c(2)-POST of Schedule MB is invalid for the datatype MortalityCodeType. Valid values for this datatype include a string up to 9 characters containing the characters 0-9, A-Z, +, -, or /.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-VALUATION-INT-PRE-PRCNT	Var Number 0417.00
Form Label Valuation Liability Interest Rate - Pre-retirement	Line Number 6d-PRE	

Input Specification

XML Element Name ActrlValuationIntPrePrct	ElementID 0417.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlValuationIntPrePrct in line 6d-PRE of Schedule MB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-VALUATION-INT-POST-PRCNT	Var Number 0418.00
Form Label Valuation Liability Interest Rate - Post-retirement	Line Number 6d-POST	

Input Specification

XML Element Name ActrlValuationIntPostPrcent	ElementID 0418.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlValuationIntPostPrcent in line 6d-POST of Schedule MB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPENSE-LOAD-PRE-PRCNT	Var Number 0419.00
Form Label Expense Loading - Pre-retirement	Line Number 6e-PRE	

Input Specification

XML Element Name ActrlExpenseLoadPrePrct	ElementID 0419.00	Optional in schema
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Schema Info: Type DecimalNN1Type minOccurs= 0; maxOccurs= 1

Type Info: DecimalNN1Type - simpleType [1-digit decimal 0.0-9999.9]

Base: xsd:decimal

Restrictions: minInclusive=0.0 maxInclusive=9999.9 fractionDigits=1

Acknowledgment Error Message:The value for the XML element ActrlExpenseLoadPrePrct in line 6e-PRE of Schedule MB is invalid for the datatype DecimalNN1Type. Valid values for this datatype include 1-digit decimal in range 0.0 to 9999.9.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPENSE-LOAD-PRE-NA-IND	Var Number 0419.01
Form Label N/A, Expense Loading - Pre-retirement	Line Number 6e-PRE N/A	

Input Specification

XML Element Name ActrlExpenseLoadPreNAInd	ElementID 0419.01	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlExpenseLoadPreNAInd in line 6e-PRE N/A of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPENSE-LOAD-POST-PRCNT	Var Number 0420.00
Form Label Expense Loading - Post-retirement	Line Number 6e-POST	

Input Specification

XML Element Name ActrlExpenseLoadPostPrct	ElementID 0420.00	Optional in schema
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Schema Info: Type DecimalNN1Type minOccurs= 0; maxOccurs= 1

Type Info: DecimalNN1Type - simpleType [1-digit decimal 0.0-9999.9]

Base: xsd:decimal

Restrictions: minInclusive=0.0 maxInclusive=9999.9 fractionDigits=1

Acknowledgment Error Message: The value for the XML element ActrlExpenseLoadPostPrct in line 6e-POST of Schedule MB is invalid for the datatype DecimalNN1Type. Valid values for this datatype include 1-digit decimal in range 0.0 to 9999.9.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPENSE-LOAD-POST-NA-IND	Var Number 0420.01
Form Label N/A, Expense Loading - Post-retirement	Line Number 6e-Post N/A	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlExpenseLoadPostNAInd	0420.01	

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlExpenseLoadPostNAInd in line 6e-Post N/A of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SAL-SCALE-PRE-PRCNT	Var Number 0421.00
Form Label Salary Scale - Pre-Retirement	Line Number 6f-PRE	

Input Specification

XML Element Name ActrlSalScalePrePrct	ElementID 0421.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlSalScalePrePrct in line 6f-PRE of Schedule MB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SAL-SCALE-PRE-NA-IND	Var Number 0421.01
Form Label N/A, Salary Scale - Pre-retirement	Line Number 6f-Pre N/A	

Input Specification

XML Element Name ActrlSalScalePreNAInd	ElementID 0421.01	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlSalScalePreNAInd in line 6f-Pre N/A of Schedule MB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-INVST-RETURN-PRCNT	Var Number 0422.00
Form Label Estimated Investment Return On Actuarial Value of Assets	Line Number 6g	

Input Specification

XML Element Name ActrlInvstReturnPrcnt	ElementID 0422.00	Optional in schema
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Schema Info: Type InvstReturnPrcntType minOccurs= 0; maxOccurs= 1

Type Info: InvstReturnPrcntType - simpleType [decimal signed, -999.9 to 999.9]

Base: DecimalType

Restrictions: minInclusive=-999.9 maxInclusive=999.9 fractionDigits=1

Acknowledgment Error Message:The value for the XML element ActrlInvstReturnPrcnt in line 6g of Schedule MB is invalid for the datatype InvstReturnPrcntType. Valid values for this datatype include signed numbers including a decimal point and one fractional digit, in the range -999.9 to 999.9.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-INVST-RETURN-CURRENT-VALUE- PRCNT	Var Number 0423.00
Form Label Estimated investment return on current value of assets	Line Number 6h	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlInvstReturnCurrentValuePrct	0423.00	

Schema Info: Type InvstReturnPrctType minOccurs= 0; maxOccurs= 1

Type Info: InvstReturnPrctType - simpleType [decimal signed, -999.9 to 999.9]

Base: DecimalType

Restrictions: minInclusive=-999.9 maxInclusive=999.9 fractionDigits=1

Acknowledgment Error Message:The value for the XML element ActrlInvstReturnCurrentValuePrct in line 6h of Schedule MB is invalid for the datatype InvstReturnPrctType. Valid values for this datatype include signed numbers including a decimal point and one fractional digit, in the range -999.9 to 999.9.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-BASE-CODE	Var Number 0424.00
Form Label Amortization Bases - Type of Base 1	Line Number 7(1)-BASE 1	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAmortzBase/Code	0424.00	

Valid values: 1 = Experience gain or loss; 2 = Shortfall gain or loss; 3 = Change in unfunded liability due to plan amendment; 4 = Change in unfunded liability due to change in actuarial assumptions; 5 = Change in unfunded liability due to change in actuarial cost method; 6 = Waiver of the minimum funding standard; 7 = Initial unfunded liability (for new plan); 8 = Net investment loss incurred in either of the first two plan years ending after August 31, 2008

Schema Info: Type AmortzBaseCodeType minOccurs= 0; maxOccurs= 1

Type Info: AmortzBaseCodeType - simpleType [1-digit code, 1-8]

Base: StringType

Restrictions: Patterns: [1-8]

ParentInfo: ActrlAmortzBase (ActrlAmortzBaseType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ActrlAmortzBase/Code in line 7(1)-BASE 1 of Schedule MB is invalid for the datatype AmortzBaseCodeType. Valid values for this datatype include single-digit codes from 1 to 8.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-INIT-BAL-AMT	Var Number 0425.00
Form Label Amortization Bases - Initial Balance 1	Line Number 7(2)-BALANCE 1	

Input Specification

XML Element Name ActrlAmortzBase/InitBalAmt	ElementID 0425.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: ActrlAmortzBase (ActrlAmortzBaseType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ActrlAmortzBase/InitBalAmt in line 7(2)-BALANCE 1 of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTIZATION-AMT	Var Number 0426.00
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Form Label Amortization Bases - Amortization Charge/Credit 1	Line Number 7(3)-CHARGE 1
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Input Specification

XML Element Name ActrlAmortzBase/AmortizationAmt	ElementID 0426.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

ParentInfo: ActrlAmortzBase (ActrlAmortzBaseType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ActrlAmortzBase/AmortizationAmt in line 7(3)-CHARGE 1 of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FNDNG-DEFN-WVR-DATE	Var Number 0427.00
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Form Label Waiver of Funding Deficiency Letter Date	Line Number 8a
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Input Specification

XML Element Name ActrlFndngDefnWvrDate	ElementID 0427.00	Optional in schema
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Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Acknowledgment Error Message: The value for the XML element `ActrlFndngDefnWvrDate` in line 8a of Schedule MB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXPECTED-BENEFIT-PAYMENTS-IND	Var Number 0427.01
Form Label Projection of Expected Benefit Payments Ind	Line Number 8b(1)	

Input Specification

XML Element Name ActrlExpBenftPaymentInd	ElementID 0427.01	Optional in schema
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Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlExpBenftPaymentInd in line 8b(1) of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-SCH-ACTIVE-PARTCP-RQD-IND	Var Number 0428.00
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Form Label Plan Required to Provide a Schedule of Active Participants	Line Number 8b(2)
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Input Specification

XML Element Name ActrlSchActivePartcpRqdInd	ElementID 0428.00	Optional in schema
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Edit tests:

[B-725MB](#)

You have attached a Schedule MB for a plan that has not indicated a resolution to terminate on Schedule H, Line 5a. However, Schedule MB, Line 8b(2) is not checked "Yes" indicating a Schedule of Active Participants is required although active participants are reported on the Form 5500, Line 6a(2) and the Schedule MB, Line 2b(3)(c)(1). Review the instructions for Schedule MB, Line 8b(2) and make any necessary corrections.

[I-120MB](#)

Schedule of Active Participant Data (Attachment [AttachmentTypeCode ='ActiveParticipData']) of Schedule MB is not attached and Schedule MB, Line 8b(2) is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlSchActivePartcpRqdInd in line 8b(2) of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Comment: Beginning with Form Version 2015v01.00, Schedule MB, Line 8b will become Line 8b(2).

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-BASE-EXT-IND	Var Number 0429.00
Form Label Plan amortization bases operating under an extension	Line Number 8c	

Input Specification

XML Element Name ActrlAmortzBaseExtInd	ElementID 0429.00	Optional in schema
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Edit tests:

[B-651MB](#) Schedule MB, Line 8e is blank and Line 5h is checked or Line 8c is checked "yes".

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlAmortzBaseExtInd in line 8c of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-EXT-AUTO-IND	Var Number 0430.00
Form Label 431(d)(1) Extension IRS Approved	Line Number 8d(1)	

Input Specification

XML Element Name ActrlAmortzExtAutoInd	ElementID 0430.00	Optional in schema
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Edit tests:

[B-679MB](#) Schedule MB, Line 8d(1) is checked "yes," but Line 8d(2) is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlAmortzExtAutoInd in line 8d(1) of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-431D1-EXT-YRS-CNT	Var Number 0431.00
Form Label Years amortization period extended 431(d)(1)	Line Number 8d(2)	

Input Specification

XML Element Name Actrl431D1ExtYrsCnt	ElementID 0431.00	Optional in schema
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Edit tests:

[B-679MB](#) Schedule MB, Line 8d(1) is checked "yes," but Line 8d(2) is blank.

Schema Info: Type Count2Type minOccurs= 0; maxOccurs= 1

Type Info: Count2Type - simpleType [2-digit count]

Base: IntegerNNTYPE

Restrictions: totalDigits=2

Acknowledgment Error Message:The value for the XML element Actrl431D1ExtYrsCnt in line 8d(2) of Schedule MB is invalid for the datatype Count2Type. Valid values for this datatype include unsigned integers up to a maximum of 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-EXT-IRS-APPROVED-IND	Var Number 0432.00
Form Label 412(e) or 431(d)(2) Extension IRS Approved	Line Number 8d(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAmortzExtIRSApprovedInd	0432.00	

Edit tests:

B-641MB	An IRS-approved extension has been indicated on Schedule MB, Line 8d(3), but the length of the extension in Line 8d(4) is missing or equal to zero.
B-642MB	Schedule MB, Line 8d(5) is blank, but Line 8d(3) is checked "yes."
B-643MB	Schedule MB, Line 8d(6) is blank, but Line 8d(3) is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlAmortzExtIRSApprovedInd in line 8d(3) of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-431D2-EXT-YRS-CNT	Var Number 0433.00
Form Label Years amortization period extended 431(d)(2)	Line Number 8d(4)	

Input Specification

XML Element Name Actrl431D2ExtYrsCnt	ElementID 0433.00	Optional in schema
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Edit tests:

[B-641MB](#) An IRS-approved extension has been indicated on Schedule MB, Line 8d(3), but the length of the extension in Line 8d(4) is missing or equal to zero.

Schema Info: Type Count2Type minOccurs= 0; maxOccurs= 1

Type Info: Count2Type - simpleType [2-digit count]

Base: IntegerNNTYPE

Restrictions: totalDigits=2

Acknowledgment Error Message:The value for the XML element Actrl431D2ExtYrsCnt in line 8d(4) of Schedule MB is invalid for the datatype Count2Type. Valid values for this datatype include unsigned integers up to a maximum of 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-EXT-LETTER-DATE	Var Number 0434.00
Form Label Extension Ruling Letter Date	Line Number 8d(5)	

Input Specification

XML Element Name ActrlExtLetterDate	ElementID 0434.00	Optional in schema
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Edit tests:

[B-642MB](#) Schedule MB, Line 8d(5) is blank, but Line 8d(3) is checked "yes."

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element ActrlExtLetterDate in line 8d(5) of Schedule MB is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-ELIG-6621B-IND	Var Number 0435.00
Form Label Amortization Base 6621B Eligible	Line Number 8d(6)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAmortzElig6621bInd	0435.00	

Edit tests:

[B-643MB](#) Schedule MB, Line 8d(6) is blank, but Line 8d(3) is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlAmortzElig6621bInd in line 8d(6) of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-DIFF-MIN-CONTRIB-AMT	Var Number 0436.00
Form Label Minimum Contribution Difference Amount	Line Number 8e	

Input Specification

XML Element Name ActrlDiffMinContribAmt	ElementID 0436.00	Optional in schema
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Edit tests:

[B-651MB](#) Schedule MB, Line 8e is blank and Line 5h is checked or Line 8c is checked "yes".

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlDiffMinContribAmt in line 8e of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PR-YR-FNDNG-DEFN-AMT	Var Number 0437.00
Form Label Prior Year Funding Deficiency Amount	Line Number 9a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPrYrFndngDefnAmt	0437.00	

Edit tests:

B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlPrYrFndngDefnAmt in line 9a of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-NORMAL-COST-AMT	Var Number 0438.00
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Form Label Employer's Normal Cost for Plan Year as of Valuation Date	Line Number 9b
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Input Specification

XML Element Name ActrlNormalCostAmt	ElementID 0438.00	Optional in schema
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Edit tests:

B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlNormalCostAmt in line 9b of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-NOT-WVRS-OUTSTD-AMT	Var Number 0439.00
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Form Label All Bases Except Funding Waivers - Outstanding Balance	Line Number 9c(1)-BALANCE
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Input Specification

XML Element Name ActrlNotWvrsOutstdAmt	ElementID 0439.00	Optional in schema
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Edit tests:

[B-600MB](#) Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStndAccntBases']) is not included.

[B-644MB](#) Schedule MB, Line 9c(1) Outstanding balance is less than Line 9c(1)Amount, or Schedule MB, Line 9c(1) Amount is blank and Line 9c(1) Outstanding balance is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlNotWvrsOutstdAmt in line 9c(1)-BALANCE of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-NOT-WVRS-AMT	Var Number 0440.00
Form Label All Bases Except Funding Waivers - Amount	Line Number 9c(1)-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlNotWvrsAmt	0440.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode = 'SchMBFndgStndAccntBases']) is not included.
B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-644MB	Schedule MB, Line 9c(1) Outstanding balance is less than Line 9c(1)Amount, or Schedule MB, Line 9c(1) Amount is blank and Line 9c(1) Outstanding balance is greater than zero.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlNotWvrsAmt in line 9c(1)-AMOUNT of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FNDNG-WVRS-OUTSTD-AMT	Var Number 0441.00
Form Label Funding Waivers - Outstanding Balance	Line Number 9c(2)-BALANCE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFndngWvrsOutstdAmt	0441.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStndAccntBases']) is not included.
B-645MB	Schedule MB, Line 9c(2)-Balance is less than Line 9c(2)-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlFndngWvrsOutstdAmt in line 9c(2)-BALANCE of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FNDNG-WVRS-AMT	Var Number 0442.00
Form Label Funding Waivers - Amount	Line Number 9c(2)-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFndngWvrsAmt	0442.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStndAccntBases']) is not included.
B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-645MB	Schedule MB, Line 9c(2)-Balance is less than Line 9c(2)-Amount.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlFndngWvrsAmt in line 9c(2)-AMOUNT of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CERTAIN-BASES-OUTSTD-AMT	Var Number 0443.00
Form Label Certain Bases - Outstanding Balance	Line Number 9c(3)-BALANCE	

Input Specification

XML Element Name ActrlCertainBasesOutstdAmt	ElementID 0443.00	Optional in schema
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Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStndAccntBases']) is not included.
B-646MB	Schedule MB, Line 9c(3)-Balance is less than Line 9c(3)-Amount.
B-647MB	Schedule MB, Line 9o(2)(b) is not equal to Line 9c(3)-Balance minus Line 9o(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlCertainBasesOutstdAmt in line 9c(3)-BALANCE of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CERTAIN-BASES-AMT	Var Number 0444.00
Form Label Certain Bases - Amount	Line Number 9c(3)-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCertainBasesAmt	0444.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStndAccntBases']) is not included.
B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-646MB	Schedule MB, Line 9c(3)-Balance is less than Line 9c(3)-Amount.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlCertainBasesAmt in line 9c(3)-AMOUNT of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FNDNG-CHRGs-INT-AMT	Var Number 0445.00
Form Label Funding Charges Interest Amount	Line Number 9d	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFndngChrgsIntAmt	0445.00	

Edit tests:

B-626MB	Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.
B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-649MB	Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlFndngChrgsIntAmt in line 9d of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-CHARGES-AMT	Var Number 0446.00
Form Label Total Charges	Line Number 9e	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotChargesAmt	0446.00	

Edit tests:

B-638MB	Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.
B-652MB	Schedule MB, Line 9l is greater than Line 9e and Line 9m is not equal to Line 9l minus Line 9e.
B-653MB	Schedule MB, Line 9e is greater than Line 9l and Line 9n is not equal to Line 9e minus Line 9l.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotChargesAmt in line 9e of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9a through 9d - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-PR-YR-CREDIT-BALANCE-AMT	Var Number 0447.00
Form Label Prior Year Credit Balance	Line Number 9f	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPrYrCreditBalanceAmt	0447.00	

Edit tests:

B-606MB	Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).
B-627MB	Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlPrYrCreditBalanceAmt in line 9f of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-EMPLR-CONTRIB-02-AMT	Var Number 0448.00
Form Label Employer Contributions	Line Number 9g	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotEmplrContrib02Amt	0448.00	

Edit tests:

B-606MB	Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).
B-608MB	Schedule MB, Line 3(b) - Total must equal Line 9g.
B-627MB	Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotEmplrContrib02Amt in line 9g of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: System will populate from column b of line 3 - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-CR-OUTSTD-BAL-AMT	Var Number 0449.00
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Form Label Amortization Credits as of Valuation Date - Outstanding Balance	Line Number 9h-BALANCE
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Input Specification

XML Element Name ActrlAmortzCrOutstdBalAmt	ElementID 0449.00	Optional in schema
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Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode = 'SchMBFndgStndAccntBases']) is not included.
B-668MB	Schedule MB, Line 9h Outstanding balance is greater than zero and either 9h-Amount is blank or 9h-Amount is greater than Line 9h Outstanding balance.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAmortzCrOutstdBalAmt in line 9h-BALANCE of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-AMORTZ-CREDITS-AMT	Var Number 0450.00
Form Label Amortization Credits as of Valuation Date - Amount	Line Number 9h-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlAmortzCreditsAmt	0450.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode = 'SchMBFndgStndAccntBases']) is not included.
B-606MB	Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).
B-627MB	Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.
B-668MB	Schedule MB, Line 9h Outstanding balance is greater than zero and either 9h-Amount is blank or 9h-Amount is greater than Line 9h Outstanding balance.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAmortzCreditsAmt in line 9h-AMOUNT of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-INT-APPLICABLE-AMT	Var Number 0451.00
Form Label Funding Credit Interest Amount	Line Number 9i	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlIntApplicableAmt	0451.00	

Edit tests:

B-606MB	Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).
B-627MB	Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlIntApplicableAmt in line 9i of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-ERISA-FFL-ACCR-LIAB-OUTSTD-BAL-AMT	Var Number 0452.00
Form Label ERISA FFL Credit Amount	Line Number 9j(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlErisaFflAccrLiabOutstdBalAmt	0452.00	

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlErisaFflAccrLiabOutstdBalAmt in line 9j(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RPA94-OVERRIDE-CURR-OUTSTD-BAL-AMT	Var Number 0453.00
Form Label RPA '94 FFL Credit Amount	Line Number 9j(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlRpa94OvrrideCurrOutstdBalAmt	0453.00	

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRpa94OvrrideCurrOutstdBalAmt in line 9j(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-FFL-CREDIT-AMT	Var Number 0454.00
Form Label FFL Credit	Line Number 9j(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFflCreditAmt	0454.00	

Edit tests:

[B-606MB](#) Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlFflCreditAmt in line 9j(3) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-WAIVED-FNDNG-DEFN-AMT	Var Number 0455.00
Form Label Waived Funding Deficiency Amount	Line Number 9k(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlWaivedFndngDefnAmt	0455.00	

Edit tests:

[B-606MB](#) Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlWaivedFndngDefnAmt in line 9k(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-OTHER-CREDITS-AMT	Var Number 0456.00
Form Label Other Credit Amounts	Line Number 9k(2)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlOtherCreditsAmt	0456.00	

Edit tests:

[B-606MB](#) Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlOtherCreditsAmt in line 9k(2) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-CREDITS-AMT	Var Number 0457.00
Form Label Total Credits	Line Number 91	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotCreditsAmt	0457.00	

Edit tests:

B-606MB	Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).
B-652MB	Schedule MB, Line 9l is greater than Line 9e and Line 9m is not equal to Line 9l minus Line 9e.
B-653MB	Schedule MB, Line 9e is greater than Line 9l and Line 9n is not equal to Line 9e minus Line 9l.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotCreditsAmt in line 9l of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CREDIT-BAL-AMT	Var Number 0458.00
Form Label Credit Balance	Line Number 9m	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCreditBalAmt	0458.00	

Edit tests:

B-652MB	Schedule MB, Line 9l is greater than Line 9e and Line 9m is not equal to Line 9l minus Line 9e.
B-670MB	Schedule MB, Lines 9n and 9m cannot both be completed.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCreditBalAmt in line 9m of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: If line 9l is greater than line 9e, enter the difference - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CURR-FNDNG-DEFN-AMT	Var Number 0459.00
Form Label Current Funding Deficiency	Line Number 9n	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrFndngDefnAmt	0459.00	

Edit tests:

B-653MB	Schedule MB, Line 9e is greater than Line 9l and Line 9n is not equal to Line 9e minus Line 9l.
B-670MB	Schedule MB, Lines 9n and 9m cannot both be completed.
I-121MB	Schedule MB, Line 10 is blank and Line 9n is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrFndngDefnAmt in line 9n of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: If line 9e is greater than 9l, enter the differenceCalculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RECNCNCL-WAIVED-PR-DEFN-AMT	Var Number 0460.00
Form Label Reconciliation Waived Prior Year Funding Deficiency Amount	Line Number 9o(1)	

Input Specification

XML Element Name ActrlRecnclWaivedPrDefnAmt	ElementID 0460.00	Optional in schema
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Edit tests:

[B-650MB](#) Schedule MB, Line 9o(3) is not equal to the sum of Line 9o(1) plus Line 9o(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRecnclWaivedPrDefnAmt in line 9o(1) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RECNCCL-OUTSTD-BAL-AMT	Var Number 0461.00
Form Label Reconciliation Outstanding Balance Amount	Line Number 9o(2)(a)	

Input Specification

XML Element Name ActrlRecnc1OutstdBalAmt	ElementID 0461.00	Optional in schema
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Edit tests:

[B-647MB](#) Schedule MB, Line 9o(2)(b) is not equal to Line 9c(3)-Balance minus Line 9o(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRecnc1OutstdBalAmt in line 9o(2)(a) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-RECONCILIATION-AMT	Var Number 0462.00
Form Label Reconciliation Amount	Line Number 9o(2)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlReconciliationAmt	0462.00	

Edit tests:

B-647MB	Schedule MB, Line 9o(2)(b) is not equal to Line 9c(3)-Balance minus Line 9o(2)(a).
B-650MB	Schedule MB, Line 9o(3) is not equal to the sum of Line 9o(1) plus Line 9o(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlReconciliationAmt in line 9o(2)(b) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Line 9c(3) balance minus line 9o(2)(a) - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-TOT-RECONCILIATION-AMT	Var Number 0463.00
Form Label Total Reconciliation Amount	Line Number 9o(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotReconciliationAmt	0463.00	

Edit tests:

[B-650MB](#) Schedule MB, Line 9o(3) is not equal to the sum of Line 9o(1) plus Line 9o(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTotReconciliationAmt in line 9o(3) of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 9o(1) and 9(o)(2)(b) - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-REQ-CONTRIB-AMT	Var Number 0464.00
Form Label Contribution to Avoid Funding Deficiency	Line Number 10	

Input Specification

XML Element Name ActrlReqContribAmt	ElementID 0464.00	Optional in schema
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Edit tests:

[I-121MB](#) Schedule MB, Line 10 is blank and Line 9n is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlReqContribAmt in line 10 of Schedule MB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule MB	IRD Variable MB-CHG-CTRL-ASSUMP-CURR-IND	Var Number 0465.00
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Form Label Change Made In Actuarial Assumptions for Current Plan Year	Line Number 11
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Input Specification

XML Element Name ActrlChgActrlAssumpCurrInd	ElementID 0465.00	Optional in schema
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Edit tests:

[I-143MB](#) Schedule MB, Line 11 is checked "yes" and Justification for Change in Actuarial Assumption (Attachment[AttachmentTypeCode = 'SchMBJustificationChgActrlAssmptn']) is not attached.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlChgActrlAssumpCurrInd in line 11 of Schedule MB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PLAN-YEAR-BEGIN-DATE	Var Number 0466.00
Form Label Plan Year Beginning Date	Line Number PLAN YEAR BEGIN	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearBeginDate	0466.00	

Edit tests:

B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
B-713SB	When the valuation date is the first day of the plan year, the carryover balance reported on Schedule SB, Line 35 cannot exceed the amount reported in Line 13a.
B-714SB	When the valuation date is the first day of the plan year, the prefunding balance on Line 35 of the Schedule SB cannot exceed the amount reported in Line 13b.
X-027SB	The Plan Year Begin Date on Schedule SB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.

Schema Info: Type `DateType` minOccurs= 1; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element PlanYearBeginDate in line PLAN YEAR BEGIN of Schedule SB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TAX-PRD	Var Number 0467.00
Form Label Tax Period End	Line Number TAXPERIOD	

Input Specification

XML Element Name	ElementID	Required in schema
PlanYearEndDate	0467.00	

Edit tests:

[X-028SB](#) The Plan Year End Date on Schedule SB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.

Schema Info: Type DateType minOccurs= 1; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base:xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element PlanYearEndDate in line TAXPERIOD of Schedule SB is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PN	Var Number 0468.00
Form Label Three Digit Plan Number	Line Number B	

Input Specification

XML Element Name PlanNum	ElementID 0468.00	Required in schema
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Valid values: 001-999

Edit tests:

[X-029SB](#) The Plan Number on Schedule SB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Schema Info: Type PNTYPE minOccurs= 1; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

Acknowledgment Error Message: The value for the XML element PlanNum in line B of Schedule SB is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Map from input element value as follows:

If missing, create element with values copied from 5500.

Special processing: Leading zeroes must be retained. If blank, populate from SPONS-DFE-PN.

IFILE Auto-Calculated Requirements: Automatically populated from 5500 or 5500-SF

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EIN	Var Number 0469.00
Form Label Sponsor EIN	Line Number D	

Input Specification

XML Element Name SchSB/EIN	ElementID 0469.00	Required in schema
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Edit tests:

[I-114SB](#) Schedule SB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.

Schema Info: Type EINType minOccurs= 1; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: SchSB (SchSBType)

Acknowledgment Error Message:The value for the XML element SchSB/EIN in line D of Schedule SB is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Map from input element value as follows:

If missing, create element with values copied from 5500.

Special processing:Leading zeroes must be retained. If blank, populate from SPONS-DFE-EIN.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

IFILE Auto-Calculated Requirements: Automatically populated from 5500 or 5500-SF

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PLAN-TYPE-CODE	Var Number 0470.00
Form Label Type of Plan	Line Number E	

Input Specification

XML Element Name ActrlPlanTypeCode	ElementID 0470.00	Required in schema
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Valid values: 1=Single-employer; 2=Multiple A; 3=Multiple B

Edit tests:

B-607SB	Schedule SB, Line E, Single Employer is checked and Form 5500, Line A, Single Employer is not checked, or Schedule SB, Line E, Multiple A or Multiple B is checked and Form 5500, Line A, Multiple Employer is not checked.
B-607SF	Schedule SB, Line E, Single Employer is checked and Form 5500-SF, Line A Single Employer is not checked, or Schedule SB, Line E Multiple A or Multiple B is checked and Form 5500-SF, Line A Multiple Employer is not checked.

Schema Info: Type SBEmplrCodeType minOccurs= 1; maxOccurs= 1

Type Info: SBEmplrCodeType - simpleType [1=Single-employer; 2=Multiple A; 3=Multiple B]

Base: Enum1To3Type

Restrictions: None

Acknowledgment Error Message:The value for the XML element ActrlPlanTypeCode in line E of Schedule SB is invalid for the datatype SBEmplrCodeType. Valid values for this datatype include 1 (single-employer), 2 (multiple A), or 3 (multiple B).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CNT-PARTCP-PR-YR-CD	Var Number 0471.00
Form Label Prior Year Plan Size	Line Number F	

Input Specification

XML Element Name ActrlCntPartcpPrYrCd	ElementID 0471.00	Optional in schema
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Valid values: 1=100 or fewer; 2=101-500; 3= more than 500

Edit tests:

[I-130SB](#) Schedule SB, Box F does not equal 1 (100 or fewer) and Schedule SB, Line 1 is not equal to the Plan Year Begin date on Form 5500.

Schema Info: Type Enum1To3Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To3Type - simpleType [enum values 1,2,3]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message: The value for the XML element ActrlCntPartcpPrYrCd in line F of Schedule SB is invalid for the datatype Enum1To3Type. Valid values for this datatype include 1, 2, or 3.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-VALUE-DATE	Var Number 0472.00
Form Label Actuarial Valuation Date	Line Number 1	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlValueDate	0472.00	

Edit tests:

B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).
B-713SB	When the valuation date is the first day of the plan year, the carryover balance reported on Schedule SB, Line 35 cannot exceed the amount reported in Line 13a.
B-714SB	When the valuation date is the first day of the plan year, the prefunding balance on Line 35 of the Schedule SB cannot exceed the amount reported in Line 13b.
I-130SB	Schedule SB, Box F does not equal 1 (100 or fewer) and Schedule SB, Line 1 is not equal to the Plan Year Begin date on Form 5500.
X-031SB	Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element `ActrlValueDate` in line 1 of Schedule SB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CURR-VALUE-AST-01-AMT	Var Number 0473.00
Form Label Market Value of Assets	Line Number 2a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCurrValueAst01Amt	0473.00	

Edit tests:

B-683SB	Schedule SB, Line 2b cannot exceed 110% of the value of Line 2a and cannot be less than 90% of the value of 2a and neither Line 2a nor Line 2b can be blank.
B-697SB	Schedule SB, Line 17 must equal Line 2(a) divided by Line 3d(3) when Line 2(a) divided by Line 3d(3) is less than 70 percent and Lines 2(a) and 3d(3) cannot be blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCurrValueAst01Amt in line 2a of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CTRL-VALUE-AST-AMT	Var Number 0474.00
Form Label Actuarial Value of Assets For Funding Standard Account	Line Number 2b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlValueAstAmt	0474.00	

Edit tests:

B-683SB	Schedule SB, Line 2b cannot exceed 110% of the value of Line 2a and cannot be less than 90% of the value of 2a and neither Line 2a nor Line 2b can be blank.
B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlValueAstAmt in line 2b of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-RTD-PARTCP-CNT	Var Number 0475.00
Form Label Retired - Number	Line Number 3a(1)	

Input Specification

XML Element Name ActrlRtdPartcpCnt	ElementID 0475.00	Optional in schema
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Edit tests:

[B-635SB](#) Schedule SB, Line 3d(1) is not equal to the sum of lines 3a(1), 3b(1), and 3c(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlRtdPartcpCnt in line 3a(1) of Schedule SB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-RTD-VSTD-TGT-AMT	Var Number 0475.01
Form Label Retired Vested Targeting Amount	Line Number 3a(2)	

Input Specification

XML Element Name ActrlRtdVstdTgtAmt	ElementID 0475.01	Optional in schema
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Edit tests:

[B-712SB](#) Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRtdVstdTgtAmt in line 3a(2) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-RTD-FNDNG-TGT-AMT	Var Number 0476.00
Form Label Retired Funding Target Amount	Line Number 3a(3)	

Input Specification

XML Element Name ActrlRtdFndgTgtAmt	ElementID 0476.00	Optional in schema
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Edit tests:

[B-636SB](#) Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlRtdFndgTgtAmt in line 3a(3) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TERM-PARTCP-CNT	Var Number 0477.00
Form Label Terminated - Number	Line Number 3b(1)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTermPartcpCnt	0477.00	

Edit tests:

[B-635SB](#) Schedule SB, Line 3d(1) is not equal to the sum of lines 3a(1), 3b(1), and 3c(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlTermPartcpCnt in line 3b(1) of Schedule SB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TERM-VSTD-FNDNG-TGT-AMT	Var Number 0477.01
Form Label Terminated Vested Targeting Amount	Line Number 3b(2)	

Input Specification

XML Element Name ActrlTermVstdTgtAmt	ElementID 0477.01	Optional in schema
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Edit tests:

[B-712SB](#) Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTermVstdTgtAmt in line 3b(2) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TERM-FNDNG-TGT-AMT	Var Number 0478.00
Form Label Terminated Funding Target Amount	Line Number 3b(3)	

Input Specification

XML Element Name ActrlTermFndgTgtAmt	ElementID 0478.00	Optional in schema
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Edit tests:

[B-636SB](#) Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTermFndgTgtAmt in line 3b(3) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable RESERVED	Var Number 0479.00
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACT-VSTD-FNDNG-TGT-AMT	Var Number 0480.00
Form Label Active - Vested	Line Number 3c(2)	

Input Specification

XML Element Name ActrlActVstdFndgTgtAmt	ElementID 0480.00	Optional in schema
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Edit tests:

[B-712SB](#) Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlActVstdFndgTgtAmt in line 3c(2) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Comment: The line numbers referenced in Variables 0480.00 and 0481.00 are out of order. Variable 0480.00 will be used to identify Schedule SB, Line 3c(2) and Variable 0481.00 will be used to identify Schedule SB, Line 3c(1).

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACT-PARTCP-CNT	Var Number 0481.00
Form Label Active - Number	Line Number 3c(1)	

Input Specification

XML Element Name ActrlActPartcpCnt	ElementID 0481.00	Optional in schema
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Edit tests:

[B-635SB](#) Schedule SB, Line 3d(1) is not equal to the sum of lines 3a(1), 3b(1), and 3c(1).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlActPartcpCnt in line 3c(1) of Schedule SB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Comment: The line numbers referenced in Variables 0480.00 and 0481.00 are out of order. Variable 0480.00 will be used to identify Schedule SB, Line 3c(2) and Variable 0481.00 will be used to identify Schedule SB, Line 3c(1).

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-LIAB-ACT-TOTAL-FNDNG-TGT-AMT	Var Number 0482.00
Form Label Active - Total	Line Number 3c(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlLiabActTotalFndngTgtAmt	0482.00	

Edit tests:

[B-636SB](#) Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlLiabActTotalFndngTgtAmt in line 3c(3) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TOT-PARTCP-CNT	Var Number 0483.00
Form Label Total - Number	Line Number 3d(1)	

Input Specification

XML Element Name ActrlTotPartcpCnt	ElementID 0483.00	Optional in schema
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Edit tests:

B-635SB	Schedule SB, Line 3d(1) is not equal to the sum of lines 3a(1), 3b(1), and 3c(1).
B-704SB	Schedule SB has been provided with a Form 5500 and Schedule SB Line 3, Column 1 contains an unusually high number of participants. Please verify that the funding target numbers in Columns 2 and/or 3 have not been inadvertently placed in the participant count breakdown requested in Column 1.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element ActrlTotPartcpCnt in line 3d(1) of Schedule SB is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 3a(1), 3b(1), and 3c(1) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TOT-VSTD-FNDNG-TGT-AMT	Var Number 0483.01
Form Label Total Vested Funding Targeting Amount	Line Number 3d(2)	

Input Specification

XML Element Name ActrlTotVstdFndgTgtAmt	ElementID 0483.01	Optional in schema
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Edit tests:

[B-712SB](#) Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTotVstdFndgTgtAmt in line 3d(2) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 3a(2), 3b(2), and 3c(2) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TOT-FNDNG-TGT-AMT	Var Number 0484.00
Form Label Total - Total Funding Target Amount	Line Number 3d(3)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotFndgTgtAmt	0484.00	

Edit tests:

B-636SB	Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).
B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-697SB	Schedule SB, Line 17 must equal Line 2(a) divided by Line 3d(3) when Line 2(a) divided by Line 3d(3) is less than 70 percent and Lines 2(a) and 3d(3) cannot be blank.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotFndgTgtAmt in line 3d(3) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 3a(3), 3b(3), and 3c(3) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PLAN-AT-RISK-IND	Var Number 0485.00
Form Label Plan at risk	Line Number 4	

Input Specification

XML Element Name ActrlPlanAtRiskInd	ElementID 0485.00	Optional in schema
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Edit tests:

B-673SB	Schedule SB, Line 4 must be checked and Lines 4a, and 4b must be completed for plans in "at risk" status. If the plan is not in "at risk" status, Line 4 must be unchecked and Lines 4a and 4b must be blank.
B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
I-133SB	Schedule SB, Line 4 is checked and the Plan at Risk (Attachment[AttachmentTypeCode='PlanAtRisk']) is not attached.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message: The value for the XML element ActrlPlanAtRiskInd in line 4 of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TGT-DISREGARD-ASSUMP-AMT	Var Number 0486.00
Form Label Target - Disregard At-Risk Assumptions	Line Number 4a	

Input Specification

XML Element Name ActrlTgtDisregardAssumpAmt	ElementID 0486.00	Optional in schema
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Edit tests:

B-673SB	Schedule SB, Line 4 must be checked and Lines 4a, and 4b must be completed for plans in "at risk" status. If the plan is not in "at risk" status, Line 4 must be unchecked and Lines 4a and 4b must be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTgtDisregardAssumpAmt in line 4a of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TGT-REFLECT-ASSUMP-AMT	Var Number 0487.00
Form Label Funding Target - Reflect At-Risk Assumptions	Line Number 4b	

Input Specification

XML Element Name ActrlTgtReflectAssumpAmt	ElementID 0487.00	Optional in schema
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Edit tests:

[B-673SB](#) Schedule SB, Line 4 must be checked and Lines 4a, and 4b must be completed for plans in "at risk" status. If the plan is not in "at risk" status, Line 4 must be unchecked and Lines 4a and 4b must be blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTgtReflectAssumpAmt in line 4b of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EFF-INT-RATE-PRCNT	Var Number 0488.00
Form Label Effective interest rate	Line Number 5	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlEffIntRatePrct	0488.00	

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlEffIntRatePrct in line 5 of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TGT-NRML-COST-01-AMT	Var Number 0489.00
Form Label Target normal cost	Line Number 6	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTgtNrmlCost01Amt	0489.00	

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTgtNrmlCost01Amt in line 6 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-SIGNATURE-DATE	Var Number 0490.00
Form Label Signature Date	Line Number DATE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlSignatureDate	0490.00	

Edit tests:

[I-155SB](#) The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule SB.

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element ActrlSignatureDate in line DATE of Schedule SB is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-NAME-LINE	Var Number 0491.00
Form Label Print/Type Name of Actuary	Line Number TYPED NAME	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryNameLine	0491.00	

Edit tests:

[I-155SB](#) The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule SB.

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\@&] ?)*[A-Za-z0-9,\.'\-\(\)*\@&]`

Acknowledgment Error Message: The value for the XML element `ActrlActuaryNameLine` in line `TYPED NAME` of Schedule SB is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FIRM-NAME	Var Number 0492.00
Form Label Firm Name of Actuary	Line Number FIRM	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryFirmName	0492.00	

Edit tests:

[I-155SB](#) The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule SB.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\(\\)*@\+\\?~_;!])*

Acknowledgment Error Message:The value for the XML element ActrlActuaryFirmName in line FIRM of Schedule SB is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-US-ADDRESS1	Var Number 0493.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryUSAddress/AddressLine1	0493.00	ActrlActuaryUSAddress present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/AddressLine1 in line ADDRESS of Schedule SB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-US-ADDRESS2	Var Number 0494.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryUSAddress/AddressLine2	0494.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/AddressLine2 in line ADDRESS of Schedule SB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-US-CITY	Var Number 0495.00
Form Label City of Actuary Firm	Line Number CITY	

Input Specification

XML Element Name ActrlActuaryUSAddress/City	ElementID 0495.00	Required in schema if ActrlActuaryUSAddress present
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Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.]

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/City in line CITY of Schedule SB is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-US-STATE	Var Number 0496.00
Form Label State of Actuary Firm	Line Number STATE	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryUSAddress/State	0496.00	ActrlActuaryUSAddress present

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ActrlActuaryUSAddress/State in line STATE of Schedule SB is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-US-ZIP	Var Number 0497.00
Form Label Zip Code of Actuary Firm	Line Number ZIP	

Input Specification

XML Element Name ActrlActuaryUSAddress/ZipCode	ElementID 0497.00	Required in schema if ActrlActuaryUSAddress present
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Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: ActrlActuaryUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryUSAddress/ZipCode in line ZIP of Schedule SB is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-ADDRESS1	Var Number 0498.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/AddressLine1	0498.00	ActrlActuaryForeignAddress present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/AddressLine1 in line ADDRESS of Schedule SB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-ADDRESS2	Var Number 0499.00
Form Label Address of Actuary Firm	Line Number ADDRESS	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/AddressLine2	0499.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/AddressLine2 in line ADDRESS of Schedule SB is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-CITY	Var Number 0500.00
Form Label Actuary Firm City	Line Number CITY	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/City	0500.00	ActrlActuaryForeignAddress present

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/City in line CITY of Schedule SB is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-PROV-STATE	Var Number 0501.00
Form Label Actuary Firm State	Line Number STATE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/ProvinceOrState	0501.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/ProvinceOrState in line STATE of Schedule SB is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-CNTRY	Var Number 0502.00
Form Label Actuary Foreign Mailing Country	Line Number Country	

Input Specification

XML Element Name	ElementID	Required in schema if
ActrlActuaryForeignAddress/Country	0502.00	ActrlActuaryForeignAddress present

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ActrlActuaryForeignAddress/Country in line Country of Schedule SB is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-FOREIGN-POSTAL-CD	Var Number 0503.00
Form Label Actuary Firm Zip Code	Line Number ZIP	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryForeignAddress/PostalCode	0503.00	

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ActrlActuaryForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignAddress/PostalCode in line ZIP of Schedule SB is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-PHONE-NUM	Var Number 0504.00
Form Label Telephone Number of Actuary Firm	Line Number PHONE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlActuaryPhoneNum	0504.00	

Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

Acknowledgment Error Message:The value for the XML element ActrlActuaryPhoneNum in line PHONE of Schedule SB is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-PHONE-NUM-FOREIGN	Var Number 0504.01
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Form Label Telephone Number of Actuary Firm (Foreign)	Line Number Phone (Foreign)
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Input Specification

XML Element Name ActrlActuaryForeignPhoneNum	ElementID 0504.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

Acknowledgment Error Message:The value for the XML element ActrlActuaryForeignPhoneNum in line Phone (Foreign) of Schedule SB is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTRY-ENRLMT-NUM	Var Number 0505.00
Form Label Most Recent Enrollment Number	Line Number Enrollment Number	

Input Specification

XML Element Name ActrlActryEnrlmtNum	ElementID 0505.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[I-124SB](#) The first two digits of the Actuary Enrollment Number of Schedule SB must equal 14 or 17.

Schema Info: Type EnrlmtNumType minOccurs= 0; maxOccurs= 1

Type Info: EnrlmtNumType - simpleType [7-digit enrollment number]

Base: StringType

Restrictions: Patterns: [0-9]{7}

Acknowledgment Error Message:The value for the XML element ActrlActryEnrlmtNum in line Enrollment Number of Schedule SB is invalid for the datatype EnrlmtNumType. Valid values for this datatype include 7-digit codes valid for the processing year.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ACTUARY-NOT-REFLECT-IND	Var Number 0506.00
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Form Label Actuary Not Fully Reflected Any Regulation/Ruling Promulgated Under Statute Box	Line Number BOX
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Input Specification

XML Element Name ActrlActuaryNotReflectInd	ElementID 0506.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[X-032SB](#) Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule SB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlActuaryNotReflectInd in line BOX of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CARRYOVER-PR-YR-AMT	Var Number 0507.00
Form Label Carryover Balance Prior Year	Line Number 7(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCarryoverPrYrAmt	0507.00	

Edit tests:

[B-654SB](#) Schedule SB, Line 9(a) is not equal to Line 7(a) minus Line 8(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCarryoverPrYrAmt in line 7(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRE-FNDNG-PR-YR-AMT	Var Number 0508.00
Form Label Pre-Funding Balance Prior Year	Line Number 7(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPreFndngPrYrAmt	0508.00	

Edit tests:

[B-655SB](#) Schedule SB, Line 9(b) is not equal to Line 7(b) minus Line 8(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlPreFndngPrYrAmt in line 7(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CARRYOVER-USED-PR-YR-AMT	Var Number 0509.00
Form Label Carryover Balance Used Prior Year	Line Number 8(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCarryoverUsedPrYrAmt	0509.00	

Edit tests:

[B-654SB](#) Schedule SB, Line 9(a) is not equal to Line 7(a) minus Line 8(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCarryoverUsedPrYrAmt in line 8(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRE-FNDNG-USED-PR-YR-AMT	Var Number 0510.00
Form Label Prefunding Balance Used Prior Year	Line Number 8(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPreFndngUsedPrYrAmt	0510.00	

Edit tests:

[B-655SB](#) Schedule SB, Line 9(b) is not equal to Line 7(b) minus Line 8(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlPreFndngUsedPrYrAmt in line 8(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CARRYOVER-PR-YR-TOT-AMT	Var Number 0511.00
Form Label Carryover Balance Remaining Prior Year	Line Number 9(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCarryoverPrYrTotAmt	0511.00	

Edit tests:

B-654SB	Schedule SB, Line 9(a) is not equal to Line 7(a) minus Line 8(a).
B-695SB	Schedule SB, Line 12a cannot be greater than the sum of (Line 9a plus Line 10a).
I-135SB	Schedule SB, Line 13(a) does not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCarryoverPrYrTotAmt in line 9(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Line 7 minus line 8 - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRE-FNDNG-PR-YR-TOT-AMT	Var Number 0512.00
Form Label Prefunding Balance Remaining Prior Year	Line Number 9(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPreFndngPrYrTotAmt	0512.00	

Edit tests:

B-655SB	Schedule SB, Line 9(b) is not equal to Line 7(b) minus Line 8(b).
B-696SB	Schedule SB, Line 12b cannot be greater than the sum of (Line 9b plus Line 10b plus Line 11d(b)).
I-136SB	Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlPreFndngPrYrTotAmt in line 9(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Line 7 minus line 8 - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-INT-PR-YR-PRCNT	Var Number 0513.00
Form Label Actual interest rate prior year	Line Number 10	

Input Specification

XML Element Name ActrlIntPrYrPrct	ElementID 0513.00	Optional in schema
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Schema Info: Type ActrlIntPrctType minOccurs= 0; maxOccurs= 1

Type Info: ActrlIntPrctType - simpleType [Numbers from -999.99 to 999.99]

Base: xsd:decimal

Restrictions: minInclusive=-999.99 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlIntPrYrPrct in line 10 of Schedule SB is invalid for the datatype ActrlIntPrctType. Valid values for this datatype include a percentage from -999.99 to 999.99

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-INT-PR-YR-CARRYOVER-AMT	Var Number 0514.00
Form Label Interest prior year to COB	Line Number 10(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlIntPrYrCarryoverAmt	0514.00	

Edit tests:

B-695SB	Schedule SB, Line 12a cannot be greater than the sum of (Line 9a plus Line 10a).
I-135SB	Schedule SB, Line 13(a) does not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlIntPrYrCarryoverAmt in line 10(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-INT-PR-YR-PRE-FNDNG-AMT	Var Number 0515.00
Form Label Interest prior year to Pre-Funding Balance	Line Number 10(b)	

Input Specification

XML Element Name ActrlIntPrYrPreFndngAmt	ElementID 0515.00	Optional in schema
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Edit tests:

B-696SB	Schedule SB, Line 12b cannot be greater than the sum of (Line 9b plus Line 10b plus Line 11d(b)).
I-136SB	Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlIntPrYrPreFndngAmt in line 10(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EXCESS-CONTRIB-AMT	Var Number 0516.00
Form Label Excess Contributions	Line Number 11a(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlExcessContribAmt	0516.00	

Edit tests:

B-656SB	Schedule SB, Line 11b(1)(b) is blank and Line 11a(b) is greater than zero.
B-684SB	Schedule SB, Line 11c(b) must equal the sum of Lines 11a(b) plus 11b(1)(b) plus 11b(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlExcessContribAmt in line 11a(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EXCESS-CONTRIB-INT-PRCNT	Var Number 0517.00
Form Label Interest on Excess Contributions	Line Number 11b(1) Percent	

Input Specification

XML Element Name ActrlExcessContribIntPrct	ElementID 0517.00	Optional in schema
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Edit tests:

[B-676SB](#) Schedule SB, Line 11b(1) Percent is blank or zero but Line 11b(1)(b) is greater than zero.

Schema Info: Type DecimalNNTType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNTType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlExcessContribIntPrct in line 11b(1) Percent of Schedule SB is invalid for the datatype DecimalNNTType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EXCESS-CONTRIB-INT-AMT	Var Number 0518.00
Form Label Interest on excess contributions	Line Number 11b(1)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlExcessContribIntAmt	0518.00	

Edit tests:

B-656SB	Schedule SB, Line 11b(1)(b) is blank and Line 11a(b) is greater than zero.
B-676SB	Schedule SB, Line 11b(1) Percent is blank or zero but Line 11b(1)(b) is greater than zero.
B-684SB	Schedule SB, Line 11c(b) must equal the sum of Lines 11a(b) plus 11b(1)(b) plus 11b(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlExcessContribIntAmt in line 11b(1)(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-INT-PRIOR-YEAR-ACTUAL-AMT	Var Number 0518.01
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Form Label Interest on prior year's actual rate of return	Line Number 11b(2)(b)
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Input Specification

XML Element Name ActrlPriorYearActualAmt	ElementID 0518.01	Optional in schema
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Edit tests:

[B-684SB](#) Schedule SB, Line 11c(b) must equal the sum of Lines 11a(b) plus 11b(1)(b) plus 11b(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlPriorYearActualAmt in line 11b(2)(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EXCESS-CONTRIB-AVAIL-AMT	Var Number 0519.00
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Form Label Excess contributions available to Pre-Funding Balance	Line Number 11c(b)
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Input Specification

XML Element Name ActrlExcessContribAvailAmt	ElementID 0519.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

B-657SB	Schedule SB, Line 11d(b) is greater than Line 11c(b).
B-684SB	Schedule SB, Line 11c(b) must equal the sum of Lines 11a(b) plus 11b(1)(b) plus 11b(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlExcessContribAvailAmt in line 11c(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add Lines 11a(b) + 11b(1)(b) + 11b(2)(b) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-EXCESS-CONTRIB-ADDED-AMT	Var Number 0520.00
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Form Label Excess Contributions added to Pre-Funding Balance	Line Number 11d(b)
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Input Specification

XML Element Name ActrlExcessContribAddedAmt	ElementID 0520.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

B-657SB	Schedule SB, Line 11d(b) is greater than Line 11c(b).
B-696SB	Schedule SB, Line 12b cannot be greater than the sum of (Line 9b plus Line 10b plus Line 11d(b)).
I-136SB	Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlExcessContribAddedAmt in line 11d(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CARRYOVER-REDUCTION-AMT	Var Number 0521.00
Form Label Voluntary reduction - Carryover Balance	Line Number 12(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCarryoverReductionAmt	0521.00	

Edit tests:

B-695SB	Schedule SB, Line 12a cannot be greater than the sum of (Line 9a plus Line 10a).
I-135SB	Schedule SB, Line 13(a) does not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCarryoverReductionAmt in line 12(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRE-FNDNG-REDUCTION-AMT	Var Number 0522.00
Form Label Voluntary reduction - Pre-Funding Balance	Line Number 12(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPreFndngReductionAmt	0522.00	

Edit tests:

B-685SB	Schedule SB, Line 12b must be blank or zero when Line 13a is greater than zero.
B-696SB	Schedule SB, Line 12b cannot be greater than the sum of (Line 9b plus Line 10b plus Line 11d(b)).
I-136SB	Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlPreFndngReductionAmt in line 12(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CARRYOVER-BOY-TOT-AMT	Var Number 0523.00
Form Label Carryover - Current Year	Line Number 13(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlCarryoverBoyTotAmt	0523.00	

Edit tests:

B-685SB	Schedule SB, Line 12b must be blank or zero when Line 13a is greater than zero.
B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).
B-713SB	When the valuation date is the first day of the plan year, the carryover balance reported on Schedule SB, Line 35 cannot exceed the amount reported in Line 13a.
I-135SB	Schedule SB, Line 13(a) does not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlCarryoverBoyTotAmt in line 13(a) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRE-FNDNG-BOY-TOT-AMT	Var Number 0524.00
Form Label Pre-Funding - Current Year	Line Number 13(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPreFndngBoyTotAmt	0524.00	

Edit tests:

B-686SB	When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.
B-687SB	Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).
B-714SB	When the valuation date is the first day of the plan year, the prefunding balance on Line 35 of the Schedule SB cannot exceed the amount reported in Line 13b.
I-136SB	Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlPreFndngBoyTotAmt in line 13(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-FNDNG-TGT-PRCNT	Var Number 0525.00
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Form Label Funding Target Attainment Percentage	Line Number 14
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Input Specification

XML Element Name ActrlFndngTgtPrct	ElementID 0525.00	Optional in schema
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Edit tests:

[B-686SB](#) When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.

[B-687SB](#) Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message: The value for the XML element ActrlFndngTgtPrct in line 14 of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ADJ-FNDNG-TGT-PRCNT	Var Number 0526.00
Form Label Adjusted Funding Target Attainment Percentage	Line Number 15	

Input Specification

XML Element Name ActrlAdjFndngTgtPrct	ElementID 0526.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message: The value for the XML element ActrlAdjFndngTgtPrct in line 15 of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PR-YR-FNDNG-PRCNT	Var Number 0527.00
Form Label Prior year funding percentage	Line Number 16	

Input Specification

XML Element Name ActrlPrYrFndngPrcnt	ElementID 0527.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element ActrlPrYrFndngPrcnt in line 16 of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-AST-LESS-70-PRCNT	Var Number 0528.00
Form Label Current Value of Assets less than 70 Percent	Line Number 17	

Input Specification

XML Element Name ActrlAstLess70Prct	ElementID 0528.00	Optional in schema
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Edit tests:

[B-697SB](#) Schedule SB, Line 17 must equal Line 2(a) divided by Line 3d(3) when Line 2(a) divided by Line 3d(3) is less than 70 percent and Lines 2(a) and 3d(3) cannot be blank.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message: The value for the XML element ActrlAstLess70Prct in line 17 of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

IFILE Auto-Calculated Requirements: If the current value of the assets of the plan is less than 70% of the funding target, enter such percentage - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-DATE	Var Number 0529.00
Form Label Contribution Date	Line Number 18(a)	

Input Specification

XML Element Name ActrlContrib/Date	ElementID 0529.00	Optional in schema
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Schema Info: Type `DateTime` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateTime` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

ParentInfo: `ActrlContrib` (`ContribType`) `minOccurs=0 maxOccurs=unbounded`

Acknowledgment Error Message: The value for the XML element `ActrlContrib/Date` in line 18(a) of Schedule SB is invalid for the datatype `DateTime`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-EMPLR-AMT	Var Number 0530.00
Form Label Employer Contribution	Line Number 18(b)	

Input Specification

XML Element Name ActrlContrib/EmplrAmt	ElementID 0530.00	Optional in schema
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Edit tests:

[B-614SB](#) The value provided in Schedule SB, Line 18(b)-Total is not equal to the sum of all Schedule SB Line 18(b) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

ParentInfo: ActrlContrib (ContribType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ActrlContrib/EmplrAmt in line 18(b) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-EMPLOYEE-AMT	Var Number 0531.00
Form Label Employee Contribution	Line Number 18(c)	

Input Specification

XML Element Name ActrlContrib/EmployeeAmt	ElementID 0531.00	Optional in schema
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Edit tests:

[B-615SB](#) Schedule SB, Line 18(c)-Total must equal the sum of all Schedule SB, Line 18(c) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

ParentInfo: ActrlContrib (ContribType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ActrlContrib/EmployeeAmt in line 18(c) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TOT-EMPLR-CONTRIB-AMT	Var Number 0532.00
Form Label Total Employer Contributions	Line Number 18(b) - TOTAL	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTotEmplrContribAmt	0532.00	

Edit tests:

[B-614SB](#) The value provided in Schedule SB, Line 18(b)-Total is not equal to the sum of all Schedule SB Line 18(b) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotEmplrContribAmt in line 18(b) - TOTAL of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Sum of all line 18(b) values - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TOT-EMPLOYEE-CONTRIB-AMT	Var Number 0533.00
Form Label Total Employee Contributions	Line Number 18(c)-TOTAL	

Input Specification

XML Element Name ActrlTotEmployeeContribAmt	ElementID 0533.00	Optional in schema
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Edit tests:

[B-615SB](#) Schedule SB, Line 18(c)-Total must equal the sum of all Schedule SB, Line 18(c) values.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlTotEmployeeContribAmt in line 18(c)-TOTAL of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Sum of all line 18(c) values - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-ALLOC-PR-YR-01-AMT	Var Number 0534.00
Form Label Discounted contributions allocated - Prior Year	Line Number 19a	

Input Specification

XML Element Name ActrlContribAllocPrYr01Amt	ElementID 0534.00	Optional in schema
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Edit tests:

[B-661SB](#) Schedule SB, Line 29 is not equal to Line 19a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlContribAllocPrYr01Amt in line 19a of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-AVOID-RESTRICTION-AMT	Var Number 0535.00
Form Label Discount contributions to avoid restrictions	Line Number 19b	

Input Specification

XML Element Name ActrlContribAvoidRestrictionAmt	ElementID 0535.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlContribAvoidRestrictionAmt in line 19b of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-ALLOC-CURR-YR-AMT	Var Number 0536.00
Form Label Discount contributions allocated - Current Year	Line Number 19c	

Input Specification

XML Element Name ActrlContribAllocCurrYrAmt	ElementID 0536.00	Optional in schema
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Edit tests:

[B-665SB](#) Schedule SB, Line 37 is not equal to Line 19c.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlContribAllocCurrYrAmt in line 19c of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-FNDNG-SHORT-IND	Var Number 0537.00
Form Label Funding shortfall	Line Number 20a	

Input Specification

XML Element Name ActrlFndngShortInd	ElementID 0537.00	Optional in schema
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Edit tests:

[B-660SB](#) Schedule SB, Line 20a is checked "yes," but Line 20b is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlFndngShortInd in line 20a of Schedule SB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-QRTLY-INSTALL-IND	Var Number 0538.00
Form Label Quarterly payments	Line Number 20b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlQrtlyInstallInd	0538.00	

Edit tests:

[B-660SB](#) Schedule SB, Line 20a is checked "yes," but Line 20b is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element ActrlQrtlyInstallInd in line 20b of Schedule SB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-1ST-LIQUIDITY-SHORT-AMT	Var Number 0539.00
Form Label 1st Quarter Liquidity Shortfall	Line Number 20c(1)	

Input Specification

XML Element Name Actrl1stLiquidityShortAmt	ElementID 0539.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element Actrl1stLiquidityShortAmt in line 20c(1) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-2ND-LIQUIDITY-SHORT-AMT	Var Number 0540.00
Form Label 2nd Quarter Liquidity Shortfall	Line Number 20c(2)	

Input Specification

XML Element Name Actrl2ndLiquidityShortAmt	ElementID 0540.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element Actrl2ndLiquidityShortAmt in line 20c(2) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-3RD-LIQUIDITY-SHORT-AMT	Var Number 0541.00
Form Label 3rd Quarter Liquidity Shortfall	Line Number 20c(3)	

Input Specification

XML Element Name Actrl3rdLiquidityShortAmt	ElementID 0541.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element Actrl3rdLiquidityShortAmt in line 20c(3) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-4TH-LIQUIDITY-SHORT-AMT	Var Number 0542.00
Form Label 4th Quarter Liquidity Shortfall	Line Number 20c(4)	

Input Specification

XML Element Name Actrl4thLiquidityShortAmt	ElementID 0542.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element Actrl4thLiquidityShortAmt in line 20c(4) of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-1ST-SEG-RATE-PRCNT	Var Number 0543.00
Form Label 1st Segment Rate	Line Number 21a	

Input Specification

XML Element Name	ElementID	Optional in schema
Actrl1stSegRatePrct	0543.00	

Edit tests:

B-689SB	Either Schedule SB, Line 21a (N/A, full yield curve used) is checked and the segment rate fields are not blank or Line 21a (N/A, full yield curve used) is not checked and the segment rate fields are blank.
B-690SB	Schedule SB, Line 21b contains a code but no information was provided in Line 21a, 1st Segment, 2nd Segment or 3rd Segment Rate Percents.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element Actrl1stSegRatePrct in line 21a of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-2ND-SEG-RATE-PRCNT	Var Number 0544.00
Form Label 2nd Segment Rate	Line Number 21a	

Input Specification

XML Element Name	ElementID	Optional in schema
Actrl2ndSegRatePrct	0544.00	

Edit tests:

[B-689SB](#) Either Schedule SB, Line 21a (N/A, full yield curve used) is checked and the segment rate fields are not blank or Line 21a (N/A, full yield curve used) is not checked and the segment rate fields are blank.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element Actrl2ndSegRatePrct in line 21a of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-3RD-SEG-RATE-PRCNT	Var Number 0545.00
Form Label 3rd Segment Rate	Line Number 21a	

Input Specification

XML Element Name	ElementID	Optional in schema
Actrl3rdSegRatePrct	0545.00	

Edit tests:

B-689SB	Either Schedule SB, Line 21a (N/A, full yield curve used) is checked and the segment rate fields are not blank or Line 21a (N/A, full yield curve used) is not checked and the segment rate fields are blank.
B-690SB	Schedule SB, Line 21b contains a code but no information was provided in Line 21a, 1st Segment, 2nd Segment or 3rd Segment Rate Percents.

Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base:xsd:decimal

Restrictions:minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message:The value for the XML element Actrl3rdSegRatePrct in line 21a of Schedule SB is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-YIELD-CURVE-IND	Var Number 0546.00
Form Label N/A, full yield curve used	Line Number 21a - BOX	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlYieldCurveInd	0546.00	

Edit tests:

B-689SB	Either Schedule SB, Line 21a (N/A, full yield curve used) is checked and the segment rate fields are not blank or Line 21a (N/A, full yield curve used) is not checked and the segment rate fields are blank.
B-690SB	Schedule SB, Line 21b contains a code but no information was provided in Line 21a, 1st Segment, 2nd Segment or 3rd Segment Rate Percents.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlYieldCurveInd in line 21a - BOX of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-APPLICABLE-MONTH-CD	Var Number 0547.00
Form Label Applicable month code	Line Number 21b	

Input Specification

XML Element Name ActrlApplicableMonthCd	ElementID 0547.00	Optional in schema
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Schema Info: Type SBApplMonthCodeType minOccurs= 0; maxOccurs= 1

Type Info: SBApplMonthCodeType - simpleType [0-9. Valid values: 0=valuation month; 1=valuation month - 1; 2=valuation month-2; 3=valuation month-3; 4=valuation month-4. Values 5-9 undefined.]

Base: StringType

Restrictions: Patterns: [0-9]

Acknowledgment Error Message:The value for the XML element ActrlApplicableMonthCd in line 21b of Schedule SB is invalid for the datatype SBApplMonthCodeType. Valid values for this datatype include an integer from 0 to 4. Value 0 means valuation month, 1 means valuation month - 1, 2 means valuation month - 2, etc.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-WEIGHTED-RTM-AGE	Var Number 0548.00
Form Label Weighted Average Retirement Age	Line Number 22	

Input Specification

XML Element Name ActrlWeightedRtmAge	ElementID 0548.00	Optional in schema
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Edit tests:

B-624SB	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-624SF	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-691SB	Schedule SB, Line 22 is greater than zero and the Weighted Average Retirement Age (Attachment [AttachmentTypeCode='WeightedAvgRtmtAge']) is not attached.

Schema Info: Type Count2Type minOccurs= 0; maxOccurs= 1

Type Info: Count2Type - simpleType [2-digit count]

Base: IntegerNNTYPE

Restrictions: totalDigits=2

Acknowledgment Error Message:The value for the XML element ActrlWeightedRtmAge in line 22 of Schedule SB is invalid for the datatype Count2Type. Valid values for this datatype include unsigned integers up to a maximum of 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-MORTALITY-TBL-CD	Var Number 0549.00
Form Label Mortality table code	Line Number 23	

Input Specification

XML Element Name ActrlMortalityTblCd	ElementID 0549.00	Optional in schema
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Edit tests:

[B-699SB](#) Schedule SB, Line 23 (Current Substitute) or (Prior Substitute) is checked and the Information on Use of Substitute Mortality Tables (Attachment[AttachmentTypeCode='SchSBSUBMortalityTable']) is not attached.

Schema Info: Type SBMortalityTblCodeType minOccurs= 0; maxOccurs= 1

Type Info: SBMortalityTblCodeType - simpleType [1=Prior Prescribed - combined; 2=Prior Prescribed - separate; 3=Prior Substitute; 4=Current Prescribed - combined; 5=Current Prescribed separate; 6=Current Substitute]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4, 5, 6,

Acknowledgment Error Message:The value for the XML element ActrlMortalityTblCd in line 23 of Schedule SB is invalid for the datatype SBMortalityTblCodeType. Valid values for this datatype include 1 (prior prescribed - combined), 2 (prior prescribed - separate), or 3 (prior substitute); 4 (current prescribed - combined), 5 (current prescribed - separate), or 6 (current substitute) .

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CHG-CTRL-ASSUMP-CURR-IND	Var Number 0550.00
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Form Label Change made in actuarial assumption for current plan year	Line Number 24
---	--------------------------

Input Specification

XML Element Name ActrlChgActrlAssumpCurrInd	ElementID 0550.00	Optional in schema
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Edit tests:

[I-127SB](#) Schedule SB, Line 24 is checked "yes" and the Non Prescribed Actuarial Assumption (Attachment[AttachmentTypeCode='SchSBNonPrescribedActrlAssmptn']) is not attached.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlChgActrlAssumpCurrInd in line 24 of Schedule SB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CHG-METHOD-IND	Var Number 0551.00
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Form Label Change in method for current plan year	Line Number 25
---	--------------------------

Input Specification

XML Element Name ActrlChgMethodInd	ElementID 0551.00	Optional in schema
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Edit tests:

[I-128SB](#) Schedule SB, Line 25 is checked "yes" and the Method Change (Attachment[AttachmentTypeCode='SchSBMethodChange']) is not attached.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlChgMethodInd in line 25 of Schedule SB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-SCH-ACTIVE-PARTCP-RQD-IND	Var Number 0552.00
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Form Label Plan required to provide a Schedule of Active Participants	Line Number 26
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Input Specification

XML Element Name ActrlSchActivePartcpRqdInd	ElementID 0552.00	Optional in schema
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Edit tests:

[I-120SB](#) Schedule of Active Participant Data (Attachment [AttachmentTypeCode
='ActiveParticipData']) is not attached and Schedule SB, Line 26 is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlSchActivePartcpRqdInd in line 26 of Schedule SB is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ALT-FNDNG-RULES-CD	Var Number 0553.00
Form Label Alternative funding rules code	Line Number 27	

Input Specification

XML Element Name ActrlAltFndngRulesCd	ElementID 0553.00	Optional in schema
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Edit tests:

B-688SB	Schedule SB, Line 27 equals "4" and the Balances Subject to Binding Agreement with PBGC (Attachment[AttachmentTypeCode='SchSBBalSubjectToPBGC']) is not attached.
B-698SB	Schedule SB, Line 27 equals "6" and the Alternative 17-Year Funding Schedule for Airlines (Attachment[AttachmentTypeCode='SchSBAlt17YrFndngAirlines']) is not attached.
B-699SB	Schedule SB, Line 23 (Current Substitute) or (Prior Substitute) is checked and the Information on Use of Substitute Mortality Tables (Attachment[AttachmentTypeCode='SchSBSubMortalityTable']) is not attached.

Schema Info: Type SBAltFndgCodeType minOccurs= 0; maxOccurs= 1

Type Info: SBAltFndgCodeType - simpleType [1=A CSEC plan that is described in Code section 414(y). This includes certain multiple-employer plans maintained by rural cooperatives and other specified cooperative organizations and certain plans maintained by more than 1 employer (determined after application of Code section 414(b) and (c)), all of which are described in Code section 501(c)(3). Do not use Code 1 for a plan that satisfies the definition of a CSEC plan that has made the election to not be treated as a CSEC plan; 4=Plans with binding agreements with PBGC to maintain prefunding and/or funding standard carryover balances described in Code section 430(f)(4)(B)(ii) and ERISA section 303(f)(4)(B)(ii); 6=Airlines with frozen plans using alternative 17-year funding schedule under section 402(a)(1) of PPA; 7=Interstate transit company described in section 115 of PPA.]

Base: StringType

Restrictions: Enumerations: 1, 4, 6, 7,

Acknowledgment Error Message: The value for the XML element ActrlAltFndngRulesCd in line 27 of Schedule SB is invalid for the datatype SBAltFndgCodeType. Valid values for this datatype include 1=A CSEC plan that is described in Code section 414(y). This includes certain multiple-employer plans maintained by rural cooperatives and other specified cooperative organizations and certain plans maintained by more than 1 employer (determined after application of Code section 414(b) and (c)), all of which are described in Code section 501(c)(3). Do not use Code 1 for a plan that satisfies the definition of a CSEC plan that has made the election to not be treated as a CSEC plan; 4=Plans with binding agreements with PBGC to maintain prefunding and/or funding standard carryover balances described in Code section 430(f)(4)(B)(ii) and ERISA section 303(f)(4)(B)(ii); 6=Airlines with frozen plans using alternative 17-year funding schedule under section 402(a)(1) of PPA; 7=Interstate transit company described in section 115 of PPA.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: Due to the length of the Acknowledgement Error Message for this field as specified in the DER, the following alternate error message text may be implemented for this field: " Valid values for this field include 1, 4, 6, 7." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for

this field as specified in the DER shall be returned in its entirety.

Comment: Per the Form 5500 Instructions, code 3 which was formerly used by certain plans maintained by government contractors as described in section 106 of PPA is no longer applicable and should not be used. Therefore, code 3 has been removed as a valid value from this field beginning with FormVersion 2012v01.00. Additionally, per the 2014 Form 5500 Instructions, code 2, which was formerly used by certain plans maintained by PBGC settlements as described in section 105 of PPA, is no longer applicable and should not be used. Therefore, code 2 has been removed as a valid value from this field beginning with FormVersion 2014v01.00. Further, the definitions for codes 1 and 8 have been revised beginning with FormVersion 2015v01.00. Codes 5 and 8 were removed beginning with FormVersion 2018v01.00.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-UNPAID-PR-YR-CONTRIB-AMT	Var Number 0554.00
Form Label Unpaid prior year contributon	Line Number 28	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlUnpaidPrYrContribAmt	0554.00	

Edit tests:

[B-662SB](#) Schedule SB, Line 30 is not equal to Line 28 minus Line 29.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlUnpaidPrYrContribAmt in line 28 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-ALLOC-PR-YR-02-AMT	Var Number 0555.00
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Form Label Discounted employer contributions allocated toward unpaid minimum required contribution from prior years	Line Number 29
---	--------------------------

Input Specification

XML Element Name ActrlContribAllocPrYr02Amt	ElementID 0555.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

B-661SB	Schedule SB, Line 29 is not equal to Line 19a.
B-662SB	Schedule SB, Line 30 is not equal to Line 28 minus Line 29.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlContribAllocPrYr02Amt in line 29 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Equal to Line 19a - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-UNPAID-MIN-RQD-TOT-AMT	Var Number 0556.00
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Form Label Remaining amount of unpaid minimum required contributions	Line Number 30
---	--------------------------

Input Specification

XML Element Name ActrlUnpaidMinRqdTotAmt	ElementID 0556.00	Optional in schema
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Edit tests:

B-662SB	Schedule SB, Line 30 is not equal to Line 28 minus Line 29.
I-121SB	Schedule SB, Line 40 is blank and Line 30 or Line 39 is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlUnpaidMinRqdTotAmt in line 30 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Line 28 minus line 29 - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-TGT-NRML-COST-02-AMT	Var Number 0557.00
Form Label Target normal cost	Line Number 31a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlTgtNrmlCost02Amt	0557.00	

Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
B-700SB	Either Schedule SB, Line 31a is greater than zero and Line 31b is blank or less than zero, or Line 31b exceeds the value in Line 31a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlTgtNrmlCost02Amt in line 31a of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable RESERVED	Var Number 0557.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-MIN-REQ-CONTRIB-EXCESS-ASSETS-AMT	Var Number 0557.02
Form Label Minimum Required Contribution Excess Assets	Line Number 31b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlMinReqContribExcessAssetsAmt	0557.02	

Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
B-700SB	Either Schedule SB, Line 31a is greater than zero and Line 31b is blank or less than zero, or Line 31b exceeds the value in Line 31a.
B-701SB	Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlMinReqContribExcessAssetsAmt in line 31b of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-SHORT-AMORTZ-OUTSTD-AMT	Var Number 0558.00
Form Label Net shortfall amortization charge - Outstanding balance	Line Number 32a-BALANCE	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlShortAmortzOutstdAmt	0558.00	

Edit tests:

[I-132SB](#) Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlShortAmortzOutstdAmt in line 32a-BALANCE of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-SHORT-AMORTZ-AMT	Var Number 0559.00
Form Label Net shortfall amortization charge - Installment	Line Number 32a-INSTALLMENT	

Input Specification

XML Element Name ActrlShortAmortzAmt	ElementID 0559.00	Optional in schema
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Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
I-132SB	Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlShortAmortzAmt in line 32a-INSTALLMENT of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-WVRS-AMORTZ-OUTSTD-AMT	Var Number 0560.00
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Form Label Waiver amortization charge - Outstanding balance	Line Number 32b-BALANCE
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Input Specification

XML Element Name ActrlWvrsAmortzOutstdAmt	ElementID 0560.00	Optional in schema
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Edit tests:

B-669SB	Schedule SB, Line 32b-Balance is less than Schedule SB, Line 32b-Installment when Line 32b-Installment is greater than zero.
I-132SB	Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlWvrsAmortzOutstdAmt in line 32b-BALANCE of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-WVRS-AMORTZ-AMT	Var Number 0561.00
Form Label Waiver amortization charge - Installment	Line Number 32b-INSTALLMENT	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlWvrsAmortzAmt	0561.00	

Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
B-669SB	Schedule SB, Line 32b-Balance is less than Schedule SB, Line 32b-Installment when Line 32b-Installment is greater than zero.
I-132SB	Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlWvrsAmortzAmt in line 32b-INSTALLMENT of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-WVR-APPROVED-LTR-DATE	Var Number 0562.00
Form Label Waiver approved letter date	Line Number 33-Date	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlWvrApprovedLtrDate	0562.00	

Edit tests:

B-728SB	Schedule SB, Line 33-Date is blank, but Line 33 contains an amount.
B-729SB	Schedule SB, Line 33 amount is blank, but Line 33-Date contains an entry.

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message:The value for the XML element `ActrlWvrApprovedLtrDate` in line 33-Date of Schedule SB is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-WAIVED-AMT	Var Number 0563.00
Form Label Waived Amount	Line Number 33	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlWaivedAmt	0563.00	

Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
B-728SB	Schedule SB, Line 33-Date is blank, but Line 33 contains an amount.
B-729SB	Schedule SB, Line 33 amount is blank, but Line 33-Date contains an entry.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlWaivedAmt in line 33 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-FNDNG-RQMT-TOT-AMT	Var Number 0564.00
Form Label Total funding requirement	Line Number 34	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlFndngRqmtTotAmt	0564.00	

Edit tests:

B-664SB	Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.
B-672SB	If Schedule SB, Line 34 exceeds Line 35, Line 36 must equal Line 34 minus Line 35. However, if Line 35 exceeds Line 34, Line 36 should equal zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlFndngRqmtTotAmt in line 34 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Lines 31a - 31b + 32a + 32b - 33 - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-OFFSET-CARRYOVER-AMT	Var Number 0565.00
Form Label Offset - Carryover balance	Line Number 35	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlOffsetCarryoverAmt	0565.00	

Edit tests:

B-672SB	If Schedule SB, Line 34 exceeds Line 35, Line 36 must equal Line 34 minus Line 35. However, if Line 35 exceeds Line 34, Line 36 should equal zero.
B-713SB	When the valuation date is the first day of the plan year, the carryover balance reported on Schedule SB, Line 35 cannot exceed the amount reported in Line 13a.
B-715SB	The total balance on Schedule SB, line 35 does not equal the sum of the carryover and prefunding balances reported on that line.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlOffsetCarryoverAmt in line 35 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-OFFSET-PRE-FNDNG-AMT	Var Number 0566.00
Form Label Offset - Pre-Funding balance	Line Number 35	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlOffsetPreFndngAmt	0566.00	

Edit tests:

B-714SB	When the valuation date is the first day of the plan year, the prefunding balance on Line 35 of the Schedule SB cannot exceed the amount reported in Line 13b.
B-715SB	The total balance on Schedule SB, line 35 does not equal the sum of the carryover and prefunding balances reported on that line.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlOffsetPreFndngAmt in line 35 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-OFFSET-AMT	Var Number 0567.00
Form Label Offset - Balance	Line Number 35	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlOffsetAmt	0567.00	

Edit tests:

B-672SB	If Schedule SB, Line 34 exceeds Line 35, Line 36 must equal Line 34 minus Line 35. However, if Line 35 exceeds Line 34, Line 36 should equal zero.
B-715SB	The total balance on Schedule SB, line 35 does not equal the sum of the carryover and prefunding balances reported on that line.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlOffsetAmt in line 35 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Carryover balance + Prefunding balance - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ADDL-CASH-TOT-AMT	Var Number 0568.00
Form Label Additional cash requirement	Line Number 36	

Input Specification

XML Element Name ActrlAddlCashTotAmt	ElementID 0568.00	Optional in schema
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Edit tests:

B-667SB	Schedule SB, Line 39 must be equal to zero when Line 36 minus Line 37 is less than zero. Otherwise, Line 39 must equal Lines 36 minus 37.
B-672SB	If Schedule SB, Line 34 exceeds Line 35, Line 36 must equal Line 34 minus Line 35. However, if Line 35 exceeds Line 34, Line 36 should equal zero.

Schema Info: Type USAmountUnsignedType minOccurs= 0; maxOccurs= 1

Type Info: USAmountUnsignedType - simpleType [unsigned 15-digit integer]

Base: IntegerNNTYPE

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlAddlCashTotAmt in line 36 of Schedule SB is invalid for the datatype USAmountUnsignedType. Valid values for this datatype include unsigned integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Line 34 minus line 35 - Calculated by system - may not be changed by user

Comment: If this field has been implemented as an auto-calculated field, then in instances where Schedule SB Line 34 minus Schedule SB Line 35 resolves to a negative amount, then Schedule SB, Line 36 should be populated with a zero.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-CONTRIB-ALLOC-CURR-YR-02-AMT	Var Number 0569.00
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Form Label Discounted contributions allocated - Current Year	Line Number 37
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Input Specification

XML Element Name ActrlContribAllocCurrYr02Amt	ElementID 0569.00	Optional in schema
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Edit tests:

B-665SB	Schedule SB, Line 37 is not equal to Line 19c.
B-667SB	Schedule SB, Line 39 must be equal to zero when Line 36 minus Line 37 is less than zero. Otherwise, Line 39 must equal Lines 36 minus 37.
I-160SB	Contributions have been indicated on Schedule SB, Line 37, but a value of excess contributions in Line 38a equal to or greater than zero is missing.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlContribAllocCurrYr02Amt in line 37 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Equal to Line 19c - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable RESERVED	Var Number 0570.00
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field was Schedule SB, Line 38 (SB-EXCESS-CONTRIB-CURR-YR-TOT-AMT), it was reserved beginning in Plan Year 2011 due to the introduction of the new Line 38a on the Schedule SB.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PRESENT-VALUE-EXCESS-CONTRIB	Var Number 0570.01
Form Label Total Present Value of Excess Contributions	Line Number 38a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPresentValueExcessAmt	0570.01	

Edit tests:

I-160SB	Contributions have been indicated on Schedule SB, Line 37, but a value of excess contributions in Line 38a equal to or greater than zero is missing.
I-161SB	Excess contributions have been reported on Schedule SB, Line 38a, but Line 38b is missing a value equal to or less than the amount reported in Line 38a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlPresentValueExcessAmt in line 38a of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-PORITION-PREFNDNG-FNDNG-CARRYOVER-AMT	Var Number 0570.02
Form Label Portion pre-funding funding carryover balance	Line Number 38b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlPortionPrefndngFndngCarryoverAmt	0570.02	

Edit tests:

[I-161SB](#)

Excess contributions have been reported on Schedule SB, Line 38a, but Line 38b is missing a value equal to or less than the amount reported in Line 38a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ActrlPortionPrefndngFndngCarryoverAmt in line 38b of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-UNPAID-MIN-CONTRIB-CURR-YR-TOT-AMT	Var Number 0571.00
Form Label Unpaid minimum contribution, current year	Line Number 39	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlUnpaidMinContribCurrYrTotAmt	0571.00	

Edit tests:

B-667SB	Schedule SB, Line 39 must be equal to zero when Line 36 minus Line 37 is less than zero. Otherwise, Line 39 must equal Lines 36 minus 37.
I-121SB	Schedule SB, Line 40 is blank and Line 30 or Line 39 is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlUnpaidMinContribCurrYrTotAmt in line 39 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Excess, if any, of line 36 over line 37 - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-UNPAID-MIN-CONTRIB-ALL-YR-AMT	Var Number 0572.00
Form Label Unpaid minimum contribution, all years	Line Number 40	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlUnpaidMinContribAllYrAmt	0572.00	

Edit tests:

[I-121SB](#) Schedule SB, Line 40 is blank and Line 30 or Line 39 is greater than zero.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element ActrlUnpaidMinContribAllYrAmt in line 40 of Schedule SB is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-SHORTFALL-AMORTZ-BASE-SCH-ELECT-IND	Var Number 0572.01
Form Label Shortfall amortization base schedule elected	Line Number 41a	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlShortfallAmortzBaseSchElectInd	0572.01	

Valid values: 1=2 plus 7 years; 2=15 years

Edit tests:

I-162SB	One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.
I-163SB	An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.

Schema Info: Type Enum1To2Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To2Type - simpleType [enum values 1,2]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ActrlShortfallAmortzBaseSchElectInd in line 41a of Schedule SB is invalid for the datatype Enum1To2Type. Valid values for this datatype include 1 or 2.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ELIGIBLE-PLAN-YEAR-1-IND	Var Number 0572.02
Form Label Eligible Plan Years for Shortfall Schedule Plan Year 1	Line Number 41b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlEligiblePlanYear1Ind	0572.02	

Edit tests:

I-162SB	One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.
I-163SB	An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.
I-164SB	Schedule SB, Line 41b indicates that more than two years have been elected for the alternative amortization schedule. An election to use an alternative amortization schedule may only be made with respect to one or two eligible plan years.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlEligiblePlanYear1Ind in line 41b of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ELIGIBLE-PLAN-YEAR-2-IND	Var Number 0572.03
Form Label Eligible Plan Years for Shortfall Schedule Plan Year 2	Line Number 41b	

Input Specification

XML Element Name ActrlEligiblePlanYear2Ind	ElementID 0572.03	Optional in schema
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Edit tests:

I-162SB	One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.
I-163SB	An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.
I-164SB	Schedule SB, Line 41b indicates that more than two years have been elected for the alternative amortization schedule. An election to use an alternative amortization schedule may only be made with respect to one or two eligible plan years.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlEligiblePlanYear2Ind in line 41b of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ELIGIBLE-PLAN-YEAR-3-IND	Var Number 0572.04
Form Label Eligible Plan Years for Shortfall Schedule Plan Year 3	Line Number 41b	

Input Specification

XML Element Name ActrlEligiblePlanYear3Ind	ElementID 0572.04	Optional in schema
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Edit tests:

I-162SB	One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.
I-163SB	An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.
I-164SB	Schedule SB, Line 41b indicates that more than two years have been elected for the alternative amortization schedule. An election to use an alternative amortization schedule may only be made with respect to one or two eligible plan years.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlEligiblePlanYear3Ind in line 41b of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable SB-ELIGIBLE-PLAN-YEAR-4-IND	Var Number 0572.05
Form Label Eligible Plan Years for Shortfall Schedule Plan Year 4	Line Number 41b	

Input Specification

XML Element Name	ElementID	Optional in schema
ActrlEligiblePlanYear4Ind	0572.05	

Edit tests:

I-162SB	One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.
I-163SB	An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.
I-164SB	Schedule SB, Line 41b indicates that more than two years have been elected for the alternative amortization schedule. An election to use an alternative amortization schedule may only be made with respect to one or two eligible plan years.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element ActrlEligiblePlanYear4Ind in line 41b of Schedule SB is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable RESERVED	Var Number 0572.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule SB	IRD Variable RESERVED	Var Number 0572.07
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-EXCLUDE-IND	Var Number 0573.00
Form Label Service Provider Exclusion - Box	Line Number Part I - 1a	

Input Specification

XML Element Name ExcludeInd	ElementID 0573.00	Optional in schema
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Edit tests:

[P-369](#)

You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ExcludeInd in line Part I - 1a of Schedule C is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-NAME	Var Number 0573.01
Form Label Service Provider Eligible Name	Line Number Part I - 1(b)	

Input Specification

XML Element Name ProviderEligible/Name	ElementID 0573.01	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-369](#)

You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;\#!])*

ParentInfo: ProviderEligible (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderEligible/Name in line Part I - 1(b) of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-EIN	Var Number 0573.02
Form Label Service Provider Eligible EIN	Line Number Part I - 1(b)	

Input Specification

XML Element Name ProviderEligible/EIN	ElementID 0573.02	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-369](#)

You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: ProviderEligible (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderEligible/EIN in line Part I - 1(b) of Schedule C is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-US-ADDRESS1	Var Number 0573.03
---------------------------	--	------------------------------

Form Label Service Provider Eligible Address (or Foreign Street)	Line Number Part I - 1(b)
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Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0573.03	Required in schema if USAddress present
---	-----------------------------	---

Edit tests:

[P-369](#)

You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine1 in line Part I - 1(b) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-US-ADDRESS2	Var Number 0573.04
Form Label Service Provider Eligible Address (or Foreign Street)	Line Number Part I - 1(b)	

Input Specification

XML Element Name USAddress/AddressLine2	ElementID 0573.04	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line Part I - 1(b) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-US-CITY	Var Number 0573.05
Form Label Service Provider Eligible City (or Foreign City)	Line Number Part I - 1(b)	

Input Specification

XML Element Name USAddress/City	ElementID 0573.05	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line Part I - 1(b) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-US-STATE	Var Number 0573.06
Form Label Service Provider Eligible State	Line Number Part I - 1(b)	

Input Specification

XML Element Name USAddress/State	ElementID 0573.06	Required in schema if USAddress present
--	-----------------------------	--

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line Part I - 1(b) of Schedule C is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-US-ZIP	Var Number 0573.07
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Form Label Service Provider Eligible Zip Code	Line Number Part I - 1(b)
---	-------------------------------------

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0573.07	Required in schema if USAddress present
--	-----------------------------	---

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/ZipCode in line Part I - 1(b) of Schedule C is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-ADDRESS1	Var Number 0573.08
---------------------------	---	------------------------------

Form Label Service Provider Eligible Address (or Foreign Street)	Line Number Part I - 1(b)
--	-------------------------------------

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0573.08	Required in schema if ForeignAddress present
--	-----------------------------	---

Edit tests:

[P-369](#)

You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line Part I - 1(b) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-ADDRESS2	Var Number 0573.09
---------------------------	---	------------------------------

Form Label Service Provider Eligible Street Address (or Foreign Street)	Line Number Part I - 1(b)
--	-------------------------------------

Input Specification

XML Element Name ForeignAddress/AddressLine2	ElementID 0573.09	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line Part I - 1(b) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-CITY	Var Number 0573.10
---------------------------	---	------------------------------

Form Label Service Provider Eligible City (or Foreign City)	Line Number Part I - 1(b)
---	-------------------------------------

Input Specification

XML Element Name ForeignAddress/City	ElementID 0573.10	Required in schema if ForeignAddress present
--	-----------------------------	--

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line Part I - 1(b) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-PROV-STATE	Var Number 0573.11
Form Label Service Provider Eligible State	Line Number Part I - 1(b)	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0573.11	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line Part I - 1(b) of Schedule C is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-CNTRY	Var Number 0573.12
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Form Label Service Provider Eligible Foreign Country	Line Number Part I - 1(b)
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Input Specification

XML Element Name ForeignAddress/Country	ElementID 0573.12	Required in schema if ForeignAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line Part I - 1(b) of Schedule C is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-ELIGIBLE-FOREIGN-POSTAL- CD	Var Number 0573.13
Form Label Service Provider Foreign Eligible Routing Code (Zip Code)	Line Number Part I - 1(b)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0573.13	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base:String22Type

Restrictions:Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line Part I - 1(b) of Schedule C is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-NAME	Var Number 0574.00
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Form Label Service Provider Name	Line Number Part I - 2(a)
--	-------------------------------------

Input Specification

XML Element Name ProviderOther/Name	ElementID 0574.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?~_;!])*

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/Name in line Part I - 2(a) of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-EIN	Var Number 0575.00
Form Label Service Provider EIN	Line Number Part I - 2(a)	

Input Specification

XML Element Name ProviderOther/EIN	ElementID 0575.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]
Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/EIN in line Part I - 2(a) of Schedule C is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-US-ADDRESS1	Var Number 0576.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0576.00	Required in schema if USAddress present
---	-----------------------------	---

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line Part I - 2(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-US-ADDRESS2	Var Number 0577.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
USAddress/AddressLine2	0577.00	

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine2 in line Part I - 2(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-US-CITY	Var Number 0578.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name USAddress/City	ElementID 0578.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line Part I - 2(a) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-US-STATE	Var Number 0579.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name USAddress/State	ElementID 0579.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line Part I - 2(a) of Schedule C is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-US-ZIP	Var Number 0580.00
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Form Label Service Provider Address	Line Number Part I - 2(a)
---	-------------------------------------

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0580.00	Required in schema if USAddress present
--	-----------------------------	---

Valid values: 5 digits plus optional 4 or 7 digits

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/ZipCode in line Part I - 2(a) of Schedule C is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-ADDRESS1	Var Number 0581.00
Form Label Service Provider Address	Line Number Part I -2(a)	

Input Specification

XML Element Name	ElementID	Required in schema if ForeignAddress
ForeignAddress/AddressLine1	0581.00	present

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/AddressLine1 in line Part I -2(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-ADDRESS2	Var Number 0582.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/AddressLine2	0582.00	

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/AddressLine2 in line Part I - 2(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-CITY	Var Number 0583.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0583.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line Part I - 2(a) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-PROV-STATE	Var Number 0584.00
---------------------------	--	------------------------------

Form Label Service Provider Address	Line Number Part I -2(a)
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Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0584.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line Part I -2(a) of Schedule C is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-CNTRY	Var Number 0585.00
Form Label Service Provider Address	Line Number Part I -2(a)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0585.00	Required in schema if ForeignAddress present
---	-----------------------------	---

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line Part I -2(a) of Schedule C is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-FOREIGN-POSTAL-CD	Var Number 0586.00
Form Label Service Provider Address	Line Number Part I - 2(a)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0586.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: Allowed characters include letters, numbers, punctuation, some accented chars. No double spaces or leading/trailing spaces.

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line Part I - 2(a) of Schedule C is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-SRVC-CODES	Var Number 0587.00
Form Label Service Provider Service Codes	Line Number Part I - 2(b)	

Input Specification

XML Element Name ProviderOther/SrvcCodes	ElementID 0587.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type SrvcCodeType minOccurs= 0; maxOccurs= unbounded

Type Info: SrvcCodeType - simpleType [2-digit code 10-38, 40, 49-68, 70-73, or 99]

Base: StringType

Restrictions: Patterns: [1-2][0-9]|[3][0-8]|40|49|[5][0-9]|[6][0-8]|7[0-3]|99

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/SrvcCodes in line Part I - 2(b) of Schedule C is invalid for the datatype SrvcCodeType. Valid values for this datatype include a 2-digit code in the range 10-38, 40, 49-68, 70-73, or 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-RELATION	Var Number 0588.00
Form Label Service Provider Relationship	Line Number Part I - 2(c)	

Input Specification

XML Element Name ProviderOther/Relation	ElementID 0588.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String25Type minOccurs= 0; maxOccurs= 1

Type Info: String25Type - simpleType [25 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=25

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/Relation in line Part I - 2(c) of Schedule C is invalid for the datatype String25Type. Valid values for this datatype include any string of up to 25 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-DIRECT-COMP-AMT	Var Number 0589.00
Form Label Service Provider Direct Compensation	Line Number Part I - 2(d)	

Input Specification

XML Element Name ProviderOther/DirectCompAmt	ElementID 0589.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/DirectCompAmt in line Part I - 2(d) of Schedule C is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-INDIRECT-COMP-IND	Var Number 0590.00
Form Label Service Provider Indirect Compensation	Line Number Part I - 2(e)	

Input Specification

XML Element Name ProviderOther/IndirectCompInd	ElementID 0590.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/IndirectCompInd in line Part I - 2(e) of Schedule C is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-ELIGIBLE-INDIRECT- COMP-IND	Var Number 0591.00
Form Label Service Provider Eligible Indirect Compensation	Line Number Part I - 2(f)	

Input Specification

XML Element Name ProviderOther/EligibleIndirectCompInd	ElementID 0591.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/EligibleIndirectCompInd in line Part I - 2(f) of Schedule C is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-TOT-INDIRECT-COMP-AMT	Var Number 0592.00
Form Label Service Provider Other Total Indirect Compensation Amount	Line Number Part I - 2(g)	

Input Specification

XML Element Name ProviderOther/TotIndirectCompAmt	ElementID 0592.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/TotIndirectCompAmt in line Part I - 2(g) of Schedule C is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-OTHER-AMT-FORMULA-IND	Var Number 0593.00
Form Label Formula - Box	Line Number Part I - 2(h)	

Input Specification

XML Element Name ProviderOther/AmtFormulaInd	ElementID 0593.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

ParentInfo: ProviderOther (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderOther/AmtFormulaInd in line Part I - 2(h) of Schedule C is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-INDIRECT-NAME	Var Number 0594.00
Form Label Service Provider Name	Line Number Part I - 3(a)	

Input Specification

XML Element Name ProviderIndirect/Name	ElementID 0594.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*\@+\?~_;!])*

ParentInfo: ProviderIndirect (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderIndirect/Name in line Part I - 3(a) of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-INDIRECT-SRVC-CODES	Var Number 0595.00
Form Label Service Provider Codes	Line Number Part I - 3(b)	

Input Specification

XML Element Name ProviderIndirect/SrvcCodes	ElementID 0595.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type SrvcCodeType minOccurs= 0; maxOccurs= unbounded

Type Info: SrvcCodeType - simpleType [2-digit code 10-38, 40, 49-68, 70-73, or 99]

Base: StringType

Restrictions: Patterns: [1-2][0-9]|[3][0-8]|40|49|[5][0-9]|[6][0-8]|7[0-3]|99

ParentInfo: ProviderIndirect (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderIndirect/SrvcCodes in line Part I - 3(b) of Schedule C is invalid for the datatype SrvcCodeType. Valid values for this datatype include a 2-digit code in the range 10-38, 40, 49-68, 70-73, or 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-INDIRECT-COMP-AMT	Var Number 0596.00
Form Label Service Provider Indirect Compensation Amount	Line Number Part I - 3(c)	

Input Specification

XML Element Name ProviderIndirect/CompAmt	ElementID 0596.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: ProviderIndirect (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ProviderIndirect/CompAmt in line Part I - 3(c) of Schedule C is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-NAME	Var Number 0597.00
Form Label Payor Name	Line Number Part I -3(d)	

Input Specification

XML Element Name Payor/Name	ElementID 0597.00	Optional in schema
---------------------------------------	-----------------------------	---------------------------

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\.\%\\(\)*\@+\?~_;\#!])*

ParentInfo: Payor (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element Payor/Name in line Part I -3(d) of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-EIN	Var Number 0598.00
Form Label EIN	Line Number Part I - 3(d)	

Input Specification

XML Element Name Payor/EIN	ElementID 0598.00	Optional in schema
--------------------------------------	-----------------------------	---------------------------

Valid values: EIN

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: Payor (complex Type) minOccurs=0

Acknowledgment Error Message:The value for the XML element Payor/EIN in line Part I - 3(d) of Schedule C is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-US-ADDRESS1	Var Number 0599.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name	ElementID	Required in schema if USAddress
USAddress/AddressLine1	0599.00	present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine1 in line Part I - 3(d) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-US-ADDRESS2	Var Number 0600.00
Form Label Payor Address	Line Number Part I -3(d)	

Input Specification

XML Element Name	ElementID	Optional in schema
USAddress/AddressLine2	0600.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line Part I -3(d) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-US-CITY	Var Number 0601.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name USAddress/City	ElementID 0601.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line Part I - 3(d) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-US-STATE	Var Number 0602.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name USAddress/State	ElementID 0602.00	Required in schema if USAddress present
--	-----------------------------	--

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/State in line Part I - 3(d) of Schedule C is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-US-ZIP	Var Number 0603.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0603.00	Required in schema if USAddress present
--	-----------------------------	---

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/ZipCode in line Part I - 3(d) of Schedule C is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-ADDRESS1	Var Number 0604.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name	ElementID	Required in schema if ForeignAddress
ForeignAddress/AddressLine1	0604.00	present

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line Part I - 3(d) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-ADDRESS2	Var Number 0605.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/AddressLine2	0605.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line Part I - 3(d) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-CITY	Var Number 0606.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0606.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line Part I - 3(d) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-PROV-STATE	Var Number 0607.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0607.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line Part I - 3(d) of Schedule C is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-CNTRY	Var Number 0608.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0608.00	Required in schema if ForeignAddress present
---	-----------------------------	---

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line Part I - 3(d) of Schedule C is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-PAYOR-FOREIGN-POSTAL-CD	Var Number 0609.00
Form Label Payor Address	Line Number Part I - 3(d)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0609.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line Part I - 3(d) of Schedule C is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-COMP-EXPLAIN-TEXT	Var Number 0610.00
Form Label Compensation - Explanation Text	Line Number Part I - 3(e)	

Input Specification

XML Element Name ProviderIndirect/CompExplainText	ElementID 0610.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String250Type minOccurs= 0; maxOccurs= 1

Type Info: String250Type - simpleType [250 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=250

ParentInfo: ProviderIndirect (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderIndirect/CompExplainText in line Part I - 3(e) of Schedule C is invalid for the datatype String250Type. Valid values for this datatype include any string of up to 250 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-NAME	Var Number 0611.00
Form Label Provider Name	Line Number Part II - 4(a)	

Input Specification

XML Element Name ProviderFail/Name	ElementID 0611.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-370	You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.
P-371	Schedule C, Part II, Line 4c is blank, however you indicated a provider name or provider EIN in Line 4a. Please review your response to Part II, Line 4c.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?~_;!])*

ParentInfo: ProviderFail (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderFail/Name in line Part II - 4(a) of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-EIN	Var Number 0612.00
Form Label Provider EIN	Line Number Part II - 4(a)	

Input Specification

XML Element Name ProviderFail/EIN	ElementID 0612.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-370	You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.
P-371	Schedule C, Part II, Line 4c is blank, however you indicated a provider name or provider EIN in Line 4a. Please review your response to Part II, Line 4c.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]
Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: ProviderFail (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderFail/EIN in line Part II - 4(a) of Schedule C is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-US-ADDRESS1	Var Number 0613.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0613.00	Required in schema if USAddress present
---	-----------------------------	---

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Edit tests:

[P-370](#) You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line Part II - 4(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-US-ADDRESS2	Var Number 0614.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
USAddress/AddressLine2	0614.00	

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine2 in line Part II - 4(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-US-CITY	Var Number 0615.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name USAddress/City	ElementID 0615.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line Part II - 4(a) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-US-STATE	Var Number 0616.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name USAddress/State	ElementID 0616.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values:

AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line Part II - 4(a) of Schedule C is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-US-ZIP	Var Number 0617.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0617.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values: 5 digits plus optional 4 or 7 digits

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/ZipCode in line Part II - 4(a) of Schedule C is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-ADDRESS1	Var Number 0618.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name	ElementID	Required in schema if ForeignAddress
ForeignAddress/AddressLine1	0618.00	present

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Edit tests:

[P-370](#)

You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/AddressLine1 in line Part II - 4(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-ADDRESS2	Var Number 0619.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/AddressLine2	0619.00	

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/AddressLine2 in line Part II - 4(a) of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-CITY	Var Number 0620.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0620.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line Part II - 4(a) of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-PROV-STATE	Var Number 0621.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/ProvinceOrState	0621.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line Part II - 4(a) of Schedule C is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-CNTRY	Var Number 0622.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0622.00	Required in schema if ForeignAddress present
---	-----------------------------	--

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line Part II - 4(a) of Schedule C is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-FOREIGN-POSTAL-CD	Var Number 0623.00
Form Label Provider Address	Line Number Part II - 4(a)	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0623.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: Allowed characters include letters, numbers, punctuation, some accented chars. No double spaces or leading/trailing spaces.

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/PostalCode in line Part II - 4(a) of Schedule C is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-SRVC-CODE	Var Number 0624.00
Form Label Provider Service Code(s)	Line Number Part II - 4(b)	

Input Specification

XML Element Name ProviderFail/SrvcCode	ElementID 0624.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: Allowed characters include letters, numbers, punctuation, some accented chars. No double spaces or leading/trailing spaces.

Edit tests:

[P-370](#) You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.

Schema Info: Type SrvcCodeType minOccurs= 0; maxOccurs= unbounded

Type Info: SrvcCodeType - simpleType [2-digit code 10-38, 40, 49-68, 70-73, or 99]

Base: StringType

Restrictions: Patterns: [1-2][0-9]|[3][0-8]|40|49|[5][0-9]|[6][0-8]|7[0-3]|99

ParentInfo: ProviderFail (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ProviderFail/SrvcCode in line Part II - 4(b) of Schedule C is invalid for the datatype SrvcCodeType. Valid values for this datatype include a 2-digit code in the range 10-38, 40, 49-68, 70-73, or 99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-FAIL-INFO-TEXT	Var Number 0625.00
Form Label Service Provider Info	Line Number Part II - 4(c)	

Input Specification

XML Element Name ProviderFail/InfoText	ElementID 0625.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: Allowed characters include letters, numbers, punctuation, some accented chars. No double spaces or leading/trailing spaces.

Edit tests:

P-370	You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.
P-371	Schedule C, Part II, Line 4c is blank, however you indicated a provider name or provider EIN in Line 4a. Please review your response to Part II, Line 4c.

Schema Info: Type String250Type minOccurs= 0; maxOccurs= 1

Type Info: String250Type - simpleType [250 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=250

ParentInfo: ProviderFail (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element ProviderFail/InfoText in line Part II - 4(c) of Schedule C is invalid for the datatype String250Type. Valid values for this datatype include any string of up to 250 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-NAME	Var Number 0626.00
Form Label Termination Name	Line Number Part III - a	

Input Specification

XML Element Name ProviderTerm/Name	ElementID 0626.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

- [P-246](#) An EIN, Position, or an Explanation for termination is provided on Part III of Schedule C, but the name of the terminated service provider is not indicated.
- [P-247](#) A Name, Position, or an Explanation for termination is provided on Part III of Schedule C, but the EIN of the terminated service provider is not indicated. Social Security Numbers are not acceptable.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\.\%\\(\)*\@+\?~_;\#!])*

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/Name in line Part III - a of Schedule C is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-EIN	Var Number 0627.00
Form Label Termination EIN	Line Number Part III - b	

Input Specification

XML Element Name ProviderTerm/EIN	ElementID 0627.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-246	An EIN, Position, or an Explanation for termination is provided on Part III of Schedule C, but the name of the terminated service provider is not indicated.
P-247	A Name, Position, or an Explanation for termination is provided on Part III of Schedule C, but the EIN of the terminated service provider is not indicated. Social Security Numbers are not acceptable.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/EIN in line Part III - b of Schedule C is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-POSITION	Var Number 0628.00
Form Label Termination Position	Line Number Part III - c	

Input Specification

XML Element Name ProviderTerm/Position	ElementID 0628.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-246	An EIN, Position, or an Explanation for termination is provided on Part III of Schedule C, but the name of the terminated service provider is not indicated.
P-247	A Name, Position, or an Explanation for termination is provided on Part III of Schedule C, but the EIN of the terminated service provider is not indicated. Social Security Numbers are not acceptable.

Schema Info: Type String25Type minOccurs= 0; maxOccurs= 1

Type Info: String25Type - simpleType [25 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=25

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/Position in line Part III - c of Schedule C is invalid for the datatype String25Type. Valid values for this datatype include any string of up to 25 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-US-ADDRESS1	Var Number 0629.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name USAddress/AddressLine1	ElementID 0629.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/AddressLine1 in line Part III - d of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-US-ADDRESS2	Var Number 0630.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name USAddress/AddressLine2	ElementID 0630.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/AddressLine2 in line Part III - d of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-US-CITY	Var Number 0631.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name USAddress/City	ElementID 0631.00	Required in schema if USAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element USAddress/City in line Part III - d of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-US-STATE	Var Number 0632.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name USAddress/State	ElementID 0632.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values:

AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/State in line Part III - d of Schedule C is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-US-ZIP	Var Number 0633.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name USAddress/ZipCode	ElementID 0633.00	Required in schema if USAddress present
--	-----------------------------	--

Valid values: Any 5 digits (0-9) plus optional 4 or 7 digits

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: USAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element USAddress/ZipCode in line Part III - d of Schedule C is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-ADDRESS1	Var Number 0634.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name ForeignAddress/AddressLine1	ElementID 0634.00	Required in schema if ForeignAddress present
--	-----------------------------	--

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine1 in line Part III - d of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-ADDRESS2	Var Number 0635.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name	ElementID	Optional in schema
ForeignAddress/AddressLine2	0635.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/AddressLine2 in line Part III - d of Schedule C is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-CITY	Var Number 0636.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name ForeignAddress/City	ElementID 0636.00	Required in schema if ForeignAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.\]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/City in line Part III - d of Schedule C is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-PROV-STATE	Var Number 0637.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name ForeignAddress/ProvinceOrState	ElementID 0637.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ForeignAddress/ProvinceOrState in line Part III - d of Schedule C is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-CNTRY	Var Number 0638.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name ForeignAddress/Country	ElementID 0638.00	Required in schema if ForeignAddress present
---	-----------------------------	---

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/Country in line Part III - d of Schedule C is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-FOREIGN-POSTAL-CD	Var Number 0639.00
Form Label Termination Address	Line Number Part III - d	

Input Specification

XML Element Name ForeignAddress/PostalCode	ElementID 0639.00	Optional in schema
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Valid values: Any 5 digits (0-9) plus optional 4 or 7 digits

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ForeignAddress/PostalCode in line Part III - d of Schedule C is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-PHONE-NUM	Var Number 0640.00
Form Label Termination Phone	Line Number Part III - e	

Input Specification

XML Element Name ProviderTerm/PhoneNum	ElementID 0640.00	Optional in schema
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Schema Info: Type PhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: PhoneNumberType - simpleType [Used for a phone no. - 10 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{10}

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/PhoneNum in line Part III - e of Schedule C is invalid for the datatype PhoneNumberType. Valid values for this datatype include numeric strings of exactly 10 digits. All other characters, including hyphens, parentheses, or spaces, are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-PHONE-NUM-FOREIGN	Var Number 0640.01
Form Label Termination Phone (Foreign)	Line Number Part III - e	

Input Specification

XML Element Name ProviderTerm/ForeignPhoneNum	ElementID 0640.01	Optional in schema
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Schema Info: Type ForeignPhoneNumberType minOccurs= 0; maxOccurs= 1

Type Info: ForeignPhoneNumberType - simpleType [Plus sign (+) followed by up to 26 digits. No other spaces or symbols allowed.]

Base: StringType

Restrictions: maxLength=27 Patterns: \+[0-9]*

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/ForeignPhoneNum in line Part III - e of Schedule C is invalid for the datatype ForeignPhoneNumberType. Valid values for this datatype include a plus sign (+) followed by up to 26 digits. No spaces or other symbols are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule C	IRD Variable PROVIDER-TERM-TEXT	Var Number 0641.00
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Form Label Termination Explanation	Line Number Part III - Explanation
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Input Specification

XML Element Name ProviderTerm/Text	ElementID 0641.00	Optional in schema
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Edit tests:

P-246	An EIN, Position, or an Explanation for termination is provided on Part III of Schedule C, but the name of the terminated service provider is not indicated.
P-247	A Name, Position, or an Explanation for termination is provided on Part III of Schedule C, but the EIN of the terminated service provider is not indicated. Social Security Numbers are not acceptable.

Schema Info: Type String250Type minOccurs= 0; maxOccurs= 1

Type Info: String250Type - simpleType [250 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=250

ParentInfo: ProviderTerm (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element ProviderTerm/Text in line Part III - Explanation of Schedule C is invalid for the datatype String250Type. Valid values for this datatype include any string of up to 250 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-ENTITY-NAME	Var Number 0642.00
Form Label Name of MTIA, CCT, PSA, or 103-12IE 1	Line Number Part I a-NAME 1	

Input Specification

XML Element Name DfeP1/EntityName	ElementID 0642.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-252	At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.
P-253	At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.
P-254	At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.
P-255	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.
P-256	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?~_;!])*

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element DfeP1/EntityName in line Part I a-NAME 1 of Schedule D is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-SPONS-NAME	Var Number 0643.00
Form Label Name of Sponsor 1	Line Number Part I b-NAME 1	

Input Specification

XML Element Name	ElementID	Optional in schema
DfeP1/SponsName	0643.00	

Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-252	At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.
P-253	At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.
P-254	At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.
P-255	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.
P-256	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?~_;\#!])*

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element DfeP1/SponsName in line Part I b-NAME 1 of Schedule D is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-PLAN-EIN	Var Number 0644.00
Form Label EIN/PN 1	Line Number Part I c-EIN/PN 1	

Input Specification

XML Element Name	ElementID	Optional in schema
DfeP1/PlanEIN	0644.00	

Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-252	At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.
P-253	At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.
P-254	At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.
P-255	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.
P-256	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element DfeP1/PlanEIN in line Part I c-EIN/PN 1 of Schedule D is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-PLAN-PN	Var Number 0645.00
Form Label EIN/PN 1	Line Number Part I c-EIN/PN 1	

Input Specification

XML Element Name DfeP1/PlanPN	ElementID 0645.00	Optional in schema
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Valid values: 000-999

Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-252	At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.
P-253	At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.
P-254	At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.
P-255	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.
P-256	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.
P-389	The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.
P-399	The End of Year (EOY) Value of interest in common/collective trusts on Line 1c(9)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.
P-400	The End of Year (EOY) Value of interest in pooled separate accounts on Line 1c(10)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Schema Info: Type PN0Type minOccurs= 0; maxOccurs= 1

Type Info: PN0Type - simpleType [3-digit Plan Number from 000 to 999]

Base: StringType

Restrictions: Patterns: [0-9]{3}

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element DfeP1/PlanPN in line Part I c-EIN/PN 1 of Schedule D is invalid for the datatype PN0Type. Valid values for this datatype include 3-digit value from 000 to 999.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-ENTITY-CODE	Var Number 0646.00
Form Label Entity Code 1	Line Number Part I d-CODE 1	

Input Specification

XML Element Name	ElementID	Optional in schema
DfeP1/EntityCode	0646.00	

Valid values: M=MTIA; C=CCT; P=PSA; E=103-12 IE.

Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-252	At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.
P-253	At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.
P-254	At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.
P-255	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.
P-256	At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.
P-270	The End of Year (EOY) Value of interest in Master Trust accounts on Line 1c(11)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "M" codes.
P-271	The End of Year (EOY) Value of interest in 103-12 investment entities on Line 1c(12)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "E" codes.
P-399	The End of Year (EOY) Value of interest in common/collective trusts on Line 1c(9)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.
P-400	The End of Year (EOY) Value of interest in pooled separate accounts on Line 1c(10)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Schema Info: Type DfeP1EntityCodeType minOccurs= 0; maxOccurs= 1

Type Info: DfeP1EntityCodeType - simpleType [C, E, M, or P.]

Base: StringType

Restrictions: Enumerations: C, E, M, P,

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element DfeP1/EntityCode in line Part I d-CODE 1 of Schedule D is invalid for the datatype DfeP1EntityCodeType. Valid values for this datatype include either C, E, M, or P.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P1-PLAN-INT-EOY-AMT	Var Number 0647.00
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Form Label Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year 1	Line Number Part I e-INTEREST 1
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Input Specification

XML Element Name DfeP1/PlanIntEoyAmt	ElementID 0647.00	Optional in schema
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Edit tests:

[P-202A](#) Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.

[P-252](#) At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.

[P-253](#) At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.

[P-254](#) At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.

[P-255](#) At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.

[P-256](#) At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.

[P-270](#) The End of Year (EOY) Value of interest in Master Trust accounts on Line 1c(11)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "M" codes.

[P-271](#) The End of Year (EOY) Value of interest in 103-12 investment entities on Line 1c(12)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "E" codes.

[P-399](#) The End of Year (EOY) Value of interest in common/collective trusts on Line 1c(9)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

[P-400](#) The End of Year (EOY) Value of interest in pooled separate accounts on Line 1c(10)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: DfeP1 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element DfeP1/PlanIntEoyAmt in line Part I e-INTEREST 1 of Schedule D is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in

the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P2-PLAN-NAME	Var Number 0648.00
Form Label Plan Name 1	Line Number Part II a-NAME 1	

Input Specification

XML Element Name DfeP2/PlanName	ElementID 0648.00	Optional in schema
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Edit tests:

[P-202B](#)

Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?!~_;\#])*

ParentInfo: DfeP2 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element DfeP2/PlanName in line Part II a-NAME 1 of Schedule D is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P2-PLAN-SPONS-NAME	Var Number 0649.00
Form Label Name of Plan Sponsor 1	Line Number Part II b-NAME 1	

Input Specification

XML Element Name DfeP2/SponsName	ElementID 0649.00	Optional in schema
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Edit tests:

[P-202B](#)

Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\./%\\(\)*@\+\\?~_;!])*

ParentInfo: DfeP2 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element DfeP2/SponsName in line Part II b-NAME 1 of Schedule D is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P2-PLAN-EIN	Var Number 0650.00
Form Label EIN 1	Line Number Part II c-EIN 1	

Input Specification

XML Element Name DfeP2/PlanEIN	ElementID 0650.00	Optional in schema
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Edit tests:

[P-202B](#)

Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: DfeP2 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element DfeP2/PlanEIN in line Part II c-EIN 1 of Schedule D is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule D	IRD Variable DFE-P2-PLAN-PN	Var Number 0651.00
Form Label PN 1	Line Number Part II c-PN 1	

Input Specification

XML Element Name DfeP2/PlanPN	ElementID 0651.00	Optional in schema
---	-----------------------------	---------------------------

Valid values: 001-999

Edit tests:

[P-202B](#) Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.

Schema Info: Type PNTType minOccurs= 0; maxOccurs= 1

Type Info: PNTType - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

ParentInfo: DfeP2 (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element DfeP2/PlanPN in line Part II c-PN 1 of Schedule D is invalid for the datatype PNTType. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-PII-IND	Var Number 0652.00
Form Label Party In Interest 1	Line Number PART I - a	

Input Specification

XML Element Name LnsDefault/PIIInd	ElementID 0652.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LnsDefault/PIIInd in line PART I - a of Schedule G is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-NAME	Var Number 0653.00
Form Label Obligor Name 1	Line Number PART I - b-NAME	

Input Specification

XML Element Name LnsDefault/ObligorName	ElementID 0653.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: `LnsDefault` (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element `LnsDefault/ObligorName` in line PART I - b-NAME of Schedule G is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-US-ADDRESS1	Var Number 0654.00
Form Label Obligor Street 1	Line Number PART I - b-STREET	

Input Specification

XML Element Name	ElementID	Required in schema if ObligorUSAddress present
ObligorUSAddress/AddressLine1	0654.00	

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ObligorUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorUSAddress/AddressLine1 in line PART I - b-STREET of Schedule G is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-US-ADDRESS2	Var Number 0655.00
Form Label Obligor Street 1	Line Number PART I - b-STREET	

Input Specification

XML Element Name	ElementID	Optional in schema
ObligorUSAddress/AddressLine2	0655.00	

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ObligorUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ObligorUSAddress/AddressLine2 in line PART I - b-STREET of Schedule G is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-US-CITY	Var Number 0656.00
Form Label Obligor City 1	Line Number PART I - b-CITY	

Input Specification

XML Element Name ObligorUSAddress/City	ElementID 0656.00	Required in schema if ObligorUSAddress present
--	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.]

ParentInfo: ObligorUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ObligorUSAddress/City in line PART I - b-CITY of Schedule G is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-US-STATE	Var Number 0657.00
Form Label Obligor State 1	Line Number PART I - b-STATE	

Input Specification

XML Element Name ObligorUSAddress/State	ElementID 0657.00	Required in schema if ObligorUSAddress present
---	-----------------------------	---

Valid values:

AL,AK,AS,AZ,AR,CA,CO,MP,CT,DE,DC,FM,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,LA,ME,MH,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PW,PA,PR,RI,SC,SD,TN,TX,VI,UT,VT,VA,WA,WV,WI,WY,AA,AE,AP

Schema Info: Type StateType minOccurs= 1; maxOccurs= 1

Type Info: StateType - simpleType [State abbreviations, a.k.a. state codes]

Base: xsd:string

Restrictions: Enumerations: AL, AK, AS, AZ, AR, CA, CO, MP, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA, WV, WI, WY, AA, AE, AP,

ParentInfo: ObligorUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorUSAddress/State in line PART I - b-STATE of Schedule G is invalid for the datatype StateType. Valid values for this datatype include valid 2-character state codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgement Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-US-ZIP	Var Number 0658.00
Form Label Obligor Zip 1	Line Number PART I - b-ZIP	

Input Specification

XML Element Name ObligorUSAddress/ZipCode	ElementID 0658.00	Required in schema if ObligorUSAddress present
---	-----------------------------	--

Valid values: 5 digits plus optional 4 or 7 digits

Schema Info: Type ZIPCodeType minOccurs= 1; maxOccurs= 1

Type Info: ZIPCodeType - simpleType [ZIP Code - 5 digits plus optional 4 or 7 digits]

Base: xsd:string

Restrictions: Patterns: [0-9]{5}(((0-9){4})|((0-9){7}))?

ParentInfo: ObligorUSAddress (USAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ObligorUSAddress/ZipCode in line PART I - b-ZIP of Schedule G is invalid for the datatype ZIPCodeType. Valid values for this datatype include numeric codes of either 5, 9, or 12 digits. No hyphens or spaces allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN-ADDRESS1	Var Number 0659.00
Form Label Obligor Street	Line Number Part I -b Street	

Input Specification

XML Element Name	ElementID	Required in schema if
ObligorForeignAddress/AddressLine1	0659.00	ObligorForeignAddress present

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 1; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorForeignAddress/AddressLine1 in line Part I -b Street of Schedule G is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN- ADDRESS2	Var Number 0660.00
Form Label Obligor Street	Line Number Part I-b Street	

Input Specification

XML Element Name	ElementID	Optional in schema
ObligorForeignAddress/AddressLine2	0660.00	

Valid values: Allowed characters are letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. No leading space, trailing space, or adjacent spaces.

Schema Info: Type StreetAddressType minOccurs= 0; maxOccurs= 1

Type Info: StreetAddressType - simpleType [Used for a street address. Legal Characters: A-Z, a-z, 0-9, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: xsd:string

Restrictions: maxLength=35 Patterns: [A-Za-z0-9#'](?[A-Za-z0-9#',\.\-\/])*

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorForeignAddress/AddressLine2 in line Part I-b Street of Schedule G is invalid for the datatype StreetAddressType. Valid values for this datatype include a string up to 35 characters, which may include letters, numbers, hyphen, slash, apostrophe, pound, comma, period, or single space. Must begin with letter, number, apostrophe or pound. Leading, trailing, or adjacent spaces, or other symbols, are not allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN-CITY	Var Number 0661.00
Form Label Obligor City	Line Number Part I-b City	

Input Specification

XML Element Name ObligorForeignAddress/City	ElementID 0661.00	Required in schema if ObligorForeignAddress present
---	-----------------------------	---

Schema Info: Type CityType minOccurs= 1; maxOccurs= 1

Type Info: CityType - simpleType [Used for a city. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z\.]

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ObligorForeignAddress/City in line Part I-b City of Schedule G is invalid for the datatype CityType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN-PROV- STATE	Var Number 0662.00
Form Label Obligor State	Line Number Part I-b State	

Input Specification

XML Element Name	ElementID	Optional in schema
ObligorForeignAddress/ProvinceOrState	0662.00	

Schema Info: Type ProvinceOrStateType minOccurs= 0; maxOccurs= 1

Type Info: ProvinceOrStateType - simpleType [Used for a province or state. Legal Characters: A-Z, a-z, period, hyphen, and single space. Illegal Character: leading space, trailing space, adjacent spaces, any other character, punctuation, or symbol.]

Base: xsd:string

Restrictions: maxLength=22 Patterns: ([A-Za-z\-\.\] ?)*[A-Za-z]

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorForeignAddress/ProvinceOrState in line Part I-b State of Schedule G is invalid for the datatype ProvinceOrStateType. Valid values for this datatype include strings of up to 22 characters including letters, period, hyphen, and single space. Numbers, symbols, leading space, trailing space, or multiple adjacent spaces are not valid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN-CNTRY	Var Number 0663.00
Form Label Obligor Country	Line Number Part I-b Country	

Input Specification

XML Element Name ObligorForeignAddress/Country	ElementID 0663.00	Required in schema if ObligorForeignAddress present
--	-----------------------------	---

Valid values: 2-character country codes only.

Schema Info: Type CountryType minOccurs= 1; maxOccurs= 1

Type Info: CountryType - simpleType [Country abbreviations, a.k.a. country codes]

Base: xsd:string

Restrictions: Enumerations: AF, AX, AL, DZ, AS, AD, AO, AI, AQ, AG, AR, AM, AW, AU, AT, AZ, BS, BH, BD, BB, BY, BE, BZ, BJ, BM, BT, BO, BQ, BA, BW, BV, BR, IO, BN, BG, BF, BI, KH, CM, CA, CV, KY, CF, TD, CL, CN, CX, CC, CO, KM, CG, CD, CK, CR, CI, HR, CU, CW, CY, CZ, DK, DJ, DM, DO, EC, EG, SV, GQ, ER, EE, ET, FK, FO, FM, FJ, FI, FR, GF, PF, TF, GA, GM, GE, DE, GH, GI, GR, GL, GD, GP, GU, GT, GG, GN, GW, GY, HT, HM, VA, HN, HK, HU, IS, IN, ID, IR, IQ, IE, IM, IL, IT, JM, JP, JE, JO, KZ, KE, KI, KP, KR, KW, KG, LA, LV, LB, LS, LR, LY, LI, LT, LU, MO, MK, MG, MW, MY, MV, ML, MT, MH, MQ, MR, MU, YT, MX, MD, MC, MN, ME, MS, MA, MZ, MM, NA, NR, NP, NL, NC, NZ, NI, NE, NG, NU, NF, MP, NO, OM, PK, PS, PW, PA, PG, PY, PE, PH, PN, PL, PT, PR, QA, RE, RO, RU, RW, BL, SH, KN, LC, MF, PM, VC, WS, SM, ST, SA, SN, RS, SC, SL, SG, SX, SK, SI, SB, SO, ZA, GS, SS, ES, LK, SD, SR, SJ, SZ, SE, CH, SY, TW, TJ, TZ, TH, TL, TG, TK, TO, TT, TN, TR, TM, TC, TV, UG, UA, AE, GB, US, UM, UY, UZ, VU, VE, VN, VG, VI, WF, EH, YE, ZM, ZW,

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message: The value for the XML element ObligorForeignAddress/Country in line Part I-b Country of Schedule G is invalid for the datatype CountryType. Valid values for this datatype include 2-digit country codes.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented as a drop down box within the IFILE application or the third party software user interface, it is permissible to omit the acknowledgement error message specific to this field. However, upon submission of the filing via IFILE or third party software, if a schema error does occur due to an invalid value reported for this field, the Acknowledgment Error Message as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: "--Select--" is the default.

Comment: Beginning with Form Version 2013v01.00, the EFAST2 system will utilize the ISO Country Codes instead of the FIPS Country Codes. Form Versions 2012v01.00 and prior will continue to utilize the FIPS Country Codes.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-OBLIGOR-FOREIGN- POSTAL-CD	Var Number 0664.00
Form Label Obligor Zip Code	Line Number Part I-b Zip	

Input Specification

XML Element Name	ElementID	Optional in schema
ObligorForeignAddress/PostalCode	0664.00	

Valid values: Allowed characters are A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. No double spaces or leading spaces.

Schema Info: Type PostalCodeType minOccurs= 0; maxOccurs= 1

Type Info: PostalCodeType - simpleType [22-char, used for foreign Postal Code. Legal A-Z, 0-9, hyphen, period, single space.]

Base: String22Type

Restrictions: Patterns: ([A-Z0-9\-\.\] ?)*[A-Z0-9]

ParentInfo: ObligorForeignAddress (ForeignAddressType) minOccurs=0

Acknowledgment Error Message:The value for the XML element ObligorForeignAddress/PostalCode in line Part I-b Zip of Schedule G is invalid for the datatype PostalCodeType. Valid values for this datatype include up to 22 uppercase characters or numerals, single space, period, hyphen. Only English (unaccented) letters are allowed.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-DESCRIPTION-TXT	Var Number 0665.00
Form Label Description of Loan 1	Line Number PART I - c	

Input Specification

XML Element Name LnsDefault/DescriptionTxt	ElementID 0665.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LnsDefault/DescriptionTxt in line PART I - c of Schedule G is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-ORIGINAL-AMT	Var Number 0666.00
Form Label Original Amount of Loan 1	Line Number PART I - d	

Input Specification

XML Element Name LnsDefault/OriginalAmt	ElementID 0666.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/OriginalAmt in line PART I - d of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-PRNCPL-RCVD-AMT	Var Number 0667.00
Form Label Amount of Principal Received 1	Line Number PART I - e	

Input Specification

XML Element Name LnsDefault/PrncplRcvdAmt	ElementID 0667.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/PrncplRcvdAmt in line PART I - e of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-INT-RCVD-AMT	Var Number 0668.00
Form Label Amount of Interest Received 1	Line Number PART I - f	

Input Specification

XML Element Name LnsDefault/IntRcvdAmt	ElementID 0668.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/IntRcvdAmt in line PART I - f of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-UNPAID-BAL-AMT	Var Number 0669.00
Form Label Unpaid Balance 1	Line Number PART I - g	

Input Specification

XML Element Name LnsDefault/UnpaidBalAmt	ElementID 0669.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/UnpaidBalAmt in line PART I - g of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-PRCPL-OVERDUE-AMT	Var Number 0670.00
Form Label Amount of Principal Overdue 1	Line Number PART I - h	

Input Specification

XML Element Name LnsDefault/PrcplOverdueAmt	ElementID 0670.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/PrcplOverdueAmt in line PART I - h of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LNS-DEFAULT-INT-OVERDUE-AMT	Var Number 0671.00
Form Label Amount of Interest Overdue 1	Line Number PART I - i	

Input Specification

XML Element Name LnsDefault/IntOverdueAmt	ElementID 0671.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LnsDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LnsDefault/IntOverdueAmt in line PART I - i of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-PII-IND	Var Number 0672.00
Form Label Party In Interest 1	Line Number PART II - a	

Input Specification

XML Element Name LeasesDefault/PIIInd	ElementID 0672.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/PIIInd in line PART II - a of Schedule G is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-LESSOR-NAME	Var Number 0673.00
Form Label Lessor/Lessee Name 1	Line Number PART II - b	

Input Specification

XML Element Name	ElementID	Optional in schema
LeasesDefault/LessorName	0673.00	

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: `LeasesDefault` (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element `LeasesDefault/LessorName` in line PART II - b of Schedule G is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-RELATION-TEXT	Var Number 0674.00
Form Label Relationship to Plan 1	Line Number PART II - c	

Input Specification

XML Element Name LeasesDefault/RelationText	ElementID 0674.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String35Type minOccurs= 0; maxOccurs= 1

Type Info: String35Type - simpleType [35 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=35

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/RelationText in line PART II - c of Schedule G is invalid for the datatype String35Type. Valid values for this datatype include any string of up to 35 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-TERMS-TEXT	Var Number 0675.00
Form Label Terms and Description 1	Line Number PART II - d	

Input Specification

XML Element Name LeasesDefault/TermsText	ElementID 0675.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/TermsText in line PART II - d of Schedule G is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-COST-AMT	Var Number 0676.00
Form Label Original Cost 1	Line Number PART II - e	

Input Specification

XML Element Name LeasesDefault/CostAmt	ElementID 0676.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/CostAmt in line PART II - e of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-CURR-VALUE-AMT	Var Number 0677.00
Form Label Current Value 1	Line Number PART II - f	

Input Specification

XML Element Name LeasesDefault/CurrValueAmt	ElementID 0677.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LeasesDefault/CurrValueAmt in line PART II - f of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-RENTL-RCPT-AMT	Var Number 0678.00
Form Label Gross Rental Receipts 1	Line Number PART II - g	

Input Specification

XML Element Name LeasesDefault/RentlRcptAmt	ElementID 0678.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/RentlRcptAmt in line PART II - g of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-EXPENSE-PD-AMT	Var Number 0679.00
Form Label Expenses Paid 1	Line Number PART II - h	

Input Specification

XML Element Name LeasesDefault/ExpensePdAmt	ElementID 0679.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/ExpensePdAmt in line PART II - h of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-NET-RCPT-AMT	Var Number 0680.00
Form Label Net Receipts 1	Line Number PART II - i	

Input Specification

XML Element Name LeasesDefault/NetRcptAmt	ElementID 0680.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element LeasesDefault/NetRcptAmt in line PART II - i of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable LEASES-DEFAULT-ARREARS-AMT	Var Number 0681.00
Form Label Amount in Arrears 1	Line Number PART II - j	

Input Specification

XML Element Name LeasesDefault/ArrearsAmt	ElementID 0681.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: LeasesDefault (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element LeasesDefault/ArrearsAmt in line PART II - j of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-PARTY-NAME	Var Number 0682.00
Form Label Identity of Party 1	Line Number PART III - a	

Input Specification

XML Element Name NonExempt/PartyName	ElementID 0682.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type `PersonNameType` minOccurs= 0; maxOccurs= 1

Type Info: `PersonNameType` - simpleType [35-char, Typically used for a person's name. Legal Characters: A-Z, a-z, 0-9, comma, period, hyphen, apostrophe, parentheses, asterisk, ampersand, @, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.]

Base: `xsd:string`

Restrictions: `maxLength=35` Patterns: `([A-Za-z0-9,\.'\-\(\)*\&] ?)*[A-Za-z0-9,\.'\-\(\)*\&]`

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element NonExempt/PartyName in line PART III - a of Schedule G is invalid for the datatype `PersonNameType`. Valid values for this datatype include strings up to 35 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, parentheses, asterisks, ampersands, @ or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-RELATION-TEXT	Var Number 0683.00
Form Label Relationship to Plan 1	Line Number PART III - b	

Input Specification

XML Element Name NonExempt/RelationText	ElementID 0683.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String35Type minOccurs= 0; maxOccurs= 1

Type Info: String35Type - simpleType [35 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=35

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/RelationText in line PART III - b of Schedule G is invalid for the datatype String35Type. Valid values for this datatype include any string of up to 35 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-TERMS-TEXT	Var Number 0684.00
Form Label Description of Transactions 1	Line Number PART III - c	

Input Specification

XML Element Name NonExempt/TermsText	ElementID 0684.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type String105Type minOccurs= 0; maxOccurs= 1

Type Info: String105Type - simpleType [105 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=105

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/TermsText in line PART III - c of Schedule G is invalid for the datatype String105Type. Valid values for this datatype include any string of up to 105 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-PUR-PRICE-AMT	Var Number 0685.00
Form Label Purchase Price 1	Line Number PART III - d	

Input Specification

XML Element Name NonExempt/PurPriceAmt	ElementID 0685.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/PurPriceAmt in line PART III - d of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-SELL-PRICE-AMT	Var Number 0686.00
Form Label Selling Price 1	Line Number PART III - e	

Input Specification

XML Element Name NonExempt/SellPriceAmt	ElementID 0686.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element NonExempt/SellPriceAmt in line PART III - e of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-LS-RNTL-AMT	Var Number 0687.00
Form Label Lease Rental 1	Line Number PART III - f	

Input Specification

XML Element Name	ElementID	Optional in schema
NonExempt/LsRntlAmt	0687.00	

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element NonExempt/LsRntlAmt in line PART III - f of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-EXPENSE-INCR-AMT	Var Number 0688.00
Form Label Expenses Incurred 1	Line Number PART III - g	

Input Specification

XML Element Name NonExempt/ExpenseIncrAmt	ElementID 0688.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/ExpenseIncrAmt in line PART III - g of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-COST-AST-AMT	Var Number 0689.00
Form Label Cost of Asset 1	Line Number PART III - h	

Input Specification

XML Element Name NonExempt/CostAstAmt	ElementID 0689.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/CostAstAmt in line PART III - h of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-CURR-VALUE-AST-AMT	Var Number 0690.00
Form Label Current Value of Asset 1	Line Number PART III - i	

Input Specification

XML Element Name NonExempt/CurrValueAstAmt	ElementID 0690.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element NonExempt/CurrValueAstAmt in line PART III - i of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule G	IRD Variable NON-EXEMPT-GAIN-LOSS-AMT	Var Number 0691.00
Form Label Net Gain/Loss 1	Line Number PART III - j	

Input Specification

XML Element Name NonExempt/GainLossAmt	ElementID 0691.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: NonExempt (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element NonExempt/GainLossAmt in line PART III - j of Schedule G is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NON-INT-BEAR-CASH-BOY-AMT	Var Number 0692.00
Form Label Total Noninterest-Bearing Cash - BOY	Line Number 1a(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
NonIntBearCashBoyAmt	0692.00	

Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element NonIntBearCashBoyAmt in line 1a(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-CONTRIB-BOY-AMT	Var Number 0693.00
Form Label Employer Receivables - BOY	Line Number 1b(1)(a)	

Input Specification

XML Element Name EmplrContribBoyAmt	ElementID 0693.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrContribBoyAmt in line 1b(1)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTCP-CONTRIB-BOY-AMT	Var Number 0694.00
Form Label Participant Receivables - BOY	Line Number 1b(2)(a)	

Input Specification

XML Element Name PartcpContribBoyAmt	ElementID 0694.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element PartcpContribBoyAmt in line 1b(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-RECEIVABLES-BOY-AMT	Var Number 0695.00
Form Label Other Receivables - BOY	Line Number 1b(3)(a)	

Input Specification

XML Element Name OtherReceivablesBoyAmt	ElementID 0695.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherReceivablesBoyAmt in line 1b(3)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-BEAR-CASH-BOY-AMT	Var Number 0696.00
Form Label Interest-bearing Cash - BOY	Line Number 1c(1)(a)	

Input Specification

XML Element Name IntBearCashBoyAmt	ElementID 0696.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntBearCashBoyAmt in line 1c(1)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GOVT-SEC-BOY-AMT	Var Number 0697.00
Form Label U.S. Government Securities - BOY	Line Number 1c(2)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
GovtSecBoyAmt	0697.00	

Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element GovtSecBoyAmt in line 1c(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable CORP-DEBT-PREFERRED-BOY-AMT	Var Number 0698.00
Form Label Preferred Corporate Debt Instruments - BOY	Line Number 1c(3)(A)(a)	

Input Specification

XML Element Name CorpDebtPreferredBoyAmt	ElementID 0698.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CorpDebtPreferredBoyAmt in line 1c(3)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable CORP-DEBT-OTHER-BOY-AMT	Var Number 0699.00
Form Label All Other Corporate Debt Instruments - BOY	Line Number 1c(3)(B)(a)	

Input Specification

XML Element Name CorpDebtOtherBoyAmt	ElementID 0699.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CorpDebtOtherBoyAmt in line 1c(3)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PREF-STOCK-BOY-AMT	Var Number 0700.00
Form Label Preferred Corporate Stocks - BOY	Line Number 1c(4)(A)(a)	

Input Specification

XML Element Name PrefStockBoyAmt	ElementID 0700.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element PrefStockBoyAmt in line 1c(4)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable COMMON-STOCK-BOY-AMT	Var Number 0701.00
Form Label Common Corporate Stocks - BOY	Line Number 1c(4)(B)(a)	

Input Specification

XML Element Name CommonStockBoyAmt	ElementID 0701.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CommonStockBoyAmt in line 1c(4)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable JOINT-VENTURE-BOY-AMT	Var Number 0702.00
Form Label Partnership/Joint Venture Interests - BOY	Line Number 1c(5)(a)	

Input Specification

XML Element Name JointVentureBoyAmt	ElementID 0702.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element JointVentureBoyAmt in line 1c(5)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable REAL-ESTATE-BOY-AMT	Var Number 0703.00
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Form Label Real Estate (Other Than Employer Real Property) - BOY	Line Number 1c(6)(a)
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Input Specification

XML Element Name RealEstateBoyAmt	ElementID 0703.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element RealEstateBoyAmt in line 1c(6)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-LOANS-BOY-AMT	Var Number 0704.00
Form Label Loans (Other Than To Participants)	Line Number 1c(7)(a)	

Input Specification

XML Element Name OtherLoansBoyAmt	ElementID 0704.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherLoansBoyAmt in line 1c(7)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTCP-LOANS-BOY-AMT	Var Number 0705.00
Form Label Participant Loans - BOY	Line Number 1c(8)(a)	

Input Specification

XML Element Name PartcpLoansBoyAmt	ElementID 0705.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element PartcpLoansBoyAmt in line 1c(8)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-COMMON-TR-BOY-AMT	Var Number 0706.00
Form Label Value of Interest in Common/Collective Trusts - BOY	Line Number 1c(9)(a)	

Input Specification

XML Element Name IntCommonTrBoyAmt	ElementID 0706.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-266	The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntCommonTrBoyAmt in line 1c(9)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-POOL-SEP-ACCT-BOY-AMT	Var Number 0707.00
Form Label Value of Interest In Pooled-Separate Accounts - BOY	Line Number 1c(10)(a)	

Input Specification

XML Element Name IntPoolSepAcctBoyAmt	ElementID 0707.00	Optional in schema
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Edit tests:

P-200	Schedule A is not provided and Schedule H, Line 1c(10) Pooled-Separate Account (BOY Pooled-Separate Account assets or EOY Pooled-Separate Account) indicates an amount greater than zero. Schedule A must be provided.
P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-236	Form 5500, Line 9a(1) and/or Line 9a(2) must be checked, when Schedule H Line 1c(10)(a) or Line 1c(10)(b) indicates an amount.
P-266	The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element IntPoolSepAcctBoyAmt in line 1c(10)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-MASTER-TR-BOY-AMT	Var Number 0708.00
Form Label Value of Interest In Master Trust Investment Accounts - BOY	Line Number 1c(11)(a)	

Input Specification

XML Element Name IntMasterTrBoyAmt	ElementID 0708.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-266	The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntMasterTrBoyAmt in line 1c(11)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-103-12-INVST-BOY-AMT	Var Number 0709.00
Form Label Value of Interest In 103-12 Investment Entities - BOY	Line Number 1c(12)(a)	

Input Specification

XML Element Name Int10312InvstBoyAmt	ElementID 0709.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-266	The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element Int10312InvstBoyAmt in line 1c(12)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-REG-INVST-CO-BOY-AMT	Var Number 0710.00
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Form Label Value of Interest In Registered Investment Companies - BOY	Line Number 1c(13)(a)
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Input Specification

XML Element Name IntRegInvstCoBoyAmt	ElementID 0710.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element IntRegInvstCoBoyAmt in line 1c(13)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INS-CO-GEN-ACCT-BOY-AMT	Var Number 0711.00
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Form Label Value of Funds Held In Insurance Company General Account - BOY	Line Number 1c(14)(a)
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Input Specification

XML Element Name InsCoGenAcctBoyAmt	ElementID 0711.00	Optional in schema
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Edit tests:

[P-201](#) Schedule A is not provided and either Schedule H, Line 1c(14)(a) BOY Value of Funds Held in Insurance Company or Line 1c(14)(b) EOY Value of Funds Held in Insurance Company indicates an amount. Schedule A must be provided.

[P-265](#) Form 5500, Line 9a(1) and/or Line 9b(1) must be checked when Schedule H Line 1c(14)(a) or Line 1c(14)(b) indicates an amount.

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element InsCoGenAcctBoyAmt in line 1c(14)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTH-INVST-BOY-AMT	Var Number 0712.00
Form Label Other General Investments - BOY	Line Number 1c(15)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
OthInvstBoyAmt	0712.00	

Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthInvstBoyAmt in line 1c(15)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-SEC-BOY-AMT	Var Number 0713.00
Form Label Employer Securities - BOY	Line Number 1d(1)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
EmplrSecBoyAmt	0713.00	

Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrSecBoyAmt in line 1d(1)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-PROP-BOY-AMT	Var Number 0714.00
Form Label Employer Real Property - BOY	Line Number 1d(2)(a)	

Input Specification

XML Element Name EmplrPropBoyAmt	ElementID 0714.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrPropBoyAmt in line 1d(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable BLDGS-USED-BOY-AMT	Var Number 0715.00
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Form Label Buildings and Other Property Used in Plan Operation - BOY	Line Number 1e(a)
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Input Specification

XML Element Name BldgsUsedBoyAmt	ElementID 0715.00	Optional in schema
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Edit tests:

[P-266](#) The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element BldgsUsedBoyAmt in line 1e(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-ASSETS-BOY-AMT	Var Number 0716.00
Form Label Total Assets - BOY	Line Number 1f(a)	

Input Specification

XML Element Name TotAssetsBoyAmt	ElementID 0716.00	Optional in schema
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Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-212	Form 5500, Line A indicates a DFE, but neither Schedule H Begin Of Year (BOY) Total Assets (Line 1f) nor End Of Year (EOY) Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-266	The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).
P-268	The Net Assets Beginning of Year amount on Schedule H, Line 1l(a) must equal 1f(a) minus 1k(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotAssetsBoyAmt in line 1f(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all amounts in lines 1a through 1e - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable BNFTS-PAYABLE-BOY-AMT	Var Number 0717.00
Form Label Benefit Claims Payable - BOY	Line Number 1g(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
BnftsPayableBoyAmt	0717.00	

Edit tests:

[P-267](#) The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element BnftsPayableBoyAmt in line 1g(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OPRTNG-PAYABLE-BOY-AMT	Var Number 0718.00
Form Label Operating Payables - BOY	Line Number 1h(a)	

Input Specification

XML Element Name OprtngPayableBoyAmt	ElementID 0718.00	Optional in schema
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Edit tests:

[P-267](#) The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OprtngPayableBoyAmt in line 1h(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACQUIS-INDBT-BOY-AMT	Var Number 0719.00
Form Label Acquisition Indebtedness - BOY	Line Number 1i(a)	

Input Specification

XML Element Name AcquisIndbtBoyAmt	ElementID 0719.00	Optional in schema
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Edit tests:

[P-267](#) The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AcquisIndbtBoyAmt in line 1i(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-LIAB-BOY-AMT	Var Number 0720.00
Form Label Other Liabilities - BOY	Line Number 1j(a)	

Input Specification

XML Element Name OtherLiabBoyAmt	ElementID 0720.00	Optional in schema
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Edit tests:

[P-267](#) The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherLiabBoyAmt in line 1j(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-LIABILITIES-BOY-AMT	Var Number 0721.00
Form Label Total Liabilities - BOY	Line Number 1k(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotLiabilitiesBoyAmt	0721.00	

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-267	The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).
P-268	The Net Assets Beginning of Year amount on Schedule H, Line 1l(a) must equal 1f(a) minus 1k(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotLiabilitiesBoyAmt in line 1k(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all amounts in lines 1g through 1j - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NET-ASSETS-BOY-AMT	Var Number 0722.00
Form Label Net Assets - BOY	Line Number 11(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetAssetsBoyAmt	0722.00	

Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
P-268	The Net Assets Beginning of Year amount on Schedule H, Line 11(a) must equal 1f(a) minus 1k(a).
P-277A	The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 2l(1)(b) minus 2l(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetAssetsBoyAmt in line 11(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 1k from line 1f - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NON-INT-BEAR-CASH-EOY-AMT	Var Number 0723.00
Form Label Total Noninterest-Bearing Cash - EOY	Line Number 1a(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
NonIntBearCashEoyAmt	0723.00	

Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NonIntBearCashEoyAmt in line 1a(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-CONTRIB-EOY-AMT	Var Number 0724.00
Form Label Employer Receivables - EOY	Line Number 1b(1)(b)	

Input Specification

XML Element Name EmplrContribEoyAmt	ElementID 0724.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrContribEoyAmt in line 1b(1)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTCP-CONTRIB-EOY-AMT	Var Number 0725.00
Form Label Participant Receivables - EOY	Line Number 1b(2)(b)	

Input Specification

XML Element Name PartcpContribEoyAmt	ElementID 0725.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PartcpContribEoyAmt in line 1b(2)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-RECEIVABLES-EOY-AMT	Var Number 0726.00
Form Label Other Receivables - EOY	Line Number 1b(3)(b)	

Input Specification

XML Element Name OtherReceivablesEoyAmt	ElementID 0726.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OtherReceivablesEoyAmt in line 1b(3)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-BEAR-CASH-EOY-AMT	Var Number 0727.00
Form Label Interest-bearing Cash-EOY	Line Number 1c(1)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntBearCashEoyAmt	0727.00	

Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.
P-361	Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntBearCashEoyAmt in line 1c(1)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GOVT-SEC-EOY-AMT	Var Number 0728.00
Form Label U.S. Government Securities - EOY	Line Number 1c(2)(b)	

Input Specification

XML Element Name GovtSecEoyAmt	ElementID 0728.00	Optional in schema
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Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element GovtSecEoyAmt in line 1c(2)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable CORP-DEBT-PREFERRED-EOY-AMT	Var Number 0729.00
Form Label Preferred Corporate Debt Instruments - EOY	Line Number 1c(3)(A)(b)	

Input Specification

XML Element Name CorpDebtPreferredEoyAmt	ElementID 0729.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CorpDebtPreferredEoyAmt in line 1c(3)(A)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable CORP-DEBT-OTHER-EOY-AMT	Var Number 0730.00
Form Label All Other Corporate Debt Instruments - EOY	Line Number 1c(3)(B)(b)	

Input Specification

XML Element Name CorpDebtOtherEoyAmt	ElementID 0730.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element CorpDebtOtherEoyAmt in line 1c(3)(B)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PREF-STOCK-EOY-AMT	Var Number 0731.00
Form Label Preferred Corporate Stocks - EOY	Line Number 1c(4)(A)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
PrefStockEoyAmt	0731.00	

Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PrefStockEoyAmt in line 1c(4)(A)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable COMMON-STOCK-EOY-AMT	Var Number 0732.00
Form Label Common Corporate Stocks - EOY	Line Number 1c(4)(B)(b)	

Input Specification

XML Element Name CommonStockEoyAmt	ElementID 0732.00	Optional in schema
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Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element CommonStockEoyAmt in line 1c(4)(B)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable JOINT-VENTURE-EOY-AMT	Var Number 0733.00
Form Label Partnership/Joint Venture Interests - EOY	Line Number 1c(5)(b)	

Input Specification

XML Element Name JointVentureEoyAmt	ElementID 0733.00	Optional in schema
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Edit tests:

- [P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
- [P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element JointVentureEoyAmt in line 1c(5)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable REAL-ESTATE-EOY-AMT	Var Number 0734.00
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Form Label Real Estate (Other Than Employer Real Property) - EOY	Line Number 1c(6)(b)
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Input Specification

XML Element Name RealEstateEoyAmt	ElementID 0734.00	Optional in schema
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Edit tests:

[P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).

[P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element RealEstateEoyAmt in line 1c(6)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-LOANS-EOY-AMT	Var Number 0735.00
Form Label Loans (Other Than to Participants) - EOY	Line Number 1c(7)(b)	

Input Specification

XML Element Name OtherLoansEoyAmt	ElementID 0735.00	Optional in schema
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Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherLoansEoyAmt in line 1c(7)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTCP-LOANS-EOY-AMT	Var Number 0736.00
Form Label Participant Loans - EOY	Line Number 1c(8)(b)	

Input Specification

XML Element Name PartcpLoansEoyAmt	ElementID 0736.00	Optional in schema
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Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PartcpLoansEoyAmt in line 1c(8)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-COMMON-TR-EOY-AMT	Var Number 0737.00
Form Label Value of Interest In Common/Collective Trusts - EOY	Line Number 1c(9)(b)	

Input Specification

XML Element Name IntCommonTrEoyAmt	ElementID 0737.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.
P-399	The End of Year (EOY) Value of interest in common/collective trusts on Line 1c(9)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntCommonTrEoyAmt in line 1c(9)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-POOL-SEP-ACCT-EOY-AMT	Var Number 0738.00
Form Label Value of Interest In Pooled-Separate Accounts - EOY	Line Number 1c(10)(b)	

Input Specification

XML Element Name IntPoolSepAcctEoyAmt	ElementID 0738.00	Optional in schema
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Edit tests:

P-200	Schedule A is not provided and Schedule H, Line 1c(10) Pooled-Separate Account (BOY Pooled-Separate Account assets or EOY Pooled-Separate Account) indicates an amount greater than zero. Schedule A must be provided.
P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-236	Form 5500, Line 9a(1) and/or Line 9a(2) must be checked, when Schedule H Line 1c(10)(a) or Line 1c(10)(b) indicates an amount.
P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.
P-400	The End of Year (EOY) Value of interest in pooled separate accounts on Line 1c(10)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element IntPoolSepAcctEoyAmt in line 1c(10)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-MASTER-TR-EOY-AMT	Var Number 0739.00
Form Label Value of Interest In Master Trust Investment Accounts - EOY	Line Number 1c(11)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntMasterTrEoyAmt	0739.00	

Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-270	The End of Year (EOY) Value of interest in Master Trust accounts on Line 1c(11)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "M" codes.
P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-316	Schedule H, Line 4i cannot be blank.
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.
P-361	Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element IntMasterTrEoyAmt in line 1c(11)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-103-12-INVST-EOY-AMT	Var Number 0740.00
Form Label Value of Interest In 103-12 Investment Entities - EOY	Line Number 1c(12)(b)	

Input Specification

XML Element Name Int10312InvstEoyAmt	ElementID 0740.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-271	The End of Year (EOY) Value of interest in 103-12 investment entities on Line 1c(12)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "E" codes.
P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld') is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element Int10312InvstEoyAmt in line 1c(12)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-REG-INVST-CO-EOY-AMT	Var Number 0741.00
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Form Label Value of Interest In Registered Investment Companies - EOY	Line Number 1c(13)(b)
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Input Specification

XML Element Name IntRegInvstCoEoyAmt	ElementID 0741.00	Optional in schema
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Edit tests:

[P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).

[P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element IntRegInvstCoEoyAmt in line 1c(13)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INS-CO-GEN-ACCT-EOY-AMT	Var Number 0742.00
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Form Label Value of Funds Held In Insurance General Account - EOY	Line Number 1c(14)(b)
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Input Specification

XML Element Name InsCoGenAcctEoyAmt	ElementID 0742.00	Optional in schema
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Edit tests:

[P-201](#) Schedule A is not provided and either Schedule H, Line 1c(14)(a) BOY Value of Funds Held in Insurance Company or Line 1c(14)(b) EOY Value of Funds Held in Insurance Company indicates an amount. Schedule A must be provided.

[P-265](#) Form 5500, Line 9a(1) and/or Line 9b(1) must be checked when Schedule H Line 1c(14)(a) or Line 1c(14)(b) indicates an amount.

[P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).

[P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element InsCoGenAcctEoyAmt in line 1c(14)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTH-INVST-EOY-AMT	Var Number 0743.00
Form Label Other General Investments - EOY	Line Number 1c(15)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
OthInvstEoyAmt	0743.00	

Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OthInvstEoyAmt in line 1c(15)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-SEC-EOY-AMT	Var Number 0744.00
Form Label Employer Securities - EOY	Line Number 1d(1)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
EmplrSecEoyAmt	0744.00	

Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrSecEoyAmt in line 1d(1)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-PROP-EOY-AMT	Var Number 0745.00
Form Label Employer Real Property - EOY	Line Number 1d(2)(b)	

Input Specification

XML Element Name EmplrPropEoyAmt	ElementID 0745.00	Optional in schema
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Edit tests:

P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrPropEoyAmt in line 1d(2)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable BLDGS-USED-EOY-AMT	Var Number 0746.00
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Form Label Buildings and Other Property Used in Plan Operation - EOY	Line Number 1e(b)
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Input Specification

XML Element Name BldgsUsedEoyAmt	ElementID 0746.00	Optional in schema
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Edit tests:

[P-274](#) Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).

[P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element BldgsUsedEoyAmt in line 1e(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-ASSETS-EOY-AMT	Var Number 0747.00
Form Label Total Assets - EOY	Line Number 1f(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotAssetsEoyAmt	0747.00	

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-212	Form 5500, Line A indicates a DFE, but neither Schedule H Begin Of Year (BOY) Total Assets (Line 1f) nor End Of Year (EOY) Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-274	Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).
P-277	The Net Assets End of Year Amount on Schedule H Line 1l(b) must equal Lines 1f(b) minus 1k(b).
P-316	Schedule H, Line 4i cannot be blank.
P-361	Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.
P-362	Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.
P-397	Form 5500, Line B (the final return/report) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Form 5500, Line 6f (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report) on the Form 5500. Otherwise, verify that the correct information has been provided on Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) and Form 5500, Line 6f (Total Participants).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotAssetsEoyAmt in line 1f(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all amounts in lines 1a through 1e - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable BNFTS-PAYABLE-EOY-AMT	Var Number 0748.00
Form Label Benefit Claims Payable - EOY	Line Number 1g(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
BnftsPayableEoyAmt	0748.00	

Edit tests:

[P-276](#) The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element BnftsPayableEoyAmt in line 1g(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OPRTNG-PAYABLE-EOY-AMT	Var Number 0749.00
Form Label Operating Payables - EOY	Line Number 1h(b)	

Input Specification

XML Element Name OprtnngPayableEoyAmt	ElementID 0749.00	Optional in schema
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Edit tests:

[P-276](#) The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OprtnngPayableEoyAmt in line 1h(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACQUIS-INDBT-EOY-AMT	Var Number 0750.00
Form Label Acquisition Indebtedness - EOY	Line Number 1i(b)	

Input Specification

XML Element Name AcquisIndbtEoyAmt	ElementID 0750.00	Optional in schema
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Edit tests:

[P-276](#) The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AcquisIndbtEoyAmt in line 1i(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-LIAB-EOY-AMT	Var Number 0751.00
Form Label Other Liabilities - EOY	Line Number 1j(b)	

Input Specification

XML Element Name OtherLiabEoyAmt	ElementID 0751.00	Optional in schema
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Edit tests:

[P-276](#) The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherLiabEoyAmt in line 1j(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-LIABILITIES-EOY-AMT	Var Number 0752.00
Form Label Total Liabilities - EOY	Line Number 1k(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotLiabilitiesEoyAmt	0752.00	

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-276	The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).
P-277	The Net Assets End of Year Amount on Schedule H Line 1l(b) must equal Lines 1f(b) minus 1k(b).
P-362	Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotLiabilitiesEoyAmt in line 1k(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all amounts in lines 1g through 1j - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NET-ASSETS-EOY-AMT	Var Number 0753.00
Form Label Net Assets - EOY	Line Number 11(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetAssetsEoyAmt	0753.00	

Edit tests:

P-277	The Net Assets End of Year Amount on Schedule H Line 11(b) must equal Lines 1f(b) minus 1k(b).
P-277A	The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 2l(1)(b) minus 2l(2)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element NetAssetsEoyAmt in line 11(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 1k from line 1f - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable EMPLR-CONTRIB-INCOME-AMT	Var Number 0754.00
Form Label Employers Contributions	Line Number 2a(1)(A)(a)	

Input Specification

XML Element Name EmplrContribIncomeAmt	ElementID 0754.00	Optional in schema
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Edit tests:

[P-278](#)

The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrContribIncomeAmt in line 2a(1)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTICIPANT-CONTRIB-AMT	Var Number 0755.00
Form Label Participants Contributions	Line Number 2a(1)(B)(a)	

Input Specification

XML Element Name ParticipantContribAmt	ElementID 0755.00	Optional in schema
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Edit tests:

[P-278](#) The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ParticipantContribAmt in line 2a(1)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTH-CONTRIB-RCVD-AMT	Var Number 0756.00
Form Label Other Contributions	Line Number 2a(1)(C)(a)	

Input Specification

XML Element Name OthContribRcvdAmt	ElementID 0756.00	Optional in schema
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Edit tests:

[P-278](#)

The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthContribRcvdAmt in line 2a(1)(C)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NON-CASH-CONTRIB-BS-AMT	Var Number 0757.00
Form Label Noncash Contributions	Line Number 2a(2)(a)	

Input Specification

XML Element Name NonCashContribBsAmt	ElementID 0757.00	Optional in schema
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Edit tests:

[P-278](#) The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element NonCashContribBsAmt in line 2a(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-CONTRIB-AMT	Var Number 0758.00
Form Label Total Contributions	Line Number 2a(3)(b)	

Input Specification

XML Element Name TotContribAmt	ElementID 0758.00	Optional in schema
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Edit tests:

- [P-278](#) The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).
- [P-283](#) The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotContribAmt in line 2a(3)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2a(1)(A), (B), (C), and line 2a(2) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-BEAR-CASH-AMT	Var Number 0759.00
Form Label Interest-bearing Cash	Line Number 2b(1)(A)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntBearCashAmt	0759.00	

Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntBearCashAmt in line 2b(1)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-ON-GOVT-SEC-AMT	Var Number 0760.00
Form Label U.S. Government Securities	Line Number 2b(1)(B)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntOnGovtSecAmt	0760.00	

Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntOnGovtSecAmt in line 2b(1)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-ON-CORP-DEBT-AMT	Var Number 0761.00
Form Label Corporate Debt Instruments	Line Number 2b(1)(C)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntOnCorpDebtAmt	0761.00	

Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntOnCorpDebtAmt in line 2b(1)(C)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-ON-OTH-LOANS-AMT	Var Number 0762.00
Form Label Loans (Other Than To Participants)	Line Number 2b(1)(D)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntOnOthLoansAmt	0762.00	

Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntOnOthLoansAmt in line 2b(1)(D)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-ON-PARTCP-LOANS-AMT	Var Number 0763.00
Form Label Participant Loans	Line Number 2b(1)(E)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
IntOnPartcpLoansAmt	0763.00	

Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntOnPartcpLoansAmt in line 2b(1)(E)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INT-ON-OTH-INVST-AMT	Var Number 0764.00
Form Label Other Interest	Line Number 2b(1)(F)(a)	

Input Specification

XML Element Name IntOnOthInvstAmt	ElementID 0764.00	Optional in schema
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Edit tests:

[P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element IntOnOthInvstAmt in line 2b(1)(F)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOTAL-INTEREST-AMT	Var Number 0765.00
Form Label Total Interest	Line Number 2b(1)(G)(b)	

Input Specification

XML Element Name TotalInterestAmt	ElementID 0765.00	Optional in schema
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Edit tests:

- [P-279](#) The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.
- [P-283](#) The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotalInterestAmt in line 2b(1)(G)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(1)(A) through (F) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable DIVND-PREF-STOCK-AMT	Var Number 0766.00
Form Label Preferred Stock	Line Number 2b(2)(A)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
DivndPrefStockAmt	0766.00	

Edit tests:

[P-280](#)

The Total Dividends amount on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element DivndPrefStockAmt in line 2b(2)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable DIVND-COMMON-STOCK-AMT	Var Number 0767.00
Form Label Common Stock	Line Number 2b(2)(B)(a)	

Input Specification

XML Element Name DivndCommonStockAmt	ElementID 0767.00	Optional in schema
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Edit tests:

[P-280](#)

The Total Dividends amount on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element DivndCommonStockAmt in line 2b(2)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable REGISTERED-INVST-AMT	Var Number 0768.00
Form Label Registered Investment	Line Number 2b(2)(C)(a)	

Input Specification

XML Element Name RegisteredInvstAmt	ElementID 0768.00	Optional in schema
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Edit tests:

[P-280](#)

The Total Dividends amount on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element RegisteredInvstAmt in line 2b(2)(C)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOTAL-DIVIDENDS-AMT	Var Number 0769.00
Form Label Total Dividends	Line Number 2b(2)(D)(b)	

Input Specification

XML Element Name TotalDividendsAmt	ElementID 0769.00	Optional in schema
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Edit tests:

P-280	The Total Dividends amount on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotalDividendsAmt in line 2b(2)(D)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(2)(A), (B), and (C) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOTAL-RENTS-AMT	Var Number 0770.00
Form Label Total Rents	Line Number 2b(3)(b)	

Input Specification

XML Element Name TotalRentsAmt	ElementID 0770.00	Optional in schema
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Edit tests:

[P-283](#) The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotalRentsAmt in line 2b(3)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable AGGREGATE-PROCEEDS-AMT	Var Number 0771.00
Form Label Aggregate Proceeds	Line Number 2b(4)(A)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
AggregateProceedsAmt	0771.00	

Edit tests:

[P-281](#) The Net Gain (Loss) on the sale of assets on Schedule H, Line 2b(4)(C)(b) must equal Lines 2b(4)(A)(a) minus 2b(4)(B)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AggregateProceedsAmt in line 2b(4)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable AGGREGATE-COSTS-AMT	Var Number 0772.00
Form Label Aggregate Carrying Amount	Line Number 2b(4)(B)(a)	

Input Specification

XML Element Name AggregateCostsAmt	ElementID 0772.00	Optional in schema
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Edit tests:

[P-281](#) The Net Gain (Loss) on the sale of assets on Schedule H, Line 2b(4)(C)(b) must equal Lines 2b(4)(A)(a) minus 2b(4)(B)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AggregateCostsAmt in line 2b(4)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-GAIN-LOSS-SALE-AST-AMT	Var Number 0773.00
Form Label Net Gain/Loss on Sale of Assets	Line Number 2b(4)(C)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotGainLossSaleAstAmt	0773.00	

Edit tests:

- [P-281](#) The Net Gain (Loss) on the sale of assets on Schedule H, Line 2b(4)(C)(b) must equal Lines 2b(4)(A)(a) minus 2b(4)(B)(a).
- [P-283](#) The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotGainLossSaleAstAmt in line 2b(4)(C)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 2b(4)(B) from line 2b(4)(A) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable UNREALZD-APPRCTN-RE-AMT	Var Number 0774.00
Form Label Real Estate Appreciation/Depreciation	Line Number 2b(5)(A)(a)	

Input Specification

XML Element Name UnrealzdApprctnReAmt	ElementID 0774.00	Optional in schema
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Edit tests:

[P-282](#)

The Total Unrealized Appreciation of Assets on Schedule H, Line 2b(5)(C)(b) must equal the sum of Line 2b(5)(A)(a) and Line 2b(5)(B)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element UnrealzdApprctnReAmt in line 2b(5)(A)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable UNREALZD-APPRCTN-OTH-AMT	Var Number 0775.00
Form Label Other Appreciation/Depreciation	Line Number 2b(5)(B)(a)	

Input Specification

XML Element Name UnrealzdApprctnOthAmt	ElementID 0775.00	Optional in schema
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Edit tests:

[P-282](#)

The Total Unrealized Appreciation of Assets on Schedule H, Line 2b(5)(C)(b) must equal the sum of Line 2b(5)(A)(a) and Line 2b(5)(B)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element UnrealzdApprctnOthAmt in line 2b(5)(B)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-UNREALZD-APPRCTN-AMT	Var Number 0776.00
Form Label Total Unrealized Appreciation of Assets	Line Number 2b(5)(C)(b)	

Input Specification

XML Element Name TotUnrealzdApprctnAmt	ElementID 0776.00	Optional in schema
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Edit tests:

- [P-282](#) The Total Unrealized Appreciation of Assets on Schedule H, Line 2b(5)(C)(b) must equal the sum of Line 2b(5)(A)(a) and Line 2b(5)(B)(a).
- [P-283](#) The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotUnrealzdApprctnAmt in line 2b(5)(C)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2b(5)(A) and (B) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GAIN-LOSS-COM-TRUST-AMT	Var Number 0777.00
Form Label Net Investment Gain (Loss) From Common/Collective Trusts	Line Number 2b(6)(b)	

Input Specification

XML Element Name GainLossComTrustAmt	ElementID 0777.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element GainLossComTrustAmt in line 2b(6)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GAIN-LOSS-POOL-SEP-AMT	Var Number 0778.00
Form Label Net Investment Gain (Loss) From Pooled-Separate Accounts	Line Number 2b(7)(b)	

Input Specification

XML Element Name GainLossPoolSepAmt	ElementID 0778.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element GainLossPoolSepAmt in line 2b(7)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GAIN-LOSS-MASTER-TR-AMT	Var Number 0779.00
Form Label Net Investment Gain (Loss) From Master Trust Investment Accounts	Line Number 2b(8)(b)	

Input Specification

XML Element Name GainLossMasterTrAmt	ElementID 0779.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element GainLossMasterTrAmt in line 2b(8)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GAIN-LOSS-103-12-INVST-AMT	Var Number 0780.00
Form Label Net Investment Gain (Loss) From 103-12 Investment Entities	Line Number 2b(9)(b)	

Input Specification

XML Element Name GainLoss10312InvstAmt	ElementID 0780.00	Optional in schema
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Edit tests:

P-202A	Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), and/or complete Schedule D Part I.
P-202B	Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b(9), review your response to Form 5500 Line A and/or complete Schedule D Part II.
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element GainLoss10312InvstAmt in line 2b(9)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable GAIN-LOSS-REG-INVST-AMT	Var Number 0781.00
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Form Label Net Investment Gain (Loss) From Registered Investment Companies

Line Number 2b(10)(b)

Input Specification

XML Element Name GainLossRegInvstAmt	ElementID 0781.00	Optional in schema
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Edit tests:

[P-283](#)

The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element GainLossRegInvstAmt in line 2b(10)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-INCOME-AMT	Var Number 0782.00
Form Label Other Income	Line Number 2c(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
OtherIncomeAmt	0782.00	

Edit tests:

[P-283](#)

The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element OtherIncomeAmt in line 2c(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-INCOME-AMT	Var Number 0783.00
Form Label Total Income	Line Number 2d(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotIncomeAmt	0783.00	

Edit tests:

P-212	Form 5500, Line A indicates a DFE, but neither Schedule H Begin Of Year (BOY) Total Assets (Line 1f) nor End Of Year (EOY) Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.
P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-283	The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).
P-289	Schedule H, Line 2k(b) Net Income must equal Lines 2d(b) minus 2j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotIncomeAmt in line 2d(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all income amounts in column (b) and enter total - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable DISTRIB-DRT-PARTCP-AMT	Var Number 0784.00
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Form Label Benefit Payments Directly to Participants or Beneficiaries	Line Number 2e(1)(a)
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Input Specification

XML Element Name DistribDrtPartcpAmt	ElementID 0784.00	Optional in schema
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Edit tests:

[P-286](#) Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element DistribDrtPartcpAmt in line 2e(1)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INS-CARRIER-BNFTS-AMT	Var Number 0785.00
Form Label Benefit Payments to Insurance Carriers	Line Number 2e(2)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
InsCarrierBnftsAmt	0785.00	

Edit tests:

P-285	Benefit Payments on Schedule H Line 2e(2)(a) (indicating insurance arrangement) equals an amount other than zero, but Form 5500, Line 9b(1) is not checked.
P-286	Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element InsCarrierBnftsAmt in line 2e(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTH-BNFT-PAYMENT-AMT	Var Number 0786.00
Form Label Other Benefit Payments	Line Number 2e(3)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
OthBnftPaymentAmt	0786.00	

Edit tests:

[P-286](#) Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthBnftPaymentAmt in line 2e(3)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-DISTRIB-BNFT-AMT	Var Number 0787.00
Form Label Total Benefit Payments	Line Number 2e(4)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotDistribBnftAmt	0787.00	

Edit tests:

- [P-286](#) Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).
- [P-288](#) The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element TotDistribBnftAmt in line 2e(4)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2e(1) through (3) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-CORRECTIVE-DISTRIB-AMT	Var Number 0788.00
Form Label Total Corrective Distributions	Line Number 2f(b)	

Input Specification

XML Element Name TotCorrectiveDistribAmt	ElementID 0788.00	Optional in schema
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Edit tests:

[P-288](#) The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotCorrectiveDistribAmt in line 2f(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-DEEMED-DISTRIB-PARTCP-LNS-AMT	Var Number 0789.00
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Form Label Total Deemed Distributions of Participant Loans	Line Number 2g(b)
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Input Specification

XML Element Name TotDeemedDistribPartcpLnsAmt	ElementID 0789.00	Optional in schema
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Edit tests:

[P-288](#) The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotDeemedDistribPartcpLnsAmt in line 2g(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-INT-EXPENSE-AMT	Var Number 0790.00
Form Label Total Interest Expense	Line Number 2h(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotIntExpenseAmt	0790.00	

Edit tests:

[P-288](#)

The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotIntExpenseAmt in line 2h(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PROFESSIONAL-FEES-AMT	Var Number 0791.00
Form Label Professional Fees	Line Number 2i(1)(a)	

Input Specification

XML Element Name ProfessionalFeesAmt	ElementID 0791.00	Optional in schema
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Edit tests:

[P-287](#) The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ProfessionalFeesAmt in line 2i(1)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable CONTRACT-ADMIN-FEES-AMT	Var Number 0792.00
Form Label Contract Administrator Fees	Line Number 2i(2)(a)	

Input Specification

XML Element Name ContractAdminFeesAmt	ElementID 0792.00	Optional in schema
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Edit tests:

[P-287](#) The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ContractAdminFeesAmt in line 2i(2)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable INVST-MGMT-FEES-AMT	Var Number 0793.00
Form Label Investment Advisory and Management Fees	Line Number 2i(3)(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
InvstMgmtFeesAmt	0793.00	

Edit tests:

[P-287](#) The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element InvstMgmtFeesAmt in line 2i(3)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable OTHER-ADMIN-FEES-AMT	Var Number 0794.00
Form Label Other Administrative Expenses	Line Number 2i(4)(a)	

Input Specification

XML Element Name OtherAdminFeesAmt	ElementID 0794.00	Optional in schema
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Edit tests:

[P-287](#) The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherAdminFeesAmt in line 2i(4)(a) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-ADMIN-EXPENSES-AMT	Var Number 0795.00
Form Label Total Administrative Expenses	Line Number 2i(5)(b)	

Input Specification

XML Element Name TotAdminExpensesAmt	ElementID 0795.00	Optional in schema
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Edit tests:

- [P-287](#) The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).
- [P-288](#) The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotAdminExpensesAmt in line 2i(5)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2i(1) through (4) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-EXPENSES-AMT	Var Number 0796.00
Form Label Total Expenses	Line Number 2j(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotExpensesAmt	0796.00	

Edit tests:

- [P-288](#) The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).
- [P-289](#) Schedule H, Line 2k(b) Net Income must equal Lines 2d(b) minus 2j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotExpensesAmt in line 2j(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add all expense amounts in column (b) and enter total - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NET-INCOME-AMT	Var Number 0797.00
Form Label Net Income (Loss)	Line Number 2k(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetIncomeAmt	0797.00	

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-277A	The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 21(1)(b) minus 21(2)(b).
P-289	Schedule H, Line 2k(b) Net Income must equal Lines 2d(b) minus 2j(b).
P-362	Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetIncomeAmt in line 2k(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 2j from line 2d - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-TRANSFERS-TO-AMT	Var Number 0798.00
Form Label Total Transfers of Assets To This Plan	Line Number 21(1)(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotTransfersToAmt	0798.00	

Edit tests:

P-277A	The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 21(1)(b) minus 21(2)(b).
P-373	Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 21(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 21(2) and 5b of the Schedule H and provide the corrected information.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotTransfersToAmt in line 21(1)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable TOT-TRANSFERS-FROM-AMT	Var Number 0799.00
Form Label Total Transfers of Assets From This Plan	Line Number 21(2)(b)	

Input Specification

XML Element Name TotTransfersFromAmt	ElementID 0799.00	Optional in schema
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Edit tests:

P-277A	The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 21(1)(b) minus 21(2)(b).
P-290	Schedule H, Line 21(2)(b) indicates a transfer amount greater than \$5000, but Schedule H, Line 5b(1) is blank.
P-373	Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 21(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 21(2) and 5b of the Schedule H and provide the corrected information.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotTransfersFromAmt in line 21(2)(b) of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACCTNT-OPINION-TYPE-CD	Var Number 0800.00
Form Label Opinion Attached -Type	Line Number 3a	

Input Specification

XML Element Name AcctntOpinionTypeCd	ElementID 0800.00	Optional in schema
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Valid values: 1=Unqualified; 2=Qualified; 3=Disclaimer; 4=Adverse.

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-292	Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.
P-293	Review your response to Schedule H, Part III. If Line 3b is checked "yes" then Line 3a(3) should be checked. If Line 3b is checked "no" then any other box except 3a(3) should be checked.

Schema Info: Type Enum1To4Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To4Type - simpleType [enum values 1,2,3,4]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4,

Acknowledgment Error Message:The value for the XML element AcctntOpinionTypeCd in line 3a of Schedule H is invalid for the datatype Enum1To4Type. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACCT-PERFORMED-LTD-AUDIT-IND	Var Number 0801.00
Form Label Accountant Performed a Limited Scope Audit - Check Box	Line Number 3b	

Input Specification

XML Element Name AcctPerformedLtdAuditInd	ElementID 0801.00	Optional in schema
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Valid values: 1 = Yes; 2 = No.

Edit tests:

- [P-292](#) Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.
- [P-293](#) Review your response to Schedule H, Part III. If Line 3b is checked "yes" then Line 3a(3) should be checked. If Line 3b is checked "no" then any other box except 3a(3) should be checked.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element AcctPerformedLtdAuditInd in line 3b of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACCOUNTANT-FIRM-NAME	Var Number 0802.00
Form Label Name of Accountant or Accounting Firm	Line Number 3c(1)	

Input Specification

XML Element Name AccountantFirmName	ElementID 0802.00	Optional in schema
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Edit tests:

[P-292](#)

Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.

Schema Info: Type FirmNameType minOccurs= 0; maxOccurs= 1

Type Info: FirmNameType - simpleType [35 char, letters, digits, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=35 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@\+\?~_;\#!])*

Acknowledgment Error Message:The value for the XML element AccountantFirmName in line 3c(1) of Schedule H is invalid for the datatype FirmNameType. Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, ampersand, apostrophe, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash only. Must begin with letter, number, or apostrophe. Leading space, trailing space, multiple adjacent spaces and other symbols are invalid.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACCOUNTANT-FIRM-EIN	Var Number 0803.00
Form Label EIN of Accountant or Accounting Firm	Line Number 3c(2)	

Input Specification

XML Element Name AccountantFirmEIN	ElementID 0803.00	Optional in schema
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Edit tests:

[P-292](#)

Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message:The value for the XML element AccountantFirmEIN in line 3c(2) of Schedule H is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ACCT-OPIN-NOT-ON-FILE-IND	Var Number 0804.00
Form Label Opinion Not Attached - Reason	Line Number 3d-REASON	

Input Specification

XML Element Name	ElementID	Optional in schema
AcctOpinNotOnFileInd	0804.00	

Valid values: 1 = This form is filed for a CCT, PSA, or MTIA; 2 = Opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Edit tests:

- [P-204](#) Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
- [P-205](#) Accountant's Opinion (Attachments/AccountantOpinion) is not attached and an exemption has not been indicated on Schedule H Lines 3d(1) or 3d(2). Review Schedule H Lines 3d(1) or 3d(2) and/or provide an Accountant's Opinion.
- [P-360](#) Schedule H, Line 3d(1) is checked, but Form 5500, Part I, Line A (DFE-Specify) does not contain "C", "M", or "P".
- [P-362](#) Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.

Schema Info: **Type** AcctOpinNotOnFileIndType minOccurs= 0; maxOccurs= 1

Type Info: AcctOpinNotOnFileIndType - simpleType [enum values 1 (Schedule H is filed for a CCT, PSA, or MTIA) or 2 (Opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50)]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message: The value for the XML element AcctOpinNotOnFileInd in line 3d-REASON of Schedule H is invalid for the datatype AcctOpinNotOnFileIndType. Valid values for this datatype include either '1' (Schedule H is filed for a CCT, PSA, or MTIA) or '2' (Opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable FAIL-TRANSMIT-CONTRIB-IND	Var Number 0805.00
Form Label Fail To Transmit Contributions Timely	Line Number 4a	

Input Specification

XML Element Name FailTransmitContribInd	ElementID 0805.00	Optional in schema
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Edit tests:

P-297	Schedule H, Line 4a cannot be blank.
P-298	Schedule H Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailTransmitContribInd in line 4a of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable FAIL-TRANSMIT-CONTRIB-AMT	Var Number 0806.00
Form Label Fail To Transmit Contributions Timely - Amount	Line Number 4a-AMOUNT	

Input Specification

XML Element Name FailTransmitContribAmt	ElementID 0806.00	Optional in schema
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Edit tests:

[P-298](#) Schedule H Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element FailTransmitContribAmt in line 4a-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LOANS-IN-DEFAULT-IND	Var Number 0807.00
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Form Label Loans In Default or Uncollectible	Line Number 4b
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Input Specification

XML Element Name LoansInDefaultInd	ElementID 0807.00	Optional in schema
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Edit tests:

P-299	Schedule H, Line 4b cannot be blank.
P-300	Schedule H, Line 4b is checked "yes," but Schedule G is not provided.
P-301	Schedule H, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LoansInDefaultInd in line 4b of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LOANS-IN-DEFAULT-AMT	Var Number 0808.00
Form Label Loans In Default or Uncollectible - Amount	Line Number 4b-AMOUNT	

Input Specification

XML Element Name LoansInDefaultAmt	ElementID 0808.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-301](#) Schedule H, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element LoansInDefaultAmt in line 4b-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LEASES-IN-DEFAULT-IND	Var Number 0809.00
Form Label Leases In Default or Uncollectible	Line Number 4c	

Input Specification

XML Element Name LeasesInDefaultInd	ElementID 0809.00	Optional in schema
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Edit tests:

P-302	Schedule H, Line 4c cannot be blank.
P-303	Schedule H, Line 4c is checked "yes," but Schedule G is not provided.
P-304	Schedule H, Line 4c is checked "yes," but an amount greater than zero was not provided for Line 4c-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LeasesInDefaultInd in line 4c of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LEASES-IN-DEFAULT-AMT	Var Number 0810.00
Form Label Leases In Default or Uncollectible - Amount	Line Number 4c-AMOUNT	

Input Specification

XML Element Name LeasesInDefaultAmt	ElementID 0810.00	Optional in schema
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Edit tests:

[P-304](#) Schedule H, Line 4c is checked "yes," but an amount greater than zero was not provided for Line 4c-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element LeasesInDefaultAmt in line 4c-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTY-IN-INT-NOT-RPTD-IND	Var Number 0811.00
Form Label Engage In Non-exempt Transactions With PII	Line Number 4d	

Input Specification

XML Element Name PartyInIntNotRptdInd	ElementID 0811.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-305	Schedule H, Line 4d cannot be blank.
P-306	Schedule H, Line 4d is checked "yes," but Schedule G is not provided.
P-307	Schedule H, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PartyInIntNotRptdInd in line 4d of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PARTY-IN-INT-NOT-RPTD-AMT	Var Number 0812.00
Form Label Engage In Non-exempt Transactions With PII - Amount	Line Number 4d-AMOUNT	

Input Specification

XML Element Name PartyInIntNotRptdAmt	ElementID 0812.00	Optional in schema
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Edit tests:

[P-307](#) Schedule H, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PartyInIntNotRptdAmt in line 4d-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-INS-FDLTY-BOND-IND	Var Number 0813.00
Form Label Plan Covered By A Fidelity Bond	Line Number 4e	

Input Specification

XML Element Name PlanInsFdltyBondInd	ElementID 0813.00	Optional in schema
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Edit tests:

P-308	Schedule H, Line 4e cannot be blank.
P-309	Schedule H, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanInsFdltyBondInd in line 4e of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-INS-FDLTY-BOND-AMT	Var Number 0814.00
Form Label Plan Covered By A Fidelity Bond - Amount	Line Number 4e-AMOUNT	

Input Specification

XML Element Name PlanInsFdltyBondAmt	ElementID 0814.00	Optional in schema
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Edit tests:

I-203	Schedule H, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.
P-309	Schedule H, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PlanInsFdltyBondAmt in line 4e-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LOSS-DISCV-DUR-YEAR-IND	Var Number 0815.00
Form Label Loss Caused by Fraud or Dishonesty	Line Number 4f	

Input Specification

XML Element Name LossDiscvDurYearInd	ElementID 0815.00	Optional in schema
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Edit tests:

P-310	Schedule H, Line 4f cannot be blank.
P-311	Schedule H, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LossDiscvDurYearInd in line 4f of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable LOSS-DISCV-DUR-YEAR-AMT	Var Number 0816.00
Form Label Loss Caused by Fraud or Dishonesty - Amount	Line Number 4f-AMOUNT	

Input Specification

XML Element Name LossDiscvDurYearAmt	ElementID 0816.00	Optional in schema
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Edit tests:

I-203	Schedule H, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.
P-311	Schedule H, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element LossDiscvDurYearAmt in line 4f-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ASSET-UNDETERM-VAL-IND	Var Number 0817.00
Form Label Asset Value Not Readily Determined	Line Number 4g	

Input Specification

XML Element Name AssetUndetermValInd	ElementID 0817.00	Optional in schema
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Edit tests:

P-312	Schedule H, Line 4g cannot be blank.
P-313	Schedule H, Line 4g is checked "yes," but Line 4g-Amount is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AssetUndetermValInd in line 4g of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ASSET-UNDETERM-VAL-AMT	Var Number 0818.00
Form Label Asset Value Not Readily Determined - Amount	Line Number 4g-AMOUNT	

Input Specification

XML Element Name AssetUndetermValAmt	ElementID 0818.00	Optional in schema
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Edit tests:

[P-313](#) Schedule H, Line 4g is checked "yes," but Line 4g-Amount is blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element AssetUndetermValAmt in line 4g-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NON-CASH-CONTRIB-IND	Var Number 0819.00
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Form Label Non-cash Contribution Values Not Readily Determinable On An Established Market	Line Number 4h
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Input Specification

XML Element Name NonCashContribInd	ElementID 0819.00	Optional in schema
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Edit tests:

P-314	Schedule H, Line 4h cannot be blank.
P-315	Schedule H, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element NonCashContribInd in line 4h of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable NON-CASH-CONTRIB-AMT	Var Number 0820.00
Form Label Non-cash Contribution Values Not Readily Determinable On An Established Market - Amount	Line Number 4h-AMOUNT	

Input Specification

XML Element Name NonCashContribAmt	ElementID 0820.00	Optional in schema
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Edit tests:

[P-315](#) Schedule H, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NonCashContribAmt in line 4h-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable AST-HELD-INVST-IND	Var Number 0821.00
Form Label Plan Have Assets Held For Investment	Line Number 4i	

Input Specification

XML Element Name	ElementID	Optional in schema
AstHeldInvstInd	0821.00	

Edit tests:

- [P-316](#) Schedule H, Line 4i cannot be blank.
- [P-317](#) Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.
- [P-361](#) Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AstHeldInvstInd in line 4i of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable FIVE-PRCNT-TRANS-IND	Var Number 0822.00
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Form Label Plan Transactions Or Series Of Transactions In Excess of 5%	Line Number 4j
---	--------------------------

Input Specification

XML Element Name FivePrcntTransInd	ElementID 0822.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-318	Schedule H, Line 4j cannot be blank.
P-319	Schedule H, Line 4j is checked "yes," but a 5% Transaction Schedule ([AttachmentTypeCode='FivePrcntTrans']) is not attached.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FivePrcntTransInd in line 4j of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable ALL-PLAN-AST-DISTRIB-IND	Var Number 0823.00
Form Label All Plan Assets Distributed to Participants	Line Number 4k	

Input Specification

XML Element Name AllPlanAstDistribInd	ElementID 0823.00	Optional in schema
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Edit tests:

[P-320](#) Schedule H, Line 4k cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AllPlanAstDistribInd in line 4k of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable FAIL-PROVIDE-BENEFIT-DUE-IND	Var Number 0824.00
Form Label Fail to provide benefit due	Line Number 41	

Input Specification

XML Element Name FailProvideBenefitDueInd	ElementID 0824.00	Optional in schema
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Edit tests:

P-363	Schedule H, Line 41 cannot be blank.
P-364	Schedule H, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueInd in line 41 of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable FAIL-PROVIDE-BENEFIT-DUE-AMT	Var Number 0825.00
Form Label Fail to provide benefit due amount	Line Number 41 - Amount	

Input Specification

XML Element Name FailProvideBenefitDueAmt	ElementID 0825.00	Optional in schema
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Edit tests:

[P-364](#) Schedule H, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueAmt in line 41 - Amount of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-BLACKOUT-PERIOD-IND	Var Number 0826.00
Form Label Plan blackout period	Line Number 4m	

Input Specification

XML Element Name PlanBlackoutPeriodInd	ElementID 0826.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-365	Schedule H, Line 4n cannot be blank when Line 4m is checked "yes."
X-121	Schedule H, Line 4m cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanBlackoutPeriodInd in line 4m of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable COMPLY-BLACKOUT-NOTICE-IND	Var Number 0827.00
Form Label Comply blackout notice	Line Number 4n	

Input Specification

XML Element Name ComplyBlackoutNoticeInd	ElementID 0827.00	Optional in schema
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Edit tests:

[P-365](#) Schedule H, Line 4n cannot be blank when Line 4m is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ComplyBlackoutNoticeInd in line 4n of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.02
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.03
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.04
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.05
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0827.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RES-TERM-PLAN-ADPT-IND	Var Number 0828.00
Form Label Resolution To Terminate Adopted	Line Number 5a	

Input Specification

XML Element Name	ElementID	Optional in schema
ResTermPlanAdptInd	0828.00	

Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-725MB	You have attached a Schedule MB for a plan that has not indicated a resolution to terminate on Schedule H, Line 5a. However, Schedule MB, Line 8b(2) is not checked "Yes" indicating a Schedule of Active Participants is required although active participants are reported on the Form 5500, Line 6a(2) and the Schedule MB, Line 2b(3)(c)(1). Review the instructions for Schedule MB, Line 8b(2) and make any necessary corrections.
I-123	Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
P-372	Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptInd in line 5a of Schedule H is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RES-TERM-PLAN-ADPT-AMT	Var Number 0829.00
Form Label Resolution To Terminate Adopted - Amount	Line Number 5a-AMOUNT	

Input Specification

XML Element Name ResTermPlanAdptAmt	ElementID 0829.00	Optional in schema
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Edit tests:

[P-372](#) Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptAmt in line 5a-AMOUNT of Schedule H is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-TRANSFER-NAME	Var Number 0830.00
Form Label Transfer Name 1	Line Number 5b(1)	

Input Specification

XML Element Name PlanTransfer/TransferName	ElementID 0830.00	Optional in schema
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Edit tests:

- [P-290](#) Schedule H, Line 21(2)(b) indicates a transfer amount greater than \$5000, but Schedule H, Line 5b(1) is blank.
- [P-321](#) A Plan Name, EIN, and PN must be provided for each Plan Transfer listed in Schedule H Line 5b.
- [P-372](#) Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.
- [P-373](#) Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 21(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 21(2) and 5b of the Schedule H and provide the corrected information.

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9, '& \- \. / % (\) * @ + \? ! ~ _ ; #]) *

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PlanTransfer/TransferName in line 5b(1) of Schedule H is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-TRANSFER-EIN	Var Number 0831.00
Form Label Transfer EIN 1	Line Number 5b(2)	

Input Specification

XML Element Name PlanTransfer/TransferEIN	ElementID 0831.00	Optional in schema
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Edit tests:

J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
P-321	A Plan Name, EIN, and PN must be provided for each Plan Transfer listed in Schedule H Line 5b.
P-372	Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.
P-373	Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 2l(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 2l(2) and 5b of the Schedule H and provide the corrected information.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PlanTransfer/TransferEIN in line 5b(2) of Schedule H is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable PLAN-TRANSFER-PN	Var Number 0832.00
Form Label Transfer PN 1	Line Number 5b(3)	

Input Specification

XML Element Name PlanTransfer/TransferPlanNum	ElementID 0832.00	Optional in schema
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Valid values: 001-999

Edit tests:

J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
P-321	A Plan Name, EIN, and PN must be provided for each Plan Transfer listed in Schedule H Line 5b.
P-372	Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.
P-373	Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 2l(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 2l(2) and 5b of the Schedule H and provide the corrected information.

Schema Info: Type PNTYPE minOccurs= 0; maxOccurs= 1

Type Info: PNTYPE - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PlanTransfer/TransferPlanNum in line 5b(3) of Schedule H is invalid for the datatype PNTYPE. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0832.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0832.02
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable COVERED-PBGC-INSURANCE-IND	Var Number 0832.03
Form Label Covered under PBGC Insurance Program	Line Number 5c	

Input Specification

XML Element Name CoveredPBGCInsuranceInd	ElementID 0832.03	Optional in schema
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Edit tests:

B-624SB	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-710	Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.
B-726	Schedule H, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Schema Info: Type YesNoNotDetermType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNotDetermType - simpleType [boolean string, 1=yes, 2=no, 3=Not determinable]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element CoveredPBGCInsuranceInd in line 5c of Schedule H is invalid for the datatype YesNoNotDetermType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (Not determinable).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form	IRD Variable	Var Number
Schedule H	PREMIUM-FILING-CONFIRMATION-NUMBER	0832.031

Form Label	Line Number
PBGC Premium Filing Confirmation Number	5c - Filing Confirmation Number

Input Specification

XML Element Name	ElementID	Optional in schema
PremiumFilingConfirmationNum	0832.031	

Edit tests:

[B-726](#) Schedule H, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Schema Info: Type ConfirmationNumType minOccurs= 0; maxOccurs= 1

Type Info: ConfirmationNumType - simpleType [PBGC premium filing confirmation number, up to 20 digits]

Base:xsd:nonNegativeInteger

Restrictions:totalDigits=20 Patterns:

Acknowledgment Error Message:The value for the XML element PremiumFilingConfirmationNum in line 5c - Filing Confirmation Number of Schedule H is invalid for the datatype ConfirmationNumType. Valid values for this datatype include numbers up to 20 digits in length.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0832.04
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0832.05
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule H	IRD Variable RESERVED	Var Number 0832.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-ASSETS-BOY-AMT	Var Number 0833.00
Form Label Total Plan Assets - BOY	Line Number 1a(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotAssetsBoyAmt	0833.00	

Edit tests:

- [P-234](#) Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
- [P-235](#) Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
- [P-328](#) Schedule I, Line 1c(a) Net Assets must equal Lines 1a(a) minus 1b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotAssetsBoyAmt in line 1a(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-LIABILITIES-BOY-AMT	Var Number 0834.00
Form Label Total Plan Liabilities - BOY	Line Number 1b(a)	

Input Specification

XML Element Name TotLiabilitiesBoyAmt	ElementID 0834.00	Optional in schema
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Edit tests:

[P-328](#) Schedule I, Line 1c(a) Net Assets must equal Lines 1a(a) minus 1b(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotLiabilitiesBoyAmt in line 1b(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NET-ASSETS-BOY-AMT	Var Number 0835.00
Form Label Net Plan Assets - BOY	Line Number 1c(a)	

Input Specification

XML Element Name NetAssetsBoyAmt	ElementID 0835.00	Optional in schema
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Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
P-328	Schedule I, Line 1c(a) Net Assets must equal Lines 1a(a) minus 1b(a).
P-330A	Net Assets End of Year Amount on Schedule I, Line 1c(b) must equal the sum of Lines 1c(a), 2k(b) and 2l(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetAssetsBoyAmt in line 1c(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 1b from line 1a - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-ASSETS-EOY-AMT	Var Number 0836.00
Form Label Total Plan Assets - EOY	Line Number 1a(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotAssetsEoyAmt	0836.00	

Edit tests:

P-234	Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
P-235	Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-330	Schedule I, Line 1c(b) Net Assets must equal Lines 1a(b) minus 1b(b).
P-397	Form 5500, Line B (the final return/report) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Form 5500, Line 6f (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report) on the Form 5500. Otherwise, verify that the correct information has been provided on Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) and Form 5500, Line 6f (Total Participants).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotAssetsEoyAmt in line 1a(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-LIABILITIES-EOY-AMT	Var Number 0837.00
Form Label Total Plan Liabilities - EOY	Line Number 1b(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotLiabilitiesEoyAmt	0837.00	

Edit tests:

[P-330](#) Schedule I, Line 1c(b) Net Assets must equal Lines 1a(b) minus 1b(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotLiabilitiesEoyAmt in line 1b(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NET-ASSETS-EOY-AMT	Var Number 0838.00
Form Label Net Plan Assets - EOY	Line Number 1c(b)	

Input Specification

XML Element Name NetAssetsEoyAmt	ElementID 0838.00	Optional in schema
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Edit tests:

P-330	Schedule I, Line 1c(b) Net Assets must equal Lines 1a(b) minus 1b(b).
P-330A	Net Assets End of Year Amount on Schedule I, Line 1c(b) must equal the sum of Lines 1c(a), 2k(b) and 2l(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element NetAssetsEoyAmt in line 1c(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract line 1b from line 1a - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-EMPLR-CONTRIB-INCOME-AMT	Var Number 0839.00
Form Label Employers Contributions Received	Line Number 2a(1)(a)	

Input Specification

XML Element Name EmplrContribIncomeAmt	ElementID 0839.00	Optional in schema
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Edit tests:

[P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element EmplrContribIncomeAmt in line 2a(1)(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PARTICIPANT-CONTRIB-AMT	Var Number 0840.00
Form Label Participants Contributions Received	Line Number 2a(2)(a)	

Input Specification

XML Element Name ParticipantContribAmt	ElementID 0840.00	Optional in schema
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Edit tests:

[P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ParticipantContribAmt in line 2a(2)(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-OTH-CONTRIB-RCVD-AMT	Var Number 0841.00
Form Label Other Contributions	Line Number 2a(3)(a)	

Input Specification

XML Element Name OthContribRcvdAmt	ElementID 0841.00	Optional in schema
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Edit tests:

[P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthContribRcvdAmt in line 2a(3)(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NON-CASH-CONTRIB-BS-AMT	Var Number 0842.00
Form Label Noncash Contributions	Line Number 2b(a)	

Input Specification

XML Element Name NonCashContribBsAmt	ElementID 0842.00	Optional in schema
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Edit tests:

[P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element NonCashContribBsAmt in line 2b(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-OTHER-INCOME-AMT	Var Number 0843.00
Form Label Other Income	Line Number 2c(a)	

Input Specification

XML Element Name OtherIncomeAmt	ElementID 0843.00	Optional in schema
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Edit tests:

[P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OtherIncomeAmt in line 2c(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-INCOME-AMT	Var Number 0844.00
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Form Label Total Income Received or Receivable (Including Contributions)	Line Number 2d(b)
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Input Specification

XML Element Name TotIncomeAmt	ElementID 0844.00	Optional in schema
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Edit tests:

- [P-234](#) Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.
- [P-235](#) Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.
- [P-331](#) Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).
- [P-333](#) The Net Income on Schedule I, Line 2k(b) must equal Lines 2d(b) minus 2j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotIncomeAmt in line 2d(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-DISTRIB-BNFT-AMT	Var Number 0845.00
Form Label Benefits Paid	Line Number 2e(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotDistribBnftAmt	0845.00	

Edit tests:

[P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotDistribBnftAmt in line 2e(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-CORRECTIVE-DISTRIB-AMT	Var Number 0846.00
Form Label Corrective Distributions	Line Number 2f(a)	

Input Specification

XML Element Name CorrectiveDistribAmt	ElementID 0846.00	Optional in schema
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Edit tests:

[P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element CorrectiveDistribAmt in line 2f(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-DEEMED-DSTRB-PARTCP-LN-AMT	Var Number 0847.00
Form Label Deemed Distributions of Participants Loans	Line Number 2g(a)	

Input Specification

XML Element Name DeemedDstrbPartcpLnAmt	ElementID 0847.00	Optional in schema
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Edit tests:

[P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element DeemedDstrbPartcpLnAmt in line 2g(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-ADMIN-SRVC-PROVIDERS-AMT	Var Number 0848.00
Form Label Administrative Service Providers	Line Number 2h(a)	

Input Specification

XML Element Name	ElementID	Optional in schema
AdminSrvcProvidersAmt	0848.00	

Edit tests:

[P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element AdminSrvcProvidersAmt in line 2h(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-OTH-EXPENSES-AMT	Var Number 0849.00
Form Label Other Expenses	Line Number 2i(a)	

Input Specification

XML Element Name OthExpensesAmt	ElementID 0849.00	Optional in schema
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Edit tests:

[P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthExpensesAmt in line 2i(a) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-EXPENSES-AMT	Var Number 0850.00
Form Label Total Expenses (Including Benefits Paid)	Line Number 2j(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotExpensesAmt	0850.00	

Edit tests:

- [P-332](#) The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).
- [P-333](#) The Net Income on Schedule I, Line 2k(b) must equal Lines 2d(b) minus 2j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element TotExpensesAmt in line 2j(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Add lines 2e, 2f, 2g, 2h, and 2i - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NET-INCOME-AMT	Var Number 0851.00
Form Label Net Income (Loss)	Line Number 2k(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
NetIncomeAmt	0851.00	

Edit tests:

- [P-330A](#) Net Assets End of Year Amount on Schedule I, Line 1c(b) must equal the sum of Lines 1c(a), 2k(b) and 2l(b).
- [P-333](#) The Net Income on Schedule I, Line 2k(b) must equal Lines 2d(b) minus 2j(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NetIncomeAmt in line 2k(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: subtract line 2j from line 2d - Total calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-TOT-PLAN-TRANSFERS-AMT	Var Number 0852.00
Form Label Net Transfers	Line Number 21(b)	

Input Specification

XML Element Name	ElementID	Optional in schema
TotPlanTransfersAmt	0852.00	

Edit tests:

[P-330A](#) Net Assets End of Year Amount on Schedule I, Line 1c(b) must equal the sum of Lines 1c(a), 2k(b) and 2l(b).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TotPlanTransfersAmt in line 21(b) of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-JOINT-VENTURE-EOY-IND	Var Number 0853.00
Form Label Partnership/Joint Venture Interests	Line Number 3a	

Input Specification

XML Element Name JointVentureEoyInd	ElementID 0853.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-375	Schedule I, Line 3a cannot be blank.
P-376	Schedule I, Line 3a is checked "yes", but an amount is not provided for Line 3a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element JointVentureEoyInd in line 3a of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-JOINT-VENTURE-EOY-AMT	Var Number 0854.00
Form Label Partnership/Joint Venture Interests - Amount	Line Number 3a-AMOUNT	

Input Specification

XML Element Name JointVentureEoyAmt	ElementID 0854.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-376	Schedule I, Line 3a is checked "yes", but an amount is not provided for Line 3a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element JointVentureEoyAmt in line 3a-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-EMPLR-PROP-EOY-IND	Var Number 0855.00
Form Label Employer Real Property	Line Number 3b	

Input Specification

XML Element Name EmplrPropEoyInd	ElementID 0855.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-377	Schedule I, Line 3b cannot be blank.
P-378	Schedule I, Line 3b is checked "yes", but an amount is not provided for Line 3b-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EmplrPropEoyInd in line 3b of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-EMPLR-PROP-EOY-AMT	Var Number 0856.00
Form Label Employer Real Property - Amount	Line Number 3b-AMOUNT	

Input Specification

XML Element Name EmplrPropEoyAmt	ElementID 0856.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-378	Schedule I, Line 3b is checked "yes", but an amount is not provided for Line 3b-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrPropEoyAmt in line 3b-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-INVST-REAL-ESTATE-EOY-IND	Var Number 0857.00
Form Label Real Estate (Other Than Employer Real Property)	Line Number 3c	

Input Specification

XML Element Name InvstRealEstateEoyInd	ElementID 0857.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-379	Schedule I, Line 3c cannot be blank.
P-380	Schedule I, Line 3c is checked "yes", but an amount is not provided for Line 3c-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element InvstRealEstateEoyInd in line 3c of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-INVST-REAL-ESTATE-EOY-AMT	Var Number 0858.00
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Form Label Real Estate (Other Than Employer Real Property) - Amount	Line Number 3c-AMOUNT
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Input Specification

XML Element Name InvstRealEstateEoyAmt	ElementID 0858.00	Optional in schema
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Edit tests:

[P-380](#) Schedule I, Line 3c is checked "yes", but an amount is not provided for Line 3c-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element InvstRealEstateEoyAmt in line 3c-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-EMPLR-SEC-EOY-IND	Var Number 0859.00
Form Label Employer Securities	Line Number 3d	

Input Specification

XML Element Name EmplrSecEoyInd	ElementID 0859.00	Optional in schema
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Edit tests:

P-381	Schedule I, Line 3d cannot be blank.
P-382	Schedule I, Line 3d is checked "yes", but an amount is not provided for Line 3d-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EmplrSecEoyInd in line 3d of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-EMPLR-SEC-EOY-AMT	Var Number 0860.00
Form Label Employer Securities - Amount	Line Number 3d-AMOUNT	

Input Specification

XML Element Name EmplrSecEoyAmt	ElementID 0860.00	Optional in schema
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Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-382	Schedule I, Line 3d is checked "yes", but an amount is not provided for Line 3d-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element EmplrSecEoyAmt in line 3d-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-MORTG-PARTCP-EOY-IND	Var Number 0861.00
Form Label Participant Loans	Line Number 3e	

Input Specification

XML Element Name MortgPartcpEoyInd	ElementID 0861.00	Optional in schema
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Edit tests:

P-383	Schedule I, Line 3e cannot be blank.
P-384	Schedule I, Line 3e is checked "yes", but an amount equal to or greater than zero is not provided for Line 3e-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element MortgPartcpEoyInd in line 3e of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-MORTG-PARTCP-EOY-AMT	Var Number 0862.00
Form Label Participant Loans - Amount	Line Number 3e-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
MortgPartcpEoyAmt	0862.00	

Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-384	Schedule I, Line 3e is checked "yes", but an amount equal to or greater than zero is not provided for Line 3e-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element MortgPartcpEoyAmt in line 3e-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-OTH-LNS-PARTCP-EOY-IND	Var Number 0863.00
Form Label Loans (Other Than To Participants)	Line Number 3f	

Input Specification

XML Element Name OthLnsPartcpEoyInd	ElementID 0863.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-385	Schedule I, Line 3f cannot be blank.
P-386	Schedule I, Line 3f is checked "yes", but an amount is not provided for Line 3f-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element OthLnsPartcpEoyInd in line 3f of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-OTH-LNS-PARTCP-EOY-AMT	Var Number 0864.00
Form Label Loans (Other Than To Participants) - Amount	Line Number 3f-AMOUNT	

Input Specification

XML Element Name OthLnsPartcpEoyAmt	ElementID 0864.00	Optional in schema
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Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-386	Schedule I, Line 3f is checked "yes", but an amount is not provided for Line 3f-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element OthLnsPartcpEoyAmt in line 3f-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PERSONAL-PROP-EOY-IND	Var Number 0865.00
Form Label Tangible Personal Property	Line Number 3g	

Input Specification

XML Element Name PersonalPropEoyInd	ElementID 0865.00	Optional in schema
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Edit tests:

P-387	Schedule I, Line 3g cannot be blank.
P-388	Schedule I, Line 3g is checked "yes", but an amount is not provided for Line 3g-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PersonalPropEoyInd in line 3g of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PERSONAL-PROP-EOY-AMT	Var Number 0866.00
Form Label Tangible Personal Property - Amount	Line Number 3g-AMOUNT	

Input Specification

XML Element Name	ElementID	Optional in schema
PersonalPropEoyAmt	0866.00	

Edit tests:

P-329	Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.
P-388	Schedule I, Line 3g is checked "yes", but an amount is not provided for Line 3g-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PersonalPropEoyAmt in line 3g-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-FAIL-TRANSMIT-CONTRIB-IND	Var Number 0867.00
Form Label Fail To Transmit Contributions Timely	Line Number 4a	

Input Specification

XML Element Name FailTransmitContribInd	ElementID 0867.00	Optional in schema
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Edit tests:

P-334	Schedule I, Line 4a cannot be blank.
P-335	Schedule I, Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailTransmitContribInd in line 4a of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-FAIL-TRANSMIT-CONTRIB-AMT	Var Number 0868.00
Form Label Fail To Transmit Contributions Timely - Amount	Line Number 4a-AMOUNT	

Input Specification

XML Element Name FailTransmitContribAmt	ElementID 0868.00	Optional in schema
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Edit tests:

[P-335](#) Schedule I, Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FailTransmitContribAmt in line 4a-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LOANS-IN-DEFAULT-IND	Var Number 0869.00
Form Label Loans In Default or Uncollectible	Line Number 4b	

Input Specification

XML Element Name LoansInDefaultInd	ElementID 0869.00	Optional in schema
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Edit tests:

P-336	Schedule I, Line 4b cannot be blank.
P-337	Schedule I, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LoansInDefaultInd in line 4b of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LOANS-IN-DEFAULT-AMT	Var Number 0870.00
Form Label Loans In Default or Uncollectible - Amount	Line Number 4b-AMOUNT	

Input Specification

XML Element Name LoansInDefaultAmt	ElementID 0870.00	Optional in schema
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Edit tests:

[P-337](#) Schedule I, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element LoansInDefaultAmt in line 4b-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LEASES-IN-DEFAULT-IND	Var Number 0871.00
Form Label Leases In Default or Uncollectible	Line Number 4c	

Input Specification

XML Element Name LeasesInDefaultInd	ElementID 0871.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-338	Schedule I, Line 4c cannot be blank.
P-339	Schedule I, Line 4c is checked "yes," but an amount greater than zero is not provided for Line 4c-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1
Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]
Base: StringType
Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LeasesInDefaultInd in line 4c of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LEASES-IN-DEFAULT-AMT	Var Number 0872.00
Form Label Leases In Default or Uncollectible - Amount	Line Number 4c-AMOUNT	

Input Specification

XML Element Name LeasesInDefaultAmt	ElementID 0872.00	Optional in schema
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Edit tests:

[P-339](#) Schedule I, Line 4c is checked "yes," but an amount greater than zero is not provided for Line 4c-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element LeasesInDefaultAmt in line 4c-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PARTY-IN-INT-NOT-RPTD-IND	Var Number 0873.00
Form Label Engage In Non-exempt Transactions With PII	Line Number 4d	

Input Specification

XML Element Name PartyInIntNotRptdInd	ElementID 0873.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-340	Schedule I, Line 4d cannot be blank.
P-341	Schedule I, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PartyInIntNotRptdInd in line 4d of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PARTY-IN-INT-NOT-RPTD-AMT	Var Number 0874.00
Form Label Engage In Non-exempt Transactions With PII - Amount	Line Number 4d-AMOUNT	

Input Specification

XML Element Name PartyInIntNotRptdAmt	ElementID 0874.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-341](#) Schedule I, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PartyInIntNotRptdAmt in line 4d-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-INS-FDLTY-BOND-IND	Var Number 0875.00
Form Label Plan Covered By A Fidelity Bond	Line Number 4e	

Input Specification

XML Element Name PlanInsFdltyBondInd	ElementID 0875.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-342	Schedule I, Line 4e cannot be blank.
P-343	Schedule I, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanInsFdltyBondInd in line 4e of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-INS-FDLTY-BOND-AMT	Var Number 0876.00
Form Label Plan Covered By A Fidelity Bond - Amount	Line Number 4e-AMOUNT	

Input Specification

XML Element Name PlanInsFdltyBondAmt	ElementID 0876.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

I-204	Schedule I, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.
P-343	Schedule I, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions:totalDigits=15

Acknowledgment Error Message:The value for the XML element PlanInsFdltyBondAmt in line 4e-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LOSS-DISCV-DUR-YEAR-IND	Var Number 0877.00
Form Label Loss Caused by Fraud or Dishonesty	Line Number 4f	

Input Specification

XML Element Name LossDiscvDurYearInd	ElementID 0877.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-344	Schedule I, Line 4f cannot be blank.
P-345	Schedule I, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element LossDiscvDurYearInd in line 4f of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-LOSS-DISCV-DUR-YEAR-AMT	Var Number 0878.00
Form Label Loss Caused by Fraud or Dishonesty - Amount	Line Number 4f-AMOUNT	

Input Specification

XML Element Name LossDiscvDurYearAmt	ElementID 0878.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

I-204	Schedule I, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.
P-345	Schedule I, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element LossDiscvDurYearAmt in line 4f-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-ASSET-UNDETERM-VAL-IND	Var Number 0879.00
Form Label Asset Value Not Readily Determined	Line Number 4g	

Input Specification

XML Element Name AssetUndetermValInd	ElementID 0879.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-346	Schedule I, Line 4g cannot be blank.
P-347	Schedule I, Line 4g is checked "yes," but Line 4g-Amount is blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AssetUndetermValInd in line 4g of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-ASSET-UNDETERM-VAL-AMT	Var Number 0880.00
Form Label Asset Value Not Readily Determined - Amount	Line Number 4g-AMOUNT	

Input Specification

XML Element Name AssetUndetermValAmt	ElementID 0880.00	Optional in schema
--	-----------------------------	---------------------------

Valid values: 0

Edit tests:

[P-347](#) Schedule I, Line 4g is checked "yes," but Line 4g-Amount is blank.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element AssetUndetermValAmt in line 4g-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NON-CASH-CONTRIB-IND	Var Number 0881.00
---------------------------	---	------------------------------

Form Label Non-cash Contribution Values Not Readily Determinable On An Established Market	Line Number 4h
--	--------------------------

Input Specification

XML Element Name NonCashContribInd	ElementID 0881.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-348	Schedule I, Line 4h cannot be blank.
P-349	Schedule I, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element NonCashContribInd in line 4h of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-NON-CASH-CONTRIB-AMT	Var Number 0882.00
---------------------------	---	------------------------------

Form Label Non-cash Contribution Values Not Readily Determinable On An Established Market - Amount	Line Number 4h-AMOUNT
--	---------------------------------

Input Specification

XML Element Name NonCashContribAmt	ElementID 0882.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-349](#) Schedule I, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element NonCashContribAmt in line 4h-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-20-PRCNT-SNGL-INVST-IND	Var Number 0883.00
---------------------------	--	------------------------------

Form Label Plan At Any Time Hold 20% Or More Of Its Assets In Any Single Security	Line Number 4i
--	--------------------------

Input Specification

XML Element Name TwentyPrcntSnglInvstInd	ElementID 0883.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-350	Schedule I, Line 4i cannot be blank.
P-351	Schedule I, Line 4i is checked "yes," but an amount greater than zero is not provided for Line 4i-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element TwentyPrcntSnglInvstInd in line 4i of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-20-PRCNT-SNGL-INVST-AMT	Var Number 0884.00
---------------------------	--	------------------------------

Form Label Plan At Any Time Hold 20% Or More Of Its Assets In Any Single Security - Amount	Line Number 4i-AMOUNT
---	---------------------------------

Input Specification

XML Element Name TwentyPrcntSnglInvstAmt	ElementID 0884.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-351](#) Schedule I, Line 4i is checked "yes," but an amount greater than zero is not provided for Line 4i-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element TwentyPrcntSnglInvstAmt in line 4i-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-ALL-PLAN-AST-DISTRIB-IND	Var Number 0885.00
---------------------------	---	------------------------------

Form Label All Plan Assets Distributed to Participants	Line Number 4j
---	--------------------------

Input Specification

XML Element Name AllPlanAstDistribInd	ElementID 0885.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-352](#) Schedule I, Line 4j cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element AllPlanAstDistribInd in line 4j of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-WAIVER-ANNUAL-IQPA-REPORT-IND	Var Number 0886.00
Form Label Claiming Waiver Of Annual Report Of IQPA Under 29 CFR 2520.104-46	Line Number 4k	

Input Specification

XML Element Name	ElementID	Optional in schema
WaiverAnnualIQPAReportInd	0886.00	

Edit tests:

P-357	Schedule I, Line 4k cannot be blank.
P-358	Schedule I, Line 4k is checked "no," but you have not attached an Accountant's Opinion with financial information or explanatory statement. Review your response to Line 4k or provide the requested information.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element WaiverAnnualIQPAReportInd in line 4k of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-FAIL-PROVIDE-BENEFIT-DUE-IND	Var Number 0887.00
Form Label Fail to provide benefit due	Line Number 41	

Input Specification

XML Element Name FailProvideBenefitDueInd	ElementID 0887.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

P-366	Schedule I, Line 41 cannot be blank.
P-367	Schedule I, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueInd in line 41 of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-FAIL-PROVIDE-BENEFIT-DUE-AMT	Var Number 0888.00
Form Label Fail to provide benefit due	Line Number 41 - Amount	

Input Specification

XML Element Name FailProvideBenefitDueAmt	ElementID 0888.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-367](#) Schedule I, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element FailProvideBenefitDueAmt in line 41 - Amount of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-BLACKOUT-PERIOD-IND	Var Number 0889.00
Form Label Plan blackout period	Line Number 4m	

Input Specification

XML Element Name PlanBlackoutPeriodInd	ElementID 0889.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

P-368	Schedule I, Line 4n cannot be blank when Line 4m is checked "yes."
X-122	Schedule I, Line 4m cannot be blank.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PlanBlackoutPeriodInd in line 4m of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-COMPLY-BLACKOUT-NOTICE-IND	Var Number 0890.00
Form Label Comply blackout notice	Line Number 4n	

Input Specification

XML Element Name ComplyBlackoutNoticeInd	ElementID 0890.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

[P-368](#) Schedule I, Line 4n cannot be blank when Line 4m is checked "yes."

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ComplyBlackoutNoticeInd in line 4n of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.02
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.03
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.04
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.05
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0890.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-RES-TERM-PLAN-ADPT-IND	Var Number 0891.00
Form Label Resolution To Terminate Adopted	Line Number 5a	

Input Specification

XML Element Name ResTermPlanAdptInd	ElementID 0891.00	Optional in schema
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Edit tests:

B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
I-123	Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."
I-154MB	Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.
I-154SB	Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.
P-374	Schedule I, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptInd in line 5a of Schedule I is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-RES-TERM-PLAN-ADPT-AMT	Var Number 0892.00
Form Label Resolution To Terminate Adopted - Amount	Line Number 5a-AMOUNT	

Input Specification

XML Element Name ResTermPlanAdptAmt	ElementID 0892.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[P-374](#) Schedule I, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base:xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message:The value for the XML element ResTermPlanAdptAmt in line 5a-AMOUNT of Schedule I is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-TRANSFER-NAME	Var Number 0893.00
Form Label Transfer Name 1	Line Number 5b(1)	

Input Specification

XML Element Name PlanTransfer/TransferName	ElementID 0893.00	Optional in schema
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Edit tests:

[P-353](#) The Plan Name, EIN, and PN on Schedule I, Line 5b must be provided for each Plan Transfer listed in Line 5b.

Schema Info: Type PlanNameType minOccurs= 0; maxOccurs= 1

Type Info: PlanNameType - simpleType [140-char plan name. Legal Characters: A-Z, a-z, 0-9, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. Must begin with letter, number, or apostrophe.]

Base: xsd:string

Restrictions: maxLength=140 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&\-\./%\(\)*\@+\?!\~_;\#])*

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PlanTransfer/TransferName in line 5b(1) of Schedule I is invalid for the datatype PlanNameType. Valid values for this datatype include strings up to a maximum of 140 characters. Allowable characters include unaccented letters, numbers, hash, hyphen, slash, comma, period, parentheses, ampersand, apostrophe, asterisk, plus, @, question mark, exclamation point, tilde, underscore, semicolon and single space. Leading space, trailing space, adjacent spaces, and other symbols are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-TRANSFER-EIN	Var Number 0894.00
Form Label Transfer EIN 1	Line Number 5b(2)	

Input Specification

XML Element Name PlanTransfer/TransferEIN	ElementID 0894.00	Optional in schema
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Edit tests:

J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
P-353	The Plan Name, EIN, and PN on Schedule I, Line 5b must be provided for each Plan Transfer listed in Line 5b.

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base: xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PlanTransfer/TransferEIN in line 5b(2) of Schedule I is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing: Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PLAN-TRANSFER-PN	Var Number 0895.00
Form Label Transfer PN 1	Line Number 5b(3)	

Input Specification

XML Element Name PlanTransfer/TransferPlanNum	ElementID 0895.00	Optional in schema
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Valid values: 001-999

Edit tests:

J-501	Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.
P-353	The Plan Name, EIN, and PN on Schedule I, Line 5b must be provided for each Plan Transfer listed in Line 5b.

Schema Info: Type PNTType minOccurs= 0; maxOccurs= 1

Type Info: PNTType - simpleType [3-digit, retain leading zeroes. 001-999]

Base: xsd:string

Restrictions: Patterns: [0-9][0-9][1-9]|[0-9][1-9][0-9]|[1-9][0-9][0-9]

ParentInfo: PlanTransfer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PlanTransfer/TransferPlanNum in line 5b(3) of Schedule I is invalid for the datatype PNTType. Valid values for this datatype include 3-digit numbers from 001 to 999. Leading zeroes are required.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0895.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0895.02
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-COVERED-PBGC-INSURANCE-IND	Var Number 0895.03
Form Label Covered under PBGC Insurance Program	Line Number 5c	

Input Specification

XML Element Name CoveredPBGCInsuranceInd	ElementID 0895.03	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

B-624SB	Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.
B-702MB	A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.
B-710	Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.
B-727	Schedule I, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Schema Info: Type YesNoNotDetermType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNotDetermType - simpleType [boolean string, 1=yes, 2=no, 3=Not determinable]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element CoveredPBGCInsuranceInd in line 5c of Schedule I is invalid for the datatype YesNoNotDetermType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (Not determinable).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable SMALL-PREMIUM-FILING-CONFIRMATION- NUMBER	Var Number 0895.031
Form Label PBGC Premium Filing Confirmation Number	Line Number 5c - Filing Confirmation Number	

Input Specification

XML Element Name PremiumFilingConfirmationNum	ElementID 0895.031	Optional in schema
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Edit tests:

[B-727](#) Schedule I, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Schema Info: Type ConfirmationNumType minOccurs= 0; maxOccurs= 1

Type Info: ConfirmationNumType - simpleType [PBGC premium filing confirmation number, up to 20 digits]

Base: xsd:nonNegativeInteger

Restrictions: totalDigits=20

Acknowledgment Error Message:The value for the XML element PremiumFilingConfirmationNum in line 5c - Filing Confirmation Number of Schedule I is invalid for the datatype ConfirmationNumType. Valid values for this datatype include numbers up to 20 digits in length.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0895.04
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0895.05
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule I	IRD Variable RESERVED	Var Number 0895.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-VALUE-DSTRB-PD-PRPTY-AMT	Var Number 0896.00
Form Label Total Value of Distributions Paid in Property Other Than Cash	Line Number 1	

Input Specification

XML Element Name PenValueDstrbPdPrptyAmt	ElementID 0896.00	Optional in schema
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Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PenValueDstrbPdPrptyAmt in line 1 of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-PAYOR-01-EIN	Var Number 0897.00
Form Label EIN 1 of Payor Who Paid Benefits On Behalf of the Plan	Line Number 2-EIN 1	

Input Specification

XML Element Name PenPayor01EIN	ElementID 0897.00	Optional in schema
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Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message:The value for the XML element PenPayor01EIN in line 2-EIN 1 of Schedule R is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-PAYOR-02-EIN	Var Number 0898.00
Form Label EIN 2 of Payor Who Paid Benefits On Behalf of the Plan	Line Number 2-EIN 2	

Input Specification

XML Element Name PenPayor02EIN	ElementID 0898.00	Optional in schema
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Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions: Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

Acknowledgment Error Message:The value for the XML element PenPayor02EIN in line 2-EIN 2 of Schedule R is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-BNFT-DISTRIB-SNGL-SUM-CNT	Var Number 0899.00
Form Label Number of Participants Whose Benefits Were Distributed In A Single Sum	Line Number 3	

Input Specification

XML Element Name PenBnftDistribSnglSumCnt	ElementID 0899.00	Optional in schema
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Edit tests:

[B-692SB](#) Schedule R, Line 3 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNType

Restrictions: totalDigits=8

Acknowledgment Error Message:The value for the XML element PenBnftDistribSnglSumCnt in line 3 of Schedule R is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-ELEC-SATISFY-CODE-412-IND	Var Number 0900.00
Form Label Plan Administrator Making An Election	Line Number 4	

Input Specification

XML Element Name PenElecSatisfyCode412Ind	ElementID 0900.00	Optional in schema
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Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element PenElecSatisfyCode412Ind in line 4 of Schedule R is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-FNDNG-WVRS-DATE	Var Number 0901.00
Form Label Date of the Ruling Letter Granting the Waiver	Line Number 5	

Input Specification

XML Element Name PenFndngWvrsDate	ElementID 0901.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

I-122	Schedule R, Line 5 is completed, but Schedule MB is not provided.
I-157	Schedule R, Line 5 is completed and Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type DateType minOccurs= 0; maxOccurs= 1

Type Info: DateType - simpleType [Base type for a date in the format of YYYY-MM-DD]

Base: xsd:date

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

Acknowledgment Error Message: The value for the XML element PenFndngWvrsDate in line 5 of Schedule R is invalid for the datatype DateType. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-EMPLR-CONTRIB-RQR-AMT	Var Number 0902.00
Form Label Minimum Required Contribution for This Plan Year	Line Number 6a	

Input Specification

XML Element Name PenEmplrContribRqrAmt	ElementID 0902.00	Optional in schema
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Edit tests:

I-123	Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."
I-125	Schedule R, Line 6c does not equal Line 6a minus 6b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PenEmplrContribRqrAmt in line 6a of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-EMPLR-CONTRIB-PAID-AMT	Var Number 0903.00
Form Label Amount Contributed By the Employer To the Plan	Line Number 6b	

Input Specification

XML Element Name PenEmplrContribPaidAmt	ElementID 0903.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

I-123	Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."
I-125	Schedule R, Line 6c does not equal Line 6a minus 6b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PenEmplrContribPaidAmt in line 6b of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-FUNDING-DEFICIENCY-AMT	Var Number 0904.00
Form Label Funding Deficiency Amount	Line Number 6c	

Input Specification

XML Element Name PenFundingDeficiencyAmt	ElementID 0904.00	Optional in schema
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Edit tests:

[I-125](#) Schedule R, Line 6c does not equal Line 6a minus 6b.

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PenFundingDeficiencyAmt in line 6c of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

IFILE Auto-Calculated Requirements: Subtract the amount in line 6b from the amount in line 6a - Calculated by system - may not be changed by user

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-FUNDING-DEADLINE-IND	Var Number 0905.00
Form Label Minimum funding met by deadline	Line Number 7	

Input Specification

XML Element Name PenFundingDeadlineInd	ElementID 0905.00	Optional in schema
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Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element PenFundingDeadlineInd in line 7 of Schedule R is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CHG-FNDNG-METHOD-IND	Var Number 0906.00
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Form Label Plan Sponsor or Plan Administrator Agree With the Change In Actuarial Cost Method	Line Number 8
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Input Specification

XML Element Name PenChgFndngMethodInd	ElementID 0906.00	Optional in schema
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Edit tests:

[I-126](#) Schedule MB, Line 51 is checked "yes" and Schedule R, Line 8 is not checked "yes" or "not applicable."

Schema Info: Type YesNoNAType minOccurs= 0; maxOccurs= 1

Type Info: YesNoNAType - simpleType [boolean string, 1=yes, 2=no, 3=N/A]

Base: StringType

Restrictions: Enumerations: 1, 2, 3,

Acknowledgment Error Message:The value for the XML element PenChgFndngMethodInd in line 8 of Schedule R is invalid for the datatype YesNoNAType. Valid values for this datatype include 1 (yes), 2 (no), or 3 (N/A).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-AMDMT-INCR-VAL-BNFT-CD	Var Number 0907.00
Form Label Amendments Increase the Value of Benefits	Line Number 9	

Input Specification

XML Element Name PenAmdmtIncrValBnftInd	ElementID 0907.00	Optional in schema
---	-----------------------------	---------------------------

Valid values: 1=Increase; 2=Decrease; 3=Both increase and decrease; 4=No amendments.

Edit tests:

[B-693](#) Schedule R, Line 9 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type Enum1To4Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To4Type - simpleType [enum values 1,2,3,4]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4,

Acknowledgment Error Message:The value for the XML element PenAmdmtIncrValBnftInd in line 9 of Schedule R is invalid for the datatype Enum1To4Type. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-SEC-REPAY-LOAN-IND	Var Number 0908.00
Form Label Unallocated securities used to repay loan	Line Number 10	

Input Specification

XML Element Name PenSecRepayLoanInd	ElementID 0908.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element PenSecRepayLoanInd in line 10 of Schedule R is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable ESOP-PREF-IND	Var Number 0909.00
Form Label ESOP hold preferred stock	Line Number 11a	

Input Specification

XML Element Name EsopPrefInd	ElementID 0909.00	Optional in schema
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Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EsopPrefInd in line 11a of Schedule R is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable ESOP-BACK-TO-BACK-IND	Var Number 0910.00
Form Label ESOP Back-to-Back	Line Number 11b	

Input Specification

XML Element Name EsopBackToBackInd	ElementID 0910.00	Optional in schema
--	-----------------------------	---------------------------

Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EsopBackToBackInd in line 11b of Schedule R is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable ESOP-STOCK-NOT-TRADABLE-IND	Var Number 0911.00
Form Label ESOP Stock not readily available	Line Number 12	

Input Specification

XML Element Name EsopStockNotTradableInd	ElementID 0911.00	Optional in schema
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Schema Info: Type YesNoType minOccurs= 0; maxOccurs= 1

Type Info: YesNoType - simpleType [boolean string, 1=yes, 2=no]

Base: StringType

Restrictions: Enumerations: 1, 2,

Acknowledgment Error Message:The value for the XML element EsopStockNotTradableInd in line 12 of Schedule R is invalid for the datatype YesNoType. Valid values for this datatype include either 1 (yes) or 2 (no).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-NAME	Var Number 0912.00
Form Label Name of Contributing Employer	Line Number 13a	

Input Specification

XML Element Name PenContribEmployer/Name	ElementID 0912.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

B-674	Schedule R, Line 13a cannot be blank when Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit) and Form 5500, Line 7 is less than 20.
I-151	Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type SponsorNameType minOccurs= 0; maxOccurs= 1

Type Info: SponsorNameType - simpleType [70 char, letters, digits, single space, comma, hyphen, period, slash, apostrophe, percent, ampersand, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Must begin with letter, number, or apostrophe.]

Base: StringType

Restrictions: maxLength=70 Patterns: [A-Za-z0-9'](?[A-Za-z0-9,'&-\.\%\\(\)*@\+\\?~_;\#!])*

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/Name in line 13a of Schedule R is invalid for the datatype SponsorNameType. Valid values for this datatype include strings up to 70 characters. Allowed characters are letters, numbers, commas, periods, hyphens, slash, apostrophe, ampersand, percent, parenthesis, asterisk, @, plus, question mark, exclamation point, tilde, underscore, semicolon, hash or single space. Leading space, trailing space, or multiple adjacent spaces are invalid. Must begin with letter, number, or apostrophe.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-EIN	Var Number 0913.00
Form Label EIN of Contributing Employer	Line Number 13b	

Input Specification

XML Element Name PenContribEmployer/EIN	ElementID 0913.00	Optional in schema
---	-----------------------------	---------------------------

Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type EINType minOccurs= 0; maxOccurs= 1

Type Info: EINType - simpleType [9 digits starting with a predefined 2-digit IRS District Office code]

Base:xsd:string

Restrictions:Patterns: (0[1-6]|1[0-6]|2[0-7]|3[0-9]|4[0-8]|5[0-9]|6[0-9]|7[0-7]|79|8[0-8]|9[0-9])[0-9]{7}

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/EIN in line 13b of Schedule R is invalid for the datatype EINType. Valid values for this datatype include 9-digit numbers with no spaces or hyphens. The first 2 digits may not include the following: 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 78, or 89.

Output Specification - XML Format

Copy input element value exactly

Special processing:Leading zeroes must be retained.

Alternate Error Message: Valid values for this field are 9-digit employer identification numbers issued by the Internal Revenue Service with no spaces or hyphens.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-AMT	Var Number 0914.00
Form Label Dollar Amount Contributed	Line Number 13c	

Input Specification

XML Element Name PenContribEmployer/ContribAmt	ElementID 0914.00	Optional in schema
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Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PenContribEmployer/ContribAmt in line 13c of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-CBA-EXP-IND	Var Number 0915.00
Form Label Collective Bargaining Agreement Expires	Line Number 13d	

Input Specification

XML Element Name PenContribEmployer/CbaExpInd	ElementID 0915.00	Optional in schema
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Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/CbaExpInd in line 13d of Schedule R is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-CBA-EXP-DATE	Var Number 0916.00
Form Label Collective Bargaining Agreement Expire Date	Line Number 13d-Date	

Input Specification

XML Element Name PenContribEmployer/CbaExpDate	ElementID 0916.00	Optional in schema
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Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type `DateType` minOccurs= 0; maxOccurs= 1

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: [1-9][0-9]{3}-[0-9]{2}-[0-9]{2}

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PenContribEmployer/CbaExpDate in line 13d-Date of Schedule R is invalid for the datatype `DateType`. Valid values for this datatype include valid calendar dates in the format YYYY-MM-DD (hyphens required).

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application or the third party software interface in "MM/DD/YYYY" format, the following alternate error message text may be implemented for this field: "Valid values for this field include valid calendar dates in the format MM/DD/YYYY." This alternate text is only approved for use within the IFILE application or the third party software preparation user interface. Upon submission of the filing via IFILE or third party software, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-MULTI-RATE-IND	Var Number 0917.00
Form Label Multiple Contribution Rate	Line Number 13e	

Input Specification

XML Element Name	ElementID	Optional in schema
PenContribEmployer/MultiRateInd	0917.00	

Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message: The value for the XML element PenContribEmployer/MultiRateInd in line 13e of Schedule R is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-MULTI-RATE-AMT	Var Number 0918.00
Form Label Multiple Contribution Rate Amount	Line Number 13e(1)	

Input Specification

XML Element Name PenContribEmployer/MultiRateAmt	ElementID 0918.00	Optional in schema
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Edit tests:

[I-151](#) Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type DecimalType (restricted) totalDigits=15 minOccurs= 0; maxOccurs= 1

Type Info: DecimalType - simpleType [2-digit decimal typically used by a decimal amount field.]

Base:xsd:decimal

Restrictions: fractionDigits=2

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/MultiRateAmt in line 13e(1) of Schedule R is invalid for the datatype DecimalType. Valid values for this datatype include signed numbers including a decimal point and up to 2 fractional digits.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed numbers including a decimal point and up to 2 fractional digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-BASE-CD	Var Number 0919.00
Form Label Contribution Base Unit Measure	Line Number 13e(2)	

Input Specification

XML Element Name PenContribEmployer/BaseCd	ElementID 0919.00	Optional in schema
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Valid values: 1=hourly; 2=weekly; 3=unit of production; 4=other

Edit tests:

B-694SB	Schedule R, Line 13e(2) - Text cannot be blank when Line 13e(2) (Other) is checked.
I-151	Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Schema Info: Type Enum1To4Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To4Type - simpleType [enum values 1,2,3,4]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4,

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/BaseCd in line 13e(2) of Schedule R is invalid for the datatype Enum1To4Type. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-CONTRIB-EMPLR-OTH-BASE-TEXT	Var Number 0920.00
Form Label Contribution Base Unit Measure	Line Number 13e(2) - Text	

Input Specification

XML Element Name	ElementID	Optional in schema
PenContribEmployer/OtherBaseUnitText	0920.00	

Edit tests:

[B-694SB](#) Schedule R, Line 13e(2) - Text cannot be blank when Line 13e(2) (Other) is checked.

Schema Info: Type String25Type minOccurs= 0; maxOccurs= 1

Type Info: String25Type - simpleType [25 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=25

ParentInfo: PenContribEmployer (complex Type) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element PenContribEmployer/OtherBaseUnitText in line 13e(2) - Text of Schedule R is invalid for the datatype String25Type. Valid values for this datatype include any string of up to 25 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-NO-CONTRIB-CUR-YR-CNT	Var Number 0921.00
Form Label No Contributions participants - Current Plan Year	Line Number 14a	

Input Specification

XML Element Name PenNoContribCurYrCnt	ElementID 0921.00	Optional in schema
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Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element PenNoContribCurYrCnt in line 14a of Schedule R is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-NO-CONTRIB-PREV-YR-CNT	Var Number 0922.00
Form Label No Contributions participants - Previous Year	Line Number 14b	

Input Specification

XML Element Name PenNoContribPrevYrCnt	ElementID 0922.00	Optional in schema
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Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element PenNoContribPrevYrCnt in line 14b of Schedule R is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-NO-CONTRIB-2ND-PREV-YR-CNT	Var Number 0923.00
Form Label No Contributions participants - 2nd Previous Year	Line Number 14c	

Input Specification

XML Element Name PenNoContrib2ndPrevYrCnt	ElementID 0923.00	Optional in schema
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Schema Info: Type Count8Type minOccurs= 0; maxOccurs= 1

Type Info: Count8Type - simpleType [8-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=8

Acknowledgment Error Message: The value for the XML element PenNoContrib2ndPrevYrCnt in line 14c of Schedule R is invalid for the datatype Count8Type. Valid values for this datatype include unsigned integers up to a maximum of 99999999 (8 digits). Commas are invalid in the XML data.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include unsigned integers up to a maximum of 99999999 (8 digits). Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgment Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-NO-CONTRIB-CUR-PREV-PRCNT	Var Number 0924.00
Form Label No Contributions participants - Previous Year	Line Number 15a	

Input Specification

XML Element Name PenNoContribCurPrevPrct	ElementID 0924.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message: The value for the XML element PenNoContribCurPrevPrct in line 15a of Schedule R is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-NO-CONTRIB-CUR-2ND-PREV-PRCNT	Var Number 0925.00
Form Label No Contributions participants - 2nd Previous Year	Line Number 15b	

Input Specification

XML Element Name PenNoContribCur2ndPrevPrct	ElementID 0925.00	Optional in schema
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Schema Info: Type DecimalNNType minOccurs= 0; maxOccurs= 1

Type Info: DecimalNNType - simpleType [2-digit decimal 0.00-999.99]

Base: xsd:decimal

Restrictions: minInclusive=0.00 maxInclusive=999.99 fractionDigits=2

Acknowledgment Error Message: The value for the XML element PenNoContribCur2ndPrevPrct in line 15b of Schedule R is invalid for the datatype DecimalNNType. Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-EMPLRS-WITHDRW-PREV-CNT	Var Number 0926.00
Form Label Employer's withdraw Count - Previous Year	Line Number 16a	

Input Specification

XML Element Name PenEmplrsWithdrwPrevCnt	ElementID 0926.00	Optional in schema
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Edit tests:

[I-144](#) Schedule R, Line 16a is greater than zero and Line 16b is blank and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type Count3Type minOccurs= 0; maxOccurs= 1

Type Info: Count3Type - simpleType [3-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=3

Acknowledgment Error Message:The value for the XML element PenEmplrsWithdrwPrevCnt in line 16a of Schedule R is invalid for the datatype Count3Type. Valid values for this datatype include unsigned integers up to a maximum of 999.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-WITHDRW-LIAB-AMT	Var Number 0927.00
Form Label Withdrawal liability amount	Line Number 16b	

Input Specification

XML Element Name PenWithdrwLiabAmt	ElementID 0927.00	Optional in schema
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Edit tests:

[I-144](#) Schedule R, Line 16a is greater than zero and Line 16b is blank and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type USAmountType minOccurs= 0; maxOccurs= 1

Type Info: USAmountType - simpleType [signed 15-digit integer]

Base: xsd:integer

Restrictions: totalDigits=15

Acknowledgment Error Message: The value for the XML element PenWithdrwLiabAmt in line 16b of Schedule R is invalid for the datatype USAmountType. Valid values for this datatype include signed integers up to a maximum of 15 digits. Commas are invalid.

Output Specification - XML Format

Copy input element value exactly

Alternate Error Message: If this field has been implemented within the IFILE application with commas in the display, the following alternate error message text may be implemented for this field: "Valid values for this field include signed integers up to a maximum of 15 digits. Commas cannot be typed into this field, but are shown in IFILE for display purposes only." This alternate text is only approved for use within the IFILE application. Upon submission of the filing via IFILE, the Acknowledgement Error Message for this field as specified in the DER shall be returned in its entirety.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-ASSET-LIAB-TRANSFER-IND	Var Number 0928.00
Form Label Assets liabilities - Transfer	Line Number 17	

Input Specification

XML Element Name PenAssetLiabTransferInd	ElementID 0928.00	Optional in schema
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Edit tests:

[I-145](#) Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment[AttachmentTypeCode ='SchRAssetLiabTransfer']) is not attached and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element PenAssetLiabTransferInd in line 17 of Schedule R is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-LIAB-MULT-PLANS-IND	Var Number 0929.00
Form Label Liabilities - Two or more Plans	Line Number 18	

Input Specification

XML Element Name PenLiabMultPlansInd	ElementID 0929.00	Optional in schema
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Edit tests:

[I-146](#) Schedule R, Line 18 is checked and Multiple Plan Liabilities
(Attachment[AttachmentTypeCode='SchRMultiplePlansLiab']) is not attached.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base:StringType

Restrictions: Enumerations: 1, 0,

Acknowledgment Error Message:The value for the XML element PenLiabMultPlansInd in line 18 of Schedule R is invalid for the datatype CheckboxType. Valid values for this datatype include 1 (checked), or 0 (unchecked).

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-STOCK-PRCNT	Var Number 0930.00
Form Label Stock percent	Line Number 19a	

Input Specification

XML Element Name PenStockPrct	ElementID 0930.00	Optional in schema
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Edit tests:

I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
I-152	Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

Schema Info: Type AssetPrctType minOccurs= 0; maxOccurs= 1

Type Info: AssetPrctType - simpleType [decimal 0.0 to 100.0 inclusive]

Base: DecimalNN1Type

Restrictions: maxInclusive=100.0

Acknowledgment Error Message:The value for the XML element PenStockPrct in line 19a of Schedule R is invalid for the datatype AssetPrctType. Valid values for this datatype include a decimal number with 1 fractional digit, from 0.0 to 100.0 inclusive.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-INVST-GRADE-DEBT-PRCNT	Var Number 0931.00
Form Label Investment Grade Debt percent	Line Number 19a	

Input Specification

XML Element Name	ElementID	Optional in schema
PenInvstGradeDebtPrcnt	0931.00	

Edit tests:

B-675	Schedule R, Line 19b is blank, but a percentage greater than zero is entered in Line 19a Investment-Grade Debt or High-Yield Debt.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
I-152	Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

Schema Info: Type AssetPrcntType minOccurs= 0; maxOccurs= 1

Type Info: AssetPrcntType - simpleType [decimal 0.0 to 100.0 inclusive]

Base: DecimalNN1Type

Restrictions: maxInclusive=100.0

Acknowledgment Error Message:The value for the XML element PenInvstGradeDebtPrcnt in line 19a of Schedule R is invalid for the datatype AssetPrcntType. Valid values for this datatype include a decimal number with 1 fractional digit, from 0.0 to 100.0 inclusive.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-HI-YLD-DEBT-PRCNT	Var Number 0932.00
Form Label High-Yield Debt percent	Line Number 19a	

Input Specification

XML Element Name PenHiYldDebtPrct	ElementID 0932.00	Optional in schema
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Edit tests:

B-675	Schedule R, Line 19b is blank, but a percentage greater than zero is entered in Line 19a Investment-Grade Debt or High-Yield Debt.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
I-152	Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

Schema Info: Type AssetPrctType minOccurs= 0; maxOccurs= 1

Type Info: AssetPrctType - simpleType [decimal 0.0 to 100.0 inclusive]

Base: DecimalNN1Type

Restrictions: maxInclusive=100.0

Acknowledgment Error Message:The value for the XML element PenHiYldDebtPrct in line 19a of Schedule R is invalid for the datatype AssetPrctType. Valid values for this datatype include a decimal number with 1 fractional digit, from 0.0 to 100.0 inclusive.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-REAL-ESTATE-PRCNT	Var Number 0933.00
Form Label Real Estate percent	Line Number 19a	

Input Specification

XML Element Name PenRealEstatePrct	ElementID 0933.00	Optional in schema
--	-----------------------------	---------------------------

Edit tests:

I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
I-152	Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

Schema Info: Type AssetPrctType minOccurs= 0; maxOccurs= 1

Type Info: AssetPrctType - simpleType [decimal 0.0 to 100.0 inclusive]

Base: DecimalNN1Type

Restrictions: maxInclusive=100.0

Acknowledgment Error Message:The value for the XML element PenRealEstatePrct in line 19a of Schedule R is invalid for the datatype AssetPrctType. Valid values for this datatype include a decimal number with 1 fractional digit, from 0.0 to 100.0 inclusive.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-OTH-ASSET-PRCNT	Var Number 0934.00
Form Label Other percent	Line Number 19a	

Input Specification

XML Element Name PenOthAssetPrct	ElementID 0934.00	Optional in schema
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Edit tests:

B-709	The percentage of assets indicated under "Other" in Line 19a of Schedule R seems excessive. Please review assets held in registered investment companies, common/collective trusts and other investment arrangements. Assets in these arrangements should be disaggregated and distributed among the five asset components.
I-147	Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.
I-152	Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

Schema Info: Type AssetPrctType minOccurs= 0; maxOccurs= 1

Type Info: AssetPrctType - simpleType [decimal 0.0 to 100.0 inclusive]

Base: DecimalNN1Type

Restrictions: maxInclusive=100.0

Acknowledgment Error Message:The value for the XML element PenOthAssetPrct in line 19a of Schedule R is invalid for the datatype AssetPrctType. Valid values for this datatype include a decimal number with 1 fractional digit, from 0.0 to 100.0 inclusive.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-AVERAGE-DURATION-CD	Var Number 0935.00
Form Label Average Duration -Type	Line Number 19b	

Input Specification

XML Element Name	ElementID	Optional in schema
PenAverageDurationCd	0935.00	

Valid values: 1=0-3 years; 2=3-6 years; 3=6-9 years; 4=9-12 years; 5=12-15 years; 6=15-18 years; 7=18-21 years; 8=21 years or more.

Edit tests:

B-675	Schedule R, Line 19b is blank, but a percentage greater than zero is entered in Line 19a Investment-Grade Debt or High-Yield Debt.
I-149	Schedule R, Line 19c should not be blank when an average duration code is entered in Line 19b.

Schema Info: Type Enum1To8Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To8Type - simpleType [enum values 1,2,3,4,5,6,7,8]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4, 5, 6, 7, 8,

Acknowledgment Error Message:The value for the XML element PenAverageDurationCd in line 19b of Schedule R is invalid for the datatype Enum1To8Type. Valid values for this datatype include 1, 2, 3, 4, 5, 6, 7, or 8.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-DURATION-MEASURE-CD	Var Number 0936.00
Form Label Duration Measure Cd	Line Number 19c	

Input Specification

XML Element Name PenDurationMeasureCd	ElementID 0936.00	Optional in schema
---	-----------------------------	---------------------------

Valid values: 1=Effective Duration; 2=Macaulay Duration; 3=Modified Duration ; 4=Other Duration.

Edit tests:

[I-149](#) Schedule R, Line 19c should not be blank when an average duration code is entered in Line 19b.

Schema Info: Type Enum1To4Type minOccurs= 0; maxOccurs= 1

Type Info: Enum1To4Type - simpleType [enum values 1,2,3,4]

Base: StringType

Restrictions: Enumerations: 1, 2, 3, 4,

Acknowledgment Error Message: The value for the XML element PenDurationMeasureCd in line 19c of Schedule R is invalid for the datatype Enum1To4Type. Valid values for this datatype include 1, 2, 3, or 4.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable PEN-OTHER-DURATION-TYPE-TEXT	Var Number 0937.00
Form Label Other Duration Type Text	Line Number 19c - text	

Input Specification

XML Element Name PenOtherDurationTypeText	ElementID 0937.00	Optional in schema
---	-----------------------------	---------------------------

Schema Info: Type String25Type minOccurs= 0; maxOccurs= 1

Type Info: String25Type - simpleType [25 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=25

Acknowledgment Error Message:The value for the XML element PenOtherDurationTypeText in line 19c - text of Schedule R is invalid for the datatype String25Type. Valid values for this datatype include any string of up to 25 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.01
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.02
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.021
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.022
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.023
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.024
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.03
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.04
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.041
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.042
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.043
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.05
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.06
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.07
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.08
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.09
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.10
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.11
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Schedule R	IRD Variable RESERVED	Var Number 0937.12
Form Label RESERVED	Line Number	

Input Specification
Output Specification - XML Format
Copy input element value exactly

Comment: This field is currently reserved.

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable AO-ATTACHMENT-ID	Var Number 0938.00
Form Label	Line Number	

Input Specification

XML Element Name	ElementID	Required in schema if
AccountantOpinion/AttachmentId	0938.00	AccountantOpinion present

Schema Info: Type Count3Type minOccurs= 1; maxOccurs= 1

Type Info: Count3Type - simpleType [3-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=3

ParentInfo: AccountantOpinion (AOTYPE) minOccurs=0

Acknowledgment Error Message:The value for the XML element AccountantOpinion/AttachmentId in Attachments is invalid for the datatype Count3Type. Valid values for this datatype include unsigned integers up to a maximum of 999.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable AO-REPORT-DOC	Var Number 0939.00
Form Label	Line Number	

Input Specification

XML Element Name AccountantOpinion/PdfDoc	ElementID 0939.00	Required in schema if AccountantOpinion present
--	----------------------	--

Edit tests:

P-204	Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.
P-205	Accountant's Opinion (Attachments/AccountantOpinion) is not attached and an exemption has not been indicated on Schedule H Lines 3d(1) or 3d(2). Review Schedule H Lines 3d(1) or 3d(2) and/or provide an Accountant's Opinion.
P-214	Accountant's Opinion with Financial Information must be attached when Form 5500, Line A (DFE-Specify) contains "E" (103-12IE) or "G" (GIA).
P-292	Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.
P-358	Schedule I, Line 4k is checked "no," but you have not attached an Accountant's Opinion with financial information or explanatory statement. Review your response to Line 4k or provide the requested information.
P-362	Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b)) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.

Schema Info: Type PdfDocumentType minOccurs= 1; maxOccurs= 1

Type Info: PdfDocumentType - complexType [holds a binary attachment]

Base: xmime:base64Binary

Restrictions: None

ParentInfo: AccountantOpinion (AOType) minOccurs=0

Acknowledgment Error Message:The value for the XML element AccountantOpinion/PdfDoc in Attachments is invalid for the datatype PdfDocumentType. Valid values for this datatype include a base64Binary-encoded PDF document.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable ATTACHMENT-ID	Var Number 0940.00
Form Label	Line Number	

Input Specification

XML Element Name	ElementID	Required in schema if Attachment
Attachment/AttachmentId	0940.00	present

Schema Info: Type Count3Type minOccurs= 1; maxOccurs= 1

Type Info: Count3Type - simpleType [3-digit Type for a count field]

Base: IntegerNNTYPE

Restrictions: totalDigits=3

ParentInfo: Attachment (AttachmentType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element Attachment/AttachmentId in Attachments is invalid for the datatype Count3Type. Valid values for this datatype include unsigned integers up to a maximum of 999.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable ATTACHMENT-TYPE	Var Number 0941.00
Form Label	Line Number	

Input Specification

XML Element Name	ElementID	Required in schema if Attachment present
Attachment/AttachmentTypeCode	0941.00	

Edit tests:

B-600MB	Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode='SchMBFndgStdAccntBases']) is not included.
B-601MB	Schedule MB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode='PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode='ActrlAssmptnMthds']).
B-601SB	Schedule SB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode='PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode='ActrlAssmptnMthds']).
B-688SB	Schedule SB, Line 27 equals "4" and the Balances Subject to Binding Agreement with PBGC (Attachment[AttachmentTypeCode='SchSBBalSubjectToPBGC']) is not attached.
B-691SB	Schedule SB, Line 22 is greater than zero and the Weighted Average Retirement Age (Attachment [AttachmentTypeCode='WeightedAvgRtmtAge']) is not attached.
B-698SB	Schedule SB, Line 27 equals "6" and the Alternative 17-Year Funding Schedule for Airlines (Attachment[AttachmentTypeCode='SchSBAlt17YrFndngAirlines']) is not attached.
B-699SB	Schedule SB, Line 23 (Current Substitute) or (Prior Substitute) is checked and the Information on Use of Substitute Mortality Tables (Attachment[AttachmentTypeCode='SchSBSubMortalityTable']) is not attached.
I-101	Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
I-101SF	Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
I-120MB	Schedule of Active Participant Data (Attachment [AttachmentTypeCode='ActiveParticipData']) of Schedule MB is not attached and Schedule MB, Line 8b(2) is checked "yes."
I-120SB	Schedule of Active Participant Data (Attachment [AttachmentTypeCode='ActiveParticipData']) is not attached and Schedule SB, Line 26 is checked "yes."
I-127SB	Schedule SB, Line 24 is checked "yes" and the Non Prescribed Actuarial Assumption (Attachment[AttachmentTypeCode='SchSBNonPrescribedActrlAssmptn']) is not attached.
I-128SB	Schedule SB, Line 25 is checked "yes" and the Method Change (Attachment[AttachmentTypeCode='SchSBMethodChange']) is not attached.
I-132SB	Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

I-133SB	Schedule SB, Line 4 is checked and the Plan at Risk (Attachment[AttachmentTypeCode='PlanAtRisk']) is not attached.
I-137MB	Schedule MB, Line 4b contains "E", "S", "C", or "D" and the Illustration Supporting Actuarial Certification of Status (Attachment[AttachmentTypeCode='SchMBActrlIllustration']) or the Actuarial Certification (Attachment[AttachmentTypeCode='SchMBActrlCertification']) or the Funding Improvement Plan (Attachment/[AttachmentTypeCode='SchRFundingImprovementPlan']) or the Rehabilitation Plan (Attachment[AttachmentTypeCode='SchRRehabPlan']) is not attached.
I-143MB	Schedule MB, Line 11 is checked "yes" and Justification for Change in Actuarial Assumption (Attachment[AttachmentTypeCode = 'SchMBJustificationChgActrlAssmptn']) is not attached.
I-145	Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment[AttachmentTypeCode = 'SchRAssetLiabTransfer']) is not attached and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).
I-146	Schedule R, Line 18 is checked and Multiple Plan Liabilities (Attachment[AttachmentTypeCode='SchRMultiplePlansLiab']) is not attached.
I-158MB	A copy of the signed Schedule MB (Attachment/MBSBActuarySignature) must be attached in PDF format when a Schedule MB is provided.
I-158SB	The copy of the signed Schedule SB (Attachment/MBSBActuarySignature) must be attached in PDF format when a Schedule SB is provided.
P-317	Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld') is not attached. If included with your Accountant's Report you must still attach a statement.
P-319	Schedule H, Line 4j is checked "yes," but a 5% Transaction Schedule ([AttachmentTypeCode='FivePrctTrans']) is not attached.
P-358	Schedule I, Line 4k is checked "no," but you have not attached an Accountant's Opinion with financial information or explanatory statement. Review your response to Line 4k or provide the requested information.
P-393	Form 5500, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.
P-393SF	Form 5500-SF, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.
X-032MB	Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule MB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.
X-032SB	Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule SB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.
X-123	The filing has been signed using the E-Signature option for Service Providers, however, the required attachment for this E-Signature option has not been attached.

Schema Info: Type AttachmentTypeType minOccurs= 1; maxOccurs= 1

Type Info: AttachmentTypeType - simpleType [ActiveParticipData, ActrlAssmptnMthds, ActuaryStatement, CSECParticipatingEmployer, ESignatureAlternative, FivePrctTrans, MBSBActuarySignature, OtherAttachment, PlanAtRisk, PlanProvisions, ReasonableCauseLate, ReasonableCauseAO, SchAssetsHeld, SchIWaiverIQPA, SchMBActrlCertification, SchMBActrlIllustration, SchMBFndgStndAcntBases, SchMBJustificationChgActrlAssmptn, SchRAssetLiabTransfer, SchRFundingImprovementPlan, SchRMultiplePlansLiab, SchRRehabPlan, SchSBAlt17YrFndngAirlines, SchSBAmortzBases, SchSBBalSubjectToPBGC, SchSBMethodChange, SchSBNonPrescribedActrlAssmptn, or SchSBSubMortalityTable.]

Base: StringType

Restrictions: Enumerations: ActiveParticipData, ActrlAssmptnMthds, ActuaryStatement, CSECParticipatingEmployer, ESignatureAlternative, FivePrctTrans, MBSBActuarySignature, OtherAttachment, PlanAtRisk, PlanProvisions, ReasonableCauseLate, ReasonableCauseAO, SchAssetsHeld, SchIWaiverIQPA, SchMBActrlCertification, SchMBActrlIllustration, SchMBFndgStndAcntBases,

SchMBJustificationChgActrlAssmptn, SchRAssetLiabTransfer, SchRFundingImprovementPlan, SchRMultiplePlansLiab, SchRRehabPlan, SchSBAlt17YrFndngAirlines, SchSBAmortzBases, SchSBBalSubjectToPBGC, SchSBMethodChange, SchSBNonPrescribedActrlAssmptn, SchSBSubMortalityTable, **ParentInfo:** Attachment (AttachmentType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element Attachment/AttachmentTypeCode in Attachments is invalid for the datatype AttachmentTypeType. Valid values for this datatype include ActiveParticipData, ActrlAssmptnMthds, ActuaryStatement, CSECParticipatingEmployer, ESignatureAlternative, FivePrctTrans, MBSBActuarySignature, OtherAttachment, PlanAtRisk, PlanProvisions, ReasonableCauseLate, ReasonableCauseAO, SchAssetsHeld, SchIWaiverIQPA, SchMBActrlCertification, SchMBActrlIllustration, SchMBFndgStndAccntBases, SchMBJustificationChgActrlAssmptn, SchRAssetLiabTransfer, SchRFundingImprovementPlan, SchRMultiplePlansLiab, SchRRehabPlan, SchSBAlt17YrFndngAirlines, SchSBAmortzBases, SchSBBalSubjectToPBGC, SchSBMethodChange, SchSBNonPrescribedActrlAssmptn, or SchSBSubMortalityTable.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable ATTACHMENT-NAME	Var Number 0942.00
Form Label	Line Number	

Input Specification

XML Element Name Attachment/Name	ElementID 0942.00	Optional in schema
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Schema Info: Type String70Type minOccurs= 0; maxOccurs= 1

Type Info: String70Type - simpleType [70 char max, no other restrictions]

Base: StringType

Restrictions: maxLength=70

ParentInfo: Attachment (AttachmentType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element Attachment/Name in Attachments is invalid for the datatype String70Type. Valid values for this datatype include any string of up to 70 characters.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable ATTACHMENT-PDF-DOC	Var Number 0943.00
Form Label	Line Number	

Input Specification

XML Element Name Attachment/PdfDoc	ElementID 0943.00	Required in schema if Attachment present
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Schema Info: Type PdfDocumentType minOccurs= 1; maxOccurs= 1

Type Info: PdfDocumentType - complexType [holds a binary attachment]

Base: mime:base64Binary

Restrictions: None

ParentInfo: Attachment (AttachmentType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element Attachment/PdfDoc in Attachments is invalid for the datatype PdfDocumentType. Valid values for this datatype include a base64Binary-encoded PDF document.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

Form Attachments	IRD Variable ATTACHMENT-TEXT-DOC	Var Number 0944.00
Form Label	Line Number	

Input Specification

XML Element Name	ElementID	Required in schema if Attachment
Attachment/TextDoc	0944.00	present

Schema Info: Type TextDocumentType minOccurs= 1; maxOccurs= 1

Type Info: TextDocumentType - complexType [holds a binary attachment]

Base: mime:base64Binary

Restrictions: None

ParentInfo: Attachment (AttachmentType) minOccurs=0 maxOccurs=unbounded

Acknowledgment Error Message:The value for the XML element Attachment/TextDoc in Attachments is invalid for the datatype TextDocumentType. Valid values for this datatype include a base64Binary-encoded Text document.

Output Specification - XML Format

Copy input element value exactly

Data Element - Form Version 2018v01.00

ProcessedFiling Element SubmissionMsgInfo	IRD Variable SUBMISSION-REQUEST-ID	Var Number 0945.00
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XML Specification

XML Element Name RequestId	ElementID 0945.00	Optional in schema
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Schema Info: Type RequestIdType minOccurs= 0; maxOccurs= 1

Type Info: RequestIdType - simpleType [Globally unique 20-character message identifier automatically generated by approved EFAST2 software upon submission of a web service request. Format: TransmitterID + 12 alphanumeric characters (upper-case or digits).]

Base: StringType

Restrictions: Patterns: [A-Z][0-9]{7}([A-Z]|[0-9]){12}

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element SubmissionMsgInfo	IRD Variable TRANSMISSION-FROM-URI	Var Number 0946.00
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XML Specification

XML Element Name From	ElementID 0946.00	Optional in schema
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Valid values: Endpoint address of web service request

Schema Info: Type URIType minOccurs= 0; maxOccurs= 1

Type Info: URIType - simpleType [Base type for a URI]

Base: xsd:anyURI

Restrictions: None

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element	IRD Variable	Var Number
SubmissionMsgInfo	TRANSMISSION-MESSAGE-TIMESTAMP	0947.00

XML Specification

XML Element Name	ElementID	Optional in schema
SubmissionMsgInfo/MessageTimestamp	0947.00	

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.+T[^\.]+(Z|[\+\-].+)

ParentInfo: SubmissionMsgInfo (complex Type)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
SubmissionMsgInfo

IRD Variable
TRANSMITTER-ID

Var Number
0948.00

XML Specification

XML Element Name
TransmitterId

ElementID
0948.00

Optional in schema

Schema Info: Type TransmitterIdType minOccurs= 0; maxOccurs= 1

Type Info: TransmitterIdType - simpleType [Union of ID in registration database, UserId for individuals, ETIN for batch transmitters]

Base: Union: UserIdType ETINType

Restrictions: None

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element SubmissionMsgInfo	IRD Variable TRANSMISSION-SOFTWARE-ID	Var Number 0949.00
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XML Specification

XML Element Name TransmissionSoftwareId	ElementID 0949.00	Optional in schema
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Schema Info: Type SoftwareIdType minOccurs= 0; maxOccurs= 1

Type Info: SoftwareIdType - simpleType [9-digit ID for software certified to sign filings or transmit to IFAS; may represent Transmission software or Filing software.]

Base: xsd:string

Restrictions: Patterns: [0-9]{9}

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ReceiptMsgInfo

IRD Variable
TRANSMISSION-RESPONSE-ID

Var Number
0950.00

XML Specification

XML Element Name
ResponseId

ElementID
0950.00

Optional in schema

Schema Info: Type ResponseIdType minOccurs= 0; maxOccurs= 1

Type Info: ResponseIdType - simpleType [Globally unique identifier of web service response message.

Format: system prefix (TBD) +YYMMDD + 6-digit sequence#]

Base: StringType

Restrictions: Patterns: [A-Za-z0-9]{27}

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ReceiptMsgInfo

IRD Variable
TRANSMISSION-RESPONSE-TIMESTAMP

Var Number
0951.00

XML Specification

XML Element Name
ReceiptMsgInfo/Timestamp

ElementID
0951.00

Optional in schema

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.+T[^\.\.]+(Z|[\+\-].+)

ParentInfo: ReceiptMsgInfo (complex Type)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
SPONS-SIGNATURE-IND

Var Number
0952.00

XML Specification

XML Element Name
SponsSignatureValidInd

ElementID
0952.00

Optional in schema

Edit tests:

[I-104](#)

A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.

[I-104SF](#)

A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
DFE-SIGNATURE-IND

Var Number
0953.00

XML Specification

XML Element Name
DfeSignatureValidInd

ElementID
0953.00

Optional in schema

Edit tests:

[P-227A](#)

You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
ADMIN-SIGNATURE-IND

Var Number
0954.00

XML Specification

XML Element Name	ElementID	Optional in schema
AdminSignatureValidInd	0954.00	

Edit tests:

I-104	A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.
I-104SF	A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.
P-227	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
P-227SF	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
X-126	The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.
X-126SF	The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element	IRD Variable	Var Number
ValidFilingInfo	AGENT-SIGNATURE-IND	0955.00

XML Specification

XML Element Name	ElementID	Optional in schema
AuthInds/AgentSignatureValidInd	0955.00	

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: AuthInds (complex Type)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
E-SIGNATURE-IND

Var Number
0955.01

XML Specification

XML Element Name	ElementID	Optional in schema
AuthInds/ESignatureValidInd	0955.01	

Edit tests:

I-104	A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.
I-104SF	A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.
P-227	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
P-227SF	The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.
P-227A	You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.
X-123	The filing has been signed using the E-Signature option for Service Providers, however, the required attachment for this E-Signature option has not been attached.
X-125	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.
X-125SF	The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.
X-126	The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.
X-126SF	The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

ParentInfo: AuthInds (complex Type)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
ORIGINAL-DUE-DATE

Var Number
0956.00

XML Specification

XML Element Name	ElementID	Optional in schema
DueDate	0956.00	

Edit tests:

[I-101](#) Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

[I-101SF](#) Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Due date table to be provided in GFI as described in Section C.23 of Statement of Work.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
SUBMITTED-DATE

Var Number
0957.00

XML Specification

XML Element Name	ElementID	Optional in schema
SubmittedDate	0957.00	

Edit tests:

- [I-101](#) Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
- [I-101SF](#) Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
- [X-128](#) The date the Plan Sponsor manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.
- [X-128SF](#) The date the Plan Sponsor manually signed the Form 5500-SF using the E-Signature option may be invalid. Please verify and correct the date if needed.
- [X-129](#) The date the DFE manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

Schema Info: Type `DateType` `minOccurs= 0; maxOccurs= 1`

Type Info: `DateType` - `simpleType` [Base type for a date in the format of YYYY-MM-DD]

Base: `xsd:date`

Restrictions: Patterns: `[1-9][0-9]{3}-[0-9]{2}-[0-9]{2}`

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: Mapped to `DateType` from message header timestamp (dateTime)

Data Element - Form Version 2018v01.00

ProcessedFiling Element ValidFilingInfo	IRD Variable BYPASS-C	Var Number 0958.00
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Secured/substitute return

Generated Bypass codes

XML Specification

XML Element Name BypassC	ElementID 0958.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(nl:AuthInds/nl:AgentSignatureValidInd ='1'). XPath relative to ValidFiling node.

Comment: When AGENT-SIGNATURE-IND = '1', set by system when AgentSecurityCode and PIN authenticated successfully.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-E

Var Number
0959.00

103-12IE DFE

Generated Bypass codes

XML Specification

XML Element Name
BypassE

ElementID
0959.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(exists(n1:FilingData/n1:Form5500[n1:TypeDFEPlanEntityCd ='E'])) XPath relative to ValidFiling node.

Comment: When TYPE-DFE-PLAN-ENTITY-CD = "E".

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-G

Var Number
0960.00

Group Insurance Arrangement DFE

Generated Bypass codes

XML Specification

XML Element Name
BypassG

ElementID
0960.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(exists(n1:FilingData/n1:Form5500[n1:TypeDFEPlanEntityCd ='G'])).
XPath relative to ValidFiling node.

Comment: When TYPE-DFE-PLAN-ENTITY-CD = "G".

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-H

Var Number
0961.00

Frozen plan

Generated Bypass codes

XML Specification

XML Element Name
BypassH

ElementID
0961.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(exists(
n1:FilingData/n1:Form5500/n1:PensionCodeTable[n1:TypePensionBnftCode = '1I']) or exists(
n1:ShortFormData/n1:SF/n1:PensionCodeTable[n1:TypePensionBnftCode = '1I'])) Note: XPath relative
to ValidFiling node.

Comment: When TYPE-PENSION-BNFT-CODE contains "1I" or SF-TYPE-PENSION-BNFT-CODE contains "1I".

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-I

Var Number
0962.00

Fully insured welfare plan

Generated Bypass codes

XML Specification

XML Element Name
BypassI

ElementID
0962.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(not(

```
n1:FilingData/n1:Form5500/n1:PensionCodeTable/n1:TypePensionBnftCode ) and  
n1:FilingData/n1:Form5500/n1:WelfareCodeTable/n1:TypeWelfareBnftCode and (   
n1:FilingData/n1:Form5500/n1:FundingArrangement/n1:InsuranceInd = '1' or  
n1:FilingData/n1:Form5500/n1:FundingArrangement/n1:GeneralAssetInd = '1' ) and (   
n1:FilingData/n1:Form5500/n1:BenefitArrangement/n1:InsuranceInd = '1' or  
n1:FilingData/n1:Form5500/n1:BenefitArrangement/n1:GeneralAssetInd = '1' ) and  
not(n1:FilingData/n1:Form5500/n1:FundingArrangement/n1:TrustInd='1' ) and  
not(n1:FilingData/n1:Form5500/n1:BenefitArrangement/n1:TrustInd='1' ) ). XPath relative to  
ValidFiling node.
```

Comment: When TYPE-WELFARE-BNFT-CODE is present and TYPE-PENSION-BNFT-CODE is not present and (FUNDING-INSURANCE-IND = '1' or FUNDING-GEN-ASSET-IND = '1') and (BENEFIT-INSURANCE-IND = '1' or BENEFIT-GEN-ASSET-IND = '1') and (FUNDING-TRUST-IND not equal 1 and BENEFIT-TRUST-IND not equal 1).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-J

Var Number
0963.00

Small plan

Generated Bypass codes

XML Specification

XML Element Name
BypassJ

ElementID
0963.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number((n1:FilingData/n1:Form5500/n1:TotPartcpBoyCnt < 121 and n1:FilingData/n1:SchI and not(n1:FilingData/n1:Form5500/n1:TypeDFEPlanEntityCd)) or (n1:ShortFormData/n1:SF/n1:TotPartcpBoyCnt < 121)). XPath relative to ValidFiling node.

Comment: When (TOT-PARTCP-BOY-CNT is less than 121 and Schedule I is present, except when TYPE-DFE-PLAN-ENTITY-CD is present) or SF-TOT-PARTCP-BOY-CNT is less than 121.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-M

Var Number
0964.00

Master trust DFE

Generated Bypass codes

XML Specification

XML Element Name
BypassM

ElementID
0964.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'M'). XPath relative to ValidFiling node.

Comment: When TYPE-DFE-PLAN-ENTITY-CD = "M".

Data Element - Form Version 2018v01.00

ProcessedFiling Element ValidFilingInfo	IRD Variable BYPASS-N	Var Number 0965.00
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Target benefit plan, money purchase plan, or offset plan Generated Bypass codes

XML Specification

XML Element Name BypassN	ElementID 0965.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(exists(

```
n1:FilingData/n1:Form5500/n1:PensionCodeTable[n1:TypePensionBnftCode = '2B' ] |
n1:FilingData/n1:Form5500/n1:PensionCodeTable[n1:TypePensionBnftCode = '2C' ] |
n1:FilingData/n1:Form5500/n1:PensionCodeTable[n1:TypePensionBnftCode = '2D' ] |
n1:ShortFormData/n1:SF/n1:PensionCodeTable[n1:TypePensionBnftCode = '2B' ] |
n1:ShortFormData/n1:SF/n1:PensionCodeTable[n1:TypePensionBnftCode = '2C' ] |
n1:ShortFormData/n1:SF/n1:PensionCodeTable[n1:TypePensionBnftCode = '2D' ])) Note: XPath relative
to ValidFiling node.
```

Comment: When TYPE-PENSION-BNFT-CODE or SF-TYPE-PENSION-BNFT-CODE contains "2B" (Target benefit plan), "2C" (Money purchase), or "2D" (Offset plan).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-O

Var Number
0966.00

CCT or PSA DFE

Generated Bypass codes

XML Specification

XML Element Name
BypassO

ElementID
0966.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'C' or
nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'P'). XPath relative to ValidFiling node.

Comment: When TYPE-DFE-PLAN-ENTITY-CD = "C" (CCT) or "P" (PSA).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-P

Var Number
0967.00

408 account plan

Generated Bypass codes

XML Specification

XML Element Name
BypassP

ElementID
0967.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(exists(n1:FilingData/n1:Form5500/n1:PensionCodeTable
[n1:TypePensionBnftCode = '2N'] | n1:ShortFormData/n1:SF/n1:PensionCodeTable
[n1:TypePensionBnftCode = '2N'])). Note: XPath relative to ValidFiling node.

Comment: When TYPE-PENSION-BNFT-CODE or SF-TYPE-PENSION-BNFT-CODE contains "2N" (408 account).

Data Element - Form Version 2018v01.00

ProcessedFiling Element ValidFilingInfo	IRD Variable BYPASS-R	Var Number 0967.50
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Prior Year Filing

Generated Bypass codes

XML Specification

XML Element Name BypassR	ElementID 0967.50	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number (nl:FilingHeader/nl:PriorYearInd = '1') Note: XPath relative to ValidFiling node.

Comment: When FILING-HEADER-PRIOR-YR-IND = '1'.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-S

Var Number
0968.00

Short plan year

Generated Bypass codes

XML Specification

XML Element Name
BypassS

ElementID
0968.00

Optional in schema

Edit tests:

[X-034](#)

Either Form 5500, Line B (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500, Line B (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

[X-034SF](#)

Either Form 5500-SF, Line B4 (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500-SF, Line B4 (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number((month-from-date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate) <= 2 and year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate) div 4 = year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate) idiv 4 and days-from-duration(xs:date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) - xs:date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate)) <= 2 and year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate) div 4 != year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate) idiv 4 and days-from-duration(xs:date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) - xs:date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate)) 2 and year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) div 4 = year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) idiv 4 and days-from-duration(xs:date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) - xs:date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate)) 2 and year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) div 4 != year-from-date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) idiv 4 and days-from-duration(xs:date(nl:FilingData/nl:Form5500/nl:PlanYearEndDate) - xs:date(nl:FilingData/nl:Form5500/nl:PlanYearBeginDate)) <= 2 and year-from-date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate) div 4 = year-from-date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate) idiv 4 and days-from-duration(xs:date(nl:ShortFormData/nl:SF/nl:PlanYearEndDate) - xs:date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate)) <= 2 and year-from-date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate) div 4 != year-from-date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate) idiv 4 and days-from-duration(xs:date(nl:ShortFormData/nl:SF/nl:PlanYearEndDate) - xs:date(nl:ShortFormData/nl:SF/nl:PlanYearBeginDate)) 2 and year-from-date(nl:ShortFormData/nl:SF/nl:PlanYearEndDate) div 4 = year-from-date(


```
n1:ShortFormData/n1:SF/n1:PlanYearEndDate ) idiv 4 and days-from-duration( xs:date(
n1:ShortFormData/n1:SF/n1:PlanYearEndDate ) - xs:date( n1:ShortFormData/n1:SF/n1:PlanYearBeginDate
)) 2 and year-from-date( n1:ShortFormData/n1:SF/n1:PlanYearEndDate ) div 4 != year-from-date(
n1:ShortFormData/n1:SF/n1:PlanYearEndDate ) idiv 4 and days-from-duration( xs:date(
n1:ShortFormData/n1:SF/n1:PlanYearEndDate ) - xs:date( n1:ShortFormData/n1:SF/n1:PlanYearBeginDate
))
```

Comment: When FORM-TAX-PRD minus FORM-PLAN-YEAR-BEGIN-DATE (or SF-TAX-PRD minus SF-PLAN-YEAR-BEGIN-DATE) is less than 364 days (365 for Leap Year).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-T

Var Number
0969.00

Terminated plan

Generated Bypass codes

XML Specification

XML Element Name
BypassT

ElementID
0969.00

Optional in schema

Edit tests:

[P-215](#)

Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.

[P-215SF](#)

Form 5500-SF, Line B (Final Return/Report) is checked; however, the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Line 13b, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(((nl:FilingData/nl:SchH/nl:AllPlanAstDistribInd = '1' or nl:FilingData/nl:SchI/nl:AllPlanAstDistribInd = '1') and (nl:FilingData/nl:SchH/nl:TotAssetsEoyAmt = 0 or nl:FilingData/nl:SchI/nl:TotAssetsEoyAmt = 0) and ((nl:FilingData/nl:Form5500/nl:TotActRtdSepBenefCnt = 0 and number(nl:FilingData/nl:Form5500/nl:SponsDfePlanNum) < 501) or (nl:FilingData/nl:Form5500/nl:SubtlActRtdSepCnt = 0 and number(nl:FilingData/nl:Form5500/nl:SponsDfePlanNum) > 500))) or (number(nl:FilingData/nl:Form5500/nl:SponsDfePlanNum) > 500 and not (nl:FilingData/nl:SchH/nl:AllPlanAstDistribInd = '1' or nl:FilingData/nl:SchI/nl:AllPlanAstDistribInd = '1') and (nl:FilingData/nl:SchH/nl:TotAssetsEoyAmt = 0 or nl:FilingData/nl:SchI/nl:TotAssetsEoyAmt = 0) and nl:FilingData/nl:Form5500/nl:TotActRtdSepBenefCnt = 0 and not (nl:FilingData/nl:Form5500/nl:FundingArrangement/nl:TrustInd = '1')) or (nl:FilingData/nl:Form5500/nl:PensionCodeTable[nl:TypePensionBnftCode = '2N'] and nl:FilingData/nl:Form5500/nl:FinalFilingInd = '1') or (not(nl:FilingData/nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) and nl:FilingData/nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode and (nl:FilingData/nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or nl:FilingData/nl:Form5500/nl:FundingArrangement/nl:GeneralAssetInd = '1') and (nl:FilingData/nl:Form5500/nl:BenefitArrangement/nl:InsuranceInd = '1' or

n1:FilingData/n1:Form5500/n1:BenefitArrangement/n1:GeneralAssetInd = '1') and not(
 n1:FilingData/n1:Form5500/n1:FundingArrangement/n1:TrustInd='1') and not(
 n1:FilingData/n1:Form5500/n1:BenefitArrangement/n1:TrustInd='1') and
 n1:FilingData/n1:Form5500/n1:SubtlActRtdSepCnt = 0 and number(
 n1:FilingData/n1:Form5500/n1:SponsDfePlanNum) > 500) or (
 n1:ShortFormData/n1:SF/n1:AllPlanAstDistribInd = '1' and n1:ShortFormData/n1:SF/n1:TotAssetsEoyAmt
 = 0 and n1:ShortFormData/n1:SF/n1:TotActRtdSepBenefCnt = 0) or (
 n1:ShortFormData/n1:SF/n1:PensionCodeTable[n1:TypePensionBnftCode = '2N'] and
 n1:ShortFormData/n1:SF/n1:FinalFilingInd = '1')) Note: XPath relative to ValidFiling node.

Comment: When:

(1) (ALL-PLAN-AST-DISTRIB-IND = "1" or SMALL-ALL-PLAN-AST-DISTRIB-IND = "1") and

(TOT-ASSETS-EOY-AMT = 0 or SMALL-TOT-ASSETS-EOY-AMT = 0) and:

(A) TOT-ACT-RTD-SEP-BENEF-CNT = 0 and SPONS-DFE-PN is in the range 001-500,

or

(B) SUBTL-ACT-RTD-SEP-CNT = 0 and SPONS-DFE-PN is in the range 501-999;

OR:

(2) SPONS-DFE-PN is in the range 501-999 and (ALL-PLAN-AST-DISTRIB-IND does not = "1" or SMALL-ALL-PLAN-AST-DISTRIB-IND does not = "1") and (TOT-ASSETS-EOY-AMT = 0 or SMALL-TOT-ASSETS-EOY-AMT = 0) and SUBTL-ACT-RTD-SEP-CNT= 0 and FUNDING-TRUST-IND does not = "1".

OR:

(3) TYPE-PENSION-BNFT-CODE contains "2N" and FINAL-FILING-IND = "1",

OR:

(4) (TYPE-WELFARE-BNFT-CODE is present and TYPE-PENSION-BNFT-CODE is not present and (FUNDING-INSURANCE-IND = '1' or FUNDING-GEN-ASSET-IND = '1') and (BENEFIT-INSURANCE-IND = '1' or BENEFIT-GEN-ASSET-IND = '1') and (FUNDING-TRUST-IND not equal 1 and BENEFIT-TRUST-IND not equal 1)) and SUBTL-ACT-RTD-SEP-CNT = 0 and SPONS-DFE-PN is in the range 501-999.

OR:

(1) SF-ALL-PLAN-AST-DISTRIB-IND = "1" and SF-TOT-ASSETS-EOY-AMT = 0 and:

(A) SF-TOT-ACT-RTD-SEP-BENEF-CNT = 0 and SF-PLAN-NUM is in the range 001-500

or

(B) SF-TOT-ACT-RTD-SEP-BENEF-CNT = 0 and SF-PLAN-NUM is in the range 501-999.

OR:

(2) SF-TYPE-PENSION-BNFT-CODE contains "2N" and SF-FINAL-FILING-IND = "1".

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-W

Var Number
0970.00

Welfare plan

Generated Bypass codes

XML Specification

XML Element Name
BypassW

ElementID
0970.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number(number(n1:FilingData/n1:Form5500/n1:SponsDfePlanNum) >500 or number(n1:ShortFormData/n1:SF/n1:SponsorPlanNum) >500). XPath relative to ValidFiling node.

Comment: When SPONS-DFE-PN or SF-PLAN-NUM is in the range 501-999.

Data Element - Form Version 2018v01.00

ProcessedFiling Element ValidFilingInfo	IRD Variable BYPASS-X	Var Number 0971.00
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One-Participant plan/Foreign Plan	Generated Bypass codes
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XML Specification

XML Element Name BypassX	ElementID 0971.00	Optional in schema
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Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number (nl:ShortFormData/nl:SF/nl:TypePlanEntityCd = '3' or nl:ShortFormData/nl:SF/nl:TypePlanEntityCd = '4') Note: XPath relative to ValidFiling node.

Comment: When SF-PLAN-ENTITY-CD = '3' or '4'.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BYPASS-Z

Var Number
0972.00

General DFE

Generated Bypass codes

XML Specification

XML Element Name
BypassZ

ElementID
0972.00

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Mapping from XML Input: number((nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'C' or
nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'E' or
nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'M' or
nl:FilingData/nl:Form5500/nl:TypeDFEPlanEntityCd = 'P') and not(
nl:FilingData/nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) and not(
nl:FilingData/nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode)). XPath relative to
ValidFiling node.

Comment: When TYPE-DFE-PLAN-ENTITY-CD = "C", "E", "M" or "P" and TYPE-PENSION-BNFT-CODE is blank
and TYPE-WELFARE-BNFT-CODE is blank.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
SUSPECT-DUP-IND

Var Number
0972.01

XML Specification

XML Element Name
SuspectDupInd

ElementID
0972.01

Optional in schema

Edit tests:

[Z-001](#)

The EIN, Plan Number, Form Year and Plan Year Ending dates on this filing submission match a previous filing submission and therefore may be a duplicate submission. If you are attempting to amend a previous submission, please select "an amended return/report" on Line B of the Form 5500 or Form 5500-SF. If a duplicate was submitted in error, no further action is needed, but try to avoid duplicate submissions in the future.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set SUSPECT-DUP-IND to 1 when FILING-HEADER-AMENDED-IND <>1 and the FILING-HEADER-FORM-YEAR, FILING-HEADER-EIN, FILING-HEADER-PN, and FILING-HEADER-PLAN-YEAR-END is the same as another filing with a Tracking Database record.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
PLAN-NUM-ENTITY-IND

Var Number
0972.02

XML Specification

XML Element Name
PlanNumEntityInd

ElementID
0972.02

Optional in schema

Edit tests:

[Z-002](#)

The plan number on Line 1b of the Form 5500 or Form 5500-SF of this filing submission does not match the plan number provided on last year's return/report. Please verify that the correct plan number has been provided on Line 1b of the Form 5500 or Form 5500-SF and make any necessary corrections. If the plan number has changed since last year's return/report, find the plan number as it appeared on Line 1b of the last return/report and enter that onto Line 4d of the Form 5500 or Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the Plan Number of the current filing does not match the Plan Number of a submission from the previous year, but there is a match on all other key identifying fields (EIN, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements, Total Participants and Total Assets).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
PLAN-NAME-ENTITY-IND

Var Number
0972.03

XML Specification

XML Element Name
PlanNameEntityInd

ElementID
0972.03

Optional in schema

Edit tests:

[Z-003](#)

The plan name on Line 1a of the Form 5500 or Form 5500-SF of this filing submission does not match the plan name provided on last year's return/report. Please verify that the correct plan name has been provided on Line 1a of the Form 5500 or Form 5500-SF. If the plan name has changed since last year's return/report, find the plan name as it appeared on Line 1a of the last return/report and enter that onto Line 4c of the Form 5500 or Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the Plan Name of the current filing does not match the Plan Name of a submission from the previous year (within the Government provided threshold), but there is a match on all other key identifying fields (EIN, Plan Number, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements, Total Participants and Total Assets).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
PLAN-SPONS-ZIP-ENTITY-IND

Var Number
0972.04

XML Specification

XML Element Name
PlanSponsZipEntityInd

ElementID
0972.04

Optional in schema

Edit tests:

[Z-004](#)

The plan sponsor's ZIP code or Foreign Postal Code on Line 2a of the Form 5500 or Form 5500-SF of this filing submission does not match the plan sponsor's ZIP code or Foreign Postal Code provided on last year's return/report. Please verify that the correct plan sponsor's ZIP code or Foreign Postal Code has been provided on Line 2a of the Form 5500 or Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the Plan Sponsor's ZIP Code or Foreign Postal Code of the current filing does not match the Sponsor's ZIP Code or Foreign Postal Code of a submission from the previous year, but there is a match on all other key identifying fields (EIN, Plan Number, Plan Name, Plan Feature Codes, Plan Funding and Benefit Arrangements, Total Participants and Total Assets).

Data Element - Form Version 2018v01.00

ProcessedFiling Element ValidFilingInfo	IRD Variable PLAN-FEATURE-CODE-ENTITY-IND	Var Number 0972.05
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XML Specification

XML Element Name PlanFeatureCodeEntityInd	ElementID 0972.05	Optional in schema
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Edit tests:

[Z-005](#) The plan feature code(s) on Line 8 of the Form 5500 or Line 9 of the Form 5500-SF of this filing submission do not match the plan feature code(s) provided on last year's return/report. Please verify that the correct plan feature code(s) have been provided on Line 8 of the Form 5500 or Line 9 of the Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1
Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]
Base: StringType
Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the Plan Feature Codes of the current filing do not match the Plan Feature Codes of a submission from the previous year, but there is a match on all other key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Funding and Benefit Arrangements, Total Participants and Total Assets). Do not set PLAN-FEATURE-CODE-ENTITY-IND = 1 if BYPASS-Z=1.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
PLAN-FNDNG-BENEFIT-ENTITY-IND

Var Number
0972.06

XML Specification

XML Element Name
PlanFndngBenefitEntityInd

ElementID
0972.06

Optional in schema

Edit tests:

[Z-006](#)

The plan funding and benefit arrangements on Line 9 of the Form 5500 of this filing submission do not match the plan funding and benefit arrangements provided on last year's return/report. Please verify that the correct plan funding and benefit arrangements have been provided on Line 9 of the Form 5500.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the Plan Funding and Benefit Arrangements of the current filing do not match the Plan Funding and Benefit Arrangements of a submission from the previous year, but there is a match on all other key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Total Participants and Total Assets). Do not set PLAN-FNDNG-BENEFIT-ENTITY-IND = 1 if BYPASS-Z=1.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
TOT-PARTCP-ENTITY-IND

Var Number
0972.07

XML Specification

XML Element Name
TotPartcpEntityInd

ElementID
0972.07

Optional in schema

Edit tests:

[Z-007](#)

The total participant BOY count on Line 5 of the Form 5500 or Line 5a of the Form 5500-SF in this filing submission does not match the total participant EOY count provided on Line 6f of the Form 5500 or Line 5b of the Form 5500-SF of last year's return/report. Please verify that the correct total participant BOY count has been provided on Line 5 of the Form 5500 or Line 5a of the Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the BOY Total Participants of the current filing do not match the EOY Total Participants of a submission from the previous year (within the Government provided threshold), but there is a match on all other key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements and Total Assets).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
TOT-ASSET-ENTITY-IND

Var Number
0972.08

XML Specification

XML Element Name
PlanAssetEntityInd

ElementID
0972.08

Optional in schema

Edit tests:

[Z-008](#)

The BOY total assets on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF in this filing submission does not match the EOY total assets provided on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF of last year's return/report. Please verify that the correct BOY total assets have been provided on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF.

Schema Info: Type `CheckBoxType` minOccurs= 0; maxOccurs= 1

Type Info: `CheckBoxType` - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: `StringType`

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if the BOY Total Assets of the current filing do not match the EOY Total Assets of a submission from the previous year (within the Government provided threshold), but there is a match on all other key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements and Total Participants).

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
MATCH-ENTITY-IND

Var Number
0972.09

XML Specification

XML Element Name
MatchEntityInd

ElementID
0972.09

Optional in schema

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if all key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements, Total Participants and Total Assets) on the current submission match a submission from the previous year.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
NO-MATCH-ENTITY-IND

Var Number
0972.10

XML Specification

XML Element Name
NoMatchEntityInd

ElementID
0972.10

Optional in schema

Edit tests:

[Z-009](#)

Key identifying information on this filing submission does not match a return/report submitted last year. If this is the first submission for this plan, please select "the first return/report" on Line B of the Form 5500 or Form 5500-SF. If this is not an initial filing for this plan, please verify that the correct EIN and plan number have been provided on Lines 1b and 2b of the Form 5500 or Form 5500-SF. If the EIN and/or plan number have changed since last year's return/report, enter the EIN and/or plan number as it appeared on the last return/report on Line 4b and/or 4c of the Form 5500 or Form 5500-SF.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Set to '1' if two or more key identifying fields (EIN, Plan Number, Plan Name, Sponsor's Zip Code, Plan Feature Codes, Plan Funding and Benefit Arrangements, Total Participants and Total Assets) on the current submission do not match a submission from the previous year.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BAD-PLAN-SPONS-ADDRESS-IND

Var Number
0972.11

XML Specification

XML Element Name
BadPlanSponsAddressInd

ElementID
0972.11

Optional in schema

Edit tests:

[Z-010](#)

The plan sponsor's address provided on Line 2a of the Form 5500 or Form 5500-SF may be invalid. Please verify that a complete and accurate address has been provided.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Address verification of the plan sponsor address will only occur for domestic addresses. Foreign addresses will not be subject to this verification.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
ValidFilingInfo

IRD Variable
BAD-PLAN-ADMIN-ADDRESS-IND

Var Number
0972.12

XML Specification

XML Element Name
BadPlanAdminAddressInd

ElementID
0972.12

Optional in schema

Edit tests:

[Z-011](#)

The plan administrator's address provided on Line 3a of the Form 5500 or Form 5500-SF may be invalid. Please verify that a complete and accurate address has been provided.

Schema Info: Type CheckboxType minOccurs= 0; maxOccurs= 1

Type Info: CheckboxType - simpleType [1 char string, 1=checked, 0 = unchecked]

Base: StringType

Restrictions: Enumerations: 1, 0,

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: Do not set BAD-PLAN-ADMIN-ADDRESS-IND=1 if ADMIN-NAME-SAME-AS-SPONSOR-IND=1 or SF-ADMIN-NAME-SAME-AS-SPONSOR-IND=1. Address verification of the plan administrator address will only occur for domestic addresses. Foreign addresses will not be subject to this verification.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
FilingStatusInfo

IRD Variable
ACK-ID

Var Number
0973.00

XML Specification

XML Element Name
AckId

ElementID
0973.00

Required in schema

Schema Info: Type AckIdType minOccurs= 1; maxOccurs= 1

Type Info: AckIdType - simpleType [Globally unique identifier for filing acknowledgment. Format: 30 character identifier.]

Base: StringType

Restrictions: Patterns: [A-Za-z0-9]{30}

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element FilingStatusInfo	IRD Variable FILING-STATUS	Var Number 0974.00
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XML Specification

XML Element Name FilingStatus	ElementID 0974.00	Required in schema
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Schema Info: Type FilingStatusType minOccurs= 1; maxOccurs= 1

Type Info: FilingStatusType - simpleType [Acceptance status of a filing submission: FILING_RECEIVED, FILING_UNPROCESSABLE, FILING_ERROR, PROCESSING_STOPPED, PROCESSING, FILING_NOT_FOUND or SYSTEM_UNAVAILABLE.]

Base: StringType

Restrictions: Enumerations: FILING_RECEIVED, FILING_UNPROCESSABLE, FILING_ERROR, PROCESSING_STOPPED, PROCESSING, FILING_NOT_FOUND, SYSTEM_UNAVAILABLE,

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element FilingStatusInfo	IRD Variable ERROR-CODE	Var Number 0975.00
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XML Specification

XML Element Name Error/ErrorCode	ElementID 0975.00	Optional in schema
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Schema Info: Type ErrorCodeType minOccurs= 0; maxOccurs= 1

Type Info: ErrorCodeType - simpleType [Edit test error code from the DER, or one of the following:
FORM_YEAR, SCHEMA, SOFTWAREID, ATTACHMENT, EIN]

Base: StringType

Restrictions: None

ParentInfo: Error (ErrorType)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element FilingStatusInfo	IRD Variable ERROR-SEVERITY	Var Number 0976.00
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XML Specification

XML Element Name Error/Severity	ElementID 0976.00	Optional in schema
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Schema Info: Type SeverityType minOccurs= 0; maxOccurs= 1

Type Info: SeverityType - simpleType [Edit test error severity: UNPROCESSABLE, STOP, ERROR, or WARNING]

Base: StringType

Restrictions: Enumerations: UNPROCESSABLE, STOP, ERROR, WARNING,

ParentInfo: Error (ErrorType)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element SystemGenerated	IRD Variable DLN	Var Number 0977.00
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XML Specification

XML Element Name DLN	ElementID 0977.00	Optional in schema
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Valid values: Positions 1-3: 3-digit number; Positions 4-5: 2-digit filing type code (37 = 5500; 32 = 5500-SF); Positions 6-14: 9-digit number

Schema Info: Type DLNType minOccurs= 0; maxOccurs= 1

Type Info: DLNType - simpleType [Globally unique 14-char identifier of processed filing record.
Format: 3-digit number + 2-digit filing type code + 9-digit number]

Base: StringType

Restrictions: Patterns: [0-9]{14}

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
SystemGenerated

IRD Variable
RECEIVED-TIMESTAMP

Var Number
0978.00

XML Specification

XML Element Name
ReceivedTimestamp

ElementID
0978.00

Required in schema

Schema Info: Type TimestampType minOccurs= 1; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.+T[^\.]+(Z|[\+\-].+)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
SystemGenerated

IRD Variable
VALIDATED-TIMESTAMP

Var Number
0979.00

XML Specification

XML Element Name
ValidatedTimestamp

ElementID
0979.00

Optional in schema

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.+T[^\.]+(Z|[\+\-].+)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
SystemGenerated

IRD Variable
COMPLETED-PROC-TIMESTAMP

Var Number
0980.00

XML Specification

XML Element Name

CompletedProcessingTimestamp

ElementID

0980.00

Optional in schema

Schema Info: Type TimestampType minOccurs= 0; maxOccurs= 1

Type Info: TimestampType - simpleType [Timezone portion is required and fractional seconds are prohibited]

Base: xsd:dateTime

Restrictions: Patterns: [1-9][0-9]{3}\-.+T[^\.]+(Z|[\+\-].+)

Output Specification - XML Format

Use XML info above for schema datatype.

Data Element - Form Version 2018v01.00

ProcessedFiling Element
SystemGenerated

IRD Variable
VERSION-NUM

Var Number
0981.00

XML Specification

XML Element Name
@VersionNum

ElementID
0981.00

Optional in schema

Schema Info: Type VersionNumType minOccurs= 0; maxOccurs= 1

Type Info: VersionNumType - simpleType [2-digit string]

Base: StringType

Restrictions: Patterns: [0-9]{2}

Output Specification - XML Format

Use XML info above for schema datatype.

Comment: In XML, this is an optional attribute of ProcessedFiling, not a child element.

Edit Test Requirements - 2018

TEST: B-600MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

When [ATTACHMENT-TYPE](#)='SchMBFndgStndAcctBases' (Amortization Base Schedule) not included when ([MB-NOT-WVRS-OUTSTD-AMT](#), or [MB-NOT-WVRS-AMT](#), or [MB-FNDNG-WVRS-OUTSTD-AMT](#), or [MB-FNDNG-WVRS-AMT](#), or [MB-CERTAIN-BASES-OUTSTD-AMT](#), or [MB-CERTAIN-BASES-AMT](#), or [MB-AMORTZ-CR-OUTSTD-BAL-AMT](#), or [MB-AMORTZ-CREDITS-AMT](#)) is greater than zero unless (Short Form Filing or [TYPE-PENSION-BNFT-CODE](#) contains "2x" or [TYPE-PLAN-ENTITY-CD](#) contains "1" or [TOT-PARTCP-BOY-CNT](#) is less than 2500).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9c(1), 9c(2), 9c(3), or 9h is greater than zero and the Schedule of Funding Standard Account Bases (Attachments/SchMBFndgStndAcctBases) is not attached.

Acknowledgment Error Message

Warning: Lines 9c(1), 9c(2), 9c(3), or 9h of Schedule MB is greater than zero and the Amortization Base Schedule (Attachment[AttachmentTypeCode ='SchMBFndgStndAcctBases']) is not included.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(../nl:ShortFormData) and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchMBFndgStndAcctBases']) and (nl:SchMB/nl:ActrlNotWvrsOutstdAmt > 0 or nl:SchMB/nl:ActrlNotWvrsAmt > 0 or nl:SchMB/nl:ActrlFndngWvrsOutstdAmt > 0 or nl:SchMB/nl:ActrlFndngWvrsAmt > 0 or nl:SchMB/nl:ActrlCertainBasesOutstdAmt > 0 or nl:SchMB/nl:ActrlCertainBasesAmt > 0 or nl:SchMB/nl:ActrlAmortzCrOutstdBalAmt > 0 or nl:SchMB/nl:ActrlAmortzCreditsAmt > 0) and not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains (. , '2')]) and not(nl:Form5500/nl:TypePlanEntityCd ='1') and not(nl:Form5500/nl:TotPartcpBoyCnt < 2500)

Edit Test Requirements - 2018

TEST: B-601MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

The Actuarial Valuation does not contain the Summary of Plan Provisions ([ATTACHMENT-TYPE](#)='PlanProvisions') and the Summary of Actuarial Methods and Assumptions ([ATTACHMENT-TYPE](#)='ActrlAssmptnMthds') when (not Short Form filing) and Schedule MB is present and [TYPE-PENSION-BNFT-CODE](#) contains "1x"

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB is attached and the Summary of Plan Provisions (Attachments/PlanProvisions) and the Summary of Actuarial Methods and Actuarial Valuation does not consist of the Summary Assumptions (Attachments/ActrlAssmptnMthds).

Acknowledgment Error Message

Warning: Schedule MB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode ='PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode ='ActrlAssmptnMthds']).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(../nl:ShortFormData) and not (nl:Attachments/nl:Attachment[nl:AttachmentTypeCode='ActrlAssmptnMthds'] and nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='PlanProvisions']) and nl:SchMB and (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')])

Edit Test Requirements - 2018

TEST: B-601SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

The Actuarial Valuation does not contain the Summary of Plan Provisions ([ATTACHMENT-TYPE='PlanProvisions'](#)) and the Summary of Actuarial Methods and Assumptions ([ATTACHMENT-TYPE='ActrlAssmptnMthds'](#)) when (not Short Form filing) and Schedule SB is present and [TYPE-PENSION-BNFT-CODE](#) contains "1x"

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB is attached and the Summary of Plan Provisions (Attachments/PlanProvisions) and the Summary of Actuarial Methods and Actuarial Valuation does not consist of the Summary Assumptions (Attachments/ActrlAssmptnMthds).

Acknowledgment Error Message

Warning: Schedule SB is attached, but the filing attachments do not include the Summary of Plan Provisions (Attachment[AttachmentTypeCode='PlanProvisions']) and the Summary of Actuarial Methods and Assumptions (Attachment[AttachmentTypeCode='ActrlAssmptnMthds']).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassN='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassR='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and not(../nl:ShortFormData) and not
(count(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='ActrlAssmptnMthds']) > 0 and count(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='PlanProvisions']) > 0) and count(nl:SchSB
) > 0 and (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')])`

Edit Test Requirements - 2018

TEST: B-606MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

MB-TOT-CREDITS-AMT not equal to the sum of (MB-PR-YR-CREDIT-BALANCE-AMT, MB-TOT-EMPLR-CONTRIB-02-AMT, MB-AMORTZ-CREDITS-AMT, MB-INT-APPLICABLE-AMT, MB-FFL-CREDIT-AMT, MB-WAIVED-FNDNG-DEFN-AMT, plus MB-OTHER-CREDITS-AMT).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).

Acknowledgment Error Message

Error: Schedule MB, Line 9l is not equal to the sum of Lines 9f, plus 9g, plus 9h-Amount, plus 9i, plus 9j(3), plus 9k(1), plus 9k(2).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(
nl:SchMB/nl:ActrlTotCreditsAmt) = sum(nl:SchMB/nl:ActrlPrYrCreditBalanceAmt |
nl:SchMB/nl:ActrlTotEmplrContrib02Amt | nl:SchMB/nl:ActrlAmortzCreditsAmt |
nl:SchMB/nl:ActrlIntApplicableAmt | nl:SchMB/nl:ActrlFflCreditAmt |
nl:SchMB/nl:ActrlWaivedFndngDefnAmt | nl:SchMB/nl:ActrlOtherCreditsAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(
nl:SchMB/nl:ActrlTotCreditsAmt) = sum(nl:SchMB/nl:ActrlPrYrCreditBalanceAmt |
nl:SchMB/nl:ActrlTotEmplrContrib02Amt | nl:SchMB/nl:ActrlAmortzCreditsAmt |
nl:SchMB/nl:ActrlIntApplicableAmt | nl:SchMB/nl:ActrlFflCreditAmt |
nl:SchMB/nl:ActrlWaivedFndngDefnAmt | nl:SchMB/nl:ActrlOtherCreditsAmt))`

Edit Test Requirements - 2018

TEST: B-607SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

([SB-PLAN-TYPE-CODE](#) = "1" and [TYPE-PLAN-ENTITY-CD](#) is not equal to "2") or ([SB-PLAN-TYPE-CODE](#) = "2" or "3" and [TYPE-PLAN-ENTITY-CD](#) is not equal to "3")

Bypasses

C G I N P R W X Z

Explanation

Fail when (Schedule SB, Line E, Single Employer is checked and Form 5500, Line A, Single Employer is not checked) or (Schedule SB, Line E, Multiple A or Multiple B is checked and Form 5500, Line A, Multiple Employer is not checked).

Acknowledgment Error Message

Warning: Schedule SB, Line E, Single Employer is checked and Form 5500, Line A, Single Employer is not checked, or Schedule SB, Line E, Multiple A or Multiple B is checked and Form 5500, Line A, Multiple Employer is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchSB and not(../nl:ShortFormData) and ((nl:SchSB/nl:ActrlPlanTypeCode = '1' and nl:Form5500/nl:TypePlanEntityCd != '2') or (nl:SchSB/nl:ActrlPlanTypeCode != '1' and nl:Form5500/nl:TypePlanEntityCd != '3'))

Edit Test Requirements - 2018

TEST: B-607SF Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

([SB-PLAN-TYPE-CODE](#) = "1" and [SF-PLAN-ENTITY-CD](#) is not equal to "1") or ([SB-PLAN-TYPE-CODE](#) = "2" or "3" and [SF-PLAN-ENTITY-CD](#) is not equal to "2")

Bypasses

C N P R W X

Explanation

Fail when (Schedule SB, Line E, Single Employer is checked and Form 5500-SF, Line A Single Employer is not checked) or (Schedule SB, Line E Multiple A or Multiple B is checked and Form 5500-SF, Line A Multiple Employer is not checked).

Acknowledgment Error Message

Warning: Schedule SB, Line E, Single Employer is checked and Form 5500-SF, Line A Single Employer is not checked, or Schedule SB, Line E Multiple A or Multiple B is checked and Form 5500-SF, Line A Multiple Employer is not checked.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchSB and ((nl:SchSB/nl:ActrlPlanTypeCode ='1' and nl:SF/nl:TypePlanEntityCd !='1') or (nl:SchSB/nl:ActrlPlanTypeCode !='1' and nl:SF/nl:TypePlanEntityCd !='2'))

Edit Test Requirements - 2018

TEST: B-608MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

[MB-TOT-EMPLR-CONTRIB-01-AMT](#) is not equal to [MB-TOT-EMPLR-CONTRIB-02-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when the total employer contributions for the year indicated in Schedule MB, Line 3(b)-Total is not equal to the amount reported in Line 9g.

Acknowledgment Error Message

Error: Schedule MB, Line 3(b) - Total must equal Line 9g.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlTotEmplrContribAmt) != sum(nl:SchMB/nl:ActrlTotEmplrContrib02Amt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlTotEmplrContribAmt) != sum(nl:SchMB/nl:ActrlTotEmplrContrib02Amt)`

Edit Test Requirements - 2018

TEST: B-614MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [MB-TOT-EMPLR-CONTRIB-01-AMT](#) not equal to the sum of all [MB-CONTRIB-EMPLR-AMT](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the value provided in Schedule MB, Line 3(b)-Total is not equal to the sum of all Schedule MB, Line 3(b) values.

Acknowledgment Error Message

Error: The value provided in Schedule MB, Line 3(b)-Total is not equal to the sum of all Schedule MB Line 3(b) values.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(
nl:SchMB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmplrAmt) != sum(
nl:SchMB/nl:ActrlTotEmplrContribAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(
nl:SchMB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmplrAmt) != sum(
nl:SchMB/nl:ActrlTotEmplrContribAmt)`

Edit Test Requirements - 2018

TEST: B-614SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [SB-TOT-EMPLR-CONTRIB-AMT](#) not equal to the sum of all [SB-CONTRIB-EMPLR-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when the value provided in Schedule SB, Line 18(b)-Total is not equal to the sum of all Schedule SB, Line 18(b) values.

Acknowledgment Error Message

Error: The value provided in Schedule SB, Line 18(b)-Total is not equal to the sum of all Schedule SB Line 18(b) values.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmplrAmt) != sum (
nl:SchSB/nl:ActrlTotEmplrContribAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmplrAmt) != sum (
nl:SchSB/nl:ActrlTotEmplrContribAmt)

Edit Test Requirements - 2018

TEST: B-615MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [MB-TOT-EMPLOYEE-CONTRIB-AMT](#) not equal to the sum of all [MB-CONTRIB-EMPLOYEE-AMT](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the value provided in Schedule MB, Line 3(c)-Total is not equal to the sum of all Schedule MB, Line 3(c) values.

Acknowledgment Error Message

Error: Schedule MB, Line 3(c)-Total must equal the sum of all Schedule MB, Line 3(c) values.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmployeeAmt) != sum(
nl:SchMB/nl:ActrlTotEmployeeContribAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmployeeAmt) != sum(
nl:SchMB/nl:ActrlTotEmployeeContribAmt)`

Edit Test Requirements - 2018

TEST: B-615SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [SB-TOT-EMPLEE-CONTRIB-AMT](#) is not equal to the sum of all [SB-CONTRIB-EMPLEE-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when the value provided in Schedule SB, Line 18(c)-Total is not equal to the sum of all Schedule SB, Line 18(c) values.

Acknowledgment Error Message

Error: Schedule SB, Line 18(c)-Total must equal the sum of all Schedule SB, Line 18(c) values.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmpleeAmt) != sum(
nl:SchSB/nl:ActrlTotEmpleeContribAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlContributionsTable/nl:ActrlContrib/nl:EmpleeAmt) != sum(
nl:SchSB/nl:ActrlTotEmpleeContribAmt)`

Edit Test Requirements - 2018

TEST: B-622MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

([MB-VALUE-DATE](#) equal to [FILING-HEADER-PLAN-YEAR-BEGIN](#) and [MB-CURR-VALUE-AST-01-AMT](#) not equal to [MB-CURR-VALUE-AST-02-AMT](#) (plus or minus 2 percent) when [FUNDING-INSURANCE-IND](#) does not equal 1 and [FUNDING-SEC412-IND](#) does not equal 1 and [BENEFIT-INSURANCE-IND](#) does not equal 1 and [BENEFIT-SEC412-IND](#) does not equal 1) or ([MB-CURR-VALUE-AST-01-AMT](#) or [MB-CURR-VALUE-AST-02-AMT](#) are blank)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1a equals Filing Header Plan Year Begin date, but Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a when Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or Line 1b(1) and/or Line 2a are blank.

Acknowledgment Error Message

Warning: Schedule MB, Line 1a equals the Filing Header Plan Year Begin date, but, either Line 1b(1) is less than 98 percent or greater than 102% of the value of Line 2a and Form 5500, Lines 9a(1), 9a(2), 9b(1), and 9b(2) are not checked or at least one of Schedule MB Lines 1b(1) or 2a are blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
../nl:FilingHeader/nl:PlanYearBeginDate = nl:SchMB/nl:ActrlValueDate and not(
nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or
nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1' or
nl:Form5500/nl:BenefitArrangement/nl:InsuranceInd = '1' or
nl:Form5500/nl:BenefitArrangement/nl:CdSection412Ind = '1') and (not(
nl:SchMB/nl:ActrlCurrValueAst02Amt) or not(nl:SchMB/nl:ActrlCurrValueAst01Amt) or sum (
nl:SchMB/nl:ActrlCurrValueAst01Amt) > 1.02 * sum(nl:SchMB/nl:ActrlCurrValueAst02Amt) or sum
(nl:SchMB/nl:ActrlCurrValueAst01Amt)`

Edit Test Requirements - 2018

TEST: B-624SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

[SB-WEIGHTED-RTM-AGE](#) less than 25 and [COVERED-PBGC-INSURANCE-IND](#) or [SMALL-COVERED-PBGC-INSURANCE-IND](#) contains '1' (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 22 is less than 25.

Acknowledgment Error Message

Warning: Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and sum(
nl:SchSB/nl:ActrlWeightedRtmAge) < 25 and (nl:SchH/nl:CovredPBGCInsuranceInd='1' or
nl:SchI/nl:CovredPBGCInsuranceInd='1')`

Edit Test Requirements - 2018

TEST: B-624SF Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

[SB-WEIGHTED-RTM-AGE](#) less than 25 and [SF-COVERED-PBGC-INSURANCE-IND](#) contains '1' (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 22 is less than 25.

Acknowledgment Error Message

Warning: Schedule SB, Line 22 contains a value less than 25. This is not in the normally expected range for this item.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and sum(
nl:SchSB/nl:ActrlWeightedRtmAge) < 25 and nl:SF/nl:CovredPBGCInsuranceInd='1'

Edit Test Requirements - 2018

TEST: B-626MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

[MB-FNDNG-CHRGs-INT-AMT](#) greater than zero and ([MB-PR-YR-FNDNG-DEFN-AMT](#) is less than or equal to zero and [MB-NORMAL-COST-AMT](#) is less than or equal to zero and [MB-NOT-WVRS-AMT](#) is less than or equal to zero and [MB-FNDNG-WVRS-AMT](#) is less than or equal to zero and [MB-CERTAIN-BASES-AMT](#) is less than or equal to 0).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.

Acknowledgment Error Message

Error: Schedule MB, Line 9d contains a value greater than zero and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount and 9c(3)-Amount are all less than or equal to zero.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB/nl:ActrlFndngChrgsIntAmt > 0 and not(nl:SchMB/nl:ActrlPrYrFndngDefnAmt >0 or nl:SchMB/nl:ActrlNormalCostAmt >0 or nl:SchMB/nl:ActrlNotWvrsAmt >0 or nl:SchMB/nl:ActrlFndngWvrsAmt >0 or nl:SchMB/nl:ActrlCertainBasesAmt >0)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB/nl:ActrlFndngChrgsIntAmt > 0 and not(nl:SchMB/nl:ActrlPrYrFndngDefnAmt >0 or nl:SchMB/nl:ActrlNormalCostAmt >0 or nl:SchMB/nl:ActrlNotWvrsAmt >0 or nl:SchMB/nl:ActrlFndngWvrsAmt >0 or nl:SchMB/nl:ActrlCertainBasesAmt >0)

Edit Test Requirements - 2018

TEST: B-627MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

[MB-INT-APPLICABLE-AMT](#) greater than 0 and ([MB-PR-YR-CREDIT-BALANCE-AMT](#) less than or equal to zero and [MB-TOT-EMPLR-CONTRIB-02-AMT](#) less than or equal to zero and [MB-AMORTZ-CREDITS-AMT](#) less than or equal to zero).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.

Acknowledgment Error Message

Error: Schedule MB, Line 9i contains a value greater than zero and Lines 9f, 9g, and 9h-Amount are all less than or equal to zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlIntApplicableAmt > 0 and not(nl:SchMB/nl:ActrlPrYrCreditBalanceAmt >0 or
nl:SchMB/nl:ActrlTotEmplrContrib02Amt >0 or nl:SchMB/nl:ActrlAmortzCreditsAmt >0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlIntApplicableAmt > 0 and not(nl:SchMB/nl:ActrlPrYrCreditBalanceAmt >0 or
nl:SchMB/nl:ActrlTotEmplrContrib02Amt >0 or nl:SchMB/nl:ActrlAmortzCreditsAmt >0)`

Edit Test Requirements - 2018

TEST: B-633 Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

[TYPE-PLAN-ENTITY-CD](#) contains "1" and [CONTRIB-EMPLRS-CNT](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Form 5500, Line A = "1" (multiemployer plan) and Line 7 is blank.

Acknowledgment Error Message

Error: Form 5500, Line A indicates a multiemployer plan, but Line 7 is blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:Form5500/nl:TypePlanEntityCd
= '1' and not(nl:Form5500/nl:ContribEmployersCnt)

Edit Test Requirements - 2018

TEST: B-634 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

[TYPE-PLAN-ENTITY-CD](#) does not contain "1" and [CONTRIB-EMPLRS-CNT](#) is not blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Form 5500, Line A does not equal "1" (multiemployer plan) and Line 7 is not blank.

Acknowledgment Error Message

Warning: Form 5500, Line 7 is not blank and Line A indicates that the plan is not a multiemployer plan.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassG = '1' or ../n1:Bypass/n1:BypassI = '1' or ../n1:Bypass/n1:BypassN = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassW = '1' or
../n1:Bypass/n1:BypassX = '1' or ../n1:Bypass/n1:BypassZ = '1') and n1:Form5500/n1:TypePlanEntityCd
!= '1' and exists(n1:Form5500/n1:ContribEmployersCnt)`

Edit Test Requirements - 2018

TEST: B-635MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-TOT-LIAB-PARTCP-CNT](#) not equal to the sum of ([MB-LIAB-RTD-PARTCP-CNT](#), [MB-LIAB-TERM-PARTCP-CNT](#), and [MB-LIAB-ACT-PARTCP-CNT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).

Acknowledgment Error Message

Error: Schedule MB, Line 2b(4)(1) is not equal to the sum of Lines 2b(1)(1), plus 2b(2)(1), plus 2b(3)(c)(1).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotLiabPartcpCnt) != sum(nl:SchMB/nl:ActrlLiabRtdPartcpCnt |
nl:SchMB/nl:ActrlLiabTermPartcpCnt | nl:SchMB/nl:ActrlLiabActPartcpCnt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotLiabPartcpCnt) != sum(nl:SchMB/nl:ActrlLiabRtdPartcpCnt |
nl:SchMB/nl:ActrlLiabTermPartcpCnt | nl:SchMB/nl:ActrlLiabActPartcpCnt)`

Edit Test Requirements - 2018

TEST: B-635SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-TOT-PARTCP-CNT](#) not equal to the sum of ([SB-RTD-PARTCP-CNT](#), [SB-TERM-PARTCP-CNT](#), and [SB-ACT-PARTCP-CNT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 3d(1) is not equal to the sum of Lines 3a(1), 3b(1), and 3c(1).

Acknowledgment Error Message

Error: Schedule SB, Line 3d(1) is not equal to the sum of lines 3a(1), 3b(1), and 3c(1).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlTotPartcpCnt) != sum(nl:SchSB/nl:ActrlRtdPartcpCnt |
nl:SchSB/nl:ActrlTermPartcpCnt | nl:SchSB/nl:ActrlActPartcpCnt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlTotPartcpCnt) != sum(nl:SchSB/nl:ActrlRtdPartcpCnt |
nl:SchSB/nl:ActrlTermPartcpCnt | nl:SchSB/nl:ActrlActPartcpCnt)`

Edit Test Requirements - 2018

TEST: B-636MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-CURR-LIAB-ACT-AMT](#) not equal to the sum of ([MB-CURR-LIAB-ACT-NONVEST-AMT](#) and [MB-CURR-LIAB-ACT-VEST-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(3)(c)(2) is not equal to the sum of Lines 2b(3)(a)(2) plus 2b(3)(b)(2).

Acknowledgment Error Message

Error: Schedule MB, Line 2b(3)(c)(2) is not equal to the sum of Lines 2b(3)(a)(2) plus 2b(3)(b)(2).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlCurrLiabActAmt) != sum(nl:SchMB/nl:ActrlCurrLiabActNonvestAmt |
nl:SchMB/nl:ActrlCurrLiabActVestAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlCurrLiabActAmt) != sum(nl:SchMB/nl:ActrlCurrLiabActNonvestAmt |
nl:SchMB/nl:ActrlCurrLiabActVestAmt)`

Edit Test Requirements - 2018

TEST: B-636SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-TOT-FNDNG-TGT-AMT](#) not equal to the sum of ([SB-RTD-FNDNG-TGT-AMT](#), [SB-TERM-FNDNG-TGT-AMT](#) and [SB-LIAB-ACT-TOTAL-FNDNG-TGT-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).

Acknowledgment Error Message

Error: Schedule SB, Line 3d(3) is not equal to the sum of Lines 3a(3), 3b(3), and 3c(3).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlTotFndgTgtAmt) != sum(nl:SchSB/nl:ActrlRtdFndgTgtAmt |
nl:SchSB/nl:ActrlTermFndgTgtAmt | nl:SchSB/nl:ActrlLiabActTotalFndngTgtAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchSB/nl:ActrlTotFndgTgtAmt) != sum(nl:SchSB/nl:ActrlRtdFndgTgtAmt |
nl:SchSB/nl:ActrlTermFndgTgtAmt | nl:SchSB/nl:ActrlLiabActTotalFndngTgtAmt)`

Edit Test Requirements - 2018

TEST: B-637MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-TOT-CURR-LIAB-AMT](#) not equal to the sum of ([MB-CURR-LIAB-RTD-AMT](#), [MB-CURR-LIAB-TERM-AMT](#), and [MB-CURR-LIAB-ACT-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(4)(2) is not equal to the sum of Line 2b(1)(2), plus 2b(2)(2), plus 2b(3)(c)(2).

Acknowledgment Error Message

Error: Schedule MB, Line 2b(4)(2) is not equal to the sum of Lines 2b(1)(2), 2b(2)(2), and 2b(3)(c)(2).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotCurrLiabAmt) != sum(nl:SchMB/nl:ActrlCurrLiabRtdAmt |
nl:SchMB/nl:ActrlCurrLiabTermAmt | nl:SchMB/nl:ActrlCurrLiabActAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotCurrLiabAmt) != sum(nl:SchMB/nl:ActrlCurrLiabRtdAmt |
nl:SchMB/nl:ActrlCurrLiabTermAmt | nl:SchMB/nl:ActrlCurrLiabActAmt)`

Edit Test Requirements - 2018

TEST: B-638MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-TOT-CHARGES-AMT](#) not equal to the sum of ([MB-PR-YR-FNDNG-DEFN-AMT](#), [MB-NORMAL-COST-AMT](#), [MB-NOT-WVRS-AMT](#), [MB-FNDNG-WVRS-AMT](#), [MB-CERTAIN-BASES-AMT](#) and [MB-FNDNG-CHRGs-INT-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9e is not equal to the sum of Lines 9a, plus 9b, plus 9c(1)-Amount, 9c(2)-Amount, plus 9c(3)-Amount, plus 9d.

Acknowledgment Error Message

Error: Schedule MB, Line 9e is not equal to the sum of Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount, 9c(3)-Amount, and 9d.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotChargesAmt) != sum(nl:SchMB/nl:ActrlPrYrFndngDefnAmt |
nl:SchMB/nl:ActrlNormalCostAmt | nl:SchMB/nl:ActrlNotWvrsAmt | nl:SchMB/nl:ActrlFndngWvrsAmt |
nl:SchMB/nl:ActrlCertainBasesAmt | nl:SchMB/nl:ActrlFndngChrgsIntAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum (
nl:SchMB/nl:ActrlTotChargesAmt) != sum(nl:SchMB/nl:ActrlPrYrFndngDefnAmt |
nl:SchMB/nl:ActrlNormalCostAmt | nl:SchMB/nl:ActrlNotWvrsAmt | nl:SchMB/nl:ActrlFndngWvrsAmt |
nl:SchMB/nl:ActrlCertainBasesAmt | nl:SchMB/nl:ActrlFndngChrgsIntAmt)`

Edit Test Requirements - 2018

TEST: B-639MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when (([MB-CURR-VALUE-AST-02-AMT](#) divided by [MB-TOT-CURR-LIAB-AMT](#)) is less than 70%) and ([MB-TOT-CURR-LIAB-PRCNT](#) is not equal to ([MB-CURR-VALUE-AST-02-AMT](#) divided by [MB-TOT-CURR-LIAB-AMT](#))) or ([MB-CURR-VALUE-AST-02-AMT](#) or [MB-TOT-CURR-LIAB-AMT](#) is blank).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, (Line 2a divided by Line 2b(4)(2)) is less than 70%, and Line 2c is not equal to (Line 2a divided by Line 2b(4)(2)) or any of Lines 2a or 2b(4)(2)) are blank.

Acknowledgment Error Message

Error: Either Schedule MB, Line 2a divided by Line 2b(4)(2) is less than 70%, and Line 2c is not equal to Line 2a divided by Line 2b(4)(2) or at least one of Lines 2a or 2b(4)(2)) are blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB and ((sum(
nl:SchMB/nl:ActrlCurrValueAst02Amt) < 0.70 * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt) and abs(.01 *
sum(nl:SchMB/nl:ActrlTotCurrLiabPrct) * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt) - sum(
nl:SchMB/nl:ActrlCurrValueAst02Amt)) > .01 * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt)) or
not(nl:SchMB/nl:ActrlCurrValueAst02Amt) or not(nl:SchMB/nl:ActrlTotCurrLiabAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB and ((sum(
nl:SchMB/nl:ActrlCurrValueAst02Amt) < 0.70 * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt) and abs(.01 *
sum(nl:SchMB/nl:ActrlTotCurrLiabPrct) * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt) - sum(
nl:SchMB/nl:ActrlCurrValueAst02Amt)) > .01 * sum(nl:SchMB/nl:ActrlTotCurrLiabAmt)) or
not(nl:SchMB/nl:ActrlCurrValueAst02Amt) or not(nl:SchMB/nl:ActrlTotCurrLiabAmt))`

Edit Test Requirements - 2018

TEST: B-640MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-SHORT-MTHD-IND](#) contains '1' (shortfall box checked) and ([MB-SHORT-PRD-CNT](#) is blank or ([MB-SHORT-PRD-CNT](#) is greater than the last two digits of the year from the [FILING-HEADER-PLAN-YEAR-BEGIN](#) and is less than 74)).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 5h is checked and Line 5j is blank or (Line 5j has a value greater than the current plan year and is less than 74.)

Acknowledgment Error Message

Warning: On Schedule MB, a shortfall actuarial cost method has been indicated on Line 5h, but either the plan year of first use of that method is not shown on Line 5j or the value entered in Line 5j is greater than the current plan year being reported.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB/nl:ActrlShortMthdInd
='1' and (not(nl:SchMB/nl:ActrlShortPrdCnt) or (nl:SchMB/nl:ActrlShortPrdCnt
xs:integer(substring(string(../nl:FilingHeader/nl:PlanYearBeginDate),3,2))))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB/nl:ActrlShortMthdInd
='1' and (not(nl:SchMB/nl:ActrlShortPrdCnt) or (nl:SchMB/nl:ActrlShortPrdCnt
xs:integer(substring(string(../nl:FilingHeader/nl:PlanYearBeginDate),3,2))))`

Edit Test Requirements - 2018

TEST: B-641MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-431D2-EXT-YRS-CNT](#) is blank or zero and [MB-AMORTZ-EXT-IRS-APPROVED-IND](#) contains "1" (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8d(4) is blank or zero and Line 8d(3) is checked "yes".

Acknowledgment Error Message

Warning: An IRS-approved extension has been indicated on Schedule MB, Line 8d(3), but the length of the extension in Line 8d(4) is missing or equal to zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd = '1' and (not(nl:SchMB/nl:Actrl431D2ExtYrsCnt) or
nl:SchMB/nl:Actrl431D2ExtYrsCnt =0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd = '1' and (not(nl:SchMB/nl:Actrl431D2ExtYrsCnt) or
nl:SchMB/nl:Actrl431D2ExtYrsCnt =0)`

Edit Test Requirements - 2018

TEST: B-642MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-EXT-LETTER-DATE](#) is blank and [MB-AMORTZ-EXT-IRS-APPROVED-IND](#) contains "1" (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8d(5) is blank and Line 8d(3) is checked "yes".

Acknowledgment Error Message

Warning: Schedule MB, Line 8d(5) is blank, but Line 8d(3) is checked "yes."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd ='1' and not(nl:SchMB/nl:ActrlExtLetterDate)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd ='1' and not(nl:SchMB/nl:ActrlExtLetterDate)

Edit Test Requirements - 2018

TEST: B-643MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-AMORTZ-ELIG-6621B-IND](#) is blank and [MB-AMORTZ-EXT-IRS-APPROVED-IND](#) contains '1' (yes)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8d(6) is blank and Line 8d(3) is checked "yes".

Acknowledgment Error Message

Warning: Schedule MB, Line 8d(6) is blank, but Line 8d(3) is checked "yes."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd = '1' and not(nl:SchMB/nl:ActrlAmortzElig6621bInd)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtIRSApprovedInd = '1' and not(nl:SchMB/nl:ActrlAmortzElig6621bInd)

Edit Test Requirements - 2018

TEST: B-644MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when ([MB-NOT-WVRS-OUTSTD-AMT](#) is less than [MB-NOT-WVRS-AMT](#)) or ([MB-NOT-WVRS-AMT](#) is equal to blank and [MB-NOT-WVRS-OUTSTD-AMT](#) is greater than zero).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9c(1)-Balance is less than Line 9c(1)-Amount or Schedule MB, Line 9c(1)-Amount is blank and Line 9c(1)-Balance is greater than zero.

Acknowledgment Error Message

Error: Schedule MB, Line 9c(1) Outstanding balance is less than Line 9c(1)Amount, or Schedule MB, Line 9c(1) Amount is blank and Line 9c(1) Outstanding balance is greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (sum(
nl:SchMB/nl:ActrlNotWvrsOutstdAmt) < sum(nl:SchMB/nl:ActrlNotWvrsAmt) or (not(
nl:SchMB/nl:ActrlNotWvrsAmt) and sum(nl:SchMB/nl:ActrlNotWvrsOutstdAmt) > 0))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (sum(
nl:SchMB/nl:ActrlNotWvrsOutstdAmt) < sum(nl:SchMB/nl:ActrlNotWvrsAmt) or (not(
nl:SchMB/nl:ActrlNotWvrsAmt) and sum(nl:SchMB/nl:ActrlNotWvrsOutstdAmt) > 0))`

Edit Test Requirements - 2018

TEST: B-645MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-FNDNG-WVRS-OUTSTD-AMT](#) is less than [MB-FNDNG-WVRS-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9c(2)-Balance is less than Line 9c(2)-Amount.

Acknowledgment Error Message

Warning: Schedule MB, Line 9c(2)-Balance is less than Line 9c(2)-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlFndngWvrsOutstdAmt < nl:SchMB/nl:ActrlFndngWvrsAmt

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlFndngWvrsOutstdAmt < nl:SchMB/nl:ActrlFndngWvrsAmt

Edit Test Requirements - 2018

TEST: B-646MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-CERTAIN-BASES-OUTSTD-AMT](#) is less than [MB-CERTAIN-BASES-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9c(3)-Balance is less than Line 9c(3)-Amount.

Acknowledgment Error Message

Warning: Schedule MB, Line 9c(3)-Balance is less than Line 9c(3)-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlCertainBasesOutstdAmt < nl:SchMB/nl:ActrlCertainBasesAmt

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlCertainBasesOutstdAmt < nl:SchMB/nl:ActrlCertainBasesAmt

Edit Test Requirements - 2018

TEST: B-647MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-RECONCILIATION-AMT](#) not equal to the difference of ([MB-CERTAIN-BASES-OUTSTD-AMT](#) minus [MB-RECNC-OUTSTD-BAL-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9o(2)(b) is not equal to Line 9c(3)-Balance minus Line 9o(2)(a).

Acknowledgment Error Message

Error: Schedule MB, Line 9o(2)(b) is not equal to Line 9c(3)-Balance minus Line 9o(2)(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlReconciliationAmt) != sum(nl:SchMB/nl:ActrlCertainBasesOutstdAmt) - sum(
nl:SchMB/nl:ActrlRecnclOutstdBalAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlReconciliationAmt) != sum(nl:SchMB/nl:ActrlCertainBasesOutstdAmt) - sum(
nl:SchMB/nl:ActrlRecnclOutstdBalAmt)`

Edit Test Requirements - 2018

TEST: B-649MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-FNDNG-CHRGs-INT-AMT](#) is blank and [MB-PR-YR-FNDNG-DEFN-AMT](#), [MB-NORMAL-COST-AMT](#), [MB-NOT-WVRS-AMT](#), [MB-FNDNG-WVRS-AMT](#), or [MB-CERTAIN-BASES-AMT](#) is greater than zero

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

Acknowledgment Error Message

Warning: Schedule MB, Line 9d is blank and Lines 9a, 9b, 9c(1)-Amount, 9c(2)-Amount or 9c(3)-Amount are greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlFndngChrgsIntAmt) and (nl:SchMB/nl:ActrlPrYrFndngDefnAmt >0 or
nl:SchMB/nl:ActrlNormalCostAmt >0 or nl:SchMB/nl:ActrlNotWvrsAmt >0 or
nl:SchMB/nl:ActrlFndngWvrsAmt >0 or nl:SchMB/nl:ActrlCertainBasesAmt >0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlFndngChrgsIntAmt) and (nl:SchMB/nl:ActrlPrYrFndngDefnAmt >0 or
nl:SchMB/nl:ActrlNormalCostAmt >0 or nl:SchMB/nl:ActrlNotWvrsAmt >0 or
nl:SchMB/nl:ActrlFndngWvrsAmt >0 or nl:SchMB/nl:ActrlCertainBasesAmt >0)`

Edit Test Requirements - 2018

TEST: B-650MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-TOT-RECONCILIATION-AMT](#) not equal to the sum of ([MB-RECNCL-WAIVED-PR-DEFN-AMT](#) plus [MB-RECONCILIATION-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9o(3) is not equal to the sum of Line 9o(1) plus Line 9o(2)(b).

Acknowledgment Error Message

Error: Schedule MB, Line 9o(3) is not equal to the sum of Line 9o(1) plus Line 9o(2)(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlTotReconciliationAmt) != sum(nl:SchMB/nl:ActrlRecnclWaivedPrDefnAmt |
nl:SchMB/nl:ActrlReconciliationAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlTotReconciliationAmt) != sum(nl:SchMB/nl:ActrlRecnclWaivedPrDefnAmt |
nl:SchMB/nl:ActrlReconciliationAmt)`

Edit Test Requirements - 2018

TEST: B-651MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-DIFF-MIN-CONTRIB-AMT](#) contains blank and ([MB-SHORT-MTHD-IND](#) contains "1" (shortfall box checked) or [MB-AMORTZ-BASE-EXT-IND](#) contains "1" (yes)).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8e is blank and Line 5h is checked or Line 8c is checked "yes".

Acknowledgment Error Message

Warning: Schedule MB, Line 8e is blank and Line 5h is checked or Line 8c is checked "yes".

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(
nl:SchMB/nl:ActrlDiffMinContribAmt) and (nl:SchMB/nl:ActrlShortMthdInd ='1' or
nl:SchMB/nl:ActrlAmortzBaseExtInd ='1')

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(
nl:SchMB/nl:ActrlDiffMinContribAmt) and (nl:SchMB/nl:ActrlShortMthdInd ='1' or
nl:SchMB/nl:ActrlAmortzBaseExtInd ='1')

Edit Test Requirements - 2018

TEST: B-652MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-CREDIT-BAL-AMT](#) not equal to the difference of ([MB-TOT-CREDITS-AMT](#) minus [MB-TOT-CHARGES-AMT](#)) and ([MB-TOT-CREDITS-AMT](#) is greater than [MB-TOT-CHARGES-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9l is greater than Line 9e and Line 9m is not equal to Line 9l minus Line 9e.

Acknowledgment Error Message

Error: Schedule MB, Line 9l is greater than Line 9e and Line 9m is not equal to Line 9l minus Line 9e.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlCreditBalAmt) != sum(nl:SchMB/nl:ActrlTotCreditsAmt) - sum (
nl:SchMB/nl:ActrlTotChargesAmt) and sum(nl:SchMB/nl:ActrlTotChargesAmt) < sum(
nl:SchMB/nl:ActrlTotCreditsAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlCreditBalAmt) != sum(nl:SchMB/nl:ActrlTotCreditsAmt) - sum (
nl:SchMB/nl:ActrlTotChargesAmt) and sum(nl:SchMB/nl:ActrlTotChargesAmt) < sum(
nl:SchMB/nl:ActrlTotCreditsAmt)`

Edit Test Requirements - 2018

TEST: B-653MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-CURR-FNDNG-DEFN-AMT](#) not equal to the difference of ([MB-TOT-CHARGES-AMT](#) minus [MB-TOT-CREDITS-AMT](#)) and ([MB-TOT-CHARGES-AMT](#) is greater than [MB-TOT-CREDITS-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9e is greater than Line 9l and Line 9n is not equal to Line 9e minus Line 9l.

Acknowledgment Error Message

Error: Schedule MB, Line 9e is greater than Line 9l and Line 9n is not equal to Line 9e minus Line 9l.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlCurrFndngDefnAmt) != sum(nl:SchMB/nl:ActrlTotChargesAmt) - sum (
nl:SchMB/nl:ActrlTotCreditsAmt) and sum(nl:SchMB/nl:ActrlTotCreditsAmt) < sum(
nl:SchMB/nl:ActrlTotChargesAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchMB/nl:ActrlCurrFndngDefnAmt) != sum(nl:SchMB/nl:ActrlTotChargesAmt) - sum (
nl:SchMB/nl:ActrlTotCreditsAmt) and sum(nl:SchMB/nl:ActrlTotCreditsAmt) < sum(
nl:SchMB/nl:ActrlTotChargesAmt)`

Edit Test Requirements - 2018

TEST: B-654SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-CARRYOVER-PR-YR-TOT-AMT](#) not equal to the difference of [SB-CARRYOVER-PR-YR-AMT](#) minus [SB-CARRYOVER-USED-PR-YR-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 9(a) is not equal to Line 7(a) minus Line 8(a).

Acknowledgment Error Message

Error: Schedule SB, Line 9(a) is not equal to Line 7(a) minus Line 8(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlCarryoverPrYrTotAmt) != sum(nl:SchSB/nl:ActrlCarryoverPrYrAmt) - sum(
nl:SchSB/nl:ActrlCarryoverUsedPrYrAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlCarryoverPrYrTotAmt) != sum(nl:SchSB/nl:ActrlCarryoverPrYrAmt) - sum(
nl:SchSB/nl:ActrlCarryoverUsedPrYrAmt)`

Edit Test Requirements - 2018

TEST: B-655SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-PRE-FNDNG-PR-YR-TOT-AMT](#) not equal to the difference of [SB-PRE-FNDNG-PR-YR-AMT](#) minus [SB-PRE-FNDNG-USED-PR-YR-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 9(b) is not equal to Line 7(b) minus Line 8(b).

Acknowledgment Error Message

Error: Schedule SB, Line 9(b) is not equal to Line 7(b) minus Line 8(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlPreFndngPrYrTotAmt) != sum(nl:SchSB/nl:ActrlPreFndngPrYrAmt) - sum(
nl:SchSB/nl:ActrlPreFndngUsedPrYrAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlPreFndngPrYrTotAmt) != sum(nl:SchSB/nl:ActrlPreFndngPrYrAmt) - sum(
nl:SchSB/nl:ActrlPreFndngUsedPrYrAmt)`

Edit Test Requirements - 2018

TEST: B-656SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-EXCESS-CONTRIB-INT-AMT](#) is blank and [SB-EXCESS-CONTRIB-AMT](#) is greater than zero

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 11b(1)(b) is blank and Line 11a(b) is greater than zero.

Acknowledgment Error Message

Warning: Schedule SB, Line 11b(1)(b) is blank and Line 11a(b) is greater than zero.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchSB/nl:ActrlExcessContribIntAmt) and nl:SchSB/nl:ActrlExcessContribAmt >0

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchSB/nl:ActrlExcessContribIntAmt) and nl:SchSB/nl:ActrlExcessContribAmt >0

Edit Test Requirements - 2018

TEST: B-657SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-EXCESS-CONTRIB-ADDED-AMT](#) is greater than [SB-EXCESS-CONTRIB-AVAIL-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 11d(b) is greater than Line 11c(b).

Acknowledgment Error Message

Error: Schedule SB, Line 11d(b) is greater than Line 11c(b).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlExcessContribAddedAmt) > sum(nl:SchSB/nl:ActrlExcessContribAvailAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlExcessContribAddedAmt) > sum(nl:SchSB/nl:ActrlExcessContribAvailAmt)

Edit Test Requirements - 2018

TEST: B-660SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-FNDNG-SHORT-IND](#) contains '1' (yes) and [SB-QRTLY-INSTALL-IND](#) is blank

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 20a is "yes" and Line 20b is blank.

Acknowledgment Error Message

Warning: Schedule SB, Line 20a is checked "yes," but Line 20b is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlFndngShortInd
= '1' and not(nl:SchSB/nl:ActrlQrtlyInstallInd)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlFndngShortInd
= '1' and not(nl:SchSB/nl:ActrlQrtlyInstallInd)`

Edit Test Requirements - 2018

TEST: B-661SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-CONTRIB-ALLOC-PR-YR-02-AMT](#) not equal to [SB-CONTRIB-ALLOC-PR-YR-01-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 29 is not equal to Line 19a.

Acknowledgment Error Message

Warning: Schedule SB, Line 29 is not equal to Line 19a.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlContribAllocPrYr02Amt) != sum(nl:SchSB/nl:ActrlContribAllocPrYr01Amt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlContribAllocPrYr02Amt) != sum(nl:SchSB/nl:ActrlContribAllocPrYr01Amt)

Edit Test Requirements - 2018

TEST: B-662SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-UNPAID-MIN-RQD-TOT-AMT](#) not equal to the difference of [SB-UNPAID-PR-YR-CONTRIB-AMT](#) minus [SB-CONTRIB-ALLOC-PR-YR-02-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 30 is not equal to Line 28 minus Line 29.

Acknowledgment Error Message

Error: Schedule SB, Line 30 is not equal to Line 28 minus Line 29.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlUnpaidMinRqdTotAmt) != sum(nl:SchSB/nl:ActrlUnpaidPrYrContribAmt) - sum(
nl:SchSB/nl:ActrlContribAllocPrYr02Amt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlUnpaidMinRqdTotAmt) != sum(nl:SchSB/nl:ActrlUnpaidPrYrContribAmt) - sum(
nl:SchSB/nl:ActrlContribAllocPrYr02Amt)`

Edit Test Requirements - 2018

TEST: B-664SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-FNDNG-RQMT-TOT-AMT](#) not equal to the sum of (([SB-TGT-NRML-COST-02-AMT](#) minus [SB-MIN-REQ-CONTRIB-EXCESS-ASSETS-AMT](#)) plus ([SB-SHORT-AMORTZ-AMT](#) plus [SB-WVRS-AMORTZ-AMT](#))) minus [SB-WAIVED-AMT](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 34 is not equal to ((Line 31a minus Line 31b) plus 32a-Installment plus 32b-Installment) minus Line 33.

Acknowledgment Error Message

Error: Schedule SB, Line 34 is not equal to ((Line 31a - Line 31b) plus Line 32a plus Line 32b) minus Line 33.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(
nl:SchSB/nl:ActrlFndngRqmtTotAmt) != sum(nl:SchSB/nl:ActrlTgtNrmlCost02Amt |
nl:SchSB/nl:ActrlShortAmortzAmt | nl:SchSB/nl:ActrlWvrsAmortzAmt) - sum(
nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt | nl:SchSB/nl:ActrlWaivedAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(
nl:SchSB/nl:ActrlFndngRqmtTotAmt) != sum(nl:SchSB/nl:ActrlTgtNrmlCost02Amt |
nl:SchSB/nl:ActrlShortAmortzAmt | nl:SchSB/nl:ActrlWvrsAmortzAmt) - sum(
nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt | nl:SchSB/nl:ActrlWaivedAmt)

Edit Test Requirements - 2018

TEST: B-665SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-CONTRIB-ALLOC-CURR-YR-02-AMT](#) not equal to [SB-CONTRIB-ALLOC-CURR-YR-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 37 is not equal to Line 19c.

Acknowledgment Error Message

Warning: Schedule SB, Line 37 is not equal to Line 19c.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlContribAllocCurrYrAmt and not (nl:SchSB/nl:ActrlContribAllocCurrYrAmt =
nl:SchSB/nl:ActrlContribAllocCurrYr02Amt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlContribAllocCurrYrAmt and not (nl:SchSB/nl:ActrlContribAllocCurrYrAmt =
nl:SchSB/nl:ActrlContribAllocCurrYr02Amt)

Edit Test Requirements - 2018

TEST: B-667SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ((SB-ADDL-CASH-TOT-AMT minus SB-CONTRIB-ALLOC-CURR-YR-02-AMT is less than zero) and SB-UNPAID-MIN-CONTRIB-CURR-YR-TOT-AMT is not equal to zero) or ((SB-ADDL-CASH-TOT-AMT minus SB-CONTRIB-ALLOC-CURR-YR-02-AMT is greater than or equal to zero) and (SB-ADDL-CASH-TOT-AMT minus SB-CONTRIB-ALLOC-CURR-YR-02-AMT is not equal to SB-UNPAID-MIN-CONTRIB-CURR-YR-TOT-AMT))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 36 minus Line 37 is less than zero and Line 39 is not equal to zero or Line 36 minus Line 37 is greater than or equal to zero, but Line 39 does not equal Line 36 minus Line 37.

Acknowledgment Error Message

Warning: Schedule SB, Line 39 must be equal to zero when Line 36 minus Line 37 is less than zero. Otherwise, Line 39 must equal Lines 36 minus 37.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt) >0 and sum(nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt) != sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt)) or (sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt) <=0 and sum(nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt) != 0))

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt) >0 and sum(nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt) != sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt)) or (sum(nl:SchSB/nl:ActrlAddlCashTotAmt) - sum(nl:SchSB/nl:ActrlContribAllocCurrYr02Amt) <=0 and sum(nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt) != 0))

Edit Test Requirements - 2018

TEST: B-668MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when ([MB-AMORTZ-CR-OUTSTD-BAL-AMT](#) is greater than zero and [MB-AMORTZ-CREDITS-AMT](#) is blank) or ([MB-AMORTZ-CR-OUTSTD-BAL-AMT](#) is greater than zero and is less than [MB-AMORTZ-CREDITS-AMT](#)).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 9h-Balance is greater than zero and Line 9h-Amount is blank or line 9h-Balance is greater than zero and is less than Line 9h-Amount.

Acknowledgment Error Message

Error: Schedule MB, Line 9h Outstanding balance is greater than zero and either 9h-Amount is blank or 9h-Amount is greater than Line 9h Outstanding balance.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlAmortzCrOutstdBalAmt)>0 and (not(nl:SchMB/nl:ActrlAmortzCreditsAmt) or
sum(nl:SchMB/nl:ActrlAmortzCrOutstdBalAmt) < sum(nl:SchMB/nl:ActrlAmortzCreditsAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlAmortzCrOutstdBalAmt)>0 and (not(nl:SchMB/nl:ActrlAmortzCreditsAmt) or
sum(nl:SchMB/nl:ActrlAmortzCrOutstdBalAmt) < sum(nl:SchMB/nl:ActrlAmortzCreditsAmt))`

Edit Test Requirements - 2018

TEST: B-669SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-WVRS-AMORTZ-AMT](#) is greater than zero and [SB-WVRS-AMORTZ-OUTSTD-AMT](#) is less than [SB-WVRS-AMORTZ-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 32b-Balance is less than Schedule SB, Line 32b-Installment when Line 32b-Installment is greater than zero.

Acknowledgment Error Message

Warning: Schedule SB, Line 32b-Balance is less than Schedule SB, Line 32b-Installment when Line 32b-Installment is greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlWvrsAmortzOutstdAmt) < sum(nl:SchSB/nl:ActrlWvrsAmortzAmt) and
nl:SchSB/nl:ActrlWvrsAmortzAmt >0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlWvrsAmortzOutstdAmt) < sum(nl:SchSB/nl:ActrlWvrsAmortzAmt) and
nl:SchSB/nl:ActrlWvrsAmortzAmt >0`

Edit Test Requirements - 2018

TEST: B-670MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when both [MB-CURR-FNDNG-DEFN-AMT](#) and [MB-CREDIT-BAL-AMT](#) are completed.

Bypasses

C G I N P R W X Z

Explanation

Fail when both Schedule MB, Lines 9n and 9m are completed.

Acknowledgment Error Message

Error: Schedule MB, Lines 9n and 9m cannot both be completed.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlCurrFndngDefnAmt and nl:SchMB/nl:ActrlCreditBalAmt

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlCurrFndngDefnAmt and nl:SchMB/nl:ActrlCreditBalAmt

Edit Test Requirements - 2018

TEST: B-671 Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [COLLECTIVE-BARGAIN-IND](#) is not checked and [TYPE-PLAN-ENTITY-CD](#) = 1.

Bypasses

C G I N P R W X Z

Explanation

The plan has been identified in Form 5500, Line A as multiemployer, but the collective-bargaining indicator in Line C has not been checked.

Acknowledgment Error Message

Error: Form 5500, Line A indicates that the return/report is for a multiemployer plan, but the collective-bargaining plan indicator in Line C has not been checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:Form5500/nl:CollectiveBargainInd = '1') and nl:Form5500/nl:TypePlanEntityCd = '1'

Edit Test Requirements - 2018

TEST: B-672SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-ADDL-CASH-TOT-AMT](#) not equal to ([SB-FNDNG-RQMT-TOT-AMT](#) minus [SB-OFFSET-AMT](#)) unless [SB-ADDL-CASH-TOT-AMT](#) equals zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 36 is not equal to Line 34 minus Line 35.

Acknowledgment Error Message

Warning: If Schedule SB, Line 34 exceeds Line 35, Line 36 must equal Line 34 minus Line 35. However, if Line 35 exceeds Line 34, Line 36 should equal zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(nl:SchSB/nl:ActrlAddlCashTotAmt=0) and (sum(nl:SchSB/nl:ActrlAddlCashTotAmt) != sum(
nl:SchSB/nl:ActrlFndngRqmtTotAmt) - sum(nl:SchSB/nl:ActrlOffsetAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(nl:SchSB/nl:ActrlAddlCashTotAmt=0) and (sum(nl:SchSB/nl:ActrlAddlCashTotAmt) != sum(
nl:SchSB/nl:ActrlFndngRqmtTotAmt) - sum(nl:SchSB/nl:ActrlOffsetAmt))`

Edit Test Requirements - 2018

TEST: B-673SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

If [SB-PLAN-AT-RISK-IND](#) equals 1 or [SB-TGT-DISREGARD-ASSUMP-AMT](#) contains an entry or [SB-TGT-REFLECT-ASSUMP-AMT](#) contains an entry, then [SB-PLAN-AT-RISK-IND](#) must equal 1 and [SB-TGT-DISREGARD-ASSUMP-AMT](#) and [SB-TGT-REFLECT-ASSUMP-AMT](#) must both contain entries

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 4 is checked and Lines 4a, and 4b are not completed for plans in "at risk" status. If the plan is not in "at risk" status, Line 4 must be unchecked and Lines 4a and 4b must be blank.

Acknowledgment Error Message

Warning: Schedule SB, Line 4 must be checked and Lines 4a, and 4b must be completed for plans in "at risk" status. If the plan is not in "at risk" status, Line 4 must be unchecked and Lines 4a and 4b must be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((
nl:SchSB/nl:ActrlPlanAtRiskInd = '1' and not (nl:SchSB/nl:ActrlTgtReflectAssumpAmt and
nl:SchSB/nl:ActrlTgtDisregardAssumpAmt)) or (not(nl:SchSB/nl:ActrlPlanAtRiskInd = '1') and
exists(nl:SchSB/nl:ActrlTgtReflectAssumpAmt | nl:SchSB/nl:ActrlTgtDisregardAssumpAmt)))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((
nl:SchSB/nl:ActrlPlanAtRiskInd = '1' and not (nl:SchSB/nl:ActrlTgtReflectAssumpAmt and
nl:SchSB/nl:ActrlTgtDisregardAssumpAmt)) or (not(nl:SchSB/nl:ActrlPlanAtRiskInd = '1') and
exists(nl:SchSB/nl:ActrlTgtReflectAssumpAmt | nl:SchSB/nl:ActrlTgtDisregardAssumpAmt)))`

Edit Test Requirements - 2018

TEST: B-674 Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [PEN-CONTRIB-EMPLR-NAME](#) is blank and ([TYPE-PLAN-ENTITY-CD](#) contains "1" and [TYPE-PENSION-BNFT-CODE](#) contains "1x") and [CONTRIB-EMPLRS-CNT](#) is greater than zero and less than 20.

Bypasses

C G I P R W X Z

Explanation

Fail when fewer than twenty contributing employers to a multiemployer defined benefit plan have been identified, meaning that at least one contributed more than 5% of total contributions to the plan during the plan year. However, no employers have been identified on Schedule R, Line 13a.

Acknowledgment Error Message

Error: Schedule R, Line 13a cannot be blank when Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit) and Form 5500, Line 7 is less than 20.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and not (nl:SchR/nl:PenContribEmployer/nl:Name) and
nl:Form5500/nl:ContribEmployersCnt 0 and nl:Form5500/nl:TypePlanEntityCd = '1' and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains (.,'1')]`

Edit Test Requirements - 2018

TEST: B-675 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

When [PEN-AVERAGE-DURATION-CD](#) contains blank and either ([PEN-INVST-GRADE-DEBT-PRCNT](#) or [PEN-HI-YLD-DEBT-PRCNT](#)) is greater than zero.

Bypasses

C G I P R W X Z

Explanation

Fail when a percent of plan assets are held as Investment-Grade Debt or High-Yield Debt and no average duration is provided.

Acknowledgment Error Message

Warning: Schedule R, Line 19b is blank, but a percentage greater than zero is entered in Line 19a Investment-Grade Debt or High-Yield Debt.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and not (nl:SchR/nl:PenAverageDurationCd) and (
nl:SchR/nl:PenInvstGradeDebtPrcnt >0 or nl:SchR/nl:PenHiYldDebtPrcnt >0)

Edit Test Requirements - 2018

TEST: B-676SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

When [SB-EXCESS-CONTRIB-INT-AMT](#) is greater than zero and [SB-EXCESS-CONTRIB-INT-PRCNT](#) is blank or zero.

Bypasses

C G I N P R W X Z

Explanation

Interest on excess contributions is reported on Schedule SB, Line 11b(1)(b) but no prior year's effective rate is provided.

Acknowledgment Error Message

Warning: Schedule SB, Line 11b(1) Percent is blank or zero but Line 11b(1)(b) is greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlExcessContribIntAmt >0 and (not(nl:SchSB/nl:ActrlExcessContribIntPrct) or
nl:SchSB/nl:ActrlExcessContribIntPrct=0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlExcessContribIntAmt >0 and (not(nl:SchSB/nl:ActrlExcessContribIntPrct) or
nl:SchSB/nl:ActrlExcessContribIntPrct=0)`

Edit Test Requirements - 2018

TEST: B-677MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When ([MB-PLAN-FUNDED-PRCNT](#) is not equal to ([MB-AST-FNDNG-STD-AMT](#) divided by [MB-ACCR-LIAB-UNIT-CREDIT-MTHD-AMT](#)) plus or minus 1%) or ([MB-PLAN-FUNDED-PRCNT](#) or [MB-AST-FNDNG-STD-AMT](#) or [MB-ACCR-LIAB-UNIT-CREDIT-MTHD-AMT](#) is blank).

Bypasses

C G I N P R W X Z

Explanation

Fail when Line 4a does not equal Line 1b(2) divided by Line 1c(3), or any of Lines 4a, 1b(2), or 1c(3) are blank.

Acknowledgment Error Message

Error: Schedule MB, Line 4a is not equal to Line 1b(2) divided by Line 1c(3), or at least one of Lines 4a, 1b(2), or 1c(3) are blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB and (count(
nl:SchMB/nl:ActrlPlanFundedPrct | nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt |
nl:SchMB/nl:ActrlAstFndngStdAmt) .01 * sum(nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB and (count(
nl:SchMB/nl:ActrlPlanFundedPrct | nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt |
nl:SchMB/nl:ActrlAstFndngStdAmt) .01 * sum(nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt))`

Edit Test Requirements - 2018

TEST: B-678MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

When [MB-PLAN-RISK-STATUS-CD](#) contains "C" or "D" and (([MB-REDUCED-BNFT-IND](#) does not equal "1" or "2") or ([MB-REDUCED-BNFT-IND](#) = "1" and [MB-REDUCED-BNFT-AMT](#) is blank or less than zero. (Zero is not equal to blank))).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 4b contains "C" or "D", but either Line 4d was not checked "Yes" or "No", or Line 4d was checked "Yes" but reduction in liability of zero or greater is not reported in Line 4e.

Acknowledgment Error Message

Error: Schedule MB, Line 4d must be completed when Line 4b contains "C" or "D" and Line 4e cannot be blank or less than zero when Line 4d is checked "Yes".

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlPlanRiskStatusCd = 'C' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'D') and (
not(nl:SchMB/nl:ActrlReducedBnftInd) or (nl:SchMB/nl:ActrlReducedBnftInd = '1' and
(sum(nl:SchMB/nl:ActrlReducedBnftAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlPlanRiskStatusCd = 'C' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'D') and (
not(nl:SchMB/nl:ActrlReducedBnftInd) or (nl:SchMB/nl:ActrlReducedBnftInd = '1' and
(sum(nl:SchMB/nl:ActrlReducedBnftAmt)`

Edit Test Requirements - 2018

TEST: B-679MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

When [MB-AMORTZ-EXT-AUTO-IND](#) equals "1" and [MB-431D1-EXT-YRS-CNT](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when an amortization period extension was granted but the length of the extension is not provided.

Acknowledgment Error Message

Warning: Schedule MB, Line 8d(1) is checked "yes," but Line 8d(2) is blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtAutoInd = '1' and not(nl:SchMB/nl:Actrl431D1ExtYrsCnt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlAmortzExtAutoInd = '1' and not(nl:SchMB/nl:Actrl431D1ExtYrsCnt)

Edit Test Requirements - 2018

TEST: B-681MB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-SHORT-MTHD-IND](#) contains '1' and ([MB-ATT-AGE-NRML-MTHD-IND](#), [MB-ENTRY-AGE-NRML-MTHD-IND](#), [MB-ACCR-BNFT-MTHD-IND](#), [MB-AGGREG-MTHD-IND](#), [MB-FRZN-INIT-LIAB-MTHD-IND](#), [MB-INDIV-LVL-PREM-MTHD-IND](#), [MB-INDIV-AGGREG-MTHD-IND](#), and [MB-OTH-COST-MTHD-IND](#)) are blank

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 5h is checked, and at least one of Lines 5a through 5g or 5i are not checked.

Acknowledgment Error Message

Error: At least one of Schedule MB, Lines 5a through 5g or 5i must be checked when Line 5h is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:ActrlShortMthdInd
='1') and not(nl:SchMB/nl:ActrlAttAgeNrmlMthdInd = '1' or nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd
='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd = '1' or nl:SchMB/nl:ActrlAggregMthdInd = '1' or
nl:SchMB/nl:ActrlFrznInitLiabMthdInd = '1' or nl:SchMB/nl:ActrlIndivLvlPremMthdInd = '1' or
nl:SchMB/nl:ActrlIndivAggregMthdInd = '1' or nl:SchMB/nl:ActrlOthCostMthdInd = '1')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:ActrlShortMthdInd
='1') and not(nl:SchMB/nl:ActrlAttAgeNrmlMthdInd = '1' or nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd
='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd = '1' or nl:SchMB/nl:ActrlAggregMthdInd = '1' or
nl:SchMB/nl:ActrlFrznInitLiabMthdInd = '1' or nl:SchMB/nl:ActrlIndivLvlPremMthdInd = '1' or
nl:SchMB/nl:ActrlIndivAggregMthdInd = '1' or nl:SchMB/nl:ActrlOthCostMthdInd = '1')`

Edit Test Requirements - 2018

TEST: B-682MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-OTH-COST-MTHD-IND](#) contains "1" and [MB-OTH-COST-MTHD-TEXT](#) is blank

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 5i is checked, but Line 5i specify is blank.

Acknowledgment Error Message

Warning: Schedule MB, Line 5i (specify) must be completed when Line 5i is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB/nl:ActrlOthCostMthdInd
='1' and string-length(nl:SchMB/nl:ActrlOthCostMthdText)=0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB/nl:ActrlOthCostMthdInd
='1' and string-length(nl:SchMB/nl:ActrlOthCostMthdText)=0`

Edit Test Requirements - 2018

TEST: B-683SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ([SB-CTRL-VALUE-AST-AMT](#) divided by [SB-CURR-VALUE-AST-01-AMT](#) is less than 89.9% or greater than 110.1%) or ([SB-CTRL-VALUE-AST-AMT](#) or [SB-CURR-VALUE-AST-01-AMT](#) is blank).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB Line 2b divided by Line 2a is less than 90% or greater than 110% or at least one of Lines 2a or 2b are blank.

Acknowledgment Error Message

Warning: Schedule SB, Line 2b cannot exceed 110% of the value of Line 2a and cannot be less than 90% of the value of 2a and neither Line 2a nor Line 2b can be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and (count(
nl:SchSB/nl:ActrlCurrValueAst01Amt | nl:SchSB/nl:ActrlValueAstAmt) .101 *
sum(nl:SchSB/nl:ActrlCurrValueAst01Amt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and (count(
nl:SchSB/nl:ActrlCurrValueAst01Amt | nl:SchSB/nl:ActrlValueAstAmt) .101 *
sum(nl:SchSB/nl:ActrlCurrValueAst01Amt))`

Edit Test Requirements - 2018

TEST: B-684SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-EXCESS-CONTRIB-AVAIL-AMT](#) is not equal to [SB-EXCESS-CONTRIB-AMT](#) plus [SB-EXCESS-CONTRIB-INT-AMT](#) plus [SB-INT-PRIOR-YEAR-ACTUAL-AMT](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 11c(b) is not equal to the sum of Lines 11a(b), 11b(1)(b) and 11b(2)(b).

Acknowledgment Error Message

Error: Schedule SB, Line 11c(b) must equal the sum of Lines 11a(b) plus 11b(1)(b) plus 11b(2)(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlExcessContribAvailAmt) != sum(nl:SchSB/nl:ActrlExcessContribAmt |
nl:SchSB/nl:ActrlExcessContribIntAmt | nl:SchSB/nl:ActrlPriorYearActualAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlExcessContribAvailAmt) != sum(nl:SchSB/nl:ActrlExcessContribAmt |
nl:SchSB/nl:ActrlExcessContribIntAmt | nl:SchSB/nl:ActrlPriorYearActualAmt)`

Edit Test Requirements - 2018

TEST: B-685SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-PRE-FNDNG-REDUCTION-AMT](#) does not equal blank or zero and [SB-CARRYOVER-BOY-TOT-AMT](#) is greater than zero

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 12b is not blank or zero and Line 13a is greater than zero.

Acknowledgment Error Message

Warning: Schedule SB, Line 12b must be blank or zero when Line 13a is greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(
nl:SchSB/nl:ActrlPreFndngReductionAmt) = 0) and nl:SchSB/nl:ActrlCarryoverBoyTotAmt >0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(
nl:SchSB/nl:ActrlPreFndngReductionAmt) = 0) and nl:SchSB/nl:ActrlCarryoverBoyTotAmt >0`

Edit Test Requirements - 2018

TEST: B-686SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when (SB-PLAN-AT-RISK-IND does not contain "1" and SB-FNDNG-TGT-PRCNT does not equal (((SB-ACTRL-VALUE-AST-AMT minus (SB-CARRYOVER-BOY-TOT-AMT plus SB-PRE-FNDNG-BOY-TOT-AMT)) divided by SB-TOT-FNDNG-TGT-AMT) plus or minus 1 percent) or (SB-FNDNG-TGT-PRCNT or SB-ACTRL-VALUE-AST-AMT or SB-TOT-FNDNG-TGT-AMT is blank) unless SB-VALUE-DATE does not equal SB-PLAN-YEAR-BEGIN-DATE or SB-FNDNG-TGT-PRCNT = 999.99.

Bypasses

C G I N P R W X Z

Explanation

Line 1 equals the first day of the plan year and Schedule SB, Line 4 is not checked and Line 14 is not equal to (Line 2(b) minus (Line 13(a) plus Line 13(b))) divided by Line 3(d)(3) or at least one of Lines 14, 2(b), or 3(d)(3) are blank.

Acknowledgment Error Message

Warning: When the valuation date is the first day of the plan year, Schedule SB, Line 14 must equal Line 2(b) minus the sum of Lines 13(a) and 13(b) divided by Line 3(d)(3) when Line 4 is not checked and none of Lines 14, 2(b), or 3(d)(3) can be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1' or
nl:SchSB/nl:ActrlFndngTgtPrct=999.99) and not(nl:SchSB/nl:ActrlPlanAtRiskInd = '1') and nl:SchSB
and nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and (count(
nl:SchSB/nl:ActrlFndngTgtPrct | nl:SchSB/nl:ActrlTotFndgTgtAmt | nl:SchSB/nl:ActrlValueAstAmt)
.01 * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1' or
nl:SchSB/nl:ActrlFndngTgtPrct=999.99) and not(nl:SchSB/nl:ActrlPlanAtRiskInd = '1') and nl:SchSB
and nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and (count(
nl:SchSB/nl:ActrlFndngTgtPrct | nl:SchSB/nl:ActrlTotFndgTgtAmt | nl:SchSB/nl:ActrlValueAstAmt)
.01 * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt))`

Edit Test Requirements - 2018

TEST: B-687SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ([SB-PLAN-AT-RISK-IND](#) contains "1" and [SB-FNDNG-TGT-PRCNT](#) does not equal ((([SB-CTRL-VALUE-AST-AMT](#) minus ([SB-CARRYOVER-BOY-TOT-AMT](#) plus [SB-PRE-FNDNG-BOY-TOT-AMT](#))) divided by [SB-TGT-DISREGARD-ASSUMP-AMT](#)) plus or minus 1 percent) or ([SB-FNDNG-TGT-PRCNT](#) or [SB-CTRL-VALUE-AST-AMT](#) or [SB-TGT-DISREGARD-ASSUMP-AMT](#) is blank) unless [SB-VALUE-DATE](#) does not equal [SB-PLAN-YEAR-BEGIN-DATE](#) or [SB-FNDNG-TGT-PRCNT](#) = 999.99.

Bypasses

C G I N P R W X Z

Explanation

Line 1 equals the first day of the plan year and Schedule SB, Line 4 is checked and Line 14 is not equal to (Line 2(b) minus (Line 13(a) plus Line 13(b))) divided by Line 4(a) or at least one of Lines 14, 2(b), or 4(a) are blank.

Acknowledgment Error Message

Warning: Either Schedule SB, Line 14 does not equal Line 2(b) minus the sum of (Lines 13(a) and 13(b)) divided by Line 4(a), or at least one of Lines 14, 2(b), or 4(a) are blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(nl:SchSB/nl:ActrlFndngTgtPrct=999.99) and nl:SchSB/nl:ActrlPlanAtRiskInd = '1' and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and (count(nl:SchSB/nl:ActrlFndngTgtPrct
| nl:SchSB/nl:ActrlTgtDisregardAssumpAmt | nl:SchSB/nl:ActrlValueAstAmt) .01 * sum(
nl:SchSB/nl:ActrlTgtDisregardAssumpAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(nl:SchSB/nl:ActrlFndngTgtPrct=999.99) and nl:SchSB/nl:ActrlPlanAtRiskInd = '1' and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and (count(nl:SchSB/nl:ActrlFndngTgtPrct
| nl:SchSB/nl:ActrlTgtDisregardAssumpAmt | nl:SchSB/nl:ActrlValueAstAmt) .01 * sum(
nl:SchSB/nl:ActrlTgtDisregardAssumpAmt))`

Edit Test Requirements - 2018

TEST: B-688SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-ALT-FNDNG-RULES-CD](#) equals "4" and [ATTACHMENT-TYPE](#)= 'SchSBBalSubjectToPBGC' (Balances Subject to Binding Agreement with PBGC) not included

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 27 equals 4 and attachment "Schedule SB, Item 27 - Balances Subject to Binding Agreement with PBGC" is missing.

Acknowledgment Error Message

Error: Schedule SB, Line 27 equals "4" and the Balances Subject to Binding Agreement with PBGC (Attachment[AttachmentTypeCode='SchSBBalSubjectToPBGC']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlAltFndngRulesCd = '4' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode
= 'SchSBBalSubjectToPBGC'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlAltFndngRulesCd = '4' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode
= 'SchSBBalSubjectToPBGC'])`

Edit Test Requirements - 2018

TEST: B-689SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ([SB-YIELD-CURVE-IND](#) is blank and ([SB-1ST-SEG-RATE-PRCNT](#) or [SB-2ND-SEG-RATE-PRCNT](#) or [SB-3RD-SEG-RATE-PRCNT](#) is blank)) or (([SB-YIELD-CURVE-IND](#) equals "1" and ([SB-1ST-SEG-RATE-PRCNT](#) or [SB-2ND-SEG-RATE-PRCNT](#) or [SB-3RD-SEG-RATE-PRCNT](#) contains a value))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 21a is checked and any of the segment rates fields are not blank or Line 21a is not checked and any of the three segment rate fields are blank.

Acknowledgment Error Message

Warning: Either Schedule SB, Line 21a (N/A, full yield curve used) is checked and the segment rate fields are not blank or Line 21a (N/A, full yield curve used) is not checked and the segment rate fields are blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and ((
nl:SchSB/nl:ActrlYieldCurveInd = '1' and exists(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct)) or (not(
nl:SchSB/nl:ActrlYieldCurveInd = '1') and count(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct) != 3))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and ((
nl:SchSB/nl:ActrlYieldCurveInd = '1' and exists(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct)) or (not(
nl:SchSB/nl:ActrlYieldCurveInd = '1') and count(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct) != 3))`

Edit Test Requirements - 2018

TEST: B-690SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-APPLICABLE-MONTH-CD](#) is not blank and [SB-1ST-SEG-RATE-PRCNT](#) and [SB-2ND-SEG-RATE-PRCNT](#) and [SB-3RD-SEG-RATE-PRCNT](#) are blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 21b contains a code and no information was provided in Line 21a, 1st Segment, 2nd Segment, or 3rd Segment Rate Percents.

Acknowledgment Error Message

Warning: Schedule SB, Line 21b contains a code but no information was provided in Line 21a, 1st Segment, 2nd Segment or 3rd Segment Rate Percents.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlApplicableMonthCd and not(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlApplicableMonthCd and not(nl:SchSB/nl:Actrl1stSegRatePrct |
nl:SchSB/nl:Actrl2ndSegRatePrct | nl:SchSB/nl:Actrl3rdSegRatePrct)`

Edit Test Requirements - 2018

TEST: B-691SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-WEIGHTED-RTM-AGE](#) is greater than zero and [ATTACHMENT-TYPE](#)= 'WeightedAvgRtmtAge' (Description of Weighted Average Retirement Age) not included

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 22 is not blank and attachment "Schedule SB, Item 22 - Description of Weighted Average Retirement Age" is not provided.

Acknowledgment Error Message

Warning: Schedule SB, Line 22 is greater than zero and the Weighted Average Retirement Age (Attachment [AttachmentTypeCode='WeightedAvgRtmtAge']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlWeightedRtmAge
>0 and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='WeightedAvgRtmtAge'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlWeightedRtmAge
>0 and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='WeightedAvgRtmtAge'])`

Edit Test Requirements - 2018

TEST: B-692SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when Schedule R attached and [TYPE-PENSION-BNFT-CODE](#) contains "1x" and [PEN-BNFT-DISTRIB-SNGL-SUM-CNT](#) is blank

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R is submitted and Form 5500, Line 8a contains "1x" (Defined Benefit) and Schedule R, Line 3 is blank.

Acknowledgment Error Message

Warning: Schedule R, Line 3 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:SchR and not(nl:SchR/nl:PenBnftDistribSnglSumCnt) and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(., '1')]

Edit Test Requirements - 2018

TEST: B-693 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when Schedule R attached and [TYPE-PENSION-BNFT-CODE](#) contains "1x" and [PEN-AMDMT-INCR-VAL-BNFT-CD](#) is blank

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R is submitted and Form 5500, Line 8a contains "1x" (Defined Benefit) and Schedule R, Line 9 is blank.

Acknowledgment Error Message

Warning: Schedule R, Line 9 cannot be blank when Form 5500, Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:SchR and not(nl:SchR/nl:PenAmdmtIncrValBnftInd) and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(., '1')]`

Edit Test Requirements - 2018

TEST: B-694SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [PEN-CONTRIB-EMPLR-BASE-CD](#) equals "4" and [PEN-CONTRIB-EMPLR-OTH-BASE-TEXT](#) is blank

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 13e (2) has a value of 4, and Line 13e (2) - Text is blank.

Acknowledgment Error Message

Error: Schedule R, Line 13e(2) - Text cannot be blank when Line 13e(2) (Other) is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:SchR/nl:PenContribEmployer [nl:BaseCd='4' and string-length(
nl:OtherBaseUnitText)=0]`

Edit Test Requirements - 2018

TEST: B-695SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-CARRYOVER-REDUCTION-AMT](#) greater than ([SB-CARRYOVER-PR-YR-TOT-AMT](#) plus [SB-INT-PR-YR-CARRYOVER-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 12a is greater than the sum of Line 9a and Line 10a.

Acknowledgment Error Message

Warning: Schedule SB, Line 12a cannot be greater than the sum of (Line 9a plus Line 10a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlCarryoverReductionAmt > sum(nl:SchSB/nl:ActrlCarryoverPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrCarryoverAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlCarryoverReductionAmt > sum(nl:SchSB/nl:ActrlCarryoverPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrCarryoverAmt)

Edit Test Requirements - 2018

TEST: B-696SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [SB-PRE-FNDNG-REDUCTION-AMT](#) greater than ([SB-PRE-FNDNG-PR-YR-TOT-AMT](#) plus [SB-INT-PR-YR-PRE-FNDNG-AMT](#) plus [SB-EXCESS-CONTRIB-ADDED-AMT](#))

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 12b is greater than the sum of Line 9b and Line 10b and Line 11d(b).

Acknowledgment Error Message

Warning: Schedule SB, Line 12b cannot be greater than the sum of (Line 9b plus Line 10b plus Line 11d(b)).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlPreFndngReductionAmt > sum(nl:SchSB/nl:ActrlPreFndngPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrPreFndngAmt | nl:SchSB/nl:ActrlExcessContribAddedAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlPreFndngReductionAmt > sum(nl:SchSB/nl:ActrlPreFndngPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrPreFndngAmt | nl:SchSB/nl:ActrlExcessContribAddedAmt)

Edit Test Requirements - 2018

TEST: B-697SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ($((\text{SB-CURR-VALUE-AST-01-AMT} \text{ divided by } \text{SB-TOT-FNDNG-TGT-AMT} \text{ is less than } 70\%) \text{ and } (\text{SB-AST-LESS-70-PRCNT} \text{ is not equal to } (\text{SB-CURR-VALUE-AST-01-AMT} \text{ divided by } \text{SB-TOT-FNDNG-TGT-AMT})) \text{ plus or minus 1 percent})$ or ($\text{SB-CURR-VALUE-AST-01-AMT}$ or $\text{SB-TOT-FNDNG-TGT-AMT}$ is blank).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, (Line 2(a) divided by Line 3d(3)) is less than 70%, and Line 17 is not equal to (Line 2(a) divided by Line 3d(3)) or any of Lines 2(a) or 3d(3) are blank.

Acknowledgment Error Message

Warning: Schedule SB, Line 17 must equal Line 2(a) divided by Line 3d(3) when Line 2(a) divided by Line 3d(3) is less than 70 percent and Lines 2(a) and 3d(3) cannot be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and (
not(nl:SchSB/nl:ActrlCurrValueAst01Amt) or not(nl:SchSB/nl:ActrlTotFndgTgtAmt) or (
sum(nl:SchSB/nl:ActrlCurrValueAst01Amt) < .70 * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt) and abs(sum(
nl:SchSB/nl:ActrlAstLess70Prct) * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt) -
100*sum(nl:SchSB/nl:ActrlCurrValueAst01Amt)) > sum(nl:SchSB/nl:ActrlTotFndgTgtAmt)))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB and (
not(nl:SchSB/nl:ActrlCurrValueAst01Amt) or not(nl:SchSB/nl:ActrlTotFndgTgtAmt) or (
sum(nl:SchSB/nl:ActrlCurrValueAst01Amt) < .70 * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt) and abs(sum(
nl:SchSB/nl:ActrlAstLess70Prct) * sum(nl:SchSB/nl:ActrlTotFndgTgtAmt) -
100*sum(nl:SchSB/nl:ActrlCurrValueAst01Amt)) > sum(nl:SchSB/nl:ActrlTotFndgTgtAmt)))`

Edit Test Requirements - 2018

TEST: B-698SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

[SB-ALT-FNDNG-RULES-CD](#) equals "6" and [ATTACHMENT-TYPE](#)='SchSBAlt17YrFndngAirlines' (Schedule SB, item 7 - Alternative 17 - Year Funding Schedule for Airlines) is not attached

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 27 equals 6 and attachment "Schedule SB, item 7 - Alternative 17-Year Funding Schedule for Airlines" is missing.

Acknowledgment Error Message

Error: Schedule SB, Line 27 equals "6" and the Alternative 17-Year Funding Schedule for Airlines (Attachment[AttachmentTypeCode='SchSBAlt17YrFndngAirlines']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlAltFndngRulesCd = '6' and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='SchSBAlt17YrFndngAirlines'])

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlAltFndngRulesCd = '6' and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='SchSBAlt17YrFndngAirlines'])

Edit Test Requirements - 2018

TEST: B-699SB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

([SB-MORTALITY-TBL-CD](#) contains "3" or "6") and [ATTACHMENT-TYPE](#)='SchSBSubMortalityTable' (Schedule SB, item 23 - Information on Use of Substitute Mortality Tables) is not attached unless [SB-ALT-FNDNG-RULES-CD](#) equals 7

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 23 equals "3" (Prior Substitute) or "6" (Current Substitute), but attachment "Schedule SB, item 23 - Information on Use of Substitute Mortality Tables" is missing unless Schedule SB, Line 27 equals "7."

Acknowledgment Error Message

Warning: Schedule SB, Line 23 (Current Substitute) or (Prior Substitute) is checked and the Information on Use of Substitute Mortality Tables
(Attachment[AttachmentTypeCode='SchSBSubMortalityTable']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchSB/nl:ActrlMortalityTblCd = '3' or nl:SchSB/nl:ActrlMortalityTblCd = '6') and not(
nl:SchSB/nl:ActrlAltFndngRulesCd = '7') and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='SchSBSubMortalityTable'])

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchSB/nl:ActrlMortalityTblCd = '3' or nl:SchSB/nl:ActrlMortalityTblCd = '6') and not(
nl:SchSB/nl:ActrlAltFndngRulesCd = '7') and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='SchSBSubMortalityTable'])

Edit Test Requirements - 2018

TEST: B-700SB Baseline Date 2012-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when ([SB-TGT-NRML-COST-02-AMT](#) is greater than zero and [SB-MIN-REQ-CONTRIB-EXCESS-ASSETS-AMT](#) is blank or less than zero) or ([SB-MIN-REQ-CONTRIB-EXCESS-ASSETS-AMT](#) is greater than [SB-TGT-NRML-COST-02-AMT](#)).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 31a is greater than zero and Line 31b is blank or is less than zero, or Schedule SB, Line 31b is greater than Line 31a.

Acknowledgment Error Message

Warning: Either Schedule SB, Line 31a is greater than zero and Line 31b is blank or less than zero, or Line 31b exceeds the value in Line 31a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchSB/nl:ActrlTgtNrmlCost02Amt>0 and ((not(nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt) or
nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt nl:SchSB/nl:ActrlTgtNrmlCost02Amt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchSB/nl:ActrlTgtNrmlCost02Amt>0 and ((not(nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt) or
nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt nl:SchSB/nl:ActrlTgtNrmlCost02Amt)`

Edit Test Requirements - 2018

TEST: B-701SB Baseline Date 2012-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when SB-VALUE-DATE is equal to FORM-PLAN-YEAR-BEGIN-DATE and SB-MIN-REQ-CONTRIB-EXCESS-ASSETS-AMT is not equal to (SB-CTRL-VALUE-AST-AMT minus (SB-CARRYOVER-BOY-TOT-AMT plus SB-PRE-FNDNG-BOY-TOT-AMT)) minus SB-TOT-FNDNG-TGT-AMT unless ((SB-CTRL-VALUE-AST-AMT minus (SB-CARRYOVER-BOY-TOT-AMT plus SB-PRE-FNDNG-BOY-TOT-AMT)) minus SB-TOT-FNDNG-TGT-AMT) is less than zero or greater than SB-TGT-NRML-COST-02-AMT.

Bypasses

C G I N P R W X Z

Explanation

Fail when the actuarial valuation date is the first day of the plan year, and excess assets reported on Line 31b is not equal to the value of assets reported on Line 2b minus the sum of the standard carryover balance and prefunding balance on Line 13, columns (a) and (b), minus the funding target reported on Line 3d, column (3) unless the computed value of excess assets on Line 31b is less than zero or greater than the target normal cost reported on Line 31a. A zero is required when the excess assets on Line 31b would otherwise be less than zero.

Acknowledgment Error Message

Warning: Schedule SB, Line 1 is equal to the first day of the plan year, but Line 31b is not equal to (Line 2b minus (Lines 13(a) plus 13(b))), minus Line 3d(3).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
not(sum(nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt) = sum(nl:SchSB/nl:ActrlValueAstAmt) -
sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt | nl:SchSB/nl:ActrlPreFndngBoyTotAmt |
nl:SchSB/nl:ActrlTotFndgTgtAmt)) and not(sum(nl:SchSB/nl:ActrlValueAstAmt) -
sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt | nl:SchSB/nl:ActrlPreFndngBoyTotAmt |
nl:SchSB/nl:ActrlTotFndgTgtAmt) sum(nl:SchSB/nl:ActrlTgtNrmlCost02Amt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
not(sum(nl:SchSB/nl:ActrlMinReqContribExcessAssetsAmt) = sum(nl:SchSB/nl:ActrlValueAstAmt) -
sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt | nl:SchSB/nl:ActrlPreFndngBoyTotAmt |
nl:SchSB/nl:ActrlTotFndgTgtAmt)) and not(sum(nl:SchSB/nl:ActrlValueAstAmt) -
sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt | nl:SchSB/nl:ActrlPreFndngBoyTotAmt |
nl:SchSB/nl:ActrlTotFndgTgtAmt) sum(nl:SchSB/nl:ActrlTgtNrmlCost02Amt))`

Edit Test Requirements - 2018

TEST: B-702MB Baseline Date 2013-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when Form 5500 is attached and Schedule MB is attached and (NET-ASSETS-BOY-AMT is greater than zero or SMALL-NET-ASSETS-BOY-AMT is greater than zero) and TOT-PARTCP-BOY-CNT is greater than zero and INITIAL-FILING-IND is blank and FINAL-FILING-IND is blank and (COVERED-PBGC-INSURANCE-IND or SMALL-COVERED-PBGC-INSURANCE-IND contains '1' (yes) and TYPE-PENSION-BNFT-CODE does not contain '1I' and (RES-TERM-PLAN-ADPT-IND or SMALL-RES-TERM-PLAN-ADPT-IND contains '2' (no) and ((any of the following Lines are zero, blank or missing: MB-CURR-VALUE-AST-01-AMT, MB-AST-FNDNG-STD-AMT, MB-RPA94-INFO-CURR-LIAB-AMT, MB-CURR-VALUE-AST-02-AMT, MB-TOT-LIAB-PARTCP-CNT, MB-TOT-CURR-LIAB-AMT, and MB-NORMAL-COST-AMT) or (MB-PLAN-RISK-STATUS-CD is missing) or (MB-TOT-EMPLR-CONTRIB-01-AMT is zero, blank or missing and MB-CREDIT-BAL-AMT is not greater than zero)).

Bypasses

C G H I N P R W X Z

Explanation

Fail when a Form 5500 is attached and a Schedule MB is attached, but neither Form 5500, Line B (initial filing) nor Form 5500, Line B (final filing) nor Schedule H/Schedule I Resolution to Terminate is selected nor Pension Benefit Code contains '1I' and any of Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 4b or Line 9b are zero or blank or Line 3(b) - Total is missing but Line 9m is not greater than zero.

Acknowledgment Error Message

Warning: A Schedule MB was provided with a Form 5500, but the Schedule MB appears to have incomplete information for an ongoing plan. Insert values on Schedule MB, Line 1b(1), Line 1b(2), Line 1d(2)(a), Line 2a, Line 2b(4)(1), Line 2b(4)(2), Line 3(b) - Total, and Line 9b and insert the appropriate code on Schedule MB, Line 4b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassH = '1' or ../nl:Bypass/nl:BypassI = '1' or
../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB and (nl:SchH/nl:NetAssetsBoyAmt>0 or nl:SchI/nl:NetAssetsBoyAmt>0) and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '1I')]) and
nl:Form5500/nl:TotPartcpBoyCnt>0 and not(nl:Form5500/nl:InitialFilingInd='1' or
nl:Form5500/nl:FinalFilingInd='1') and (nl:SchH/nl:CoveredPBGCInsuranceInd='1' or
nl:SchI/nl:CoveredPBGCInsuranceInd='1') and (nl:SchH/nl:ResTermPlanAdptInd='2' or
nl:SchI/nl:ResTermPlanAdptInd='2') and (sum(nl:SchMB/nl:ActrlCurrValueAst01Amt)=0 or sum(
nl:SchMB/nl:ActrlAstFndngStdAmt)=0 or sum(nl:SchMB/nl:ActrlRpa94InfoCurrLiabAmt)=0 or
sum(nl:SchMB/nl:ActrlCurrValueAst02Amt)=0 or sum(nl:SchMB/nl:ActrlTotLiabPartcpCnt)=0 or
sum(nl:SchMB/nl:ActrlTotCurrLiabAmt)=0 or sum(nl:SchMB/nl:ActrlNormalCostAmt)=0 or
not(nl:SchMB/nl:ActrlPlanRiskStatusCd) or (not(sum(nl:SchMB/nl:ActrlCreditBalAmt)>0) and
(not(nl:SchMB/nl:ActrlTotEmplrContribAmt) or sum(nl:SchMB/nl:ActrlTotEmplrContribAmt)=0)))`

Edit Test Requirements - 2018

TEST: B-703MB Baseline Date 2013-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when Form 5500 is attached and Schedule MB is attached and [TYPE-PENSION-BNFT-CODE](#) does not contain '1x' or '2x'.

Bypasses

C G H I N P R W X Z

Explanation

Fail when Form 5500 is attached and a Schedule MB is attached, but the plan has not been identified as either a defined benefit or defined contribution plan on Form 5500, Line 8a.

Acknowledgment Error Message

Warning: A Schedule MB has been provided with a Form 5500, but the plan has not been identified as either a defined benefit or defined contribution plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on the Form 5500, Line 8a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassH = '1' or ../nl:Bypass/nl:BypassI = '1' or
../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB and not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '1') or
contains(., '2')])`

Edit Test Requirements - 2018

TEST: B-704SB Baseline Date 2013-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when Form 5500 is attached and Schedule SB is attached and [SB-TOT-PARTCP-CNT](#) is greater than 1,000,000.

Bypasses

C G I N P R W X Z

Explanation

Fail when Form 5500 is attached and Schedule SB is attached and an unusually high number is reported on Schedule SB Line 3d(1)-Number of participants.

Acknowledgment Error Message

Warning: Schedule SB has been provided with a Form 5500 and Schedule SB Line 3, Column 1 contains an unusually high number of participants. Please verify that the funding target numbers in Columns 2 and/or 3 have not been inadvertently placed in the participant count breakdown requested in Column 1.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlTotPartcpCnt>1000000

Edit Test Requirements - 2018

TEST: B-706MB Baseline Date 2014-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-LIAB-RTD-PARTCP-CNT](#) is blank or zero and [MB-CURR-LIAB-RTD-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(1)(1) is blank or zero and Line 2b(1)(2) is greater than zero.

Acknowledgment Error Message

Error: Current liabilities for retired participants and beneficiaries receiving payments have been reported in Schedule MB, Line 2b(1)(2), but the number of participants in Line 2b(1)(1) is either blank or equal to zero.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabRtdPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabRtdAmt>0

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabRtdPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabRtdAmt>0

Edit Test Requirements - 2018

TEST: B-707MB Baseline Date 2014-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-LIAB-TERM-PARTCP-CNT](#) is blank or zero and [MB-CURR-LIAB-TERM-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(2)(1) is blank or zero and Line 2b(2)(2) is greater than zero.

Acknowledgment Error Message

Error: Current liabilities for terminated vested participants have been reported in Schedule MB, Line 2b(2)(2), but the number of participants in Line 2b(2)(1) is either blank or equal to zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabTermPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabTermAmt>0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabTermPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabTermAmt>0`

Edit Test Requirements - 2018

TEST: B-708MB Baseline Date 2014-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-LIAB-ACT-PARTCP-CNT](#) is blank or zero and [MB-CURR-LIAB-ACT-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 2b(3)(c)(1) is blank or zero and Line 2b(3)(c)(2) is greater than zero.

Acknowledgment Error Message

Error: Current liabilities for total active participants have been reported in Schedule MB, Line 2b(3)(c)(2), but the number of participants in Line 2b(3)(c)(1) is either blank or equal to zero.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabActPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabActAmt>0

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
sum(nl:SchMB/nl:ActrlLiabActPartcpCnt)=0 and nl:SchMB/nl:ActrlCurrLiabActAmt>0

Edit Test Requirements - 2018

TEST: B-709 Baseline Date 2015-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-OTH-ASSET-PRCNT](#) is equal to or greater than 40.

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 19a-Other is equal to or greater than 40.

Acknowledgment Error Message

Warning: The percentage of assets indicated under "Other" in Line 19a of Schedule R seems excessive. Please review assets held in registered investment companies, common/collective trusts and other investment arrangements. Assets in these arrangements should be disaggregated and distributed among the five asset components.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:SchR/nl:PenOthAssetPrcnt>=40`

Edit Test Requirements - 2018

TEST: B-710 Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [TYPE-PENSION-BNFT-CODE](#) contains '1x' and ([COVERED-PBGC-INSURANCE-IND](#) or [SMALL-COVERED-PBGC-INSURANCE-IND](#) is blank) unless [FUNDING-SEC412-IND](#) or [BENEFIT-SEC412-IND](#) is checked.

Bypasses

C G I N P R W X Z

Explanation

Fail when a defined benefit feature has been reported on the Form 5500, but the filer did not indicate the plan's PBGC coverage status.

Acknowledgment Error Message

Error: Schedule H, Line 5c or Schedule I, Line 5c is blank and Form 5500, Line 8a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 8a of the Form 5500 or complete the coverage question in Line 5c of the Schedule H or Schedule I.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(.,'1')] and (nl:SchH|nl:SchI) and
not(nl:SchH/nl:CovrPdPBGCInsuranceInd | nl:SchI/nl:CovrPdPBGCInsuranceInd) and
not(nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind='1') and
not(nl:Form5500/nl:BenefitArrangement/nl:CdSection412Ind='1')`

Edit Test Requirements - 2018

TEST: B-710SF Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SF-TYPE-PENSION-BNFT-CODE](#) contains '1x' and [SF-COVERED-PBGC-INSURANCE-IND](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when a defined benefit feature has been reported on the Form 5500-SF, but the filer did not indicate the plan's PBGC coverage status.

Acknowledgment Error Message

Error: Form 5500-SF, Line 6c is blank and Line 9a contains "1x" (Defined Benefit plan). Please review the characteristics codes in Line 9a of the Form 5500-SF or complete the PBGC coverage question in Line 6c.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SF/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '1')] and
not(nl:SF/nl:CoveredPBGCInsuranceInd)`

Edit Test Requirements - 2018

TEST: B-711MB Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-PLAN-RISK-STATUS-CD](#) contains 'C' or 'D' and ([MB-REHABILITATION-PLAN-YEAR](#) is blank or is less than the four-digit year of the [FILING-HEADER-PLAN-YEAR-BEGIN](#)).

Bypasses

C G I N P R W X Z

Explanation

Fail when a multiemployer plan in critical or critical and declining status does not report a plan year for emergence from critical status or a plan year in which insolvency is expected or the plan year reported is less than the current plan year.

Acknowledgment Error Message

Error: You indicated on Line 4b of Schedule MB that the plan's status is "C" (Critical) or "D" (Critical and Declining), but you have not provided a future plan year in Line 4f when either emergence from critical status or insolvency is expected, or the plan year reported in Line 4f is less than the current plan year. Please review the status field reported in Line 4b or enter a plan year in Line 4f.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlPlanRiskStatusCd='C' or nl:SchMB/nl:ActrlPlanRiskStatusCd='D') and
(not(nl:SchMB/nl:ActrlRehabilitationPlanYear) or xs:integer(
nl:SchMB/nl:ActrlRehabilitationPlanYear) < xs:integer(year-from-date(
../nl:FilingHeader/nl:PlanYearBeginDate)))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlPlanRiskStatusCd='C' or nl:SchMB/nl:ActrlPlanRiskStatusCd='D') and
(not(nl:SchMB/nl:ActrlRehabilitationPlanYear) or xs:integer(
nl:SchMB/nl:ActrlRehabilitationPlanYear) < xs:integer(year-from-date(
../nl:FilingHeader/nl:PlanYearBeginDate)))`

Edit Test Requirements - 2018

TEST: B-712SB Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-TOT-VSTD-FNDNG-TGT-AMT](#) not equal to the sum of ([SB-RTD-VSTD-TGT-AMT](#), [SB-TERM-VSTD-FNDNG-TGT-AMT](#) and [SB-ACT-VSTD-FNDNG-TGT-AMT](#)).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

Acknowledgment Error Message

Error: Schedule SB, Line 3d(2) is not equal to the sum of Lines 3a(2), 3b(2) and 3c(2).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(sum(nl:SchSB/nl:ActrlTotVstdFndgTgtAmt) = sum(nl:SchSB/nl:ActrlActVstdFndgTgtAmt |
nl:SchSB/nl:ActrlTermVstdTgtAmt | nl:SchSB/nl:ActrlRtdVstdTgtAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
not(sum(nl:SchSB/nl:ActrlTotVstdFndgTgtAmt) = sum(nl:SchSB/nl:ActrlActVstdFndgTgtAmt |
nl:SchSB/nl:ActrlTermVstdTgtAmt | nl:SchSB/nl:ActrlRtdVstdTgtAmt))`

Edit Test Requirements - 2018

TEST: B-713SB Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

When [SB-OFFSET-CARRYOVER-AMT](#) is greater than [SB-CARRYOVER-BOY-TOT-AMT](#) unless [SB-VALUE-DATE](#) does not equal [SB-PLAN-YEAR-BEGIN-DATE](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the carryover balance reported on Schedule SB, Line 35 is greater than the carryover balance reported on Line 13a.

Acknowledgment Error Message

Error: When the valuation date is the first day of the plan year, the carryover balance reported on Schedule SB, Line 35 cannot exceed the amount reported in Line 13a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
sum(nl:SchSB/nl:ActrlOffsetCarryoverAmt)>sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
sum(nl:SchSB/nl:ActrlOffsetCarryoverAmt)>sum(nl:SchSB/nl:ActrlCarryoverBoyTotAmt)`

Edit Test Requirements - 2018

TEST: B-714SB Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

When [SB-OFFSET-PRE-FNDNG-AMT](#) is greater than [SB-PRE-FNDNG-BOY-TOT-AMT](#) unless [SB-VALUE-DATE](#) does not equal [SB-PLAN-YEAR-BEGIN-DATE](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 35 is greater than the prefunding balance reported on Line 13b.

Acknowledgment Error Message

Error: When the valuation date is the first day of the plan year, the prefunding balance on Line 35 of the Schedule SB cannot exceed the amount reported in Line 13b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
sum(nl:SchSB/nl:ActrlOffsetPreFndngAmt) > sum(nl:SchSB/nl:ActrlPreFndngBoyTotAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlValueDate=nl:SchSB/nl:PlanYearBeginDate and
sum(nl:SchSB/nl:ActrlOffsetPreFndngAmt) > sum(nl:SchSB/nl:ActrlPreFndngBoyTotAmt)`

Edit Test Requirements - 2018

TEST: B-715SB Baseline Date 2015-01-01

Severity: ERROR **Agency** PBGC

Specification

When [SB-OFFSET-AMT](#) does not equal [SB-OFFSET-CARRYOVER-AMT](#) plus [SB-OFFSET-PRE-FNDNG-AMT](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the total balance of Schedule SB, Line 35 does not equal the sum of the carryover and prefunding balances.

Acknowledgment Error Message

Error: The total balance on Schedule SB, line 35 does not equal the sum of the carryover and prefunding balances reported on that line.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
sum(nl:SchSB/nl:ActrlOffsetPreFndngAmt |
nl:SchSB/nl:ActrlOffsetCarryoverAmt)=sum(nl:SchSB/nl:ActrlOffsetAmt))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
sum(nl:SchSB/nl:ActrlOffsetPreFndngAmt |
nl:SchSB/nl:ActrlOffsetCarryoverAmt)=sum(nl:SchSB/nl:ActrlOffsetAmt))`

Edit Test Requirements - 2018

TEST: B-716MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-ACCR-LIAB-GAIN-MTHD-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and ([MB-ENTRY-AGE-NRML-MTHD-IND](#) or [MB-ACCR-BNFT-MTHD-IND](#) has been checked).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1c(1) is not greater than zero when Line 1b(1) is greater than zero and either Line 5b or Line 5c has been checked.

Acknowledgment Error Message

Error: Schedule MB Line 1c(1) requires a value greater than zero when Line 1b(1) is greater than zero, and either Line 5b or Line 5c has been checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabGainMthdAmt)>0) and
(nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd='1'))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabGainMthdAmt)>0) and
(nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd='1'))`

Edit Test Requirements - 2018

TEST: B-717MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-UNFND-LIAB-MTHD-BASE-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and [MB-FRZN-INIT-LIAB-MTHD-IND](#) has been checked.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1c(2)(a) is not greater than zero when Line 1b(1) is greater than zero and Line 5e has been checked.

Acknowledgment Error Message

Error: Schedule MB Line 1c(2)(a) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5e has been checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlUnfndLiabMthdBaseAmt)>0) and
nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlUnfndLiabMthdBaseAmt)>0) and
nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1')`

Edit Test Requirements - 2018

TEST: B-718MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-ACCR-LIAB-AGE-MTHD-AMT](#) or [MB-NORM-COST-AGE-MTHD-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and ([MB-AGGREG-MTHD-IND](#) or [MB-FRZN-INIT-LIAB-MTHD-IND](#) has been checked).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Lines 1c(2)(b) or 1c(2)(c) are not greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.

Acknowledgment Error Message

Error: Schedule MB Lines 1c(2)(b) or 1c(2)(c) requires a value greater than zero when Line 1b(1) is greater than zero and either Line 5d or Line 5e has been checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabAgeMthdAmt)>0 or
sum(nl:SchMB/nl:ActrlNormCostAgeMthdAmt)>0) and (nl:SchMB/nl:ActrlAggregMthdInd='1' or
nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1'))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabAgeMthdAmt)>0 or
sum(nl:SchMB/nl:ActrlNormCostAgeMthdAmt)>0) and (nl:SchMB/nl:ActrlAggregMthdInd='1' or
nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1'))`

Edit Test Requirements - 2018

TEST: B-719MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-ACCR-LIAB-UNIT-CREDIT-MTHD-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and [MB-ACCR-BNFT-MTHD-IND](#) has been checked.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1c(3) is not greater than zero when Line 1b(1) is greater than zero and Line 5c has been checked.

Acknowledgment Error Message

Error: Schedule MB Line 1c(3) requires a value greater than zero when Line 1b(1) is greater than zero and Line 5c has been checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt)>0)
and nl:SchMB/nl:ActrlAccrBnftMthdInd='1')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlAccrLiabUnitCreditMthdAmt)>0)
and nl:SchMB/nl:ActrlAccrBnftMthdInd='1')`

Edit Test Requirements - 2018

TEST: B-720MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-RPA94-EXPT-INCR-LIAB-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and [MB-LIAB-ACT-PARTCP-CNT](#) is greater than zero and [TYPE-PENSION-BNFT-CODE](#) does not contain '1I'.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1d(2)(b) is not greater than zero when Line 1b(1) is greater than zero and Line 2b(3)(c)(1) is greater than zero and Form 5500, Line 8a does not contain '1I'.

Acknowledgment Error Message

Error: Schedule MB, Line 1d(2)(b) is not greater than zero when Lines 1b(1) and 2b(3)(c)(1) are greater than zero and Form 5500, Line 8a does not contain '1I'.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassN='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassR='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlRpa94ExptIncrLiabAmt)>0) and
nl:SchMB/nl:ActrlLiabActPartcpCnt>0 and nl:Form5500 and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(.,'1I')]))`

Edit Test Requirements - 2018

TEST: B-721MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-EXPECT-PLAN-PAYMENT-AMT](#) is not greater than zero and [MB-CURR-VALUE-AST-01-AMT](#) is greater than zero and [MB-LIAB-RTD-PARTCP-CNT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1d(3) is not greater than zero when Line 1b(1) is greater than zero and Line 2b(1)(1) is greater than zero.

Acknowledgment Error Message

Error: Expected plan disbursements are not reported in Schedule MB, Line 1d(3), but an amount greater than zero is reported in Line 1b(1) and Line 2b(1)(1).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlExpectPlanPaymentAmt)>0) and
nl:SchMB/nl:ActrlLiabRtdPartcpCnt>0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 and not(sum(nl:SchMB/nl:ActrlExpectPlanPaymentAmt)>0) and
nl:SchMB/nl:ActrlLiabRtdPartcpCnt>0)`

Edit Test Requirements - 2018

TEST: B-722MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when at least one of ([MB-ATT-AGE-NRML-MTHD-IND](#), [MB-ENTRY-AGE-NRML-MTHD-IND](#), [MB-ACCR-BNFT-MTHD-IND](#), [MB-AGGREG-MTHD-IND](#), [MB-FRZN-INIT-LIAB-MTHD-IND](#), [MB-INDIV-LVL-PREM-MTHD-IND](#), [MB-INDIV-AGGREG-MTHD-IND](#), [MB-SHORT-MTHD-IND](#), or [MB-OTH-COST-MTHD-IND](#)) are not checked and [MB-CURR-VALUE-AST-01-AMT](#) or [MB-RPA94-INFO-CURR-LIAB-AMT](#) or [MB-CURR-VALUE-AST-02-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when at least one of Schedule MB, Lines 5a through 5i are not checked and Lines 1b(1), 1d(2)(a), or 2a are greater than zero.

Acknowledgment Error Message

Error: No actuarial cost method is indicated on Schedule MB Lines 5a through 5i, but Lines 1b(1), 1d(2)(a), or 2a indicate an amount greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 or nl:SchMB/nl:ActrlRpa94InfoCurrLiabAmt>0 or
nl:SchMB/nl:ActrlCurrValueAst02Amt>0) and not(nl:SchMB/nl:ActrlAttAgeNrmlMthdInd='1' or
nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd='1' or
nl:SchMB/nl:ActrlAggregMthdInd='1' or nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1' or
nl:SchMB/nl:ActrlIndivLvlPremMthdInd='1' or nl:SchMB/nl:ActrlIndivAggregMthdInd='1' or
nl:SchMB/nl:ActrlShortMthdInd='1' or nl:SchMB/nl:ActrlOthCostMthdInd='1')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
(nl:SchMB/nl:ActrlCurrValueAst01Amt>0 or nl:SchMB/nl:ActrlRpa94InfoCurrLiabAmt>0 or
nl:SchMB/nl:ActrlCurrValueAst02Amt>0) and not(nl:SchMB/nl:ActrlAttAgeNrmlMthdInd='1' or
nl:SchMB/nl:ActrlEntryAgeNrmlMthdInd='1' or nl:SchMB/nl:ActrlAccrBnftMthdInd='1' or
nl:SchMB/nl:ActrlAggregMthdInd='1' or nl:SchMB/nl:ActrlFrznInitLiabMthdInd='1' or
nl:SchMB/nl:ActrlIndivLvlPremMthdInd='1' or nl:SchMB/nl:ActrlIndivAggregMthdInd='1' or
nl:SchMB/nl:ActrlShortMthdInd='1' or nl:SchMB/nl:ActrlOthCostMthdInd='1')`

Edit Test Requirements - 2018

TEST: B-723MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-CURR-LIAB-RPA-PRCNT](#) is blank and [MB-TOT-CURR-LIAB-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 6a is blank and Line 2b(4)(2) is greater than zero.

Acknowledgment Error Message

Error: Schedule MB, Line 6a is blank, but an amount greater than zero is reported on Line 2b(4)(2).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlTotCurrLiabAmt>0 and not(nl:SchMB/nl:ActrlCurrLiabRpaPrct)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlTotCurrLiabAmt>0 and not(nl:SchMB/nl:ActrlCurrLiabRpaPrct)

Edit Test Requirements - 2018

TEST: B-724MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when any of [MB-MORTALITY-MALE-PRE-CODE](#), [MB-MORTALITY-MALE-POST-CODE](#), [MB-MORTALITY-FEM-PRE-CODE](#) or [MB-MORTALITY-FEM-POST-CODE](#) are blank and [MB-TOT-CURR-LIAB-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when any of Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code or 6c(2) Post Code are blank and Line 2b(4)(2) is greater than zero.

Acknowledgment Error Message

Error: Mortality table codes are not provided on Schedule MB, Lines 6c(1) Pre Code, 6c(1) Post Code, 6c(2) Pre Code, or 6c(2) Post Code, but an amount greater than zero is reported on Line 2b(4)(2).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlTotCurrLiabAmt>0 and not(nl:SchMB/nl:ActrlMortalityMalePreCode and
nl:SchMB/nl:ActrlMortalityMalePostCode and nl:SchMB/nl:ActrlMortalityFemPreCode and
nl:SchMB/nl:ActrlMortalityFemPostCode)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlTotCurrLiabAmt>0 and not(nl:SchMB/nl:ActrlMortalityMalePreCode and
nl:SchMB/nl:ActrlMortalityMalePostCode and nl:SchMB/nl:ActrlMortalityFemPreCode and
nl:SchMB/nl:ActrlMortalityFemPostCode)`

Edit Test Requirements - 2018

TEST: B-725MB Baseline Date 2016-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [MB-SCH-ACTIVE-PARTCP-RQD-IND](#) does not equal 1 (Yes) and [TOT-ACTIVE-PARTCP-CNT](#) is greater than zero and [RES-TERM-PLAN-ADPT-IND](#) does not equal 1 (Yes) and [MB-LIAB-ACT-PARTCP-CNT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8b(2) is not checked 'Yes' when Form 5500, line 6a(2) is greater than zero and Schedule H, Line 5a is not checked 'Yes' and Schedule MB, Line 2b(3)(c)(1) is greater than zero.

Acknowledgment Error Message

Error: You have attached a Schedule MB for a plan that has not indicated a resolution to terminate on Schedule H, Line 5a. However, Schedule MB, Line 8b(2) is not checked "Yes" indicating a Schedule of Active Participants is required although active participants are reported on the Form 5500, Line 6a(2) and the Schedule MB, Line 2b(3)(c)(1). Review the instructions for Schedule MB, Line 8b(2) and make any necessary corrections.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlLiabActPartcpCnt>0 and nl:Form5500/nl:TotActivePartcpCnt>0 and
not(nl:SchMB/nl:ActrlSchActivePartcpRqdInd='1') and not(nl:SchH/nl:ResTermPlanAdptInd='1')`

Edit Test Requirements - 2018

TEST: B-726 Baseline Date 2017-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [COVERED-PBGC-INSURANCE-IND](#) contains "yes" and [PREMIUM-FILING-CONFIRMATION-NUMBER](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule H, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Acknowledgment Error Message

Error: Schedule H, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchH/nl:CovredPBGCInsuranceInd='1' and not(nl:SchH/nl:PremiumFilingConfirmationNum)`

Edit Test Requirements - 2018

TEST: B-727 Baseline Date 2017-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SMALL-COVERED-PBGC-INSURANCE-IND](#) contains "yes" and [SMALL-PREMIUM-FILING-CONFIRMATION-NUMBER](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule I, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

Acknowledgment Error Message

Error: Schedule I, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:CovredPBGCInsuranceInd='1' and not(nl:SchI/nl:PremiumFilingConfirmationNum)`

Edit Test Requirements - 2018

TEST: B-728SB Baseline Date 2018-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-WVR-APPROVED-LTR-DATE](#) is blank and [SB-WAIVED-AMT](#) contains an entry.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 33-Date is blank and Line 33 contains an amount.

Acknowledgment Error Message

Error: Schedule SB, Line 33-Date is blank, but Line 33 contains an amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchSB/nl:ActrlWvrApprovedLtrDate) and nl:SchSB/nl:ActrlWaivedAmt

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchSB/nl:ActrlWvrApprovedLtrDate) and nl:SchSB/nl:ActrlWaivedAmt

Edit Test Requirements - 2018

TEST: B-729SB Baseline Date 2018-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-WAIVED-AMT](#) is blank and [SB-WVR-APPROVED-LTR-DATE](#) contains an entry.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 33 amount is blank and Line 33-Date contains an entry.

Acknowledgment Error Message

Error: Schedule SB, Line 33 amount is blank, but Line 33-Date contains an entry.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlWvrApprovedLtrDate and not(nl:SchSB/nl:ActrlWaivedAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlWvrApprovedLtrDate and not(nl:SchSB/nl:ActrlWaivedAmt)

Edit Test Requirements - 2018

TEST: B-730SF Baseline Date 2018-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SF-COVERED-PBGC-INSURANCE-IND](#) contains "yes" and [SF-PREMIUM-FILING-CONFIRMATION-NUMBER](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Form 5500-SF, Line 6c contains "yes" and Line 6c premium filing confirmation number is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 6c contains "yes" and Line 6c premium filing confirmation number is blank.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SF/nl:CovetedPBGCInsuranceInd='1' and not(nl:SF/nl:PremiumFilingConfirmationNum)

Edit Test Requirements - 2018

TEST: I-101 Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

(([SUBMITTED-DATE](#) greater than [ORIGINAL-DUE-DATE](#) + 1 day and Form 5558 ([5558-APPLICATION-FILED-IND](#)) or automatic extension ([EXT-AUTOMATIC-IND](#)) or DFVC ([DFVC-PROGRAM-IND](#)) or special extension ([EXT-SPECIAL-IND](#)) is not checked) or ([SUBMITTED-DATE](#) greater than [ORIGINAL-DUE-DATE](#) + 79 days and Form 5558 ([5558-APPLICATION-FILED-IND](#)) is checked and DFVC ([DFVC-PROGRAM-IND](#)) is not checked and special extension ([EXT-SPECIAL-IND](#)) is not checked)) unless [FILING-HEADER-AMENDED-IND](#) equals "1" or reasonable cause (Attachment/ReasonableCauseLate) is attached.

Bypasses

C G R W Z

Explanation

Fail when ((the Submitted Date is greater than the original due date + 1 day, unless Form 5500, Part I, Line D Form 5558, automatic extension, DFVC, or special extension is checked) or (when the Submitted Date is greater than the original due date + 79 days and Form 5500, Part I, Line D Form 5558 is checked unless Form 5500, Part I Line D DFVC or special extension is checked)) and the filing is not an amended filing and reasonable cause is not attached.

Acknowledgment Error Message

Warning: Your filing may be late if the Form 5500 is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((days-from-duration (xs:date (../nl:SubmittedDate) - xs:date(../nl:DueDate)) > 1 and not(nl:Form5500/nl:Form5558ApplicationFiledInd = '1' or nl:Form5500/nl:ExtAutomaticInd = '1' or nl:Form5500/nl:ExtSpecialInd = '1' or nl:Form5500/nl:DFVCProgramInd = '1')) or (days-from-duration (xs:date(../nl:SubmittedDate) - xs:date(../nl:DueDate)) > 79 and nl:Form5500/nl:Form5558ApplicationFiledInd = '1' and not (nl:Form5500/nl:DFVCProgramInd = '1' or nl:Form5500/nl:ExtSpecialInd = '1'))) and not(../nl:FilingHeader/nl:AmendedInd = '1') and not (nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'ReasonableCauseLate'])

Edit Test Requirements - 2018

TEST: I-101SF Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

(([SUBMITTED-DATE](#) greater than [ORIGINAL-DUE-DATE](#) + 1 day and Form 5558 ([SF-5558-APPLICATION-FILED-IND](#)) or automatic extension ([SF-EXT-AUTOMATIC-IND](#)) or DFVC ([SF-DFVC-PROGRAM-IND](#)) or special extension ([SF-EXT-SPECIAL-IND](#)) is not checked) or ([SUBMITTED-DATE](#) greater than [ORIGINAL-DUE-DATE](#) + 79 days and Form 5558 ([SF-5558-APPLICATION-FILED-IND](#)) is checked and DFVC ([SF-DFVC-PROGRAM-IND](#)) is not checked and special extension ([SF-EXT-SPECIAL-IND](#)) is not checked)) unless [FILING-HEADER-AMENDED-IND](#) equals "1" or reasonable cause ([Attachment/ReasonableCauseLate](#)) is attached.

Bypasses

C R W

Explanation

Fail when ((the Submitted Date is greater than the original due date + 1 day, unless Form 5500-SF, Part I, Line C Form 5558, automatic extension, DFVC, or special extension is checked) or (when the Submitted Date is greater than the original due date + 79 days and Form 5500-SF, Part I, Line C Form 5558 is checked unless Form 5500-SF, Part I Line C DFVC or special extension is checked)) and the filing is not an amended filing and reasonable cause is not attached.

Acknowledgment Error Message

Warning: Your filing may be late if the Form 5500-SF is received after the due date (or extended due date). If the return is processed with this warning, the IRS may contact you concerning the late filing. If corrections are necessary, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1') and ((days-from-duration(xs:date(../nl:SubmittedDate) - xs:date(../nl:DueDate)) > 1 and not(nl:SF/nl:Form5558ApplicationFiledInd = '1' or nl:SF/nl:ExtAutomaticInd = '1' or nl:SF/nl:ExtSpecialInd = '1' or nl:SF/nl:DFVCProgramInd = '1')) or (days-from-duration (xs:date(../nl:SubmittedDate) - xs:date(../nl:DueDate)) > 79 and nl:SF/nl:Form5558ApplicationFiledInd = '1' and not (nl:SF/nl:DFVCProgramInd = '1' or nl:SF/nl:ExtSpecialInd = '1'))) and not(../nl:FilingHeader/nl:AmendedInd = '1') and not (nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'ReasonableCauseLate'])

Edit Test Requirements - 2018

TEST: I-104 Baseline Date 2009-01-01

Severity: STOP **Agency** IRS

Specification

[SPONS-SIGNATURE-IND](#) = '0' indicating missing or invalid Plan Sponsor signature, unless ([ADMIN-SIGNATURE-IND](#) = '1' or [E-SIGNATURE-IND](#) = '1').

Bypasses

C G W X Z

Explanation

The Plan Sponsor Signature must be present unless the Administrator signature is present.

Acknowledgment Error Message

Stop: A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and not(../nl:AuthInds/nl:SponsSignatureValidInd = '1' or
../nl:AuthInds/nl:DfeSignatureValidInd = '1' or ../nl:AuthInds/nl:AdminSignatureValidInd = '1' or
../nl:AuthInds/nl:ESignatureValidInd = '1')

Edit Test Requirements - 2018

TEST: I-104SF Baseline Date 2009-01-01

Severity: STOP **Agency** IRS

Specification

[SPONS-SIGNATURE-IND](#) = '0' indicating missing or invalid Plan Sponsor signature, unless ([ADMIN-SIGNATURE-IND](#) = '1' or [E-SIGNATURE-IND](#) = '1').

Bypasses

C W Z

Explanation

The Plan Sponsor Signature must be present unless the Administrator signature is present.

Acknowledgment Error Message

Stop: A valid Plan Sponsor's USERID and PIN or Administrator's USERID and PIN must be provided.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
../nl:AuthInds/nl:SponsSignatureValidInd = '1' or ../nl:AuthInds/nl:AdminSignatureValidInd = '1' or
../nl:AuthInds/nl:ESignatureValidInd = '1')

Edit Test Requirements - 2018

TEST: I-114MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

When [MB-EIN](#) present and not equal to [SPONS-DFE-EIN](#) or [SF-SPONS-EIN](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, EIN does not match Plan Sponsor EIN in Form 5500, Line 2(b) or Form 5500-SF, Line 2(b).

Acknowledgment Error Message

Error: Schedule MB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:EIN !=
nl:Form5500/nl:SponsorDfe/nl:EIN)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:EIN !=
nl:SF/nl:Sponsor/nl:EIN)`

Edit Test Requirements - 2018

TEST: I-114SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

When [SB-EIN](#) present and not equal to [SPONS-DFE-EIN](#) or [SF-SPONS-EIN](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, EIN does not match Plan Sponsor EIN in Form 5500, Line 2(b) or Form 5500-SF, line 2(b).

Acknowledgment Error Message

Error: Schedule SB, Line D (EIN) does not match Plan Sponsor EIN in Form 5500, Line 2b or Form 5500-SF, Line 2b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:EIN !=
nl:Form5500/nl:SponsorDfe/nl:EIN)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:EIN !=
nl:SF/nl:Sponsor/nl:EIN)`

Edit Test Requirements - 2018

TEST: I-118MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

[MB-ATT-AGE-NRML-MTHD-IND](#) is checked or [MB-FRZN-INIT-LIAB-MTHD-IND](#) is checked and [MB-UNFND-LIAB-MTHD-BASE-AMT](#) and [MB-ACCR-LIAB-AGE-MTHD-AMT](#) and [MB-NORM-COST-AGE-MTHD-AMT](#) are blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.

Acknowledgment Error Message

Warning: Schedule MB, Line 5a is checked or Line 5e is checked and Schedule MB, Lines 1c(2)(a), and 1c(2)(b), and 1c(2)(c) are all blank.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:ActrlAttAgeNrmlMthdInd = '1' or nl:SchMB/nl:ActrlFrznInitLiabMthdInd = '1') and not(nl:SchMB/nl:ActrlUnfndLiabMthdBaseAmt | nl:SchMB/nl:ActrlAccrLiabAgeMthdAmt | nl:SchMB/nl:ActrlNormCostAgeMthdAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:ActrlAttAgeNrmlMthdInd = '1' or nl:SchMB/nl:ActrlFrznInitLiabMthdInd = '1') and not(nl:SchMB/nl:ActrlUnfndLiabMthdBaseAmt | nl:SchMB/nl:ActrlAccrLiabAgeMthdAmt | nl:SchMB/nl:ActrlNormCostAgeMthdAmt)

Edit Test Requirements - 2018

TEST: I-119MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

[MB-CHG-FNDNG-MTHD-DATE](#) contains blank when [MB-CHG-FNDNG-MTHD-IND](#) contains "1" (yes) and [MB-CHG-REVENUE-PROC-IND](#) contains "2" (no).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 5k is yes, Line 5l is no, and Line 5m is blank.

Acknowledgment Error Message

Error: Schedule MB, Line 5k is checked "yes," Line 5l is checked "no," and Line 5m is blank.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlChgFndngMthdDate) and nl:SchMB/nl:ActrlChgFndngMthdInd = '1' and
nl:SchMB/nl:ActrlChgRevenueProcInd = '2'

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlChgFndngMthdDate) and nl:SchMB/nl:ActrlChgFndngMthdInd = '1' and
nl:SchMB/nl:ActrlChgRevenueProcInd = '2'

Edit Test Requirements - 2018

TEST: I-120MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

[MB-SCH-ACTIVE-PARTCP-RQD-IND](#) contains "1" (Yes) and Schedule of Active Participant Data ([ATTACHMENT-TYPE](#)='ActiveParticipData') is not attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 8b(2) is "yes" and the Schedule of Active Participant Data is not attached.

Acknowledgment Error Message

Error: Schedule of Active Participant Data (Attachment [AttachmentTypeCode ='ActiveParticipData']) of Schedule MB is not attached and Schedule MB, Line 8b(2) is checked "yes."

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlSchActivePartcpRqdInd = '1' and not(count(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode ='ActiveParticipData']) > 0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchMB/nl:ActrlSchActivePartcpRqdInd = '1' and not(count(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode ='ActiveParticipData']) > 0)`

Edit Test Requirements - 2018

TEST: I-120SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

[SB-SCH-ACTIVE-PARTCP-RQD-IND](#) contains "1" (Yes) and Schedule of Active Participant Data ([ATTACHMENT-TYPE](#)='ActiveParticipData') is not attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 26 is "yes" and the Schedule of Active Participant Data is not attached.

Acknowledgment Error Message

Error: Schedule of Active Participant Data (Attachment [AttachmentTypeCode ='ActiveParticipData']) is not attached and Schedule SB, Line 26 is checked "yes."

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlSchActivePartcpRqdInd = '1' and not(count(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode='ActiveParticipData']) > 0)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlSchActivePartcpRqdInd = '1' and not(count(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode='ActiveParticipData']) > 0)`

Edit Test Requirements - 2018

TEST: I-121MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

[MB-REQ-CONTRIB-AMT](#) contains blank (zero is not considered blank) and [MB-CURR-FNDNG-DEFN-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 10 is blank and Line 9n is greater than zero.

Acknowledgment Error Message

Warning: Schedule MB, Line 10 is blank and Line 9n is greater than zero.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlReqContribAmt) and nl:SchMB/nl:ActrlCurrFndngDefnAmt > 0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchMB/nl:ActrlReqContribAmt) and nl:SchMB/nl:ActrlCurrFndngDefnAmt > 0`

Edit Test Requirements - 2018

TEST: I-121SB Baseline Date 2011-01-01

Severity: WARNING **Agency** IRS

Specification

When [SB-UNPAID-MIN-CONTRIB-ALL-YR-AMT](#) contains blank (zero is not considered blank) and ([SB-UNPAID-MIN-RQD-TOT-AMT](#) is greater than zero or [SB-UNPAID-MIN-CONTRIB-CURR-YR-TOT-AMT](#) is greater than zero).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 40 is blank and Line 30 or Line 39 is greater than zero.

Acknowledgment Error Message

Warning: Schedule SB, Line 40 is blank and Line 30 or Line 39 is greater than zero.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchSB/nl:ActrlUnpaidMinContribAllYrAmt) and (nl:SchSB/nl:ActrlUnpaidMinRqdTotAmt > 0 or
nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt > 0)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(
nl:SchSB/nl:ActrlUnpaidMinContribAllYrAmt) and (nl:SchSB/nl:ActrlUnpaidMinRqdTotAmt > 0 or
nl:SchSB/nl:ActrlUnpaidMinContribCurrYrTotAmt > 0)

Edit Test Requirements - 2018

TEST: I-122 Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

[PEN-FNDNG-WVRS-DATE](#) contains an entry and no Schedule MB is present.

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 5 is not blank and there is no Schedule MB.

Acknowledgment Error Message

Error: Schedule R, Line 5 is completed, but Schedule MB is not provided.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:SchMB) and nl:SchR/nl:PenFndngWvrsDate

Edit Test Requirements - 2018

TEST: I-122SF Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

[SF-RULING-LETTER-GRANT-DATE](#) contains an entry and no Schedule MB is present.

Bypasses

C P R W X

Explanation

Fail when Form 5500-SF, Line 12a-Date is not blank and there is no Schedule MB.

Acknowledgment Error Message

Warning: Form 5500-SF, Line 12a-Date is completed, but Schedule MB is not provided.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1') and not(nl:SchMB) and nl:SF/nl:RulingLetterGrantDate`

Edit Test Requirements - 2018

TEST: I-123 Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

[PEN-EMPLR-CONTRIB-RQR-AMT](#) contains blank when [PEN-EMPLR-CONTRIB-PAID-AMT](#) contains blank and [TYPE-PENSION-BNFT-CODE](#) contains "2B" or "2C" unless ([TYPE-PENSION-BNFT-CODE](#) contains "1I" or [RES-TERM-PLAN-ADPT-IND](#) contains "1" or [SMALL-RES-TERM-PLAN-ADPT-IND](#) contains "1").

Bypasses

C G I P R W X Z

Explanation

Fail when Part II of Schedule R, Lines 6a and 6b are blank, and Form 5500, Line 8a contains "2B" or "2C", unless Form 5500, Line 8a contains "1I" or (Part IV of Schedule H, Line 5a or Part II of Schedule I, Line 5a is yes).

Acknowledgment Error Message

Warning: Schedule R, Part II, Lines 6a and 6b are blank and Form 5500, Line 8a contains "2B" or "2C."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:SchR and not(nl:SchR/nl:PenEmplrContribRqrAmt |
nl:SchR/nl:PenEmplrContribPaidAmt) and (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode =
'2B' or nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode = '2C') and not(
nl:Form5500/nl:PensionCodeTable [nl:TypePensionBnftCode = '1I'] or nl:SchH/nl:ResTermPlanAdptInd
= '1' or nl:SchI/nl:ResTermPlanAdptInd = '1')

Edit Test Requirements - 2018

TEST: I-124MB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when first two digits of [MB-ACTRY-ENRLMT-NUM](#) is not equal to 14 or 17.

Bypasses

C R

Explanation

Fail when the first two digits of the Actuary Enrollment Number of Schedule MB do not equal 14 or 17.

Acknowledgment Error Message

Warning: The first two digits of the Actuary Enrollment Number of Schedule MB must equal 14 or 17.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1') and nl:SchMB/nl:ActrlActryEnrlmtNum and not(substring(
nl:SchMB/nl:ActrlActryEnrlmtNum,1 , 2) ='17' or substring(nl:SchMB/nl:ActrlActryEnrlmtNum,1 , 2)
='14')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1') and nl:SchMB/nl:ActrlActryEnrlmtNum and not(substring(
nl:SchMB/nl:ActrlActryEnrlmtNum,1 , 2) ='17' or substring(nl:SchMB/nl:ActrlActryEnrlmtNum,1 , 2)
='14')`

Edit Test Requirements - 2018

TEST: I-124SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when first two digits of [SB-ACTRY-ENRLMT-NUM](#) is not equal to 14 or 17.

Bypasses

C R

Explanation

Fail when the first two digits of the Actuary Enrollment Number of Schedule SB do not equal 14 or 17.

Acknowledgment Error Message

Warning: The first two digits of the Actuary Enrollment Number of Schedule SB must equal 14 or 17.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and n1:SchSB/n1:ActrlActryEnrlmtNum and not(substring(
n1:SchSB/n1:ActrlActryEnrlmtNum,1 , 2) ='17' or substring(n1:SchSB/n1:ActrlActryEnrlmtNum,1 , 2)
='14')`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and n1:SchSB/n1:ActrlActryEnrlmtNum and not(substring(
n1:SchSB/n1:ActrlActryEnrlmtNum,1 , 2) ='17' or substring(n1:SchSB/n1:ActrlActryEnrlmtNum,1 , 2)
='14')`

Edit Test Requirements - 2018

TEST: I-125 Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [PEN-FUNDING-DEFICIENCY-AMT](#) is not equal to [PEN-EMPLR-CONTRIB-RQR-AMT](#) minus [PEN-EMPLR-CONTRIB-PAID-AMT](#).

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 6c does not equal Line 6a minus Line 6b.

Acknowledgment Error Message

Warning: Schedule R, Line 6c does not equal Line 6a minus 6b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and sum(nl:SchR/nl:PenEmplrContribRqrAmt) != sum(
nl:SchR/nl:PenEmplrContribPaidAmt | nl:SchR/nl:PenFundingDeficiencyAmt)`

Edit Test Requirements - 2018

TEST: I-126 Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

When [MB-CHG-REVENUE-PROC-IND](#) contains "1" (Yes) and [PEN-CHG-FNDNG-METHOD-IND](#) does not contain "1" (Yes) or "3" (Not Applicable).

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule MB, Line 51 is "yes" and Schedule R, Line 8 is not checked "yes" or "not applicable."

Acknowledgment Error Message

Error: Schedule MB, Line 51 is checked "yes" and Schedule R, Line 8 is not checked "yes" or "not applicable."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchR and not(nl:SchR/nl:PenChgFndngMethodInd = '1' or
nl:SchR/nl:PenChgFndngMethodInd = '3') and nl:SchMB/nl:ActrlChgRevenueProcInd = '1'

Edit Test Requirements - 2018

TEST: I-127SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-CHG-CTRL-ASSUMP-CURR-IND](#) contains "1" (Yes) and [ATTACHMENT-TYPE](#)='SchSBNonPrescribedActrlAssmptn' (Non Prescribed Actuarial Assumption) not included

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 24 contains "1" (yes) and the Non Prescribed Actuarial Assumption (Attachment/SchSBNonPrescribedActrlAssmptn) is not attached.

Acknowledgment Error Message

Error: Schedule SB, Line 24 is checked "yes" and the Non Prescribed Actuarial Assumption (Attachment[AttachmentTypeCode='SchSBNonPrescribedActrlAssmptn']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlChgActrlAssumpCurrInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode = 'SchSBNonPrescribedActrlAssmptn'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlChgActrlAssumpCurrInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode = 'SchSBNonPrescribedActrlAssmptn'])`

Edit Test Requirements - 2018

TEST: I-128SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-CHG-METHOD-IND](#) contains "1" (Yes) and [ATTACHMENT-TYPE](#)='SchSBMethodChange' (Method Change) not included.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 25 contains "1" (yes) and the Method Change (Attachment/SchSBMethodChange) is not attached.

Acknowledgment Error Message

Error: Schedule SB, Line 25 is checked "yes" and the Method Change (Attachment[AttachmentTypeCode='SchSBMethodChange']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlChgMethodInd
= '1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchSBMethodChange'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlChgMethodInd
= '1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchSBMethodChange'])`

Edit Test Requirements - 2018

TEST: I-130SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-CNT-PARTCP-PR-YR-CD](#) does not equal "1" and [SB-VALUE-DATE](#) is not equal to [FORM-PLAN-YEAR-BEGIN-DATE](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Box F does not equal 1 (100 or fewer) and Schedule SB, Line 1 is not equal to Form 5500, Plan Year Begin date.

Acknowledgment Error Message

Warning: Schedule SB, Box F does not equal 1 (100 or fewer) and Schedule SB, Line 1 is not equal to the Plan Year Begin date on Form 5500.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not (
nl:SchSB/nl:ActrlCntPartcpPrYrCd = '1') and nl:Form5500/nl:PlanYearBeginDate !=
nl:SchSB/nl:ActrlValueDate

Edit Test Requirements - 2018

TEST: I-132SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-SHORT-AMORTZ-OUTSTD-AMT](#), [SB-SHORT-AMORTZ-AMT](#), [SB-WVRS-AMORTZ-OUTSTD-AMT](#), or [SB-WVRS-AMORTZ-AMT](#) is greater than 0 and [ATTACHMENT-TYPE](#)='SchSBAmortzBases' (Schedule of Shortfall Amortization Bases) not included

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment/SchSBAmortzBases) is not attached.

Acknowledgment Error Message

Error: Schedule SB, Line 32a or Line 32b is greater than zero and the Schedule of Shortfall Amortization Bases (Attachment[AttachmentTypeCode='SchSBAmortzBases']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:ActrlShortAmortzOutstdAmt >0 or nl:SchSB/nl:ActrlShortAmortzAmt >0 or nl:SchSB/nl:ActrlWvrsAmortzOutstdAmt >0 or nl:SchSB/nl:ActrlWvrsAmortzAmt >0) and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchSBAmortzBases'])

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:ActrlShortAmortzOutstdAmt >0 or nl:SchSB/nl:ActrlShortAmortzAmt >0 or nl:SchSB/nl:ActrlWvrsAmortzOutstdAmt >0 or nl:SchSB/nl:ActrlWvrsAmortzAmt >0) and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchSBAmortzBases'])

Edit Test Requirements - 2018

TEST: I-133SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-PLAN-AT-RISK-IND](#) contains "1" and [ATTACHMENT-TYPE](#)='PlanAtRisk' (Plan at Risk) not included

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 4 is checked and the Plan at Risk (Attachment/PlanAtRisk) is not attached.

Acknowledgment Error Message

Warning: Schedule SB, Line 4 is checked and the Plan at Risk (Attachment[AttachmentTypeCode='PlanAtRisk']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlPlanAtRiskInd
= '1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'PlanAtRisk'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchSB/nl:ActrlPlanAtRiskInd
= '1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'PlanAtRisk'])`

Edit Test Requirements - 2018

TEST: I-135SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-CARRYOVER-BOY-TOT-AMT](#) not equal to ([SB-CARRYOVER-PR-YR-TOT-AMT](#) plus [SB-INT-PR-YR-CARRYOVER-AMT](#)) minus [SB-CARRYOVER-REDUCTION-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 13(a) is not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

Acknowledgment Error Message

Warning: Schedule SB, Line 13(a) does not equal to (Line 9(a) plus Line 10(a)) minus Line 12(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlCarryoverBoyTotAmt) != sum(nl:SchSB/nl:ActrlCarryoverPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrCarryoverAmt) - sum(nl:SchSB/nl:ActrlCarryoverReductionAmt)

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlCarryoverBoyTotAmt) != sum(nl:SchSB/nl:ActrlCarryoverPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrCarryoverAmt) - sum(nl:SchSB/nl:ActrlCarryoverReductionAmt)

Edit Test Requirements - 2018

TEST: I-136SB Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [SB-PRE-FNDNG-BOY-TOT-AMT](#) not equal to the sum of ([SB-PRE-FNDNG-PR-YR-TOT-AMT](#), [SB-INT-PR-YR-PRE-FNDNG-AMT](#), plus [SB-EXCESS-CONTRIB-ADDED-AMT](#)) minus [SB-PRE-FNDNG-REDUCTION-AMT](#)

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

Acknowledgment Error Message

Error: Schedule SB, Line 13(b) is not equal to the sum of (Line 9(b), plus Line 10(b), plus Line 11d(b)) minus Line 12(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlPreFndngBoyTotAmt) != sum(nl:SchSB/nl:ActrlPreFndngPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrPreFndngAmt | nl:SchSB/nl:ActrlExcessContribAddedAmt) - sum(
nl:SchSB/nl:ActrlPreFndngReductionAmt)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchSB/nl:ActrlPreFndngBoyTotAmt) != sum(nl:SchSB/nl:ActrlPreFndngPrYrTotAmt |
nl:SchSB/nl:ActrlIntPrYrPreFndngAmt | nl:SchSB/nl:ActrlExcessContribAddedAmt) - sum(
nl:SchSB/nl:ActrlPreFndngReductionAmt)`

Edit Test Requirements - 2018

TEST: I-137MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS PBGC

Specification

Fail when [MB-PLAN-RISK-STATUS-CD](#) contains "E", "S", "C", or "D" and ([ATTACHMENT-TYPE](#)='SchMBActrlIllustration' (Illustration Supporting Actuarial Certification of Status) or [ATTACHMENT-TYPE](#)='SchMBActrlCertification' (Actuarial Certification) or [ATTACHMENT-TYPE](#)='SchRFundingImprovementPlan' (Funding Improvement Plan) or [ATTACHMENT-TYPE](#)='SchRRehabPlan' (Rehabilitation Plan)) not included.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 4b contains "E", "S", "C", or "D" and the Illustration Supporting Actuarial Certification of Status (Attachment/SchMBActrlIllustration) or Actuarial Certification (Attachment/SchMBActrlCertification) or Funding Improvement Plan (Attachment/SchRFundingImprovementPlan) or Rehabilitation Plan (Attachment/SchRRehabPlan) is not attached.

Acknowledgment Error Message

Warning: Schedule MB, Line 4b contains "E", "S", "C", or "D" and the Illustration Supporting Actuarial Certification of Status (Attachment[AttachmentTypeCode='SchMBActrlIllustration']) or the Actuarial Certification (Attachment[AttachmentTypeCode='SchMBActrlCertification']) or the Funding Improvement Plan (Attachment/[AttachmentTypeCode='SchRFundingImprovementPlan']) or the Rehabilitation Plan (Attachment[AttachmentTypeCode='SchRRehabPlan']) is not attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (
nl:SchMB/nl:ActrlPlanRiskStatusCd = 'E' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'S' or
nl:SchMB/nl:ActrlPlanRiskStatusCd = 'C' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'D') and count(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchMBActrlIllustration'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchMBActrlCertification'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchRFundingImprovementPlan'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchRRehabPlan']) =0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (
nl:SchMB/nl:ActrlPlanRiskStatusCd = 'E' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'S' or
nl:SchMB/nl:ActrlPlanRiskStatusCd = 'C' or nl:SchMB/nl:ActrlPlanRiskStatusCd = 'D') and count(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchMBActrlIllustration'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchMBActrlCertification'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchRFundingImprovementPlan'] |
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode = 'SchRRehabPlan']) =0`

Edit Test Requirements - 2018

TEST: I-143MB Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [MB-CHG-CTRL-ASSUMP-CURR-IND](#) contains "1" (yes) and [ATTACHMENT-TYPE](#)='SchMBJustificationChgActrlAssmptn' (Justification for Change in Actuarial Assumption) not included.

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 11 is checked "yes" and Justification for Change in Actuarial Assumption (Attachment/SchMBJustificationChgActrlAssmptn) is not attached.

Acknowledgment Error Message

Warning: Schedule MB, Line 11 is checked "yes" and Justification for Change in Actuarial Assumption (Attachment[AttachmentTypeCode = 'SchMBJustificationChgActrlAssmptn']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlChgActrlAssumpCurrInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode = 'SchMBJustificationChgActrlAssmptn'])

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchMB/nl:ActrlChgActrlAssumpCurrInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode = 'SchMBJustificationChgActrlAssmptn'])

Edit Test Requirements - 2018

TEST: I-144 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-EMPLRS-WITHDRW-PREV-CNT](#) is greater than zero (blank does not equal zero) and [PEN-WITHDRW-LIAB-AMT](#) contains blank and ([TYPE-PLAN-ENTITY-CD](#) contains "1" and [TYPE-PENSION-BNFT-CODE](#) contains "1x")

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 16a is greater than zero and Line 16b is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Acknowledgment Error Message

Warning: Schedule R, Line 16a is greater than zero and Line 16b is blank and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchR/nl:PenEmplrsWithdrwPrevCnt >0 and not(
nl:SchR/nl:PenWithdrwLiabAmt) and nl:Form5500/nl:TypePlanEntityCd ='1' and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')]`

Edit Test Requirements - 2018

TEST: I-145 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-ASSET-LIAB-TRANSFER-IND](#) contains '1' (box checked) and [ATTACHMENT-TYPE](#)='SchRAssetLiabTransfer' (Asset Liabilities Transfer) not included and ([TYPE-PLAN-ENTITY-CD](#) contains "1" and [TYPE-PENSION-BNFT-CODE](#) contains "1x")

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment/SchRAssetLiabTransfer) is not attached and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Acknowledgment Error Message

Warning: Schedule R, Line 17 is checked and Asset Liabilities Transfer (Attachment[AttachmentTypeCode ='SchRAssetLiabTransfer']) is not attached and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchR/nl:PenAssetLiabTransferInd ='1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode ='SchRAssetLiabTransfer']) and nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')] and nl:Form5500/nl:TypePlanEntityCd = '1'

Edit Test Requirements - 2018

TEST: I-146 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-LIAB-MULT-PLANS-IND](#) contains "1" (box checked) and [ATTACHMENT-TYPE](#)='SchRMultiplePlansLiab' (Multiple Plans Liabilities) not included.

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 18 is checked and Multiple Plan Liabilities (Attachment/SchRMultiplePlansLiab) is not attached.

Acknowledgment Error Message

Warning: Schedule R, Line 18 is checked and Multiple Plan Liabilities (Attachment[AttachmentTypeCode='SchRMultiplePlansLiab']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchR/nl:PenLiabMultPlansInd ='1' and not(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode ='SchRMultiplePlansLiab'])

Edit Test Requirements - 2018

TEST: I-147 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when sum of ([PEN-STOCK-PRCNT](#), [PEN-INVST-GRADE-DEBT-PRCNT](#), [PEN-HI-YLD-DEBT-PRCNT](#), [PEN-REAL-ESTATE-PRCNT](#), and [PEN-OTH-ASSET-PRCNT](#) is not equal to 100) and ([SB-TOT-PARTCP-CNT](#) or [MB-TOT-LIAB-PARTCP-CNT](#) is greater than 1000) and [TYPE-PENSION-BNFT-CODE](#) contains "1x" and [INITIAL-FILING-IND](#) is not checked and [NET-ASSETS-BOY-AMT](#)>0.

Bypasses

C G I P R W X Z

Explanation

Fail when sum of Schedule R, Line 19a is not equal to 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Line 8a contains "1x" (Defined Benefit Plan) and the filing is not an initial filing and beginning-of-year assets have been reported on the Schedule H.

Acknowledgment Error Message

Warning: Sum of Schedule R, Line 19a does not equal 100 and Schedule MB, Line 2b(4)(1) or Schedule SB, Line 3d(1) is greater than 1000 and Form 5500, Line 8a contains "1x" (Defined Benefit) and the plan is an ongoing plan with beginning-of-year assets of greater than zero reported on the Schedule H.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchR and not(abs(sum(nl:SchR/nl:PenStockPrcnt | nl:SchR/nl:PenInvstGradeDebtPrcnt | nl:SchR/nl:PenHiYldDebtPrcnt | nl:SchR/nl:PenRealEstatePrcnt | nl:SchR/nl:PenOthAssetPrcnt) - 100) < 0.1) and (nl:SchMB/nl:ActrlTotLiabPartcpCnt >1000 or nl:SchSB/nl:ActrlTotPartcpCnt >1000) and nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')] and not(nl:Form5500/nl:InitialFilingInd='1') and nl:SchH/nl:NetAssetsBoyAmt>0

Edit Test Requirements - 2018

TEST: I-149 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-DURATION-MEASURE-CD](#) contains blank and [PEN-AVERAGE-DURATION-CD](#) is not blank.

Bypasses

C G I P R W X Z

Explanation

An average duration was entered in Schedule R, Line 19b but no duration measure was indicated in Line 19c.

Acknowledgment Error Message

Warning: Schedule R, Line 19c should not be blank when an average duration code is entered in Line 19b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:SchR/nl:PenDurationMeasureCd) and
nl:SchR/nl:PenAverageDurationCd`

Edit Test Requirements - 2018

TEST: I-151 Baseline Date 2009-01-01

Severity: WARNING **Agency** PBGC

Specification

Fail when [PEN-CONTRIB-EMPLR-NAME](#) contains an entry and (([PEN-CONTRIB-EMPLR-EIN](#) or [PEN-CONTRIB-EMPLR-AMT](#) are blank) or ([PEN-CONTRIB-EMPLR-CBA-EXP-DATE](#) is blank unless [PEN-CONTRIB-EMPLR-CBA-EXP-IND](#) is checked) or (([PEN-CONTRIB-EMPLR-MULTI-RATE-AMT](#) or [PEN-CONTRIB-EMPLR-BASE-CD](#) is blank) unless [PEN-CONTRIB-EMPLR-MULTI-RATE-IND](#) is checked) and ([TYPE-PLAN-ENTITY-CD](#) contains "1" and [TYPE-PENSION-BNFT-CODE](#) contains "1x"))

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 13a is not blank, and Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

Acknowledgment Error Message

Warning: Schedule R, Line 13a is not blank, and at least one of Lines 13b, 13c, 13d, 13e(1), or 13e(2) is blank and Form 5500, Line A (Multiemployer Plan) is checked and Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or ../
nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchR/nl:PenContribEmployer [string-length(nl:Name) >0 and
(not (nl:EIN and nl:ContribAmt) or not(nl:CbaExpDate or nl:CbaExpInd='1') or not((nl:MultiRateAmt
and nl:BaseCd)or nl:MultiRateInd='1'))] and nl:Form5500/nl:TypePlanEntityCd ='1' and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')]`

Edit Test Requirements - 2018

TEST: I-152 Baseline Date 2009-01-01

Severity: ERROR **Agency** PBGC

Specification

Fail when [PEN-STOCK-PRCNT](#), [PEN-INVST-GRADE-DEBT-PRCNT](#), [PEN-HI-YLD-DEBT-PRCNT](#), [PEN-REAL-ESTATE-PRCNT](#), or [PEN-OTH-ASSET-PRCNT](#) is greater than 0 and the sum of [PEN-STOCK-PRCNT](#), [PEN-INVST-GRADE-DEBT-PRCNT](#), [PEN-HI-YLD-DEBT-PRCNT](#), [PEN-REAL-ESTATE-PRCNT](#), and [PEN-OTH-ASSET-PRCNT](#) is less than 99.5 or greater than 100.5.

Bypasses

C G I P R W X Z

Explanation

Fail when any of Schedule R, Line 19a is greater than zero and their sum is less than 99.5 or greater than 100.5.

Acknowledgment Error Message

Error: Any of Schedule R, Line 19a is greater than zero, but their sum is less than 99.5 or greater than 100.5.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and (nl:SchR/nl:PenStockPrct >0 or nl:SchR/nl:PenHiYldDebtPrct >0
or nl:SchR/nl:PenInvstGradeDebtPrct >0 or nl:SchR/nl:PenRealEstatePrct >0 or
nl:SchR/nl:PenOthAssetPrct >0) and (sum(nl:SchR/nl:PenStockPrct | nl:SchR/nl:PenHiYldDebtPrct
| nl:SchR/nl:PenInvstGradeDebtPrct | nl:SchR/nl:PenRealEstatePrct | nl:SchR/nl:PenOthAssetPrct)
100.5)`

Edit Test Requirements - 2018

TEST: I-154MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

When Schedule MB is not attached and [TYPE-PENSION-BNFT-CODE](#) contains '1x', and (([FUNDING-SEC412-IND](#) is not checked) or ([FUNDING-SEC412-IND](#) is checked and either [FUNDING-INSURANCE-IND](#), [FUNDING-TRUST-IND](#), or [FUNDING-GEN-ASSET-IND](#), is also checked)), and (([RES-TERM-PLAN-ADPT-IND](#) = '2' or [SMALL-RES-TERM-PLAN-ADPT-IND](#) = '2')), and [TYPE-PLAN-ENTITY-CD](#)='1').

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB is not attached and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not yes and Form 5500, Part I, Line A multiemployer plan is checked.

Acknowledgment Error Message

Error: Schedule MB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A multiemployer plan is checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(nl:SchMB) and nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')] and (not(nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1') or (nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1' and (nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or nl:Form5500/nl:FundingArrangement/nl:TrustInd = '1' or nl:Form5500/nl:FundingArrangement/nl:GeneralAssetInd = '1'))) and nl:Form5500/nl:TypePlanEntityCd = '1' and not(nl:SchH/nl:ResTermPlanAdptInd = '1' or nl:SchI/nl:ResTermPlanAdptInd = '1')

Edit Test Requirements - 2018

TEST: I-154SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

When Schedule SB is not attached and [TYPE-PENSION-BNFT-CODE](#) contains '1x', and (([FUNDING-SEC412-IND](#) is not checked) or ([FUNDING-SEC412-IND](#) is checked and either [FUNDING-INSURANCE-IND](#), [FUNDING-TRUST-IND](#), or [FUNDING-GEN-ASSET-IND](#), is also checked)), and (([RES-TERM-PLAN-ADPT-IND](#) = '2' or [SMALL-RES-TERM-PLAN-ADPT-IND](#) = '2')), and ([TYPE-PLAN-ENTITY-CD](#)='2' or [TYPE-PLAN-ENTITY-CD](#)='3'))).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB is not attached and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not yes and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.

Acknowledgment Error Message

Error: Schedule SB is not provided and Form 5500, Line 8a (Pension benefit code) contains 1x (defined benefit), and either Part II of Form 5500, Line 9a(2) is not checked, or Line 9a(2) is checked and at least one of Lines 9a(1), 9a(3), 9a(4), are also checked, and Schedule H/I, Line 5a is not checked "yes" and Form 5500, Part I, Line A, single-employer plan or multiple-employer plan is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(nl:SchSB) and
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')] and ((not(
nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1')) or (
nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1' and (
nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or
nl:Form5500/nl:FundingArrangement/nl:TrustInd = '1' or
nl:Form5500/nl:FundingArrangement/nl:GeneralAssetInd = '1'))) and (
nl:Form5500/nl:TypePlanEntityCd = '2' or nl:Form5500/nl:TypePlanEntityCd = '3') and not(
nl:SchH/nl:ResTermPlanAdptInd = '1' or nl:SchI/nl:ResTermPlanAdptInd = '1')`

Edit Test Requirements - 2018

TEST: I-155MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

([MB-ACTUARY-NAME-LINE](#) is blank or [MB-ACTUARY-FIRM-NAME](#) is blank or [MB-SIGNATURE-DATE](#) is blank) and [MB-PLAN-TYPE-CODE](#)='1'.

Bypasses

C G I N P R W X Z

Explanation

Fail when no actuary (Name), Firm Name, or Signature Date provided on Schedule MB and Schedule MB, Line E Box 1 (Multiemployer Defined Benefit) is checked.

Acknowledgment Error Message

Warning: The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule MB when Line E Box 1 (Multiemployer Defined Benefit) is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB and (not(
nl:SchMB/nl:ActrlSignatureDate) or not(string-length(nl:SchMB/nl:ActrlActuaryNameLine)>0) or
not(string-length(nl:SchMB/nl:ActrlActuaryFirmName)>0)) and nl:SchMB/nl:ActrlPlanTypeCode ='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchMB and (not(
nl:SchMB/nl:ActrlSignatureDate) or not(string-length(nl:SchMB/nl:ActrlActuaryNameLine)>0) or
not(string-length(nl:SchMB/nl:ActrlActuaryFirmName)>0)) and nl:SchMB/nl:ActrlPlanTypeCode ='1'`

Edit Test Requirements - 2018

TEST: I-155SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

[SB-ACTUARY-NAME-LINE](#) is blank or [SB-ACTUARY-FIRM-NAME](#) is blank or [SB-SIGNATURE-DATE](#) is blank .

Bypasses

C G I N P R W X Z

Explanation

Fail when no actuary (Name), Firm Name, or Signature Date provided on Schedule SB.

Acknowledgment Error Message

Warning: The Actuary (Name), Firm Name, and Signature Date must be provided on Schedule SB.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchSB and (not(
nl:SchSB/nl:ActrlSignatureDate) or not(string-length(nl:SchSB/nl:ActrlActuaryNameLine)>0) or
not(string-length(nl:SchSB/nl:ActrlActuaryFirmName)>0))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchSB and (not(
nl:SchSB/nl:ActrlSignatureDate) or not(string-length(nl:SchSB/nl:ActrlActuaryNameLine)>0) or
not(string-length(nl:SchSB/nl:ActrlActuaryFirmName)>0))`

Edit Test Requirements - 2018

TEST: I-156SF Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when Form 5500SF is attached and a Schedule MB is attached but [MB-PLAN-TYPE-CODE](#) is not equal to "2."

Bypasses

C R W X

Explanation

Fail when Form 5500SF is attached and a Schedule MB is attached but MB-PLAN-TYPE-CODE is not equal to "2."

Acknowledgment Error Message

Warning: A Schedule MB was provided with a Form 5500-SF, but Schedule MB, Line E, Box 2 (Money Purchase) is not checked.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassW ='1') and nl:SchMB and not(nl:SchMB/nl:ActrlPlanTypeCode ='2')

Edit Test Requirements - 2018

TEST: I-157 Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [PEN-FNDNG-WVRS-DATE](#) is completed and ([TYPE-PLAN-ENTITY-CD](#) contains "1" and [TYPE-PENSION-BNFT-CODE](#) contains "1x")

Bypasses

C G I P R W X Z

Explanation

Fail when Schedule R, Line 5 is completed and Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

Acknowledgment Error Message

Error: Schedule R, Line 5 is completed and Form 5500, Line A (Multiemployer Plan) is checked and Form 5500, Line 8a contains "1x" (Defined Benefit).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchR/nl:PenFndngWvrsDate and nl:Form5500/nl:TypePlanEntityCd
='1' and nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1')]

Edit Test Requirements - 2018

TEST: I-158MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Schedule MB present and [ATTACHMENT-TYPE](#)='MBSBActuarySignature' (Schedule MB or SB Actuary Signature) is not attached

Bypasses

C G I N P R W X Z

Explanation

A copy of the Schedule MB (Attachment/MBSBActuarySignature) must be attached in PDF format when a Schedule MB is provided.

Acknowledgment Error Message

Warning: A copy of the signed Schedule MB (Attachment/MBSBActuarySignature) must be attached in PDF format when a Schedule MB is provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassR='1' or
../nl:Bypass/nl:BypassN='1' or ../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and nl:SchMB and not(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='MBSBActuarySignature']/nl:PdfDoc)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassR='1' or
../nl:Bypass/nl:BypassN='1' or ../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and nl:SchMB and not(
nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='MBSBActuarySignature']/nl:PdfDoc)`

Edit Test Requirements - 2018

TEST: I-158SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Schedule SB present and [ATTACHMENT-TYPE](#)='MBSBActuarySignature' (Schedule MB or SB Actuary Signature) is not attached

Bypasses

C G I N P R W X Z

Explanation

A copy of the Schedule SB must be provided (Attachment/MBSBActuarySignature) in PDF format when a Schedule SB is provided.

Acknowledgment Error Message

Warning: The copy of the signed Schedule SB (Attachment/MBSBActuarySignature) must be attached in PDF format when a Schedule SB is provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchSB and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='MBSBActuarySignature']/nl:PdfDoc)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchSB and not(nl:Attachments/nl:Attachment
[nl:AttachmentTypeCode='MBSBActuarySignature']/nl:PdfDoc)`

Edit Test Requirements - 2018

TEST: I-159 Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SPONS-DFE-EIN](#) starts with 69, 70, 79, 96, or 97

Bypasses

C

Explanation

Fail when Plan Sponsor EIN in Form 5500, Line 2(b) begins with 69, 70, 79, 96, or 97.

Acknowledgment Error Message

Warning: The Plan Sponsor EIN in Form 5500, Line 2(b) cannot begin with 69, 70, 79, 96, or 97.
Submit an amended return using the correct Plan Sponsor EIN or contact the IRS to obtain a new EIN.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1') and (starts-with(nl:Form5500/nl:SponsorDfe/nl:EIN , '69') or starts-with(nl:Form5500/nl:SponsorDfe/nl:EIN , '70') or starts-with(nl:Form5500/nl:SponsorDfe/nl:EIN , '79') or starts-with(nl:Form5500/nl:SponsorDfe/nl:EIN , '96') or starts-with(nl:Form5500/nl:SponsorDfe/nl:EIN , '97'))`

Edit Test Requirements - 2018

TEST: I-159SF Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SF-SPONS-EIN](#) starts with 69, 70, 79, 96, or 97.

Bypasses

C

Explanation

Fail when Plan Sponsor EIN in Form 5500SF, Line 2(b) begins with 69, 70, 79, 96, or 97.

Acknowledgment Error Message

Warning: The Plan Sponsor EIN in Form 5500-SF, Line 2(b) cannot begin with 69, 70, 79, 96, or 97.
Submit an amended return using the correct Plan Sponsor EIN or contact the IRS to obtain a new EIN.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1') and (starts-with(nl:SF/nl:Sponsor/nl:EIN , '69') or starts-with(nl:SF/nl:Sponsor/nl:EIN, '70') or starts-with(nl:SF/nl:Sponsor/nl:EIN , '79') or starts-with(nl:SF/nl:Sponsor/nl:EIN , '96') or starts-with(nl:SF/nl:Sponsor/nl:EIN , '97'))`

Edit Test Requirements - 2018

TEST: I-160SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-PRESENT-VALUE-EXCESS-CONTRIB](#) is blank and [SB-CONTRIB-ALLOC-CURR-YR-02-AMT](#) is greater than zero.

Bypasses

C G I N P R W X Z

Explanation

Fail when contributions have been reported on Line 37, but the total present value of excess of contributions is missing.

Acknowledgment Error Message

Warning: Contributions have been indicated on Schedule SB, Line 37, but a value of excess contributions in Line 38a equal to or greater than zero is missing.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassN='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassR='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and nl:SchSB and
not(nl:SchSB/nl:ActrlPresentValueExcessAmt) and nl:SchSB/nl:ActrlContribAllocCurrYr02Amt>0`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI='1' or ../nl:Bypass/nl:BypassN='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassR='1' or ../nl:Bypass/nl:BypassW='1' or
../nl:Bypass/nl:BypassX='1' or ../nl:Bypass/nl:BypassZ='1') and nl:SchSB and
not(nl:SchSB/nl:ActrlPresentValueExcessAmt) and nl:SchSB/nl:ActrlContribAllocCurrYr02Amt>0`

Edit Test Requirements - 2018

TEST: I-161SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-PRESENT-VALUE-EXCESS-CONTRIB](#) is greater than zero and [SB-PORITION-PREFNDNG-FNDNG-CARRYOVER-AMT](#) is greater than [SB-PRESENT-VALUE-EXCESS-CONTRIB](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when excess contributions are reported on Line 38a, but there is no indication of which portion is attributable to use of prefunding and funding standard carryover balances.

Acknowledgment Error Message

Warning: Excess contributions have been reported on Schedule SB, Line 38a, but Line 38b is missing a value equal to or less than the amount reported in Line 38a.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlPresentValueExcessAmt>0 and
nl:SchSB/nl:ActrlPortionPrefndngFndngCarryoverAmt>nl:SchSB/nl:ActrlPresentValueExcessAmt

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchSB/nl:ActrlPresentValueExcessAmt>0 and
nl:SchSB/nl:ActrlPortionPrefndngFndngCarryoverAmt>nl:SchSB/nl:ActrlPresentValueExcessAmt

Edit Test Requirements - 2018

TEST: I-162SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-ELIGIBLE-PLAN-YEAR-1-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-2-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-3-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-4-IND](#) are checked and [SB-SHORTFALL-AMORTZ-BASE-SCH-ELECT-IND](#) is blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when one or more eligible plan years are checked in Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.

Acknowledgment Error Message

Warning: One or more plan years have been checked on Schedule SB, Line 41b, but the shortfall amortization base schedule in Line 41a has not been checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
(nl:SchSB/nl:ActrlEligiblePlanYear1Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear2Ind='1' or
nl:SchSB/nl:ActrlEligiblePlanYear3Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear4Ind='1') and
not(nl:SchSB/nl:ActrlShortfallAmortzBaseSchElectInd)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
(nl:SchSB/nl:ActrlEligiblePlanYear1Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear2Ind='1' or
nl:SchSB/nl:ActrlEligiblePlanYear3Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear4Ind='1') and
not(nl:SchSB/nl:ActrlShortfallAmortzBaseSchElectInd)`

Edit Test Requirements - 2018

TEST: I-163SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-SHORTFALL-AMORTZ-BASE-SCH-ELECT-IND](#) is present and [SB-ELIGIBLE-PLAN-YEAR-1-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-2-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-3-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-4-IND](#) are blank.

Bypasses

C G I N P R W X Z

Explanation

Fail when an alternative amortization schedule has been indicated in Line 41a, but no eligible plan year(s) for which the election was made is indicated in Line 41b.

Acknowledgment Error Message

Warning: An alternative amortization schedule has been indicated on Schedule SB, Line 41a, but no eligible plan year(s) for which the election was made has been checked on Line 41b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchSB/nl:ActrlEligiblePlanYear1Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear2Ind='1' or
nl:SchSB/nl:ActrlEligiblePlanYear3Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear4Ind='1') and
(nl:SchSB/nl:ActrlShortfallAmortzBaseSchElectInd)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchSB/nl:ActrlEligiblePlanYear1Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear2Ind='1' or
nl:SchSB/nl:ActrlEligiblePlanYear3Ind='1' or nl:SchSB/nl:ActrlEligiblePlanYear4Ind='1') and
(nl:SchSB/nl:ActrlShortfallAmortzBaseSchElectInd)`

Edit Test Requirements - 2018

TEST: I-164SB Baseline Date 2012-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when more than two of ([SB-ELIGIBLE-PLAN-YEAR-1-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-2-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-3-IND](#), or [SB-ELIGIBLE-PLAN-YEAR-4-IND](#)) are checked.

Bypasses

C G I N P R W X Z

Explanation

Fail when more than two years are elected for the alternative amortization.

Acknowledgment Error Message

Warning: Schedule SB, Line 41b indicates that more than two years have been elected for the alternative amortization schedule. An election to use an alternative amortization schedule may only be made with respect to one or two eligible plan years.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
count(nl:SchSB/nl:ActrlEligiblePlanYear1Ind[.='1'] | nl:SchSB/nl:ActrlEligiblePlanYear2Ind[.='1'] |
nl:SchSB/nl:ActrlEligiblePlanYear3Ind[.='1'] | nl:SchSB/nl:ActrlEligiblePlanYear4Ind[.='1'])>2`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
count(nl:SchSB/nl:ActrlEligiblePlanYear1Ind[.='1'] | nl:SchSB/nl:ActrlEligiblePlanYear2Ind[.='1'] |
nl:SchSB/nl:ActrlEligiblePlanYear3Ind[.='1'] | nl:SchSB/nl:ActrlEligiblePlanYear4Ind[.='1'])>2`

Edit Test Requirements - 2018

TEST: I-202SF Baseline Date 2016-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SF-LOSS-DISCV-DUR-YEAR-AMT](#) is greater than zero and [SF-PLAN-INS-FDLTY-BOND-AMT](#) is not greater than zero

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10d-Amount is greater than zero and Line 10c-Amount is not greater than zero.

Acknowledgment Error Message

Warning: Form 5500-SF, Line 10d-Amount is greater than zero but an amount greater than zero is not provided for Line 10c-Amount. Please ensure that these lines are answered correctly.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:LossDiscvDurYearAmt>0 and not(nl:SF/nl:PlanInsFdltyBondAmt>0)

Edit Test Requirements - 2018

TEST: I-203 Baseline Date 2017-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [LOSS-DISCV-DUR-YEAR-AMT](#) is greater than zero and [PLAN-INS-FDLTY-BOND-AMT](#) is not greater than zero.

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4f-Amount is greater than zero and Line 4e-Amount is not greater than zero.

Acknowledgment Error Message

Warning: Schedule H, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchH/nl:LossDiscvDurYearAmt>0 and not(nl:SchH/nl:PlanInsFdltyBondAmt>0)`

Edit Test Requirements - 2018

TEST: I-204 Baseline Date 2017-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SMALL-LOSS-DISCV-DUR-YEAR-AMT](#) is greater than zero and [SMALL-PLAN-INS-FDLTY-BOND-AMT](#) is not greater than zero.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4f-Amount is greater than zero and Line 4e-Amount is not greater than zero.

Acknowledgment Error Message

Warning: Schedule I, Line 4f-Amount is greater than zero but an amount greater than zero is not provided for Line 4e-Amount. Please ensure that these lines are answered correctly.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:LossDiscvDurYearAmt>0
and not(nl:SchI/nl:PlanInsFdltyBondAmt>0)`

Edit Test Requirements - 2018

TEST: J-501 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL IRS

Specification

When combination [PLAN-TRANSFER-EIN](#) and [PLAN-TRANSFER-PN](#) on Schedule H or [SMALL-PLAN-TRANSFER-EIN](#) and [SMALL-PLAN-TRANSFER-PN](#) on Schedule I is equal to [SPONS-DFE-EIN](#) and [SPONS-DFE-PN](#) on Form 5500.

Bypasses

C I P R X

Explanation

Fail when Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) equals the Schedule H, Part IV, Line 5b(2)-EIN1 and 5b(3)-PN1 or the Schedule I, Part II, Line 5b(2)-EIN1 and Line 5b(3)-PN1.

Acknowledgment Error Message

Warning: Form 5500, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Schedule H, Part IV, Line 5b(2)-EIN(s) and 5b(3)-PN(s) or the Schedule I, Part II, Line 5b(2)-EIN(s) and Line 5b(3)-PN(s). Assets and/or Liabilities cannot be transferred to the same plan.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassX = '1') and (nl:SchH/nl:PlanTransfer [nl:TransferEIN =
../../../../nl:Form5500/nl:SponsorDfe/nl:EIN and nl:TransferPlanNum = ../../
nl:Form5500/nl:SponsDfePlanNum] or nl:SchI/nl:PlanTransfer [nl:TransferEIN =
../../../../nl:Form5500/nl:SponsorDfe/nl:EIN and nl:TransferPlanNum =
../../../../nl:Form5500/nl:SponsDfePlanNum])`

Edit Test Requirements - 2018

TEST: J-501SF Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL IRS

Specification

When combination [SF-PLAN-TRANSFER-EIN](#) and [SF-PLAN-TRANSFER-PN](#) is equal to [SF-SPONS-EIN](#) and [SF-PLAN-NUM](#) on Form 5500SF.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) equals Form 5500-SF, Part VII, Line 13c (EIN and PN).

Acknowledgment Error Message

Warning: Form 5500-SF, Part II, Line 2b (EIN) and Line 1b (PN) should not be the same as Form 5500-SF, Part VII, Line 13c (EIN and PN). Assets and/or Liabilities cannot be transferred to the same plan.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SF/nl:PlanTransfer [nl:TransferEIN = ../nl:Sponsor/nl:EIN and nl:TransferPlanNum =
../nl:SponsorPlanNum]`

Edit Test Requirements - 2018

TEST: J-502 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL IRS

Specification

BUSINESS-CODE contains blank or is not equal to one of the following values (111100 111210 111300 111400 111900 112111 112112 112120 112210 112300 112400 112510 112900 113110 113210 113310 114110 114210 115110 115210 115310 211120 211130 212110 212200 212310 212320 212390 213110 221100 221210 221300 221500 236110 236200 237100 237210 237310 237990 238100 238210 238220 238290 238300 238900 311110 311200 311300 311400 311500 311610 311710 311800 311900 312110 312120 312130 312140 312200 313000 314000 315100 315210 315220 315240 315280 315990 316110 316210 316990 321110 321210 321900 322100 322200 323100 324110 324120 324190 325100 325200 325300 325410 325500 325600 325900 326100 326200 327100 327210 327300 327400 327900 331110 331200 331310 331400 331500 332110 332210 332300 332400 332510 332610 332700 332810 332900 333100 333200 333310 333410 333510 333610 333900 334110 334200 334310 334410 334500 334610 335100 335200 335310 335900 336100 336210 336300 336410 336510 336610 336990 337000 339110 339900 423100 423200 423300 423400 423500 423600 423700 423800 423910 423920 423930 423940 423990 424100 424210 424300 424400 424500 424600 424700 424800 424910 424920 424930 424940 424950 424990 425110 425120 441110 441120 441210 441222 441228 441300 442110 442210 442291 442299 443141 443142 444110 444120 444130 444190 444200 445110 445120 445210 445220 445230 445291 445292 445299 445310 446110 446120 446130 446190 447100 448110 448120 448130 448140 448150 448190 448210 448310 448320 451110 451120 451130 451140 451211 451212 452200 452300 453110 453210 453220 453310 453910 453920 453930 453990 454110 454210 454310 454390 481000 482110 483000 484110 484120 484200 485110 485210 485310 485320 485410 485510 485990 486000 487000 488100 488210 488300 488410 488490 488510 488990 492110 492210 493100 511110 511120 511130 511140 511190 511210 512100 512200 515100 515210 517000 518210 519100 522110 522120 522130 522190 522210 522220 522291 522292 522293 522294 522298 522300 523110 523120 523130 523140 523210 523900 524130 524140 524150 524210 524290 525100 525910 525920 525990 531110 531120 531130 531190 531210 531310 531320 531390 532100 532210 532281 532282 532283 532284 532289 532310 532400 533110 541110 541190 541211 541213 541214 541219 541310 541320 541330 541340 541350 541360 541370 541380 541400 541511 541512 541513 541519 541600 541700 541800 541910 541920 541930 541940 541990 551111 551112 561110 561210 561300 561410 561420 561430 561440 561450 561490 561500 561600 561710 561720 561730 561740 561790 561900 562000 611000 621111 621112 621210 621310 621320 621330 621340 621391 621399 621410 621420 621491 621492 621493 621498 621510 621610 621900 622000 623000 624100 624200 624310 624410 711100 711210 711300 711410 711510 712100 713100 713200 713900 721110 721120 721191 721199 721210 721310 722300 722410 722511 722513 722514 722515 811110 811120 811190 811210 811310 811410 811420 811430 811490 812111 812112 812113 812190 812210 812220 812310 812320 812330 812910 812920 812930 812990 813000 813930 921000)

Bypasses

C G P R Z

Explanation

Fail when Form 5500, Line 2d (The Business Code) is blank or is not valid.

Acknowledgment Error Message

Warning: Form 5500, Line 2d cannot be missing or invalid. Refer to the Form 5500 instructions for a complete list of valid Business Codes.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:Form5500 and not(exists(nl:Form5500/nl:BusinessCode) and contains('111100 111210 111300 111400 111900 112111 112112 112120 112210 112300 112400 112510 112900 113110 113210 113310 114110 114210 115110 115210 115310 211120 211130 212110 212200 212310 212320 212390 213110 221100 221210 221300 221500 236110 236200 237100 237210 237310 237990 238100 238210 238220 238290 238300 238900 311110 311200 311300 311400 311500 311610 311710 311800 311900 312110 312120 312130 312140 312200 313000 314000 315100 315210 315220 315240 315280 315990 316110 316210 316990 321110 321210 321900 322100 322200 323100 324110 324120 324190 325100 325200 325300 325410 325500 325600 325900 326100 326200 327100 327210 327300 327400 327900 331110 331200 331310 331400 331500 332110 332210 332300 332400 332510 332610 332700 332810 332900 333100 333200 333310 333410 333510 333610 333900 334110 334200 334310 334410 334500 334610 335100 335200 335310 335900 336100 336210 336300 336410 336510 336610 336990 337000 339110 339900 423100 423200 423300 423400 423500 423600 423700 423800 423910 423920 423930 423940 423990 424100 424210 424300 424400 424500 424600 424700 424800 424910 424920 424930 424940 424950 424990 425110 425120 441110 441120 441130 441140 441210 441222 441228 441300 442110 442210 442291 442299 443141 443142 444110 444120 444130 444190 444200 445110 445120 445210 445220 445230 445291 445292 445299 445310 446110 446120 446130 446190 447100 448110 448120 448130 448140 448150 448190 448210 448310 448320 451110 451120 451130 451140 451211 451212 452200 452300 453110 453210 453220 453310 453910 453920 453930 453990 454110 454210 454310

454390	481000	482110	483000	484110	484120	484200	485110	485210	485310	485320	485410	485510	485990
486000	487000	488100	488210	488300	488410	488490	488510	488990	492110	492210	493100	511110	511120
511130	511140	511190	511210	512100	512200	515100	515210	517000	518210	519100	522110	522120	522130
522190	522210	522220	522291	522292	522293	522294	522298	522300	523110	523120	523130	523140	523210
523900	524130	524140	524150	524210	524290	525100	525910	525920	525990	531110	531120	531130	531190
531210	531310	531320	531390	532100	532210	532281	532282	532283	532284	532289	532310	532400	533110
541110	541190	541211	541213	541214	541219	541310	541320	541330	541340	541350	541360	541370	541380
541400	541511	541512	541513	541519	541600	541700	541800	541910	541920	541930	541940	541990	551111
551112	561110	561210	561300	561410	561420	561430	561440	561450	561490	561500	561600	561710	561720
561730	561740	561790	561900	562000	611000	621111	621112	621210	621310	621320	621330	621340	621391
621399	621410	621420	621491	621492	621493	621498	621510	621610	621900	622000	623000	624100	624200
624310	624410	711100	711210	711300	711410	711510	712100	713100	713200	713900	721110	721120	721191
721199	721210	721310	722300	722410	722511	722513	722514	722515	811110	811120	811190	811210	811310
811410	811420	811430	811490	812111	812112	812113	812190	812210	812220	812310	812320	812330	812910
812920	812930	812990	813000	813930	921000'	, n1:Form5500/n1:BusinessCode))							

Edit Test Requirements - 2018

TEST: J-502SF Baseline Date 2009-01-01

Severity: WARNING **Agency:** DOL IRS

Specification

SF-BUSINESS-CODE contains blank or is not equal to one of the following values (111100 111210 111300 111400 111900 112111 112112 112120 112210 112300 112400 112510 112900 113110 113210 113310 114110 114210 115110 115210 115310 211120 211130 212110 212200 212310 212320 212390 213110 221100 221210 221300 221500 236110 236200 237100 237210 237310 237990 238100 238210 238220 238290 238300 238900 311110 311200 311300 311400 311500 311610 311710 311800 311900 312110 312120 312130 312140 312200 313000 314000 315100 315210 315220 315240 315280 315990 316110 316210 316990 321110 321210 321900 322100 322200 323100 324110 324120 324190 325100 325200 325300 325410 325500 325600 325900 326100 326200 327100 327210 327300 327400 327900 331110 331200 331310 331400 331500 332110 332210 332300 332400 332510 332610 332700 332810 332900 333100 333200 333310 333410 333510 333610 333900 334110 334200 334310 334410 334500 334610 335100 335200 335310 335900 336100 336210 336300 336410 336510 336610 336990 337000 339110 339900 423100 423200 423300 423400 423500 423600 423700 423800 423910 423920 423930 423940 423990 424100 424210 424300 424400 424500 424600 424700 424800 424910 424920 424930 424940 424950 424990 425110 425120 441110 441120 441210 441222 441228 441300 442110 442210 442291 442299 443141 443142 444110 444120 444130 444190 444200 445110 445120 445210 445220 445230 445291 445292 445299 445310 446110 446120 446130 446190 447100 448110 448120 448130 448140 448150 448190 448210 448310 448320 451110 451120 451130 451140 451211 451212 452200 452300 453110 453210 453220 453310 453910 453920 453930 453990 454110 454210 454310 454390 481000 482110 483000 484110 484120 484200 485110 485210 485310 485320 485410 485510 485990 486000 487000 488100 488210 488300 488410 488490 488510 488990 492110 492210 493100 511110 511120 511130 511140 511190 511210 512100 512200 515100 515210 517000 518210 519100 522110 522120 522130 522190 522210 522220 522291 522292 522293 522294 522298 522300 523110 523120 523130 523140 523210 523900 524130 524140 524150 524210 524290 525100 525910 525920 525990 531110 531120 531130 531190 531210 531310 531320 531390 532100 532210 532281 532282 532283 532284 532289 532310 532400 533110 541110 541190 541211 541213 541214 541219 541310 541320 541330 541340 541350 541360 541370 541380 541400 541511 541512 541513 541519 541600 541700 541800 541910 541920 541930 541940 541990 551111 551112 561110 561210 561300 561410 561420 561430 561440 561450 561490 561500 561600 561710 561720 561730 561740 561790 561900 562000 611000 621111 621112 621210 621310 621320 621330 621340 621391 621399 621410 621420 621491 621492 621493 621498 621510 621610 621900 622000 623000 624100 624200 624310 624410 711100 711210 711300 711410 711510 712100 713100 713200 713900 721110 721120 721191 721199 721210 721310 722300 722410 722511 722513 722514 722515 811110 811120 811190 811210 811310 811410 811420 811430 811490 812111 812112 812113 812190 812210 812220 812310 812320 812330 812910 812920 812930 812990 813000 813930 921000)

Bypasses

C N P R

Explanation

Fail when Form 5500-SF, Line 2d (The Business Code) is blank or is not valid.

Acknowledgment Error Message

Warning: Form 5500-SF, Line 2d cannot be missing or invalid. Refer to the Form 5500-SF instructions for a complete list of valid Business Codes.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1') and not(exists(nl:SF/nl:BusinessCode) and contains('111100 111210 111300 111400 111900 112111 112112 112120 112210 112300 112400 112510 112900 113110 113210 113310 114110 114210 115110 115210 115310 211120 211130 212110 212200 212310 212320 212390 213110 221100 221210 221300 221500 236110 236200 237100 237210 237310 237990 238100 238210 238220 238290 238300 238900 311110 311200 311300 311400 311500 311610 311710 311800 311900 312110 312120 312130 312140 312200 313000 314000 315100 315210 315220 315240 315280 315990 316110 316210 316990 321110 321210 321900 322100 322200 323100 324110 324120 324190 325100 325200 325300 325410 325500 325600 325900 326100 326200 327100 327210 327300 327400 327900 331110 331200 331310 331400 331500 332110 332210 332300 332400 332510 332610 332700 332810 332900 333100 333200 333310 333410 333510 333610 333900 334110 334200 334310 334410 334500 334610 335100 335200 335310 335900 336100 336210 336300 336410 336510 336610 336990 337000 339110 339900 423100 423200 423300 423400 423500 423600 423700 423800 423910 423920 423930 423940 423990 424100 424210 424300 424400 424500 424600 424700 424800 424910 424920 424930 424940 424950 424990 425110 425120 441110 441120 441210 441222 441228 441300 442110 442210 442291 442299 443141 443142 444110 444120 444130 444190 444200 445110 445120 445210 445220 445230 445291 445292 445299 445310

446110 446120 446130 446190 447100 448110 448120 448130 448140 448150 448190 448210 448310 448320
451110 451120 451130 451140 451211 451212 452200 452300 453110 453210 453220 453310 453910 453920
453930 453990 454110 454210 454310 454390 481000 482110 483000 484110 484120 484200 485110 485210
485310 485320 485410 485510 485990 486000 487000 488100 488210 488300 488410 488490 488510 488990
492110 492210 493100 511110 511120 511130 511140 511190 511210 512100 512200 515100 515210 517000
518210 519100 522110 522120 522130 522190 522210 522220 522291 522292 522293 522294 522298 522300
523110 523120 523130 523140 523210 523900 524130 524140 524150 524210 524290 525100 525910 525920
525990 531110 531120 531130 531190 531210 531310 531320 531390 532100 532210 532281 532282 532283
532284 532289 532310 532400 533110 541110 541190 541211 541213 541214 541219 541310 541320 541330
541340 541350 541360 541370 541380 541400 541511 541512 541513 541519 541600 541700 541800 541910
541920 541930 541940 541990 551111 551112 561110 561210 561300 561410 561420 561430 561440 561450
561490 561500 561600 561710 561720 561730 561740 561790 561900 562000 611000 621111 621112 621210
621310 621320 621330 621340 621391 621399 621410 621420 621491 621492 621493 621498 621510 621610
621900 622000 623000 624100 624200 624310 624410 711100 711210 711300 711410 711510 712100 713100
713200 713900 721110 721120 721191 721199 721210 721310 722300 722410 722511 722513 722514 722515
811110 811120 811190 811210 811310 811410 811420 811430 811490 812111 812112 812113 812190 812210
812220 812310 812320 812330 812910 812920 812930 812990 813000 813930 921000' ,
nl:SF/nl:BusinessCode))

Edit Test Requirements - 2018

TEST: J-503 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SPONS-DFE-PN](#) greater than 500 and [TYPE-PENSION-BNFT-CODE](#) contains an entry.

Bypasses

C G R X Z

Explanation

Fail when any pension benefit codes on Form 5500, Line 8a are entered and the Plan Number is greater than 500.

Acknowledgment Error Message

Error: Form 5500, Line 8a cannot contain an entry when Form 5500, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 8a and enter welfare benefit codes in Line 8b from the instructions.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and number(nl:Form5500/nl:SponsDfePlanNum) > 500 and count(
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) > 0

Edit Test Requirements - 2018

TEST: J-503SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SF-PLAN-NUM](#) greater than 500 and [SF-TYPE-PENSION-BNFT-CODE](#) contains an entry.

Bypasses

C R

Explanation

Fail when any pension benefit codes on Form 5500-SF Line 9a are entered and the Plan Number is greater than 500.

Acknowledgment Error Message

Error: Form 5500-SF, Line 9a cannot contain an entry when Form 5500-SF, Line 1b is greater than 500. If plan number is correct, remove pension benefit codes from Line 9a and enter welfare benefit codes in Line 9b from the instructions.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR = '1') and number(nl:SF/nl:SponsorPlanNum) > 500 and count(
nl:SF/nl:PensionCodeTable/nl:TypePensionBnftCode) > 0

Edit Test Requirements - 2018

TEST: J-504 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

At least one of the following must = '1': [FUNDING-INSURANCE-IND](#), [FUNDING-SEC412-IND](#), [FUNDING-TRUST-IND](#), or [FUNDING-GEN-ASSET-IND](#).

Bypasses

C P R X Z

Explanation

Fail when the plan funding arrangement on Form 5500, Line 9a is not indicated.

Acknowledgment Error Message

Error: Form 5500, Line 9a must contain an entry.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX = '1' or
../n1:Bypass/n1:BypassZ = '1') and n1:Form5500 and count(n1:Form5500/n1:FundingArrangement [* =
'1']) = 0

Edit Test Requirements - 2018

TEST: J-505 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

At least one of the following must = '1': [BENEFIT-INSURANCE-IND](#), [BENEFIT-SEC412-IND](#), [BENEFIT-TRUST-IND](#), or [BENEFIT-GEN-ASSET-IND](#).

Bypasses

C P R X Z

Explanation

Fail when the plan benefit arrangement on Form 5500 Line 9b is not indicated.

Acknowledgment Error Message

Error: Form 5500, Line 9b must contain an entry.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX = '1' or
../n1:Bypass/n1:BypassZ = '1') and n1:Form5500 and count(n1:Form5500/n1:BenefitArrangement [* =
'1']) = 0

Edit Test Requirements - 2018

TEST: J-509 Baseline Date 2009-01-01

Severity: STOP **Agency** DOL IRS

Specification

When [TYPE-PENSION-BNFT-CODE](#) and [TYPE-WELFARE-BNFT-CODE](#) contains blank.

Bypasses

C P R X Z

Explanation

Fail when Form 5500, Part II, Lines 8a and 8b are all blank.

Acknowledgment Error Message

Stop: No Plan Characteristic codes have been entered on Form 5500, Line 8a or 8b. Pension and/or Welfare codes must be provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:Form5500 and count(
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) =0 and count (
nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode) =0`

Edit Test Requirements - 2018

TEST: J-509SF Baseline Date 2009-01-01

Severity: STOP **Agency** DOL IRS

Specification

When [SF-TYPE-PENSION-BNFT-CODE](#) and [SF-TYPE-WELFARE-BNFT-CODE](#) contains blank.

Bypasses

C R

Explanation

Fail when Form 5500-SF, Part IV, Lines 9a and 9b are all blank.

Acknowledgment Error Message

Stop: No Plan Characteristic codes have been entered on Form 5500-SF, Line 9a or 9b. Pension and/or Welfare codes must be provided.

XPATH - Short Form Filings (relative to ShortFormData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR = '1') and count(n1:SF/n1:PensionCodeTable/n1:TypePensionBnftCode) =0
and count (n1:SF/n1:WelfareCodeTable/n1:TypeWelfareBnftCode) =0

Edit Test Requirements - 2018

TEST: P-200 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

When Schedule(s) A not attached and either [INT-POOL-SEP-ACCT-BOY-AMT](#) or [INT-POOL-SEP-ACCT-EOY-AMT](#) is greater than zero.

Bypasses

C J O P R X

Explanation

Fail when Schedule A is not provided and Schedule H, Line 1c(10) Pooled-Separate Account (BOY Pooled-Separate Account assets or EOY Pooled-Separate Account) indicates an amount greater than zero.

Acknowledgment Error Message

Warning: Schedule A is not provided and Schedule H, Line 1c(10) Pooled-Separate Account (BOY Pooled-Separate Account assets or EOY Pooled-Separate Account) indicates an amount greater than zero. Schedule A must be provided.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassJ ='1' or ../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or
../n1:Bypass/n1:BypassR ='1' or ../n1:Bypass/n1:BypassX ='1') and count(n1:SchA) = 0 and (`
`n1:SchH/n1:IntPoolSepAcctBoyAmt >0 or n1:SchH/n1:IntPoolSepAcctEoyAmt >0)`

Edit Test Requirements - 2018

TEST: P-201 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

When Schedule(s) A not attached and either [INS-CO-GEN-ACCT-BOY-AMT](#) or [INS-CO-GEN-ACCT-EOY-AMT](#) is greater than zero.

Bypasses

C J O P R X

Explanation

Fail when Schedule A is not provided and either Schedule H, Line 1c(14)(a) BOY Value of Funds Held in Insurance Company or Line 1c(14)(b) EOY Value of Funds Held in Insurance Company indicates an amount.

Acknowledgment Error Message

Warning: Schedule A is not provided and either Schedule H, Line 1c(14)(a) BOY Value of Funds Held in Insurance Company or Line 1c(14)(b) EOY Value of Funds Held in Insurance Company indicates an amount. Schedule A must be provided.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassJ ='1' or ../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and count(n1:SchA) = 0 and (`
`n1:SchH/n1:InsCoGenAcctBoyAmt > 0 or n1:SchH/n1:InsCoGenAcctEoyAmt > 0)`

Edit Test Requirements - 2018

TEST: P-202A Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

(Fail when Schedule D not attached or when present and no data provided for [DFE-P1-ENTITY-NAME](#) or [DFE-P1-SPONS-NAME](#) or [DFE-P1-PLAN-EIN](#) or [DFE-P1-PLAN-PN](#) or [DFE-P1-ENTITY-CODE](#) or [DFE-P1-PLAN-INT-EOY-AMT](#)) and (sum of [INT-COMMON-TR-BOY-AMT](#), [INT-POOL-SEP-ACCT-BOY-AMT](#), [INT-MASTER-TR-BOY-AMT](#), [INT-103-12-INVST-BOY-AMT](#), [INT-COMMON-TR-EOY-AMT](#), [INT-POOL-SEP-ACCT-EOY-AMT](#), [INT-MASTER-TR-EOY-AMT](#), [INT-103-12-INVST-EOY-AMT](#), [GAIN-LOSS-COM-TRUST-AMT](#), [GAIN-LOSS-POOL-SEP-AMT](#), [GAIN-LOSS-MASTER-TR-AMT](#), plus [GAIN-LOSS-103-12-INVST-AMT](#) contains an amount)

Bypasses

C G P R X Z

Explanation

Fail if Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income.

Acknowledgment Error Message

Error: Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and sum(
nl:SchH/nl:IntCommonTrBoyAmt | nl:SchH/nl:IntPoolSepAcctBoyAmt | nl:SchH/nl:IntMasterTrBoyAmt |
nl:SchH/nl:Int10312InvstBoyAmt | nl:SchH/nl:IntCommonTrEoyAmt | nl:SchH/nl:IntPoolSepAcctEoyAmt |
nl:SchH/nl:IntMasterTrEoyAmt | nl:SchH/nl:Int10312InvstEoyAmt | nl:SchH/nl:GainLossComTrustAmt |
nl:SchH/nl:GainLossPoolSepAmt | nl:SchH/nl:GainLossMasterTrAmt | nl:SchH/nl:GainLoss10312InvstAmt)
!=0 and (not(nl:SchD) or nl:SchD/nl:DfeP1 [not (nl:EntityName and nl:SponsName and nl:PlanEIN and
nl:PlanPN and nl:EntityCode and nl:PlanIntEoyAmt)])`

Edit Test Requirements - 2018

TEST: P-202B Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

(Fail when Schedule D not attached or when present and no data provided for [DFE-P2-PLAN-NAME](#) or [DFE-P2-PLAN-SPONS-NAME](#) or [DFE-P2-PLAN-EIN](#) or [DFE-P2-PLAN-PN](#)) and (sum of [INT-COMMON-TR-BOY-AMT](#), [INT-POOL-SEP-ACCT-BOY-AMT](#), [INT-MASTER-TR-BOY-AMT](#), [INT-103-12-INVST-BOY-AMT](#), [INT-COMMON-TR-EOY-AMT](#), [INT-POOL-SEP-ACCT-EOY-AMT](#), [INT-MASTER-TR-EOY-AMT](#), [INT-103-12-INVST-EOY-AMT](#), [GAIN-LOSS-COM-TRUST-AMT](#), [GAIN-LOSS-POOL-SEP-AMT](#), [GAIN-LOSS-MASTER-TR-AMT](#), plus [GAIN-LOSS-103-12-INVST-AMT](#) contains an amount and ([TYPE-DFE-PLAN-ENTITY-CD](#) contains a value.))

Bypasses

C P R X

Explanation

Fail if Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE.

Acknowledgment Error Message

Error: Schedule D Part II is missing or incomplete and Schedule H indicates DFE assets or income, and Form 5500 line A indicates a DFE. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), review your response to Form 5500 Line A and/or complete Schedule D Part II.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC ='1' or ../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and sum(n1:SchH/n1:IntCommonTrBoyAmt | n1:SchH/n1:IntPoolSepAcctBoyAmt | n1:SchH/n1:IntMasterTrBoyAmt | n1:SchH/n1:Int10312InvstBoyAmt | n1:SchH/n1:IntCommonTrEoyAmt | n1:SchH/n1:IntPoolSepAcctEoyAmt | n1:SchH/n1:IntMasterTrEoyAmt | n1:SchH/n1:Int10312InvstEoyAmt | n1:SchH/n1:GainLossComTrustAmt | n1:SchH/n1:GainLossPoolSepAmt | n1:SchH/n1:GainLossMasterTrAmt | n1:SchH/n1:GainLoss10312InvstAmt) !=0 and n1:Form5500/n1:TypeDFEPlanEntityCd and (not(n1:SchD) or n1:SchD/n1:DfeP2 [not (n1:PlanName and n1:SponsName and n1:PlanEIN and n1:PlanPN)])

Edit Test Requirements - 2018

TEST: P-204 Baseline Date 2009-01-01

Severity: ERROR **Agency:** DOL

Specification

When Accountant's Opinion ([AO-REPORT-DOC](#)) not attached and any of ([TOT-ASSETS-BOY-AMT](#) or [TOT-ASSETS-EOY-AMT](#) or [TOT-LIABILITIES-BOY-AMT](#) or [TOT-LIABILITIES-EOY-AMT](#) or [NET-INCOME-AMT](#)) contains an amount, or ([ACCTNT-OPINION-TYPE-CD](#) is present)) unless [ACCT-OPIN-NOT-ON-FILE-IND](#) contains "1" or "2."

Bypasses

C I J M O P R X

Explanation

If the Accountant's Opinion is not attached, then beginning of year (BOY) and end of year (EOY) total assets (Schedule H, Lines 1f(a) and (b)), liabilities (Schedule H, Lines 1k(a) and 1k(b)), and Net Income (Schedule H, Line 2(k)) must be blank, and the Accountant Opinion Type box(es) (Schedule H, Line 3a(1) - (4)) cannot be checked unless the Accountant Opinion exemption box(es) (Schedule H, Line 3d(1) or (2)) is checked.)

Acknowledgment Error Message

Error: Accountant's Opinion is not attached and you have assets and/or liabilities on your Schedule H. You must attach an Accountant's Opinion with the required financial information unless you are eligible to claim an exemption.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassM = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and count(nl:Attachments/nl:AccountantOpinion)=0 and count (
nl:SchH/nl:TotAssetsBoyAmt | nl:SchH/nl:TotAssetsEoyAmt | nl:SchH/nl:TotLiabilitiesBoyAmt |
nl:SchH/nl:TotLiabilitiesEoyAmt | nl:SchH/nl:NetIncomeAmt | nl:SchH/nl:AcctntOpinionTypeCd) >0 and
not(nl:SchH/nl:AcctOpinNotOnFileInd)`

Edit Test Requirements - 2018

TEST: P-205 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

Accountant's Opinion ([AO-REPORT-DOC](#)) not attached when [ACCT-OPIN-NOT-ON-FILE-IND](#) contains blank

Bypasses

C I J M O P R X

Explanation

If the Accountant's Opinion is not attached, then Schedule H, Line 3d(1) or Line 3d(2) must be checked.

Acknowledgment Error Message

Warning: Accountant's Opinion (Attachments/AccountantOpinion) is not attached and an exemption has not been indicated on Schedule H Lines 3d(1) or 3d(2). Review Schedule H Lines 3d(1) or 3d(2) and/or provide an Accountant's Opinion.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassM ='1' or
../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and count (nl:Attachments/nl:AccountantOpinion)=0 and nl:SchH and
not(nl:SchH/nl:AcctOpinNotOnFileInd)

Edit Test Requirements - 2018

TEST: P-209 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [FORM-TAX-PRD](#) present and less than [FORM-PLAN-YEAR-BEGIN-DATE](#) or [FORM-TAX-PRD](#) minus [FORM-PLAN-YEAR-BEGIN-DATE](#) is greater than 371 days.

Bypasses

C R X

Explanation

Fail when the Form 5500, Plan Year End date is earlier than the Form 5500, Plan Year Begin date, or when the difference exceeds 371 days.

Acknowledgment Error Message

Error: Form 5500 Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and (days-from-duration(xs:date(
n1:Form5500/n1:PlanYearEndDate) - xs:date(n1:Form5500/n1:PlanYearBeginDate)) >371 or days-from-
duration(xs:date(n1:Form5500/n1:PlanYearEndDate) - xs:date(n1:Form5500/n1:PlanYearBeginDate))
<0)`

Edit Test Requirements - 2018

TEST: P-209SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SF-TAX-PRD](#) present and less than [SF-PLAN-YEAR-BEGIN-DATE](#) or [SF-TAX-PRD](#) minus [SF-PLAN-YEAR-BEGIN-DATE](#) is greater than 371 days.

Bypasses

C R

Explanation

Fail when the Form 5500-SF, Plan Year End date is earlier than the Form 5500-SF, Plan Year Begin date, or when the difference exceeds 371 days.

Acknowledgment Error Message

Error: Form 5500-SF Plan Year End Date cannot be earlier than the Plan Year Begin Date or the difference cannot exceed 12 months.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1') and (days-from-duration(xs:date(nl:SF/nl:PlanYearEndDate) - xs:date(nl:SF/nl:PlanYearBeginDate)) >371 or days-from-duration(xs:date(nl:SF/nl:PlanYearEndDate) - xs:date(nl:SF/nl:PlanYearBeginDate)) <0)

Edit Test Requirements - 2018

TEST: P-210 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-PLAN-ENTITY-CD](#) contains blank.

Bypasses

C P R X

Explanation

Fail when the Entity Type on Form 5500, Line A is blank. The Entity Type must be checked.

Acknowledgment Error Message

Error: Entity Type on Form 5500 Line A is blank. Line A must contain an entry.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:Form5500/nl:TypePlanEntityCd)`

Edit Test Requirements - 2018

TEST: P-210SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-ENTITY-CD](#) contains blank.

Bypasses

C P R

Explanation

Fail when the Entity Type on Form 5500-SF Line A is blank. The Entity Type must be checked.

Acknowledgment Error Message

Error: Entity Type on Form 5500-SF Line A is blank. Line A must contain an entry.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1') and not(string-length(
nl:SF/nl:TypePlanEntityCd) >0)`

Edit Test Requirements - 2018

TEST: P-211A Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-DFE-PLAN-ENTITY-CD](#) contains blank when [TYPE-PLAN-ENTITY-CD](#) contains "4."

Bypasses

C P R X

Explanation

Form 5500, Line A (DFE) was checked, however, type of DFE was blank or invalid.

Acknowledgment Error Message

Error: Form 5500, Line A (DFE) is checked, but a valid DFE code has not been entered. Line A (DFE-Specify) cannot be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and
nl:Form5500/nl:TypePlanEntityCd = '4' and not(nl:Form5500/nl:TypeDFEPlanEntityCd)`

Edit Test Requirements - 2018

TEST: P-211B Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-DFE-PLAN-ENTITY-CD](#) contains entry and [TYPE-PLAN-ENTITY-CD](#) not equal to 4 (DFE).

Bypasses

C P R X

Explanation

Fail when Form 5500, Part I, Line A (DFE-Specify) is not blank, but Form 5500, Line A (DFE) is not checked.

Acknowledgment Error Message

Error: Form 5500, Part I, Line A (DFE-Specify) has an entry, however Form 5500, Line A (DFE) is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and
n1:Form5500/n1:TypeDFEPlanEntityCd and not(n1:Form5500/n1:TypePlanEntityCd = '4')

Edit Test Requirements - 2018

TEST: P-212 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

If Schedule H present and [TYPE-PLAN-ENTITY-CD](#) = 4 and [TOT-ASSETS-BOY-AMT](#) and [TOT-ASSETS-EOY-AMT](#) and [TOT-INCOME-AMT](#) are blank or zero

Bypasses

C P R X

Explanation

Fail when Form 5500, Line A (DFE) is checked, but neither Schedule H, BOY Total Assets (Line 1f) nor EOY Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.

Acknowledgment Error Message

Error: Form 5500, Line A indicates a DFE, but neither Schedule H Begin Of Year (BOY) Total Assets (Line 1f) nor End Of Year (EOY) Total Assets (Line 1f) nor Total Income (Line 2d) indicate an amount.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and nl:Form5500/nl:TypePlanEntityCd = '4' and count(nl:SchH) > 0 and not(nl:SchH/nl:TotAssetsBoyAmt !=0 or nl:SchH/nl:TotAssetsEoyAmt !=0 or nl:SchH/nl:TotIncomeAmt !=0)

Edit Test Requirements - 2018

TEST: P-212A Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-PLAN-ENTITY-CD](#) contains "4" and Schedule H not attached.

Bypasses

C P R X

Explanation

If Form 5500, Line A (DFE) is checked, a Schedule H must be attached.

Acknowledgment Error Message

Error: Schedule H must be provided when Form 5500, Line A (DFE) is checked.

XPATH - Regular Filings (relative to FilingData node): not (../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX = '1') and
n1:Form5500/n1:TypePlanEntityCd = '4' and not(n1:SchH)

Edit Test Requirements - 2018

TEST: P-212B Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-PLAN-ENTITY-CD](#) contains "4" and Schedule D not attached.

Bypasses

C P R X

Explanation

If Form 5500, Line A (DFE) is checked, a Schedule D must be attached.

Acknowledgment Error Message

Error: Schedule D must be provided when Form 5500, Line A (DFE) is checked.

XPATH - Regular Filings (relative to FilingData node): not (../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR ='1' or ../n1:Bypass/n1:BypassX ='1') and
n1:Form5500/n1:TypePlanEntityCd = '4' and not(n1:SchD)

Edit Test Requirements - 2018

TEST: P-214 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TYPE-DFE-PLAN-ENTITY-CD](#) Contains "E" or "G" and Accountant's Opinion ([AO-REPORT-DOC](#)) is not attached.

Bypasses

C M O P R X

Explanation

Accountant's Opinion must be attached when Form 5500, Line A (DFE-Specify) equals "E" (103-12IE) or "G" (GIA).

Acknowledgment Error Message

Error: Accountant's Opinion with Financial Information must be attached when Form 5500, Line A (DFE-Specify) contains "E" (103-12IE) or "G" (GIA).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and (nl:Form5500/nl:TypeDFEPlanEntityCd = 'E' or nl:Form5500/nl:TypeDFEPlanEntityCd = 'G') and count(nl:Attachments/nl:AccountantOpinion)=0

Edit Test Requirements - 2018

TEST: P-215 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

FINAL-FILING-IND = "1" unless ((BYPASS-T equals "1" or (FUNDING-SEC412-IND equals "1" and BENEFIT-SEC412-IND equals "1" and TOT-ACT-RTD-SEP-BENEF-CNT equals zero) (blank does not equal zero) or (TYPE-PENSION-BNFT-CODE contains "1H".))

Bypasses

C P R X Z

Explanation

Fail when Form 5500, Line B (Final Return) is checked, unless "termination" criteria (Bypass-T) is set or (Form 5500 Lines, 9a(2) and 9b(2) are checked and line 6f equal zero) or (Form 5500, Line 8a contains "1H").

Acknowledgment Error Message

Warning: Form 5500, Line B (Final Return/Report) is checked, however the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Schedule H, Line 4k or Schedule I, Line 4j, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(../nl:Bypass/nl:BypassT ='1') and nl:Form5500/nl:FinalFilingInd ='1' and not(nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind ='1' and nl:Form5500/nl:BenefitArrangement/nl:CdSection412Ind ='1' and nl:Form5500/nl:TotActRtdSepBenefCnt =0) and not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1H')])

Edit Test Requirements - 2018

TEST: P-215SF Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

[SF-FINAL-FILING-IND](#) = '1' unless [BYPASS-T](#) equals '1'.

Bypasses

C P R X

Explanation

Fail when the Form 5500-SF, Line B (Final Return) is checked, unless "termination criteria" (BypassT) is set.

Acknowledgment Error Message

Warning: Form 5500-SF, Line B (Final Return/Report) is checked; however, the criteria for termination have not been met. A plan meets these criteria if i) all plan assets have either been distributed to the participants and beneficiaries, transferred to another plan, or brought under the control of the PBGC as indicated on Line 13b, and ii) there are no participants at the end of the plan year. Review the instructions for filing a final return.

XPATH - Short Form Filings (relative to ShortFormData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and
not(../n1:Bypass/n1:BypassT ='1') and n1:SF/n1:FinalFilingInd ='1'

Edit Test Requirements - 2018

TEST: P-217 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SPONS-DFE-PN](#) is between 001 and 500 and [TYPE-PENSION-BNFT-CODE](#) is blank or contains an entry other than "1A", "1B", "1C", "1D", "1E", "1F", "1H", "1I", "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I", "2J", "2K", "2L", "2M", "2N", "2O", "2P", "2Q", "2R", "2S", "2T", "3B", "3C", "3D", "3E", "3F", "3H", "3I", or "3J".

Bypasses

C R X Z

Explanation

Fail when pension benefit code(s) provided on Form 5500, Line 8a are missing or invalid and the Plan Number is less than 501.

Acknowledgment Error Message

Error: Form 5500, Line 8a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the Form 5500 instructions for a complete list of valid Pension Benefit Codes.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and number(nl:Form5500/nl:SponsDfePlanNum)< 501 and (count (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [not (contains ('1A 1B 1C 1D 1E 1F 1H 1I 2A 2B 2C 2D 2E 2F 2G 2H 2I 2J 2K 2L 2M 2N 2O 2P 2Q 2R 2S 2T 3B 3C 3D 3E 3F 3H 3I 3J ', .))]) >0 or count (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) = 0)

Edit Test Requirements - 2018

TEST: P-217SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SF-PLAN-NUM](#) is between 001 and 500 and [SF-TYPE-PENSION-BNFT-CODE](#) is blank or contains an entry other than "1A", "1B", "1C", "1D", "1E", "1F", "1H", "1I", "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2J", "2K", "2L", "2M", "2N", "2R", "2S", "2T", "3B", "3C", "3D", "3E", "3F", "3H", or "3J"

Bypasses

C R

Explanation

Fail when pension benefit code(s) provided on Form 5500-SF, Line 9a are missing or invalid and the Plan Number is less than 501.

Acknowledgment Error Message

Error: Form 5500-SF, Line 9a (Plan Characteristic Codes) cannot be missing or invalid when the Plan Number (Line 1b) is less than 501. Refer to the instructions for a complete list of valid Pension Benefit Codes.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1') and number(nl:SF/nl:SponsorPlanNum)< 501 and (count (nl:SF/nl:PensionCodeTable/nl:TypePensionBnftCode [not (contains ('1A 1B 1C 1D 1E 1F 1H 1I 2A 2B 2C 2D 2E 2F 2G 2H 2J 2K 2L 2M 2N 2R 2S 2T 3B 3C 3D 3E 3F 3H 3J', .))]) >0 or count (nl:SF/nl:PensionCodeTable/nl:TypePensionBnftCode) = 0)

Edit Test Requirements - 2018

TEST: P-219 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-EFF-DATE](#) contains blank.

Bypasses

C P R X Z

Explanation

Fail when the plan effective date on Form 5500, Line 1c is blank.

Acknowledgment Error Message

Error: Plan effective date on Form 5500, Line 1c cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not (../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1' or
../n1:Bypass/n1:BypassZ ='1') and not(n1:Form5500/n1:PlanEffDate)

Edit Test Requirements - 2018

TEST: P-219SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-EFF-DATE](#) contains blank.

Bypasses

C P R

Explanation

Fail when the plan effective date on Form 5500-SF, Line 1c is blank.

Acknowledgment Error Message

Error: Plan effective date on Form 5500-SF, Line 1c cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1') and not(exists(
nl:SF/nl:PlanEffDate))

Edit Test Requirements - 2018

TEST: P-226 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ADMIN-EIN](#) contains blank unless [ADMIN-NAME-SAME-AS-SPONSOR-IND](#)=1.

Bypasses

C P R X Z

Explanation

Fail when the Plan Administrator's EIN on Form 5500, Part II, Line 3b, is blank unless "Same as Plan Sponsor" is selected.

Acknowledgment Error Message

Error: The Plan Administrator's EIN on Form 5500, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:Form5500/nl:Administrator/nl:EIN) and
not(nl:Form5500/nl:Administrator/nl:NameSameAsSponsorInd='1')`

Edit Test Requirements - 2018

TEST: P-226SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-ADMIN-EIN](#) contains blank unless [SF-ADMIN-NAME-SAME-AS-SPONSOR-IND=1](#).

Bypasses

C P R X

Explanation

Fail when the Plan Administrator's EIN on Form 5500-SF, Part II, Line 3b is blank unless "Same as Plan Sponsor" is selected.

Acknowledgment Error Message

Error: The Plan Administrator's EIN on Form 5500-SF, Part II, Line 3b cannot be blank. If the Plan Administrator's Name is the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1')
and not(exists(nl:SF/nl:Administrator/nl:EIN)) and
not(nl:SF/nl:Administrator/nl:NameSameAsSponsorInd='1')`

Edit Test Requirements - 2018

TEST: P-227 Baseline Date 2009-01-01

Severity: STOP **Agency** DOL

Specification

[ADMIN-SIGNATURE-IND](#) = '0' indicating missing or invalid Plan Administrator signature unless ([E-SIGNATURE-IND](#) = '1' and ([ADMIN-MANUAL-SIGNED-NAME](#) and [ADMIN-MANUAL-SIGN-DATE](#) are present)).

Bypasses

C G X Z

Explanation

The Plan Administrator's USERID and PIN must be present and valid.

Acknowledgment Error Message

Stop: The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(../nl:AuthInds/nl:AdminSignatureValidInd ='1' or (../nl:AuthInds/nl:ESignatureValidInd='1' and nl:Form5500/nl:AdminSignature/nl:ManualSignedName and nl:Form5500/nl:AdminSignature/nl:ManualSignedDate))

Edit Test Requirements - 2018

TEST: P-227SF Baseline Date 2009-01-01

Severity: STOP **Agency** DOL

Specification

[ADMIN-SIGNATURE-IND](#) = '0' indicating missing or invalid Plan Administrator signature unless ([E-SIGNATURE-IND](#) = '1' and ([SF-ADMIN-MANUAL-SIGNED-NAME](#) and [SF-ADMIN-MANUAL-SIGN-DATE](#) are present)).

Bypasses

C P X Z

Explanation

The Plan Administrator's USERID and PIN must be present and valid.

Acknowledgment Error Message

Stop: The Plan Administrator's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator signed name and signature date must be provided.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(../nl:AuthInds/nl:AdminSignatureValidInd = '1' or (../nl:AuthInds/nl:ESignatureValidInd='1' and nl:SF/nl:AdminSignature/nl:ManualSignedName and nl:SF/nl:AdminSignature/nl:ManualSignedDate))

Edit Test Requirements - 2018

TEST: P-227A Baseline Date 2012-01-01

Severity: STOP **Agency** DOL

Specification

Fail when ([DFE-SIGNATURE-IND](#) = '0' and [ADMIN-SIGNATURE-IND](#) = '0') and (([TYPE-DFE-PLAN-ENTITY-CD](#) contains "G") or ([TYPE-DFE-PLAN-ENTITY-CD](#) contains "C", "E", "M", or "P" and [TYPE-PENSION-BNFT-CODE](#) is blank and [TYPE-WELFARE-BNFT-CODE](#) is blank)) unless ([E-SIGNATURE-IND](#) = '1' and (([ADMIN-MANUAL-SIGNED-NAME](#) and [ADMIN-MANUAL-SIGN-DATE](#) are present) or ([DFE-MANUAL-SIGNED-NAME](#) and [DFE-MANUAL-SIGN-DATE](#) are present))).

Bypasses

C X

Explanation

The Plan Administrator's and/or DFE's USERID and PIN must be present and valid if filing as a DFE.

Acknowledgment Error Message

Stop: You have identified your filing as a DFE on Form 5500, Part I, Line A (DFE specify). The Plan Administrator's and/or DFE's USERID and PIN are missing or invalid. The filing must contain this valid information. If the filing has been signed using the E-Signature option for Service Providers, the Plan Administrator or DFE signed name and signature date must be provided.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassX = '1') and (nl:Form5500/nl:TypeDFEPlanEntityCd='G' or ((nl:Form5500/nl:TypeDFEPlanEntityCd='C' or nl:Form5500/nl:TypeDFEPlanEntityCd='E' or nl:Form5500/nl:TypeDFEPlanEntityCd='M' or nl:Form5500/nl:TypeDFEPlanEntityCd='P') and not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode) and not(nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode))) and not(../nl:AuthInds/nl:AdminSignatureValidInd='1' or ../nl:AuthInds/nl:DfeSignatureValidInd='1' or (../nl:AuthInds/nl:ESignatureValidInd='1' and ((nl:Form5500/nl:AdminSignature/nl:ManualSignedName and nl:Form5500/nl:AdminSignature/nl:ManualSignedDate) or (nl:Form5500/nl:DfeSignature/nl:ManualSignedName and nl:Form5500/nl:DfeSignature/nl:ManualSignedDate))))

Edit Test Requirements - 2018

TEST: P-230 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-PARTCP-BOY-CNT](#) greater than 120 and Schedule H not attached.

Bypasses

C I J P R X Z

Explanation

Fail when Schedule H is not provided and Form 5500, Line 5 (number of participants at the beginning of the plan year) exceeds 120.

Acknowledgment Error Message

Error: Schedule H must be provided when Form 5500, Line 5 exceeds 120.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:Form5500/nl:TotPartcpBoyCnt > 120 and not(nl:SchH)

Edit Test Requirements - 2018

TEST: P-230SF Baseline Date 2009-01-01

Severity: STOP **Agency** DOL

Specification

[SF-TOT-PARTCP-BOY-CNT](#) greater than 120

Bypasses

C R X

Explanation

Fail when Form 5500-SF is provided and Line 5a (the number of participants at the beginning of the plan year) exceeds 120.

Acknowledgment Error Message

Stop: Form 5500-SF cannot be submitted when Form 5500-SF, Line 5a exceeds 120. A Form 5500 must be submitted.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX = '1') and n1:SF/n1:TotPartcpBoyCnt > 120`

Edit Test Requirements - 2018

TEST: P-231 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SUBTL-ACT-RTD-SEP-CNT](#) blank or not equal to ([TOT-ACTIVE-PARTCP-CNT](#) plus [RTD-SEP-PARTCP-RCVG-CNT](#) plus [RTD-SEP-PARTCP-FUT-CNT](#)).

Bypasses

C P R X Z

Explanation

Fail when Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.

Acknowledgment Error Message

Error: Form 5500, Line 6d is blank or does not equal the sum of Lines 6a(2), 6b, and 6c.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and (not(nl:Form5500/nl:SubtlActRtdSepCnt) or not(sum(
nl:Form5500/nl:SubtlActRtdSepCnt) = sum(nl:Form5500/nl:TotActivePartcpCnt |
nl:Form5500/nl:RtdSepPartcpRcvgCnt | nl:Form5500/nl:RtdSepPartcpFutCnt)))`

Edit Test Requirements - 2018

TEST: P-232 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-ACT-RTD-SEP-BENEF-CNT](#) blank or not equal to ([SUBTL-ACT-RTD-SEP-CNT](#) plus [BENEF-RCVG-BNFT-CNT](#)).

Bypasses

C G P T W X Z

Explanation

Fail when Form 5500, Line 6f is blank or does not equal the sum of Lines 6d and 6e.

Acknowledgment Error Message

Error: Form 5500, Line 6f is blank or does not equal the sum of Lines 6d and 6e.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassT = '1' or
../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:Form5500/nl:TotActRtdSepBenefCnt = sum(nl:Form5500/nl:SubtlActRtdSepCnt |
nl:Form5500/nl:BenefRcvgBnftCnt))

Edit Test Requirements - 2018

TEST: P-234 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

When either [FUNDING-TRUST-IND](#) or [BENEFIT-TRUST-IND](#) is checked, and (([TOT-ASSETS-BOY-AMT](#) and [TOT-ASSETS-EOY-AMT](#) and [TOT-INCOME-AMT](#) are blank) or ([SMALL-TOT-ASSETS-BOY-AMT](#) and [SMALL-TOT-ASSETS-EOY-AMT](#) and [SMALL-TOT-INCOME-AMT](#) are blank)), unless [INITIAL-FILING-IND](#) is checked or "3D" is present in [TYPE-PENSION-BNFT-CODE](#).

Bypasses

C P R X Z

Explanation

Fail when a Trust is indicated on Form 5500, Line 9a(3) or 9b(3), and no amount is indicated in either Schedule H, Line 1f BOY or EOY total assets or Line 2d total income, or Schedule I, Line 1a BOY or EOY total assets or Line 2d total income, unless Form 5500, Line B (first return/report) is checked or "3D" is entered in pension benefit code.

Acknowledgment Error Message

Warning: Form 5500, Line 9a(3) or 9b(3) indicates that this filing has assets in a Trust. However, no amount is indicated in either Schedule H, Line 1f, BOY or EOY total assets, or Line 2d, total income, or Schedule I, Line 1a, BOY or EOY total assets, or Line 2d, total income. An amount must be indicated.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and (nl:Form5500/nl:FundingArrangement/nl:TrustInd = '1' or
nl:Form5500/nl:BenefitArrangement/nl:TrustInd = '1') and ((nl:SchH and not(
nl:SchH/nl:TotAssetsBoyAmt) and not(nl:SchH/nl:TotAssetsEoyAmt) and not(nl:SchH/nl:TotIncomeAmt
)) or (nl:SchI and not(nl:SchI/nl:TotAssetsBoyAmt) and not(nl:SchI/nl:TotAssetsEoyAmt) and
not(nl:SchI/nl:TotIncomeAmt))) and not(nl:Form5500/nl:InitialFilingInd = '1') and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '3D')])`

Edit Test Requirements - 2018

TEST: P-235 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

([FUNDING-GEN-ASSET-IND](#) is checked and [FUNDING-INSURANCE-IND](#) is not checked and [FUNDING-SEC412-IND](#) is not checked and [FUNDING-TRUST-IND](#) is not checked) and ([BENEFIT-GEN-ASSET-IND](#) is checked and [BENEFIT-INSURANCE-IND](#) is not checked, and [BENEFIT-SEC412-IND](#) is not checked and [BENEFIT-TRUST-IND](#) is not checked), and (([TOT-ASSETS-BOY-AMT](#), or [TOT-ASSETS-EOY-AMT](#), or [TOT-INCOME-AMT](#) is not equal to zero) or ([SMALL-TOT-ASSETS-BOY-AMT](#), or [SMALL-TOT-ASSETS-EOY-AMT](#), or [SMALL-TOT-INCOME-AMT](#) is not equal to zero)).

Bypasses

C P R X Z

Explanation

Fail when General Asset is indicated on Part II of Form 5500, Line 9a(4) and 9b(4), and BOY or EOY total assets or total income for small or large plans is not equal to zero.

Acknowledgment Error Message

Error: Part II of Form 5500, Lines 9a(4) and 9b(4) (General Assets) have been checked indicating that the plan has no assets. However, the attached Schedule H or I indicates financial information on Part(s) I and/or II.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:Form5500/nl:FundingArrangement/nl:GeneralAssetInd = '1' and nl:Form5500/nl:BenefitArrangement/nl:GeneralAssetInd = '1' and not (nl:Form5500/nl:BenefitArrangement/nl:CdSection412Ind ='1' or nl:Form5500/nl:BenefitArrangement/nl:InsuranceInd ='1' or nl:Form5500/nl:BenefitArrangement/nl:TrustInd ='1' or nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind ='1' or nl:Form5500/nl:FundingArrangement/nl:InsuranceInd ='1' or nl:Form5500/nl:FundingArrangement/nl:TrustInd ='1') and (nl:SchH/nl:TotAssetsBoyAmt != 0 or nl:SchH/nl:TotAssetsEoyAmt != 0 or nl:SchH/nl:TotIncomeAmt != 0 or nl:SchI/nl:TotAssetsBoyAmt != 0 or nl:SchI/nl:TotAssetsEoyAmt != 0 or nl:SchI/nl:TotIncomeAmt != 0)

Edit Test Requirements - 2018

TEST: P-236 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FUNDING-INSURANCE-IND](#) is unchecked and [FUNDING-SEC412-IND](#) is unchecked and ([INT-POOL-SEP-ACCT-BOY-AMT](#) is present or [INT-POOL-SEP-ACCT-EOY-AMT](#) is present).

Bypasses

C J P R X Z

Explanation

If Schedule H, Line 1c(10) BOY or EOY Pooled-Separate Account assets are present, then Form 5500, Line 9a(1) and/or Line 9a(2) must be checked.

Acknowledgment Error Message

Error: Form 5500, Line 9a(1) and/or Line 9a(2) must be checked, when Schedule H Line 1c(10)(a) or Line 1c(10)(b) indicates an amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(
nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or
nl:Form5500/nl:FundingArrangement/nl:CdSection412Ind = '1') and (nl:SchH/nl:IntPoolSepAcctBoyAmt
> 0 or nl:SchH/nl:IntPoolSepAcctEoyAmt > 0)

Edit Test Requirements - 2018

TEST: P-237 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[NUM-SCH-A-ATTACHED-CNT](#) must be equal to the number of Schedule(s) A attached.

Bypasses

C N P R X

Explanation

Fail when Form 5500, Line 10b(3) the filer's count of Schedule(s) A is not equal to the number of Schedule(s) A attached.

Acknowledgment Error Message

Error: Form 5500, Line 10b(3) does not equal the number of Schedule(s) A attached.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassN = '1' or ../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or
../n1:Bypass/n1:BypassX = '1') and not(sum(n1:Form5500/n1:NumSchAAttachedCnt) = count(n1:SchA)
)`

Edit Test Requirements - 2018

TEST: P-240 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SCH-A-PLAN-NUM](#) present and not equal to [SPONS-DFE-PN](#).

Bypasses

C O P R X

Explanation

Fail when Schedule(s) A, Line B Plan Number is not equal to the Plan Number on Form 5500, Line 1(b).

Acknowledgment Error Message

Error: The plan number on Schedule(s) A does not match the Plan Number on Form 5500, Part II, Line 1b.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or
../n1:Bypass/n1:BypassX ='1') and (n1:SchA/n1:PlanNum != n1:Form5500/n1:SponsDfePlanNum)`

Edit Test Requirements - 2018

TEST: P-241 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SCH-A-EIN](#) present and not equal to [SPONS-DFE-EIN](#).

Bypasses

C O P R X

Explanation

Fail when Schedule(s) A, Line D is not equal to the EIN on Form 5500, Part II, Line 2b.

Acknowledgment Error Message

Error: The EIN on Schedule(s) A does not match the EIN on Form 5500, Part II, Line 2b.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or
../n1:Bypass/n1:BypassX ='1') and (n1:SchA/n1:EIN != n1:Form5500/n1:SponsorDfe/n1:EIN)`

Edit Test Requirements - 2018

TEST: P-246 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

If [PROVIDER-TERM-NAME](#) blank and [PROVIDER-TERM-EIN](#), [PROVIDER-TERM-POSITION](#), or [PROVIDER-TERM-TEXT](#) is present.

Bypasses

C J M O P R X

Explanation

Part III of Schedule C, the Name of the terminated service provider must be indicated if an EIN, Position, or an Explanation for termination is provided.

Acknowledgment Error Message

Error: An EIN, Position, or an Explanation for termination is provided on Part III of Schedule C, but the name of the terminated service provider is not indicated.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchC/nl:ProviderTerm [not(string-length(nl:Name)>0) and (nl:EIN or string-length(
nl:Position) > 0 or string-length(nl:Text) > 0)]`

Edit Test Requirements - 2018

TEST: P-247 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

If [PROVIDER-TERM-EIN](#) blank and [PROVIDER-TERM-NAME](#), [PROVIDER-TERM-POSITION](#), or [PROVIDER-TERM-TEXT](#) is present.

Bypasses

C J M O P R X

Explanation

Part III of Schedule C, the EIN of the terminated service provider must be indicated if a Name, Position, or an Explanation for termination is provided.

Acknowledgment Error Message

Error: A Name, Position, or an Explanation for termination is provided on Part III of Schedule C, but the EIN of the terminated service provider is not indicated. Social Security Numbers are not acceptable.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchC/nl:ProviderTerm [not(nl:EIN) and (string-length(nl:Name) > 0 or string-length(
nl:Position) > 0 or string-length(nl:Text) > 0)]`

Edit Test Requirements - 2018

TEST: P-252 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-P1-ENTITY-NAME](#) contains blank and [DFE-P1-SPONS-NAME](#), [DFE-P1-PLAN-EIN](#), [DFE-P1-PLAN-PN](#), [DFE-P1-ENTITY-CODE](#), or [DFE-P1-PLAN-INT-EOY-AMT](#) is present.

Bypasses

C P R X

Explanation

If the Name of Plan/Entity Name, EIN/PN, Entity Code, or Plan's Interest Amount are present, then the Plan/Entity Name in Part I(a) of Schedule D must be indicated.

Acknowledgment Error Message

Error: At least one line item on Schedule D Part I has information provided, but for one or more entries the Plan/Entity Name (a) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchD/nl:DfeP1 [string-length(nl:EntityName) = 0 and (string-length(nl:SponsName) > 0 or
nl:PlanEIN or nl:PlanPN or string-length(nl:EntityCode) > 0 or nl:PlanIntEoyAmt)]`

Edit Test Requirements - 2018

TEST: P-253 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-P1-SPONS-NAME](#) contains blank and [DFE-P1-ENTITY-NAME](#), [DFE-P1-PLAN-EIN](#), [DFE-P1-PLAN-PN](#), [DFE-P1-ENTITY-CODE](#), or [DFE-P1-PLAN-INT-EOY-AMT](#) is present.

Bypasses

C P R X

Explanation

If the Plan/Entity Name, EIN/PN, Entity Code, or Plan's Interest Amount are present, then the Name of Plan/Sponsor Name in Part I(b) of Schedule D must be indicated.

Acknowledgment Error Message

Error: At least one line item on Schedule D Part I has information provided, but for one or more entries the Sponsor Name (b) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:Sched/nl:DfePl [string-length(nl:SponsName) = 0 and (string-length(nl:EntityName) > 0 or
nl:PlanEIN or nl:PlanPN or string-length(nl:EntityCode) > 0 or nl:PlanIntEoyAmt)]`

Edit Test Requirements - 2018

TEST: P-254 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-P1-PLAN-EIN](#) or [DFE-P1-PLAN-PN](#) contains blank and [DFE-P1-ENTITY-NAME](#), [DFE-P1-SPONS-NAME](#), [DFE-P1-ENTITY-CODE](#), or [DFE-P1-PLAN-INT-EOY-AMT](#) is present.

Bypasses

C P R X

Explanation

If Plan/Entity Name, Name of Plan/Sponsor Name, Entity Code, or Plan's Interest Amount are present, then the EIN/PN in Part I(c) of Schedule D must be present and valid.

Acknowledgment Error Message

Error: At least one line item on Schedule D Part I has information provided, but for one or more entries either the EIN or PN (c) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchD/nl:DfeP1 [(not(nl:PlanEIN) or not(nl:PlanPN)) and (string-length(nl:EntityName) > 0
or string-length(nl:SponsName) > 0 or string-length(nl:EntityCode) > 0 or nl:PlanIntEoyAmt)]`

Edit Test Requirements - 2018

TEST: P-255 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-P1-ENTITY-CODE](#) contains blank and [DFE-P1-ENTITY-NAME](#), [DFE-P1-SPONS-NAME](#), [DFE-P1-PLAN-EIN](#), [DFE-P1-PLAN-PN](#), or [DFE-P1-PLAN-INT-EOY-AMT](#) is present.

Bypasses

C P R X

Explanation

If Plan/Entity Name, Name of Plan/Sponsor Name, EIN/PN, or Plan's Interest Amount are present, then the Entity Code in Part I(d) of Schedule D must be present and valid.

Acknowledgment Error Message

Error: At least one Line item on Schedule D Part I has information provided, but for one or more entries the Entity Code (d) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchD/nl:DfeP1 [not(string-length(nl:EntityCode) > 0) and (string-length(nl:EntityName) >
0 or string-length(nl:SponsName) > 0 or nl:PlanEIN or nl:PlanPN or nl:PlanIntEoyAmt)]`

Edit Test Requirements - 2018

TEST: P-256 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-P1-PLAN-INT-EOY-AMT](#) contains blank and [DFE-P1-ENTITY-NAME](#), [DFE-P1-SPONS-NAME](#), [DFE-P1-PLAN-EIN](#), [DFE-P1-PLAN-PN](#), or [DFE-P1-ENTITY-CODE](#) is present.

Bypasses

C P R X

Explanation

If Plan/Entity Name, Name of Plan/Sponsor Name, EIN/PN, or Entity Code are present, then the Dollar Value of Interest at EOY in Part I(e) of Schedule D must be indicated.

Acknowledgment Error Message

Error: At least one Line item on Schedule D Part I has information provided, but for one or more entries the Dollar Value of Interest (e) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchD/nl:DfeP1 [not(nl:PlanIntEoyAmt) and (string-length(nl:SponsName) > 0 or nl:PlanEIN or
nl:PlanPN or string-length(nl:EntityCode) > 0 or string-length(nl:EntityName) > 0)]`

Edit Test Requirements - 2018

TEST: P-265 Baseline Date 2009-01-01

Severity: ERROR **Agency:** DOL

Specification

When [FUNDING-INSURANCE-IND](#) and [BENEFIT-INSURANCE-IND](#) are not checked and ([INS-CO-GEN-ACCT-BOY-AMT](#) and [INS-CO-GEN-ACCT-EOY-AMT](#) is not blank or equal to zero).

Bypasses

C J P R X Z

Explanation

If Schedule H, Line 1c(14)(a) BOY or 1c(14)(b) EOY Value of Funds Held in Insurance Company General Account is present, then Form 5500 Line 9a(1) and/or 9b(1) must be checked.

Acknowledgment Error Message

Error: Form 5500, Line 9a(1) and/or Line 9b(1) must be checked when Schedule H Line 1c(14)(a) or Line 1c(14)(b) indicates an amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(
nl:Form5500/nl:FundingArrangement/nl:InsuranceInd = '1' or
nl:Form5500/nl:BenefitArrangement/nl:InsuranceInd = '1') and (nl:SchH/nl:InsCoGenAcctBoyAmt !=0 or
nl:SchH/nl:InsCoGenAcctEoyAmt !=0)

Edit Test Requirements - 2018

TEST: P-266 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

TOT-ASSETS-BOY-AMT not equal to the sum of (NON-INT-BEAR-CASH-BOY-AMT, EMPLR-CONTRIB-BOY-AMT, PARTCP-CONTRIB-BOY-AMT, OTHER-RECEIVABLES-BOY-AMT, INT-BEAR-CASH-BOY-AMT, GOVT-SEC-BOY-AMT, CORP-DEBT-PREFERRED-BOY-AMT, CORP-DEBT-OTHER-BOY-AMT, PREF-STOCK-BOY-AMT, COMMON-STOCK-BOY-AMT, JOINT-VENTURE-BOY-AMT, REAL-ESTATE-BOY-AMT, OTHER-LOANS-BOY-AMT, PARTCP-LOANS-BOY-AMT, INT-COMMON-TR-BOY-AMT, INT-POOL-SEP-ACCT-BOY-AMT, INT-MASTER-TR-BOY-AMT, INT-103-12-INVST-BOY-AMT, INT-REG-INVST-CO-BOY-AMT, INS-CO-GEN-ACCT-BOY-AMT, OTH-INVST-BOY-AMT, EMPLR-SEC-BOY-AMT, EMPLR-PROP-BOY-AMT, plus BLDGS-USED-BOY-AMT)

Bypasses

C J P R X

Explanation

Fail when the Total Assets BOY amount on Schedule H, Line 1f(a) does not equal the sum of Lines 1a(a) through 1e(a).

Acknowledgment Error Message

Error: The Total Assets Beginning of Year Amount on Schedule H Line 1f(a) must equal the sum of Lines 1a(a) through 1e(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:TotAssetsBoyAmt) = sum(nl:SchH/nl:NonIntBearCashBoyAmt | nl:SchH/nl:EmplrContribBoyAmt | nl:SchH/nl:PartcpContribBoyAmt | nl:SchH/nl:OtherReceivablesBoyAmt | nl:SchH/nl:IntBearCashBoyAmt | nl:SchH/nl:GovtSecBoyAmt | nl:SchH/nl:CorpDebtPreferredBoyAmt | nl:SchH/nl:CorpDebtOtherBoyAmt | nl:SchH/nl:PrefStockBoyAmt | nl:SchH/nl:CommonStockBoyAmt | nl:SchH/nl:JointVentureBoyAmt | nl:SchH/nl:RealEstateBoyAmt | nl:SchH/nl:OtherLoansBoyAmt | nl:SchH/nl:PartcpLoansBoyAmt | nl:SchH/nl:IntCommonTrBoyAmt | nl:SchH/nl:IntPoolSepAcctBoyAmt | nl:SchH/nl:IntMasterTrBoyAmt | nl:SchH/nl:Int10312InvstBoyAmt | nl:SchH/nl:IntRegInvstCoBoyAmt | nl:SchH/nl:InsCoGenAcctBoyAmt | nl:SchH/nl:OthInvstBoyAmt | nl:SchH/nl:EmplrSecBoyAmt | nl:SchH/nl:EmplrPropBoyAmt | nl:SchH/nl:BldgsUsedBoyAmt))

Edit Test Requirements - 2018

TEST: P-267 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-LIABILITIES-BOY-AMT](#) not equal to the sum of ([BNFTS-PAYABLE-BOY-AMT](#), [OPRTNG-PAYABLE-BOY-AMT](#), [ACQUIS-INDBT-BOY-AMT](#), plus [OTHER-LIAB-BOY-AMT](#))

Bypasses

C J P R X

Explanation

Fail when the Total Liabilities BOY amount on Schedule H, line 1k(a) does not equal the sum of Lines 1g(a) through 1j(a).

Acknowledgment Error Message

Error: The Total Liabilities Beginning of Year amount on Schedule H Line 1k(a) must equal the sum of Lines 1g(a) through 1j(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:TotLiabilitiesBoyAmt) = sum(
nl:SchH/nl:BnftsPayableBoyAmt | nl:SchH/nl:OprtngPayableBoyAmt | nl:SchH/nl:AcquisIndbtBoyAmt |
nl:SchH/nl:OtherLiabBoyAmt))

Edit Test Requirements - 2018

TEST: P-268 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [NET-ASSETS-BOY-AMT](#) not equal to the sum of [TOT-ASSETS-BOY-AMT](#) minus [TOT-LIABILITIES-BOY-AMT](#)

Bypasses

C J P R X

Explanation

Fail when the Net Assets Beginning of Year amount on Schedule H, Line 1l(a) does not equal Line 1f(a) total assets BOY minus Line 1k(a) total liabilities BOY.

Acknowledgment Error Message

Error: The Net Assets Beginning of Year amount on Schedule H, Line 1l(a) must equal 1f(a) minus 1k(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:NetAssetsBoyAmt) = sum(
nl:SchH/nl:TotAssetsBoyAmt) - sum(nl:SchH/nl:TotLiabilitiesBoyAmt))`

Edit Test Requirements - 2018

TEST: P-270 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [INT-MASTER-TR-EOY-AMT](#) not equal to the sum of (all values in [DFE-P1-PLAN-INT-EOY-AMT](#) where [DFE-P1-ENTITY-CODE](#) equals "M").

Bypasses

C G J O P R X

Explanation

Fail when the EOY Value of interest in Master Trust accounts on Schedule H, Line 1c(11)(b) is not equal to the total EOY dollar value of interest in column (e) on Schedule D, for all "M" codes reported in column (d) on Schedule D.

Acknowledgment Error Message

Error: The End of Year (EOY) Value of interest in Master Trust accounts on Line 1c(11)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "M" codes.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassO = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and
(sum(nl:SchH/nl:IntMasterTrEoyAmt) != sum(nl:SchD/nl:DfeP1 [nl:EntityCode =
'M']/nl:PlanIntEoyAmt))`

Edit Test Requirements - 2018

TEST: P-271 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [INT-103-12-INVST-EOY-AMT](#) not equal to the sum of (all values in [DFE-Pl-PLAN-INT-EOY-AMT](#) where [DFE-Pl-ENTITY-CODE](#) equals "E").

Bypasses

C G J O P R X

Explanation

Fail when the EOY Value of interest in 103-12 investment entities on Schedule H, Line 1c(12)(b) is not equal to the total EOY dollar value of interest in column (e) on Schedule D, for all "E" codes reported in column (d).

Acknowledgment Error Message

Error: The End of Year (EOY) Value of interest in 103-12 investment entities on Line 1c(12)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "E" codes.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
(sum(nl:SchH/nl:Int10312InvstEoyAmt) != sum(nl:SchD/nl:DfePl [nl:EntityCode =
'E']/nl:PlanIntEoyAmt))`

Edit Test Requirements - 2018

TEST: P-274 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When TOT-ASSETS-EOY-AMT not equal to the sum of (NON-INT-BEAR-CASH-EOY-AMT, EMPLR-CONTRIB-EOY-AMT, PARTCP-CONTRIB-EOY-AMT, OTHER-RECEIVABLES-EOY-AMT, INT-BEAR-CASH-EOY-AMT, GOVT-SEC-EOY-AMT, CORP-DEBT-PREFERRED-EOY-AMT, CORP-DEBT-OTHER-EOY-AMT, PREF-STOCK-EOY-AMT, COMMON-STOCK-EOY-AMT, JOINT-VENTURE-EOY-AMT, REAL-ESTATE-EOY-AMT, OTHER-LOANS-EOY-AMT, PARTCP-LOANS-EOY-AMT, INT-COMMON-TR-EOY-AMT, INT-POOL-SEP-ACCT-EOY-AMT, INT-MASTER-TR-EOY-AMT, INT-103-12-INVST-EOY-AMT, INT-REG-INVST-CO-EOY-AMT, INS-CO-GEN-ACCT-EOY-AMT, OTH-INVST-EOY-AMT, EMPLR-SEC-EOY-AMT, EMPLR-PROP-EOY-AMT, plus BLDGS-USED-EOY-AMT)

Bypasses

C J P R X

Explanation

Fail when Schedule H, Line 1f(b) Total Assets End of Year amount does not equal the sum of Lines 1a(b) through 1e(b) noninterest-bearing cash, employer receivables, participant receivables, other receivables, interest-bearing cash, U.S. government securities, preferred corporate debt instruments, other corporate debt instruments, preferred corporate stocks, common corporate stocks, partnership/joint venture interests, real estate, other loans to participants, participant loans, interest in common/collective trusts, interest in pooled-separate accounts, interest in master trusts, interest in 103-12 investment entities, interest in registered investment companies, value of funds held in insurance company general accounts, other assets, employer securities, employer real property, and buildings and other property .

Acknowledgment Error Message

Error: Schedule H Line 1f(b) Total Assets End of Year amount must equal the sum of Lines 1a(b) through 1e(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:TotAssetsEoyAmt) = sum(
nl:SchH/nl:NonIntBearCashEoyAmt | nl:SchH/nl:EmplrContribEoyAmt | nl:SchH/nl:PartcpContribEoyAmt |
nl:SchH/nl:OtherReceivablesEoyAmt | nl:SchH/nl:IntBearCashEoyAmt | nl:SchH/nl:GovtSecEoyAmt |
nl:SchH/nl:CorpDebtPreferredEoyAmt | nl:SchH/nl:CorpDebtOtherEoyAmt | nl:SchH/nl:PrefStockEoyAmt |
nl:SchH/nl:CommonStockEoyAmt | nl:SchH/nl:JointVentureEoyAmt | nl:SchH/nl:RealEstateEoyAmt |
nl:SchH/nl:OtherLoansEoyAmt | nl:SchH/nl:PartcpLoansEoyAmt | nl:SchH/nl:IntCommonTrEoyAmt |
nl:SchH/nl:IntPoolSepAcctEoyAmt | nl:SchH/nl:IntMasterTrEoyAmt | nl:SchH/nl:Int10312InvstEoyAmt |
nl:SchH/nl:IntRegInvstCoEoyAmt | nl:SchH/nl:InsCoGenAcctEoyAmt | nl:SchH/nl:OthInvstEoyAmt |
nl:SchH/nl:EmplrSecEoyAmt | nl:SchH/nl:EmplrPropEoyAmt | nl:SchH/nl:BldgsUsedEoyAmt))`

Edit Test Requirements - 2018

TEST: P-276 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-LIABILITIES-EOY-AMT](#) not equal to the sum of ([BNFTS-PAYABLE-EOY-AMT](#), [OPRTNG-PAYABLE-EOY-AMT](#), [ACQUIS-INDBT-EOY-AMT](#), plus [OTHER-LIAB-EOY-AMT](#))

Bypasses

C J P R X

Explanation

Fail when the Total Liabilities End of Year amount on Schedule H, Line 1k(b) does not equal the sum of Lines 1g(b) through 1j(b) benefit claims payable, operating payables, acquisition indebtedness, and other liabilities.

Acknowledgment Error Message

Error: The Total Liabilities End of Year amount on Schedule H, Line 1k(b) must equal the sum of Lines 1g(b) through 1j(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:TotLiabilitiesEoyAmt) = sum(
nl:SchH/nl:BnftsPayableEoyAmt | nl:SchH/nl:OprtngPayableEoyAmt | nl:SchH/nl:AcquisIndbtEoyAmt |
nl:SchH/nl:OtherLiabEoyAmt))`

Edit Test Requirements - 2018

TEST: P-277 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When NET-ASSETS-EOY-AMT not equal to (TOT-ASSETS-EOY-AMT minus TOT-LIABILITIES-EOY-AMT).

Bypasses

C J P R X

Explanation

Fail when the Net Assets End of Year Amount on Schedule H, Line 11(b) does not equal Line 1f(b) total assets minus Line 1k(b) total liabilities.

Acknowledgment Error Message

Error: The Net Assets End of Year Amount on Schedule H Line 11(b) must equal Lines 1f(b) minus 1k(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:NetAssetsEoyAmt) = sum(
nl:SchH/nl:TotAssetsEoyAmt) - sum(nl:SchH/nl:TotLiabilitiesEoyAmt))`

Edit Test Requirements - 2018

TEST: P-277A Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

When [NET-ASSETS-EOY-AMT](#) not equal to [NET-ASSETS-BOY-AMT](#) plus [NET-INCOME-AMT](#) plus [TOT-TRANSFERS-TO-AMT](#) minus [TOT-TRANSFERS-FROM-AMT](#).

Bypasses

C J P R X

Explanation

Fail when Net Assets End of Year Amount on Schedule H, Line 11(b) does not equal the sum of Lines 11(a), 2k(b) and 2l(1)(b) minus 2l(2)(b).

Acknowledgment Error Message

Error: The Net Assets End of Year Amount on Schedule H, Line 11(b) must equal the sum of Lines 11(a), 2k(b) and 2l(1)(b) minus 2l(2)(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:NetAssetsEoyAmt) = sum(
nl:SchH/nl:NetAssetsBoyAmt | nl:SchH/nl:NetIncomeAmt | nl:SchH/nl:TotTransfersToAmt) -
sum(nl:SchH/nl:TotTransfersFromAmt))`

Edit Test Requirements - 2018

TEST: P-278 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-CONTRIB-AMT](#) not equal to the sum of ([EMPLR-CONTRIB-INCOME-AMT](#), [PARTICIPANT-CONTRIB-AMT](#), [OTH-CONTRIB-RCVD-AMT](#), plus [NON-CASH-CONTRIB-BS-AMT](#))

Bypasses

C J P R X Z

Explanation

Fail when the Total Contribution amount on Schedule H, Line 2a(3)(b) does not equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

Acknowledgment Error Message

Error: The Total Contribution amount on Schedule H, Line 2a(3)(b) must equal the sum of Lines 2a(1)(A)a, 2a(1)(B)a, 2a(1)(C)a, and Line 2a(2)(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchH/nl:TotContribAmt) = sum(nl:SchH/nl:EmplrContribIncomeAmt |
nl:SchH/nl:ParticipantContribAmt | nl:SchH/nl:OthContribRcvdAmt | nl:SchH/nl:NonCashContribBsAmt))`

Edit Test Requirements - 2018

TEST: P-279 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When TOTAL-INTEREST-AMT not equal to the sum of (INT-BEAR-CASH-AMT, INT-ON-GOVT-SEC-AMT, INT-ON-CORP-DEBT-AMT, INT-ON-OTH-LOANS-AMT, INT-ON-PARTCP-LOANS-AMT, plus INT-ON-OTH-INVST-AMT)

Bypasses

C J P R X

Explanation

Fail when the Total Interest amount on Schedule H, Line 2b(1)(G)b does not equal the sum of interest on interest-bearing cash, U.S. government securities, corporate debt instruments, loans other than to participants, participant loans, and other interest Lines 2b(1)(A)a through 2b(1)(F)a.

Acknowledgment Error Message

Error: The Total Interest amount on Schedule H, Line 2b(1)(G)b must equal the sum of Lines 2b(1)(A)a through 2b(1)(F)a.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:TotalInterestAmt) = sum(nl:SchH/nl:IntBearCashAmt | nl:SchH/nl:IntOnGovtSecAmt | nl:SchH/nl:IntOnCorpDebtAmt | nl:SchH/nl:IntOnOthLoansAmt | nl:SchH/nl:IntOnPartcpLoansAmt | nl:SchH/nl:IntOnOthInvstAmt))

Edit Test Requirements - 2018

TEST: P-280 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOTAL-DIVIDENDS-AMT](#) not equal to the sum of ([DIVND-PREF-STOCK-AMT](#), [DIVND-COMMON-STOCK-AMT](#), plus [REGISTERED-INVST-AMT](#))

Bypasses

C J P R X

Explanation

Fail when the Total Dividends on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).

Acknowledgment Error Message

Error: The Total Dividends amount on Schedule H, Line 2b(2)(D)(b) must equal the sum of Lines 2b(2)(A)(a), 2b(2)(B)(a), and 2b(2)(C)(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:TotalDividendsAmt) = sum(nl:SchH/nl:DivndPrefStockAmt | nl:SchH/nl:DivndCommonStockAmt | nl:SchH/nl:RegisteredInvstAmt))

Edit Test Requirements - 2018

TEST: P-281 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When TOT-GAIN-LOSS-SALE-AST-AMT not equal to (AGGREGATE-PROCEEDS-AMT minus AGGREGATE-COSTS-AMT).

Bypasses

C J P R X

Explanation

Fail when the Net Gain (Loss) on the sale of assets on Schedule H, Line 2b(4)(C)(b) does not equal to the aggregate proceeds Lines 2b(4)(A)(a) minus the aggregate carrying charge Line 2b(4)(B)(a).

Acknowledgment Error Message

Error: The Net Gain (Loss) on the sale of assets on Schedule H, Line 2b(4)(C)(b) must equal Lines 2b(4)(A)(a) minus 2b(4)(B)(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:TotGainLossSaleAstAmt) = sum(
nl:SchH/nl:AggregateProceedsAmt) - sum(nl:SchH/nl:AggregateCostsAmt))`

Edit Test Requirements - 2018

TEST: P-282 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-UNREALZD-APPRCTN-AMT](#) not equal to ([UNREALZD-APPRCTN-RE-AMT](#) plus [UNREALZD-APPRCTN-OTH-AMT](#))

Bypasses

C J P R X

Explanation

Fail when the Total Unrealized Appreciation of Assets on Schedule H, Line 2b(5)(C)(b) does not equal to the sum of real estate appreciation Line 2b(5)(A)(a) and other appreciation Line 2b(5)(B)(a).

Acknowledgment Error Message

Error: The Total Unrealized Appreciation of Assets on Schedule H, Line 2b(5)(C)(b) must equal the sum of Line 2b(5)(A)(a) and Line 2b(5)(B)(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SchH/nl:TotUnrealzdApprctnAmt) = sum(
nl:SchH/nl:UnrealzdApprctnReAmt | nl:SchH/nl:UnrealzdApprctnOthAmt))`

Edit Test Requirements - 2018

TEST: P-283 Baseline Date 2009-01-01

Severity: ERROR **Agency:** DOL

Specification

When TOT-INCOME-AMT not equal to the sum of (TOT-CONTRIB-AMT, TOTAL-INTEREST-AMT, TOTAL-DIVIDENDS-AMT, TOTAL-RENTS-AMT, TOT-GAIN-LOSS-SALE-AST-AMT, TOT-UNREALZD-APPRCTN-AMT, GAIN-LOSS-COM-TRUST-AMT, GAIN-LOSS-POOL-SEP-AMT, GAIN-LOSS-MASTER-TR-AMT, GAIN-LOSS-103-12-INVST-AMT, GAIN-LOSS-REG-INVST-AMT plus OTHER-INCOME-AMT)

Bypasses

C J P R X

Explanation

Fail when the Total Income on Schedule H, Line 2d(b) does not equal to the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

Acknowledgment Error Message

Error: The Total Income on Schedule H, Line 2d(b) must equal the sum of Lines 2a(3)(b), 2b(1)(G)(b), 2b(2)(D)(b), 2b(3)(b), 2b(4)(C)(b), 2b(5)(C)(b), 2b(6)(b) through 2b(10)(b), and 2c(b).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:TotIncomeAmt) = sum(
nl:SchH/nl:TotContribAmt | nl:SchH/nl:TotalInterestAmt | nl:SchH/nl:TotalDividendsAmt |
nl:SchH/nl:TotalRentsAmt | nl:SchH/nl:TotGainLossSaleAstAmt | nl:SchH/nl:TotUnrealzdApprctnAmt |
nl:SchH/nl:GainLossComTrustAmt | nl:SchH/nl:GainLossPoolSepAmt | nl:SchH/nl:GainLossMasterTrAmt |
nl:SchH/nl:GainLoss10312InvstAmt | nl:SchH/nl:GainLossRegInvstAmt | nl:SchH/nl:OtherIncomeAmt))

Edit Test Requirements - 2018

TEST: P-285 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[INS-CARRIER-BNFTS-AMT](#) contains an amount other than zero and [BENEFIT-INSURANCE-IND](#) is not checked.

Bypasses

C J P R X Z

Explanation

Fail when Schedule H, Line 2e(2)a Benefit Payments equals an amount other than zero, and Form 5500, Line 9b(1) Benefit Arrangement must be checked .

Acknowledgment Error Message

Error: Benefit Payments on Schedule H Line 2e(2)(a) (indicating insurance arrangement) equals an amount other than zero, but Form 5500, Line 9b(1) is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(
nl:SchH/nl:InsCarrierBnftsAmt) != 0 and not(nl:Form5500/nl:BenefitArrangement/nl:InsuranceInd =
'1')

Edit Test Requirements - 2018

TEST: P-286 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TOT-DISTRIB-BNFT-AMT](#) not equal to the sum of ([DISTRIB-DRT-PARTCP-AMT](#), [INS-CARRIER-BNFTS-AMT](#), plus [OTH-BNFT-PAYMENT-AMT](#)).

Bypasses

C J P R X Z

Explanation

Fail when the Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).

Acknowledgment Error Message

Error: Total Benefit Payments on Schedule H, Line 2e(4)(b) must equal the sum of Lines 2e(1)(a) through 2e(3)(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchH/nl:TotDistribBnftAmt) = sum(nl:SchH/nl:DistribDrtPartcpAmt |
nl:SchH/nl:InsCarrierBnftsAmt | nl:SchH/nl:OthBnftPaymentAmt))

Edit Test Requirements - 2018

TEST: P-287 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-ADMIN-EXPENSES-AMT](#) not equal to the sum of ([PROFESSIONAL-FEES-AMT](#), [CONTRACT-ADMIN-FEES-AMT](#), [INVST-MGMT-FEES-AMT](#), plus [OTHER-ADMIN-FEES-AMT](#))

Bypasses

C J P R X Z

Explanation

Fail when the Total Administrative Expenses on Schedule H, Line 2i(5)(b) does not equal the sum of Lines 2i(1)(a) through 2i(4)(a).

Acknowledgment Error Message

Error: The Total Administrative Expenses on Schedule H, Line 2i(5)(b) must equal the sum of Lines 2i(1)(a) through 2i(4)(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchH/nl:TotAdminExpensesAmt) = sum(nl:SchH/nl:ProfessionalFeesAmt |
nl:SchH/nl:ContractAdminFeesAmt | nl:SchH/nl:InvstMgmtFeesAmt | nl:SchH/nl:OtherAdminFeesAmt))

Edit Test Requirements - 2018

TEST: P-288 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [TOT-EXPENSES-AMT](#) not equal to the sum of ([TOT-DISTRIB-BNFT-AMT](#), [TOT-CORRECTIVE-DISTRIB-AMT](#), [TOT-DEEMED-DISTRIB-PARTCP-LNS-AMT](#), [TOT-INT-EXPENSE-AMT](#), plus [TOT-ADMIN-EXPENSES-AMT](#)).

Bypasses

C J P R X

Explanation

Fail when the Total Expenses on Schedule H, Line 2j(b) does not equal the sum Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

Acknowledgment Error Message

Error: The Total Expenses on Schedule H, Line 2j(b) must equal the sum of Lines 2e(4)(b), 2f(b) through 2h(b) and 2i(5)(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:TotExpensesAmt) = sum(
nl:SchH/nl:TotDistribBnftAmt | nl:SchH/nl:TotCorrectiveDistribAmt |
nl:SchH/nl:TotDeemedDistribPartcpLnsAmt | nl:SchH/nl:TotIntExpenseAmt |
nl:SchH/nl:TotAdminExpensesAmt))`

Edit Test Requirements - 2018

TEST: P-289 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When NET-INCOME-AMT not equal to (TOT-INCOME-AMT minus TOT-EXPENSES-AMT).

Bypasses

C J P R X

Explanation

Fail when Schedule H, Line 2k(b) Net Income does not equal to Line 2d(b) total income minus Line 2j(b) total expenses .

Acknowledgment Error Message

Error: Schedule H, Line 2k(b) Net Income must equal Lines 2d(b) minus 2j(b).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:NetIncomeAmt) = sum(
nl:SchH/nl:TotIncomeAmt) - sum(nl:SchH/nl:TotExpensesAmt))

Edit Test Requirements - 2018

TEST: P-290 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

[TOT-TRANSFERS-FROM-AMT](#) contains an entry greater than \$5,000 and any [PLAN-TRANSFER-NAME](#) is blank unless [TYPE-PENSION-BNFT-CODE](#) contains "1H".

Bypasses

C G J O P R X Z

Explanation

Fail when Schedule H, Line 21(2)(b) indicates a transfer amount greater than \$5000, and transfer name identified on Schedule H, Lines 5b(1)-Name1 is blank.

Acknowledgment Error Message

Warning: Schedule H, Line 21(2)(b) indicates a transfer amount greater than \$5000, but Schedule H, Line 5b(1) is blank.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH/nl:TotTransfersFromAmt > 5000 and
(not(nl:SchH/nl:PlanTransfer) or nl:SchH/nl:PlanTransfer [string-length(nl:TransferName) = 0])
and not (nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(.,'1H')])

Edit Test Requirements - 2018

TEST: P-292 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When Accountant's Opinion ([AO-REPORT-DOC](#)) present and ([ACCTNT-OPINION-TYPE-CD](#) contains blank or [ACCT-PERFORMED-LTD-AUDIT-IND](#) contains blank or [ACCOUNTANT-FIRM-NAME](#) contains blank or [ACCOUNTANT-FIRM-EIN](#) contains blank).

Bypasses

C J M O P R X

Explanation

Fail when an Accountant's Opinion is present and Schedule H, Lines 3a and 3b and 3c(1) and 3c(2) are not completed.

Acknowledgment Error Message

Error: Schedule H Lines 3a, 3b, 3c(1) and 3c(2) must be completed when an Accountant's Opinion is attached. Review your responses to Schedule H, Part III.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
count(nl:Attachments/nl:AccountantOpinion) > 0 and (not(nl:SchH/nl:AcctntOpinionTypeCd) or
not(nl:SchH/nl:AcctPerformedLtdAuditInd) or not(string-length(nl:SchH/nl:AccountantFirmName) >
0) or not(nl:SchH/nl:AccountantFirmEIN))`

Edit Test Requirements - 2018

TEST: P-293 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [ACCT-PERFORMED-LTD-AUDIT-IND](#) is not blank, [ACCTNT-OPINION-TYPE-CD](#) cannot be blank; when [ACCT-PERFORMED-LTD-AUDIT-IND](#) is '1', [ACCTNT-OPINION-TYPE-CD](#) must = '3'.

Bypasses

C J M O P R X

Explanation

Fail when Schedule H, Line 3b is checked, and Lines 3a(1), 3a(2), 3a(3), or 3a(4) is not checked or when Line 3b is checked "yes", and Box 3a(3) is not checked.

Acknowledgment Error Message

Error: Review your response to Schedule H, Part III. If Line 3b is checked "yes" then Line 3a(3) should be checked. If Line 3b is checked "no" then any other box except 3a(3) should be checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ((nl:SchH/nl:AcctPerformedLtdAuditInd and not(nl:SchH/nl:AcctntOpinionTypeCd)) or (nl:SchH/nl:AcctPerformedLtdAuditInd = '1' and not (nl:SchH/nl:AcctntOpinionTypeCd = '3')))

Edit Test Requirements - 2018

TEST: P-297 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FAIL-TRANSMIT-CONTRIB-IND](#) contains blank.

Bypasses

C G I J P R X Z

Explanation

Fail when Schedule H, Line 4a is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4a cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:FailTransmitContribInd)

Edit Test Requirements - 2018

TEST: P-298 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FAIL-TRANSMIT-CONTRIB-AMT](#) not greater than 0 when [FAIL-TRANSMIT-CONTRIB-IND](#) contains "1" (yes).

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4a is checked "yes", but an amount greater than zero is not provided for Line 4a-Amount.

Acknowledgment Error Message

Error: Schedule H Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
(nl:SchH/nl:FailTransmitContribInd = '1' and not(sum(nl:SchH/nl:FailTransmitContribAmt) > 0))`

Edit Test Requirements - 2018

TEST: P-299 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LOANS-IN-DEFAULT-IND](#) contains blank.

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4b is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4b cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH and not(
nl:SchH/nl:LoansInDefaultInd)

Edit Test Requirements - 2018

TEST: P-300 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LOANS-IN-DEFAULT-IND](#) contains "1" (yes) and Schedule G is not attached.

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4b is checked "yes", and Schedule G is not attached.

Acknowledgment Error Message

Error: Schedule H, Line 4b is checked "yes," but Schedule G is not provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH/nl:LoansInDefaultInd =
'1' and not(nl:SchG)`

Edit Test Requirements - 2018

TEST: P-301 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LOANS-IN-DEFAULT-AMT](#) is not greater than 0 when [LOANS-IN-DEFAULT-IND](#) contains "1" (yes)

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4b is checked "yes", but an amount greater than zero is not provided for Line 4b-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassJ ='1' or ../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and (n1:SchH/n1:LoansInDefaultInd =
'1' and not(sum(n1:SchH/n1:LoansInDefaultAmt) > 0))`

Edit Test Requirements - 2018

TEST: P-302 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LEASES-IN-DEFAULT-IND](#) contains blank.

Bypasses

C I J O P R X

Explanation

Fail when Schedule H, Line 4c is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4c cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchH and not(nl:SchH/nl:LeasesInDefaultInd)

Edit Test Requirements - 2018

TEST: P-303 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LEASES-IN-DEFAULT-IND](#) contains "1" (yes) and Schedule G is not attached.

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4c is checked "yes", and Schedule G is not attached.

Acknowledgment Error Message

Error: Schedule H, Line 4c is checked "yes," but Schedule G is not provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH/nl:LeasesInDefaultInd =
'1' and not (nl:SchG)`

Edit Test Requirements - 2018

TEST: P-304 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LEASES-IN-DEFAULT-AMT](#) not greater than 0 when [LEASES-IN-DEFAULT-IND](#) contains "1" (yes).

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4c is checked "yes", but an amount greater than zero is not provided for Line 4c-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4c is checked "yes," but an amount greater than zero was not provided for Line 4c-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and (nl:SchH/nl:LeasesInDefaultInd
= '1' and not(sum(nl:SchH/nl:LeasesInDefaultAmt) > 0))

Edit Test Requirements - 2018

TEST: P-305 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PARTY-IN-INT-NOT-RPTD-IND](#) contains blank

Bypasses

C I J O P R X

Explanation

Fail when Schedule H, Line 4d is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4d cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchH and not(nl:SchH/nl:PartyInIntNotRptdInd)

Edit Test Requirements - 2018

TEST: P-306 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PARTY-IN-INT-NOT-RPTD-IND](#) contains "1" (yes) and Schedule G not attached.

Bypasses

C I J O P R X

Explanation

Fail when Schedule H, Line 4d is checked "yes", and Schedule G is not attached.

Acknowledgment Error Message

Error: Schedule H, Line 4d is checked "yes," but Schedule G is not provided.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchH/nl:PartyInIntNotRptdInd = '1' and not (nl:SchG)

Edit Test Requirements - 2018

TEST: P-307 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PARTY-IN-INT-NOT-RPTD-AMT](#) not greater than 0 when [PARTY-IN-INT-NOT-RPTD-IND](#) contains "1" (yes)

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4d is checked "yes", but an amount greater than zero is not provided for Line 4d-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and (
nl:SchH/nl:PartyInIntNotRptdInd = '1' and not(sum(nl:SchH/nl:PartyInIntNotRptdAmt) > 0))`

Edit Test Requirements - 2018

TEST: P-308 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-INS-FDLTY-BOND-IND](#) contains blank.

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4e is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4e cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchH and not(nl:SchH/nl:PlanInsFdltyBondInd)

Edit Test Requirements - 2018

TEST: P-309 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-INS-FDLTY-BOND-AMT](#) not greater than 0 when [PLAN-INS-FDLTY-BOND-IND](#) contains "1" (yes)

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4e is checked "yes", but an amount greater than zero is not provided for Line 4e-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchH/nl:PlanInsFdltyBondInd = '1' and not(sum(nl:SchH/nl:PlanInsFdltyBondAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-310 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LOSS-DISCV-DUR-YEAR-IND](#) contains blank.

Bypasses

C G I J P R X Z

Explanation

Fail when Schedule H, Line 4f is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4f cannot be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:LossDiscvDurYearInd)`

Edit Test Requirements - 2018

TEST: P-311 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[LOSS-DISCV-DUR-YEAR-AMT](#) not greater than 0 when [LOSS-DISCV-DUR-YEAR-IND](#) contains "1" (yes)

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4f is checked "yes", but an amount greater than zero is not provided for Line 4f-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
(nl:SchH/nl:LossDiscvDurYearInd = '1' and not(sum(nl:SchH/nl:LossDiscvDurYearAmt) > 0))`

Edit Test Requirements - 2018

TEST: P-312 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ASSET-UNDETERM-VAL-IND](#) contains blank.

Bypasses

C G I J P R X Z

Explanation

Fail when Schedule H, Line 4g is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4g cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:AssetUndetermValInd)

Edit Test Requirements - 2018

TEST: P-313 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ASSET-UNDETERM-VAL-AMT](#) contains only blank (zero is not equal to blank) when [ASSET-UNDETERM-VAL-IND](#) contains "1" (yes).

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4g is checked "yes", but Line 4g-Amount is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4g is checked "yes," but Line 4g-Amount is blank.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassG ='1' or ../n1:Bypass/n1:BypassJ ='1' or ../n1:Bypass/n1:BypassP ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1' or ../n1:Bypass/n1:BypassZ ='1') and
n1:SchH/n1:AssetUndetermValInd = '1' and not (n1:SchH/n1:AssetUndetermValAmt)

Edit Test Requirements - 2018

TEST: P-314 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[NON-CASH-CONTRIB-IND](#) contains blank.

Bypasses

C G I J P R X Z

Explanation

Fail when Schedule H, Line 4h is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4h cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:NonCashContribInd)

Edit Test Requirements - 2018

TEST: P-315 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[NON-CASH-CONTRIB-AMT](#) not greater than 0 when [NON-CASH-CONTRIB-IND](#) contains "1" (yes).

Bypasses

C G J P R X Z

Explanation

Fail when Schedule H, Line 4h is checked "yes", but an amount greater than zero is not provided for Line 4h-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
(nl:SchH/nl:NonCashContribInd = '1' and not(sum(nl:SchH/nl:NonCashContribAmt) > 0))`

Edit Test Requirements - 2018

TEST: P-316 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[AST-HELD-INVST-IND](#) contains blank unless [TOT-ASSETS-EOY-AMT](#) equals [INT-MASTER-TR-EOY-AMT](#).

Bypasses

C I J O P R X

Explanation

Fail when Schedule H, Line 4i is blank unless EOY total assets on Schedule H, Line 1f(b) equals EOY Value of interest in Master Trust accounts on Schedule H, Line 1c(11)(b).

Acknowledgment Error Message

Error: Schedule H, Line 4i cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassO = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and
nl:SchH and not(nl:SchH/nl:AstHeldInvstInd) and not(nl:SchH/nl:TotAssetsEoyAmt =
nl:SchH/nl:IntMasterTrEoyAmt)

Edit Test Requirements - 2018

TEST: P-317 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

AST-HELD-INVST-IND Contains "1" and Investment Schedule (ATTACHMENT-TYPE='SchAssetsHeld') not attached unless (the sum of (INT-BEAR-CASH-EOY-AMT, GOVT-SEC-EOY-AMT, CORP-DEBT-PREFERRED-EOY-AMT, CORP-DEBT-OTHER-EOY-AMT, PREF-STOCK-EOY-AMT, COMMON-STOCK-EOY-AMT, JOINT-VENTURE-EOY-AMT, REAL-ESTATE-EOY-AMT, OTHER-LOANS-EOY-AMT, PARTCP-LOANS-EOY-AMT, INT-COMMON-TR-EOY-AMT, INT-POOL-SEP-ACCT-EOY-AMT, INT-MASTER-TR-EOY-AMT, INT-103-12-INVST-EOY-AMT, INT-REG-INVST-CO-EOY-AMT, INS-CO-GEN-ACCT-EOY-AMT, OTH-INVST-EOY-AMT, EMPLR-SEC-EOY-AMT, plus EMPLR-PROP-EOY-AMT) contains zeroes or blank).

Bypasses

C J O P R X

Explanation

Fail when Schedule H, Line 4i is checked "yes", but Schedule of Assets is not attached, unless the sum of Schedule H, (End of Year) Lines 1c(1)(b) through 1c(15)(b), Lines 1d(1)(b) and 1d(2)(b) is zero.

Acknowledgment Error Message

Warning: Schedule H, Line 4i is checked "yes," but Schedule of Assets (Attachment AttachmentTypeCode='SchAssetsHeld']) is not attached. If included with your Accountant's Report you must still attach a statement.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode= 'SchAssetsHeld']) and nl:SchH/nl:AstHeldInvstInd = '1' and not (sum(nl:SchH/nl:IntBearCashEoyAmt | nl:SchH/nl:GovtSecEoyAmt | nl:SchH/nl:CorpDebtPreferredEoyAmt | nl:SchH/nl:CorpDebtOtherEoyAmt | nl:SchH/nl:PrefStockEoyAmt | nl:SchH/nl:CommonStockEoyAmt | nl:SchH/nl:JointVentureEoyAmt | nl:SchH/nl:RealEstateEoyAmt | nl:SchH/nl:OtherLoansEoyAmt | nl:SchH/nl:PartcpLoansEoyAmt | nl:SchH/nl:IntCommonTrEoyAmt | nl:SchH/nl:IntPoolSepAcctEoyAmt | nl:SchH/nl:IntMasterTrEoyAmt | nl:SchH/nl:Int10312InvstEoyAmt | nl:SchH/nl:IntRegInvstCoEoyAmt | nl:SchH/nl:InsCoGenAcctEoyAmt | nl:SchH/nl:OthInvstEoyAmt | nl:SchH/nl:EmplrSecEoyAmt | nl:SchH/nl:EmplrPropEoyAmt) = 0)

Edit Test Requirements - 2018

TEST: P-318 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FIVE-PRCNT-TRANS-IND](#) contains blank.

Bypasses

C E I J O P R X

Explanation

Fail when Schedule H, Line 4j is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4j cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassE ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1') and nl:SchH and not (nl:SchH/nl:FivePrcntTransInd)

Edit Test Requirements - 2018

TEST: P-319 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FIVE-PRCNT-TRANS-IND](#) Contains "1" and a 5% Transaction Schedule ([ATTACHMENT-TYPE](#)='FivePrctTrans') is not attached

Bypasses

C E J O P R X

Explanation

Fail when Schedule H, Line 4j is checked "yes," and no 5% Transaction Schedule (Attachments/FivePrctTrans) is attached.

Acknowledgment Error Message

Error: Schedule H, Line 4j is checked "yes," but a 5% Transaction Schedule ([AttachmentTypeCode='FivePrctTrans']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassE ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH/nl:FivePrctTransInd = '1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='FivePrctTrans'])

Edit Test Requirements - 2018

TEST: P-320 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ALL-PLAN-AST-DISTRIB-IND](#) contains blank.

Bypasses

C G I J P R X Z

Explanation

Fail when Schedule H, Line 4k is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4k cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:AllPlanAstDistribInd)

Edit Test Requirements - 2018

TEST: P-321 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

For each Plan Transfer listed, if [PLAN-TRANSFER-NAME](#) or [PLAN-TRANSFER-EIN](#) or [PLAN-TRANSFER-PN](#) contains an entry then [PLAN-TRANSFER-NAME](#) and [PLAN-TRANSFER-EIN](#) and [PLAN-TRANSFER-PN](#) must all contain entries unless [TYPE-PENSION-BNFT-CODE](#) contains "1H".

Bypasses

C G J O P R X Z

Explanation

Fail when the Plan Name, EIN, and PN on Schedule H, Line 5b are not all provided for each Plan Transfer listed in Line 5b.

Acknowledgment Error Message

Error: A Plan Name, EIN, and PN must be provided for each Plan Transfer listed in Schedule H Line 5b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH/nl:PlanTransfer [not(string-length(nl:TransferName) > 0
and nl:TransferEIN and nl:TransferPlanNum)] and not(
nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode [contains(. , '1H')])`

Edit Test Requirements - 2018

TEST: P-328 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-NET-ASSETS-BOY-AMT](#) not equal to ([SMALL-TOT-ASSETS-BOY-AMT](#) minus [SMALL-TOT-LIABILITIES-BOY-AMT](#)).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 1c(a) Net Assets does not equal Line 1a(a)Total Assets minus Line 1b(a)Total Liabilities, all as of beginning of the year .

Acknowledgment Error Message

Error: Schedule I, Line 1c(a) Net Assets must equal Lines 1a(a) minus 1b(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchI/nl:NetAssetsBoyAmt) = sum(nl:SchI/nl:TotAssetsBoyAmt) - sum(
nl:SchI/nl:TotLiabilitiesBoyAmt))

Edit Test Requirements - 2018

TEST: P-328SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SF-NET-ASSETS-BOY-AMT not equal to SF-TOT-ASSETS-BOY-AMT minus SF-TOT-LIABILITIES-BOY-AMT

Bypasses

C P R

Explanation

Fail when Form 5500-SF, Line 7c(a) Net Assets does not equal to Line 7a(a) Total Assets minus Line 7b(a) Total Liabilities, all as of beginning of the year .

Acknowledgment Error Message

Error: Form 5500-SF, Line 7c(a) Net Assets must equal Lines 7a(a) minus Line 7b(a).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1') and not(sum(
n1:SF/n1:NetAssetsBoyAmt) = sum(n1:SF/n1:TotAssetsBoyAmt) - sum(n1:SF/n1:TotLiabilitiesBoyAmt)
)`

Edit Test Requirements - 2018

TEST: P-329 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SMALL-TOT-ASSETS-EOY-AMT less than the sum of (SMALL-JOINT-VENTURE-EOY-AMT, SMALL-EMPLR-PROP-EOY-AMT, SMALL-INVST-REAL-ESTATE-EOY-AMT, SMALL-EMPLR-SEC-EOY-AMT, SMALL-MORTG-PARTCP-EOY-AMT, SMALL-OTH-LNS-PARTCP-EOY-AMT, plus SMALL-PERSONAL-PROP-EOY-AMT).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 1a(b) is less than the sum of Lines 3a-Amount through 3g-Amount. The Total Amount of Specific Assets cannot be greater than end of year Total Assets.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and sum(nl:SchI/nl:TotAssetsEoyAmt
) < sum(nl:SchI/nl:JointVentureEoyAmt | nl:SchI/nl:EmplrPropEoyAmt |
nl:SchI/nl:InvstRealEstateEoyAmt | nl:SchI/nl:EmplrSecEoyAmt | nl:SchI/nl:MortgPartcpEoyAmt |
nl:SchI/nl:OthLnsPartcpEoyAmt | nl:SchI/nl:PersonalPropEoyAmt)

Edit Test Requirements - 2018

TEST: P-330 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-NET-ASSETS-EOY-AMT](#) not equal to ([SMALL-TOT-ASSETS-EOY-AMT](#) minus [SMALL-TOT-LIABILITIES-EOY-AMT](#)).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 1c(b) Net Assets does not equal to Line 1a(b) Total Assets minus Line 1b(b) Total Liabilities, all as of end of the year.

Acknowledgment Error Message

Error: Schedule I, Line 1c(b) Net Assets must equal Lines 1a(b) minus 1b(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchI/nl:NetAssetsEoyAmt) = sum(nl:SchI/nl:TotAssetsEoyAmt) - sum(
nl:SchI/nl:TotLiabilitiesEoyAmt))`

Edit Test Requirements - 2018

TEST: P-330SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SF-NET-ASSETS-EOY-AMT not equal to SF-TOT-ASSETS-EOY-AMT minus SF-TOT-LIABILITIES-EOY-AMT

Bypasses

C P R

Explanation

Fail when Form 5500-SF, Line 7c(b) Net Assets does not equal to Line 7a(b) Total Assets minus Line 7b(b) Total Liabilities, all as of end of the year.

Acknowledgment Error Message

Error: Form 5500-SF, Line 7c(b) Net Assets must equal Lines 7a(b) minus 7b(b).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SF/nl:NetAssetsEoyAmt) = sum(nl:SF/nl:TotAssetsEoyAmt) - sum(nl:SF/nl:TotLiabilitiesEoyAmt
))`

Edit Test Requirements - 2018

TEST: P-330A Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

When [SMALL-NET-ASSETS-EOY-AMT](#) is not equal to [SMALL-NET-ASSETS-BOY-AMT](#) plus [SMALL-NET-INCOME-AMT](#) plus [SMALL-TOT-PLAN-TRANSFERS-AMT](#).

Bypasses

C G P R X Z

Explanation

Fail when Net Assets EOY Amount on Schedule I, Line 1c(b) does not equal the sum of Lines 1c(a), 2k(b), and 2l(b).

Acknowledgment Error Message

Error: Net Assets End of Year Amount on Schedule I, Line 1c(b) must equal the sum of Lines 1c(a), 2k(b) and 2l(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(
nl:SchI/nl:NetAssetsEoyAmt) = sum(nl:SchI/nl:NetAssetsBoyAmt | nl:SchI/nl:NetIncomeAmt |
nl:SchI/nl:TotPlanTransfersAmt))`

Edit Test Requirements - 2018

TEST: P-331 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-TOT-INCOME-AMT](#) not equal to the sum of ([SMALL-EMPLR-CONTRIB-INCOME-AMT](#), [SMALL-PARTICIPANT-CONTRIB-AMT](#), [SMALL-OTH-CONTRIB-RCVD-AMT](#), [SMALL-NON-CASH-CONTRIB-BS-AMT](#), plus [SMALL-OTHER-INCOME-AMT](#)).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 2d(b) Total income does not equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

Acknowledgment Error Message

Error: Schedule I, Line 2d(b) Total income must equal the sum of Lines 2a(1)(a) through 2a(3)(a), 2b(a), and 2c(a).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(nl:SchI/nl:TotIncomeAmt
) = sum(nl:SchI/nl:EmplrContribIncomeAmt | nl:SchI/nl:ParticipantContribAmt |
nl:SchI/nl:OthContribRcvdAmt | nl:SchI/nl:NonCashContribBsAmt | nl:SchI/nl:OtherIncomeAmt))`

Edit Test Requirements - 2018

TEST: P-331SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-TOT-INCOME-AMT](#) not equal to the sum of ([SF-EMPLR-CONTRIB-INCOME-AMT](#), [SF-PARTICIPANT-CONTRIB-INCOME-AMT](#), [SF-OTH-CONTRIB-RCVD-AMT](#), plus [SF-OTHER-INCOME-AMT](#)).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 8c(b) Total income does not equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

Acknowledgment Error Message

Error: Form 5500-SF, Line 8c(b) Total income must equal the sum of Lines 8a(1)(a), 8a(2)(a), 8a(3)(a), and 8b(a).

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX='1') and
not(sum(nl:SF/nl:TotIncomeAmt) = sum(nl:SF/nl:EmplrContribIncomeAmt |
nl:SF/nl:ParticipantContribIncomeAmt | nl:SF/nl:OthContribRcvdAmt | nl:SF/nl:OtherIncomeAmt))

Edit Test Requirements - 2018

TEST: P-332 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SMALL-TOT-EXPENSES-AMT not equal to the sum of (SMALL-TOT-DISTRIB-BNFT-AMT, SMALL-CORRECTIVE-DISTRIB-AMT, SMALL-DEEMED-DSTRB-PARTCP-LN-AMT, SMALL-ADMIN-SRVC-PROVIDERS-AMT plus SMALL-OTH-EXPENSES-AMT).

Bypasses

C G P R X Z

Explanation

Fail when the Total Expenses in Schedule I, Line 2j(b) does not equal the sum of Benefits Paid in Line 2e(a), Corrective Distributions in Line 2f(a), Deemed Distributions in Line 2g(a), Administrative Service Providers in Line 2h(a), plus Other Expenses in Line 2i (a).

Acknowledgment Error Message

Error: The Total Expenses amount on Schedule I, Line 2j(b) must equal the sum of Lines 2e(a) through 2i(a).

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(sum(nl:SchI/nl:TotExpensesAmt) = sum(nl:SchI/nl:TotDistribBnftAmt | nl:SchI/nl:CorrectiveDistribAmt | nl:SchI/nl:DeemedDstrbPartcpLnAmt | nl:SchI/nl:AdminSrvcProvidersAmt | nl:SchI/nl:OthExpensesAmt))

Edit Test Requirements - 2018

TEST: P-332SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SF-TOT-EXPENSES-AMT not equal to the sum of (SF-TOT-DISTRIB-BNFT-AMT, SF-CORRECTIVE-DEEMED-DISTRIB-AMT, SF-ADMIN-SRVC-PROVIDERS-AMT, plus SF-OTH-EXPENSES-AMT).

Bypasses

C P R X

Explanation

Fail when the Total Expenses in Form 5500-SF, Line 8h(b) does not equal the sum of Benefits Paid in Line 8d(a), Certain Deemed and Corrective Distributions in Line 8e(a), Administrative Service Providers in Line 8f(a), plus Other Expenses in Line 8g(a).

Acknowledgment Error Message

Error: The Total Expenses amount on Form 5500-SF, Line 8h(b) must equal the sum of Lines 8d(a) through 8g(a).

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(sum(nl:SF/nl:TotExpensesAmt) = sum(nl:SF/nl:TotDistribBnftAmt |
nl:SF/nl:CorrectiveDeemedDistribAmt | nl:SF/nl:AdminSrvcProvidersAmt | nl:SF/nl:OthExpensesAmt))

Edit Test Requirements - 2018

TEST: P-333 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SMALL-NET-INCOME-AMT not equal to SMALL-TOT-INCOME-AMT minus SMALL-TOT-EXPENSES-AMT

Bypasses

C G P R X Z

Explanation

Fail when the Net Income on Schedule I, Line 2k(b) does not equal Total Income on Line 2d(b) minus Total Expenses on Line 2j(b).

Acknowledgment Error Message

Error: The Net Income on Schedule I, Line 2k(b) must equal Lines 2d(b) minus 2j(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and not(sum(nl:SchI/nl:NetIncomeAmt
) = sum(nl:SchI/nl:TotIncomeAmt) - sum(nl:SchI/nl:TotExpensesAmt))`

Edit Test Requirements - 2018

TEST: P-333SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SF-NET-INCOME-AMT not equal to SF-TOT-INCOME-AMT, minus SF-TOT-EXPENSES-AMT.

Bypasses

C R X

Explanation

Fail when the Net Income on Form 5500-SF, Line 8i(b) does not equal Total Income on Line 8c(b) minus Total Expenses on Line 8h(b).

Acknowledgment Error Message

Error: The Net Income on Form 5500-SF, Line 8i(b) must equal Lines 8c(b) minus Line 8h(b).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and not(sum(nl:SF/nl:NetIncomeAmt)
= sum(nl:SF/nl:TotIncomeAmt) - sum(nl:SF/nl:TotExpensesAmt))`

Edit Test Requirements - 2018

TEST: P-334 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-FAIL-TRANSMIT-CONTRIB-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4a is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4a cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:FailTransmitContribInd)

Edit Test Requirements - 2018

TEST: P-334SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-FAIL-TRANSMIT-CONTRIB-IND](#) contains blank.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10a is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10a cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:SF/nl:FailTransmitContribInd)`

Edit Test Requirements - 2018

TEST: P-335 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-FAIL-TRANSMIT-CONTRIB-AMT](#) not greater than 0 when [SMALL-FAIL-TRANSMIT-CONTRIB-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4a is checked "yes", but an amount greater than zero is not provided for Line 4a-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4a is checked "yes," but an amount greater than zero is not provided for Line 4a-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:FailTransmitContribInd
= '1' and not(sum(nl:SchI/nl:FailTransmitContribAmt) > 0)

Edit Test Requirements - 2018

TEST: P-335SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-FAIL-TRANSMIT-CONTRIB-AMT](#) not greater than 0 when [SF-FAIL-TRANSMIT-CONTRIB-IND](#) contains '1' (yes).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10a is checked "yes" and an amount greater than zero is not provided for Line 10a-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10a is checked "yes," but an amount greater than zero is not provided for Line 10a-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:FailTransmitContribInd = '1' and not(sum(nl:SF/nl:FailTransmitContribAmt) > 0)

Edit Test Requirements - 2018

TEST: P-336 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LOANS-IN-DEFAULT-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4b is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4b cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:LoansInDefaultInd)

Edit Test Requirements - 2018

TEST: P-337 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LOANS-IN-DEFAULT-AMT](#) not greater than 0 when [SMALL-LOANS-IN-DEFAULT-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4b is checked "yes", but an amount greater than zero is not provided for Line 4b-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4b is checked "yes," but an amount greater than zero is not provided for Line 4b-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassG = '1' or ../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or
../n1:Bypass/n1:BypassX = '1' or ../n1:Bypass/n1:BypassZ = '1') and n1:SchI/n1:LoansInDefaultInd =
'1' and not(sum(n1:SchI/n1:LoansInDefaultAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-338 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LEASES-IN-DEFAULT-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4c is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4c cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:LeasesInDefaultInd)

Edit Test Requirements - 2018

TEST: P-339 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LEASES-IN-DEFAULT-AMT](#) not greater than 0 when [SMALL-LEASES-IN-DEFAULT-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4c is checked "yes", but an amount greater than zero is not provided for Line 4c-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4c is checked "yes," but an amount greater than zero is not provided for Line 4c-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:LeasesInDefaultInd =
'1' and not(sum(nl:SchI/nl:LeasesInDefaultAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-340 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PARTY-IN-INT-NOT-RPTD-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4d is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4d cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:PartyInIntNotRptdInd)

Edit Test Requirements - 2018

TEST: P-340SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PARTY-IN-INT-NOT-RPTD-IND](#) contains blank.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10b is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10b cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:SF/nl:PartyInIntNotRptdInd)`

Edit Test Requirements - 2018

TEST: P-341 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PARTY-IN-INT-NOT-RPTD-AMT](#) not greater than 0 when [SMALL-PARTY-IN-INT-NOT-RPTD-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4d is checked "yes", but an amount greater than zero is not provided for Line 4d-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4d is checked "yes," but an amount greater than zero is not provided for Line 4d-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:PartyInIntNotRptdInd =
'1' and not(sum(nl:SchI/nl:PartyInIntNotRptdAmt) > 0)

Edit Test Requirements - 2018

TEST: P-341SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PARTY-IN-INT-NOT-RPTD-AMT](#) not greater than 0 when [SF-PARTY-IN-INT-NOT-RPTD-IND](#) contains '1' (yes).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10b is checked "yes", but an amount greater than zero is not provided for Line 10b-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10b is checked "yes," but an amount greater than zero is not provided for Line 10b-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SF/nl:PartyInIntNotRptdInd = '1' and not(sum(nl:SF/nl:PartyInIntNotRptdAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-342 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PLAN-INS-FDLTY-BOND-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4e is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4e cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:PlanInsFdltyBondInd)

Edit Test Requirements - 2018

TEST: P-342SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-INS-FDLTY-BOND-IND](#) contains blank.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10c is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10c cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:SF/nl:PlanInsFdltyBondInd)`

Edit Test Requirements - 2018

TEST: P-343 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PLAN-INS-FDLTY-BOND-AMT](#) not greater than 0 when [SMALL-PLAN-INS-FDLTY-BOND-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4e is checked "yes", but an amount greater than zero is not provided for Line 4e-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4e is checked "yes," but an amount greater than zero is not provided for Line 4e-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:PlanInsFdltyBondInd =
'1' and not(sum(nl:SchI/nl:PlanInsFdltyBondAmt) > 0)

Edit Test Requirements - 2018

TEST: P-343SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-INS-FDLTY-BOND-AMT](#) not greater than 0 when [SF-PLAN-INS-FDLTY-BOND-IND](#) contains '1' (yes).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10c is checked "yes", but an amount greater than zero is not provided for Line 10c-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10c is checked "yes," but an amount greater than zero is not provided for Line 10c-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and
n1:SF/n1:PlanInsFdltyBondInd = '1' and not(sum(n1:SF/n1:PlanInsFdltyBondAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-344 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LOSS-DISCV-DUR-YEAR-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4f is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4f cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:LossDiscvDurYearInd)

Edit Test Requirements - 2018

TEST: P-344SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-LOSS-DISCV-DUR-YEAR-IND](#) contains blank.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10d is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10d cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:SF/nl:LossDiscvDurYearInd)`

Edit Test Requirements - 2018

TEST: P-345 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-LOSS-DISCV-DUR-YEAR-AMT](#) not greater than 0 when [SMALL-LOSS-DISCV-DUR-YEAR-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4f is checked "yes", but an amount greater than zero is not provided for Line 4f-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4f is checked "yes," but an amount greater than zero is not provided for Line 4f-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:LossDiscvDurYearInd =
'1' and not(sum(nl:SchI/nl:LossDiscvDurYearAmt) > 0)

Edit Test Requirements - 2018

TEST: P-345SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-LOSS-DISCV-DUR-YEAR-AMT](#) not greater than 0 when [SF-LOSS-DISCV-DUR-YEAR-IND](#) contains '1' (yes).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 10d is checked "yes", but an amount greater than zero is not provided for Line 10d-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10d is checked "yes," but an amount greater than zero is not provided for Line 10d-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassP ='1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and
n1:SF/n1:LossDiscvDurYearInd = '1' and not(sum(n1:SF/n1:LossDiscvDurYearAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-346 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-ASSET-UNDETERM-VAL-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4g is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4g cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:AssetUndetermValInd)

Edit Test Requirements - 2018

TEST: P-347 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-ASSET-UNDETERM-VAL-AMT](#) contains only blank (zero is not equal to blank) when [SMALL-ASSET-UNDETERM-VAL-IND](#) contains '1' (yes)

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4g is checked "yes", and Line 4g-Amount is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4g is checked "yes," but Line 4g-Amount is blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:AssetUndetermValInd =
'1' and not(nl:SchI/nl:AssetUndetermValAmt)

Edit Test Requirements - 2018

TEST: P-348 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-NON-CASH-CONTRIB-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4h is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4h cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:NonCashContribInd)

Edit Test Requirements - 2018

TEST: P-349 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-NON-CASH-CONTRIB-AMT](#) not greater than 0 when [SMALL-NON-CASH-CONTRIB-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4h is checked "yes", but an amount greater than zero is not provided for Line 4h-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4h is checked "yes," but an amount greater than zero is not provided for Line 4h-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:NonCashContribInd =
'1' and not(sum(nl:SchI/nl:NonCashContribAmt) > 0)`

Edit Test Requirements - 2018

TEST: P-350 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-20-PRCNT-SNGL-INVST-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4i is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4i cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:TwentyPrctSnglInvstInd)

Edit Test Requirements - 2018

TEST: P-351 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-20-PRCNT-SNGL-INVST-AMT](#) not greater than 0 when [SMALL-20-PRCNT-SNGL-INVST-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4i is checked "yes", but an amount greater than zero is not provided for Line 4i-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 4i is checked "yes," but an amount greater than zero is not provided for Line 4i-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:TwentyPrcntSnglInvstInd = '1' and not(sum(nl:SchI/nl:TwentyPrcntSnglInvstAmt) > 0)

Edit Test Requirements - 2018

TEST: P-352 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-ALL-PLAN-AST-DISTRIB-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 4j is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4j cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and not(
nl:SchI/nl:AllPlanAstDistribInd)

Edit Test Requirements - 2018

TEST: P-352SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-ALL-PLAN-AST-DISTRIB-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Form 5500-SF, Line 13b is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 13b cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(
nl:SF/nl:AllPlanAstDistribInd)`

Edit Test Requirements - 2018

TEST: P-353 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

If any of [SMALL-PLAN-TRANSFER-NAME](#) or [SMALL-PLAN-TRANSFER-EIN](#) or [SMALL-PLAN-TRANSFER-PN](#) contains an entry, then none of [SMALL-PLAN-TRANSFER-NAME](#) or [SMALL-PLAN-TRANSFER-EIN](#) or [SMALL-PLAN-TRANSFER-PN](#) may be blank.

Bypasses

C G P R X Z

Explanation

Fail when the Plan Name, EIN, and PN on Schedule I, Line 5b are not all provided for each Plan Transfer listed in Line 5b.

Acknowledgment Error Message

Error: The Plan Name, EIN, and PN on Schedule I, Line 5b must be provided for each Plan Transfer listed in Line 5b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and (nl:SchI/nl:PlanTransfer
[not(string-length(nl:TransferName) > 0 and nl:TransferEIN and nl:TransferPlanNum)])`

Edit Test Requirements - 2018

TEST: P-353SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

For each Plan Transfer listed, if [SF-PLAN-TRANSFER-NAME](#) or [SF-PLAN-TRANSFER-EIN](#) or [SF-PLAN-TRANSFER-PN](#) contains an entry then [SF-PLAN-TRANSFER-NAME](#) and [SF-PLAN-TRANSFER-EIN](#) and [SF-PLAN-TRANSFER-PN](#) must all contain entries.

Bypasses

C P R X

Explanation

Fail when the Plan Name, EIN, and PN on Form 5500-SF, Line 13c are not all provided for each Plan Transfer listed in Line 13c.

Acknowledgment Error Message

Error: The Plan Name, EIN, and PN on Form 5500-SF, Line 13c must be provided for each Plan Transfer listed in Line 13c.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
(nl:SF/nl:PlanTransfer [not(string-length(nl:TransferName) > 0 and nl:TransferEIN and
nl:TransferPlanNum)])`

Edit Test Requirements - 2018

TEST: P-356 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[TOT-PARTCP-BOY-CNT](#) cannot be blank.

Bypasses

C E M O P R X Z

Explanation

Fail when Form 5500, Line 5 is blank.

Acknowledgment Error Message

Error: Form 5500, Line 5 cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassE ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:Form5500/nl:TotPartcpBoyCnt)

Edit Test Requirements - 2018

TEST: P-356SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-TOT-PARTCP-BOY-CNT](#) cannot be blank.

Bypasses

C P R

Explanation

Fail when Form 5500-SF, Line 5a is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 5a cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1') and not(exists(
nl:SF/nl:TotPartcpBoyCnt))`

Edit Test Requirements - 2018

TEST: P-357 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-WAIVER-ANNUAL-IQPA-REPORT-IND](#) contains blank.

Bypasses

C G P R W X Z

Explanation

Fail when Schedule I, Line 4k is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4k cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI and not(nl:SchI/nl:WaiverAnnualIQPARreportInd)

Edit Test Requirements - 2018

TEST: P-357SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-IQPA-WAIVER-IND](#) contains blank.

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 6b is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 6b cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
not(nl:SF/nl:IQPAWaiverInd)`

Edit Test Requirements - 2018

TEST: P-358 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-WAIVER-ANNUAL-IQPA-REPORT-IND](#) contains "2" (No) and Accountant's Opinion ([AO-REPORT-DOC](#)) is not attached and CFR 2520.104 50 statement ([ATTACHMENT-TYPE](#)='SchIWaiverIQPA') is not attached.

Bypasses

C G R W X Z

Explanation

Fail when Schedule I, Line 4k is checked "no" and Accountant's Opinion is not attached unless CFR 2520.104-50 statement (SchIWaiverIQPA) is attached.

Acknowledgment Error Message

Error: Schedule I, Line 4k is checked "no," but you have not attached an Accountant's Opinion with financial information or explanatory statement. Review your response to Line 4k or provide the requested information.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:WaiverAnnualIQPAReportInd = '2' and not (nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode='SchIWaiverIQPA']) and not (nl:Attachments/nl:AccountantOpinion)

Edit Test Requirements - 2018

TEST: P-359 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SPONS-DFE-PN](#) between 501 and 999 and [TYPE-WELFARE-BNFT-CODE](#) is blank or contains an entry other than "4A", "4B", "4C", "4D", "4E", "4F", "4G", "4H", "4I", "4J", "4K", "4L", "4P", "4Q", "4R", "4S", "4T", or "4U".

Bypasses

C R X Z

Explanation

Fail when the welfare benefit code(s) provided on Form 5500, Line 8b are missing or invalid and the Plan Number is greater than 500.

Acknowledgment Error Message

Error: Welfare benefit code(s) on Form 5500 line 8b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500 instructions for a complete list of valid Welfare Benefit Codes.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and number(nl:Form5500/nl:SponsDfePlanNum) > 500 and (count (nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode [not (contains ('4A 4B 4C 4D 4E 4F 4G 4H 4I 4J 4K 4L 4P 4Q 4R 4S 4T 4U', .))]) >0 or count (nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode) = 0)

Edit Test Requirements - 2018

TEST: P-359SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When [SF-PLAN-NUM](#) between 501 and 999 and [SF-TYPE-WELFARE-BNFT-CODE](#) is blank or contains an entry other than "4A", "4B", "4C", "4D", "4E", "4F", "4G", "4H", "4I", "4J", "4K", "4L", "4P", "4Q", "4R", "4S", "4T".

Bypasses

C R

Explanation

Fail when the welfare benefit code(s) provided on Form 5500-SF, Line 9b are missing or invalid and the Plan Number is greater than 500.

Acknowledgment Error Message

Error: Welfare benefit code(s) on Form 5500-SF, Line 9b are either missing or invalid and Line 1b Plan Number is greater than 500. Refer to the Form 5500-SF instructions for a complete list of valid Welfare Benefit Codes.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1') and number(nl:SF/nl:SponsorPlanNum) > 500 and (count (nl:SF/nl:WelfareCodeTable/nl:TypeWelfareBnftCode [not (contains ('4A 4B 4C 4D 4E 4F 4G 4H 4I 4J 4K 4L 4P 4Q 4R 4S 4T', .))]) >0 or count (nl:SF/nl:WelfareCodeTable/nl:TypeWelfareBnftCode) = 0)

Edit Test Requirements - 2018

TEST: P-360 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ACCT-OPIN-NOT-ON-FILE-IND](#) contains "1" when [TYPE-DFE-PLAN-ENTITY-CD](#) does not contain "C", "M", or "P".

Bypasses

C I J M O P R X

Explanation

Fail when Schedule H, Line 3d(1) is checked, but Form 5500, Part I, Line A (DFE-Specified) does not contain "C", "M", or "P".

Acknowledgment Error Message

Error: Schedule H, Line 3d(1) is checked, but Form 5500, Part I, Line A (DFE-Specify) does not contain "C", "M", or "P".

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and (nl:SchH/nl:AcctOpinNotOnFileInd ='1' and not(
nl:Form5500/nl:TypeDFEPlanEntityCd ='C' or nl:Form5500/nl:TypeDFEPlanEntityCd ='P' or
nl:Form5500/nl:TypeDFEPlanEntityCd ='M'))

Edit Test Requirements - 2018

TEST: P-361 Baseline Date 2009-01-01

Severity: WARNING **Agency** DOL

Specification

[AST-HELD-INVST-IND](#) contains "2" (no) and ([TOT-ASSETS-EOY-AMT](#) minus ([NON-INT-BEAR-CASH-EOY-AMT](#), plus [EMPLR-CONTRIB-EOY-AMT](#), plus [PARTCP-CONTRIB-EOY-AMT](#), plus [OTHER-RECEIVABLES-EOY-AMT](#), plus [INT-BEAR-CASH-EOY-AMT](#), plus [BLDGS-USED-EOY-AMT](#)) is greater than plus 4999 unless [TOT-ASSETS-EOY-AMT](#) equals [INT-MASTER-TR-EOY-AMT](#).

Bypasses

C J O P R X

Explanation

Fail when Schedule H Line 4i is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount unless EOY total assets on Schedule H, Line 1f(b) equals EOY Value of interest in Master Trust accounts on Schedule H, Line 1c(11)(b).

Acknowledgment Error Message

Warning: Schedule H, Line 4i (assets held for investments) is checked "no" and any Schedule H, Part I, Lines 1c(2)(b) through 1d(2)(b) contain an amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH/nl:AstHeldInvstInd = '2' and (sum(nl:SchH/nl:TotAssetsEoyAmt) - sum(nl:SchH/nl:NonIntBearCashEoyAmt | nl:SchH/nl:EmplrContribEoyAmt | nl:SchH/nl:PartcpContribEoyAmt | nl:SchH/nl:OtherReceivablesEoyAmt | nl:SchH/nl:IntBearCashEoyAmt | nl:SchH/nl:BldgsUsedEoyAmt) > 4999) and not(nl:SchH/nl:TotAssetsEoyAmt = nl:SchH/nl:IntMasterTrEoyAmt)

Edit Test Requirements - 2018

TEST: P-362 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

When Accountant's Opinion ([AO-REPORT-DOC](#)) is not attached and Schedule H is attached and ([FINAL-FILING-IND](#) = '1' and [TOT-ASSETS-EOY-AMT](#) is equal to zero or blank and [TOT-LIABILITIES-EOY-AMT](#) is equal to zero or blank and [NET-INCOME-AMT](#) is not blank) unless [ACCT-OPIN-NOT-ON-FILE-IND](#) = '1'

Bypasses

C J M O P R X

Explanation

Fail when Accountant's Opinion (Attachments/AccountantOpinion) is not attached and Schedule H, Lines 1f(b) and 1k(b) are zero or blank and Line 2(k) is not blank and Form 5500, Line B (final filing) is checked, unless the Accountant Opinion exemption on Schedule H, Line 3d(1) is checked.

Acknowledgment Error Message

Error: Accountant's Opinion is not attached, and end of year (EOY) total assets (Schedule H, Lines 1f(b) is zero or blank and EOY total liabilities (Schedule H, Lines 1k(b)) is zero or blank and Net Income (Schedule H, Line 2(k)) is not blank and Form 5500 Box B (final filing) is checked. Note: A filer is still required to have an accountant's opinion for a final filing.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassM = '1' or ../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and not(nl:Attachments/nl:AccountantOpinion) and nl:Form5500/nl:FinalFilingInd = '1' and (nl:SchH/nl:TotAssetsEoyAmt = 0 or not(nl:SchH/nl:TotAssetsEoyAmt)) and (nl:SchH/nl:TotLiabilitiesEoyAmt = 0 or not(nl:SchH/nl:TotLiabilitiesEoyAmt)) and nl:SchH/nl:NetIncomeAmt and not (nl:SchH/nl:AcctOpinNotOnFileInd = '1')

Edit Test Requirements - 2018

TEST: P-363 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FAIL-PROVIDE-BENEFIT-DUE-IND](#) is blank.

Bypasses

C I J M O P R X Z

Explanation

Fail when Schedule H, Line 41 is blank

Acknowledgment Error Message

Error: Schedule H, Line 41 cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or
../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(
nl:SchH/nl:FailProvideBenefitDueInd)

Edit Test Requirements - 2018

TEST: P-364 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FAIL-PROVIDE-BENEFIT-DUE-AMT](#) not greater than 0 when [FAIL-PROVIDE-BENEFIT-DUE-IND](#) contains '1' (yes).

Bypasses

C J M O P R X

Explanation

Fail when Schedule H, Line 41 is checked "yes", but an amount greater than zero is not provided for Line 41-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH/nl:FailProvideBenefitDueInd = '1' and not(nl:SchH/nl:FailProvideBenefitDueAmt > 0)

Edit Test Requirements - 2018

TEST: P-365 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-BLACKOUT-PERIOD-IND](#) = '1' and [COMPLY-BLACKOUT-NOTICE-IND](#) is blank.

Bypasses

C J M O P R X

Explanation

Fail when Schedule H, Line 4n is blank and Line 4m is checked "yes".

Acknowledgment Error Message

Error: Schedule H, Line 4n cannot be blank when Line 4m is checked "yes."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchH/nl:PlanBlackoutPeriodInd = '1' and not(nl:SchH/nl:ComplyBlackoutNoticeInd)

Edit Test Requirements - 2018

TEST: P-366 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-FAIL-PROVIDE-BENEFIT-DUE-IND](#) is blank.

Bypasses

C M O P R X

Explanation

Fail when Schedule I, Line 41 is blank

Acknowledgment Error Message

Error: Schedule I, Line 41 cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchI and not(
nl:SchI/nl:FailProvideBenefitDueInd)

Edit Test Requirements - 2018

TEST: P-367 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-FAIL-PROVIDE-BENEFIT-DUE-AMT](#) not greater than 0 when [SMALL-FAIL-PROVIDE-BENEFIT-DUE-IND](#) contains '1' (yes).

Bypasses

C M O P R X

Explanation

Fail when Schedule I, Line 41 is checked "yes", but an amount greater than zero is not provided for Line 41-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 41 is checked "Yes," but an amount greater than zero is not indicated for Line 41-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchI/nl:FailProvideBenefitDueInd = '1' and not(nl:SchI/nl:FailProvideBenefitDueAmt > 0)

Edit Test Requirements - 2018

TEST: P-368 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PLAN-BLACKOUT-PERIOD-IND](#) = "1" and [SMALL-COMPLY-BLACKOUT-NOTICE-IND](#) is blank.

Bypasses

C M O P R X

Explanation

Fail when Schedule I, Line 4n is blank and Line 4m is checked "yes".

Acknowledgment Error Message

Error: Schedule I, Line 4n cannot be blank when Line 4m is checked "yes."

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SchI/nl:PlanBlackoutPeriodInd = '1' and not(nl:SchI/nl:ComplyBlackoutNoticeInd)

Edit Test Requirements - 2018

TEST: P-369 Baseline Date 2014-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when [PROVIDER-EXCLUDE-IND](#) contains '1' (yes) and ([PROVIDER-ELIGIBLE-NAME](#) is blank) or (([PROVIDER-ELIGIBLE-NAME](#) is present) and ([PROVIDER-ELIGIBLE-EIN](#) and ([PROVIDER-ELIGIBLE-US-ADDRESS1](#) or [PROVIDER-ELIGIBLE-FOREIGN-ADDRESS1](#))) are blank).

Bypasses

C J O P R X

Explanation

Fail when Schedule C, Part I, Line 1a is checked yes and the Name and/or EIN or address are missing from Part I, Line 1b(b).

Acknowledgment Error Message

Warning: You checked "yes" on Part I, Line 1a of Schedule C but did not provide the Name and EIN/address on Part I, Line 1b(b). Please review your response to Part I, Line 1. You must provide the name and EIN/address, of the person who provided you disclosures on eligible indirect compensation.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchC/nl:ExcludeInd='1' and (nl:SchC/nl:ProviderEligible[string-length(nl:Name)=0] or (nl:SchC/nl:ProviderEligible[string-length(nl:Name)>0 and (not(nl:EIN) and not(nl:USAddress | nl:ForeignAddress)))))`

Edit Test Requirements - 2018

TEST: P-370 Baseline Date 2014-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when [PROVIDER-FAIL-SRVC-CODE](#) or [PROVIDER-FAIL-INFO-TEXT](#) is present and [PROVIDER-FAIL-NAME](#) is blank or ([PROVIDER-FAIL-NAME](#) is present and ([PROVIDER-FAIL-EIN](#) and ([PROVIDER-FAIL-US-ADDRESS1](#) or [PROVIDER-FAIL-FOREIGN-ADDRESS1](#) are blank))).

Bypasses

C J O P R X

Explanation

Fail when Schedule C, Part II, Line 4a Name and/or EIN or address are blank and Part II, Lines 4b or 4c are present.

Acknowledgment Error Message

Warning: You indicated a service code or information text on Part II, Lines 4b or 4c of Schedule C, but did not provide the Name and EIN/address on Part II, Line 4a. Please review your response to Part II, Line 4. You must provide the name and EIN/address of the service provider who failed or refused to provide the information necessary to complete this Schedule.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchC/nl:ProviderFail[(nl:SrvcCode or string-length(nl:InfoText)>0) and (not(string-length(nl:Name)>0) or (string-length(nl:Name)>0) and not(nl:EIN) and not(nl:USAddress | nl:ForeignAddress))]`

Edit Test Requirements - 2018

TEST: P-371 Baseline Date 2014-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when [PROVIDER-FAIL-INFO-TEXT](#) is blank and [PROVIDER-FAIL-NAME](#) or [PROVIDER-FAIL-EIN](#) is present.

Bypasses

C J O P R X

Explanation

Fail when Schedule C, Part II, Line 4c is blank and Part II, Line 4a is present.

Acknowledgment Error Message

Warning: Schedule C, Part II, Line 4c is blank, however you indicated a provider name or provider EIN in Line 4a. Please review your response to Part II, Line 4c.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassJ ='1' or ../n1:Bypass/n1:BypassO ='1' or ../n1:Bypass/n1:BypassP ='1' or
../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassX ='1') and n1:SchC/n1:ProviderFail[string-
length(n1:Name)>0 or n1:EIN][string-length(n1:InfoText)=0]`

Edit Test Requirements - 2018

TEST: P-372 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[RES-TERM-PLAN-ADPT-AMT](#) not equal to or greater than 0 when [RES-TERM-PLAN-ADPT-IND](#) contains "1" (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Acknowledgment Error Message

Error: Schedule H, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchH/nl:ResTermPlanAdptInd='1' and not(nl:SchH/nl:ResTermPlanAdptAmt >=0)

Edit Test Requirements - 2018

TEST: P-373 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [PLAN-TRANSFER-NAME](#), [PLAN-TRANSFER-EIN](#), or [PLAN-TRANSFER-PN](#) are blank and [TOT-TRANSFERS-FROM-AMT](#) is greater than zero unless [TYPE-PENSION-BNFT-CODE](#) = '1H'.

Bypasses

C J P R X Z

Explanation

Fail when Schedule H, Line 5b(1), 5b(2) or 5b(3) do not have information provided and Schedule H, Line 21(2) (Transfer from Plan Assets) contains an entry.

Acknowledgment Error Message

Error: Schedule H, Part IV, Line 5b(1), 5b(2) and/or 5b(3) is blank and you have indicated on Schedule H, Part II, Line 21(2) that you transferred assets/liabilities from the plan. Please review your responses to Lines 21(2) and 5b of the Schedule H and provide the corrected information.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassJ = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchH/nl:PlanTransfer[string-
length(nl:TransferName)=0 or not(nl:TransferEIN) or not(nl:TransferPlanNum)] or
not(nl:SchH/nl:PlanTransfer)) and sum(nl:SchH/nl:TotTransfersFromAmt)>0 and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '1H')])`

Edit Test Requirements - 2018

TEST: P-374 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-RES-TERM-PLAN-ADPT-AMT](#) not equal to or greater than 0 when [SMALL-RES-TERM-PLAN-ADPT-IND](#) contains "1" (yes).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule I, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 5a is checked "yes", but an amount equal to or greater than zero is not provided for Line 5a-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI ='1' or ../nl:Bypass/nl:BypassN ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:ResTermPlanAdptInd='1' and not(nl:SchI/nl:ResTermPlanAdptAmt>=0)

Edit Test Requirements - 2018

TEST: P-375 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-JOINT-VENTURE-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3a is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3a cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI and
not(nl:SchI/nl:JointVentureEoyInd)

Edit Test Requirements - 2018

TEST: P-376 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-JOINT-VENTURE-EOY-AMT](#) is blank when [SMALL-JOINT-VENTURE-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3a is checked "yes", but an amount is not provided for Line 3a-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3a is checked "yes", but an amount is not provided for Line 3a-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:JointVentureEoyInd='1' and not(nl:SchI/nl:JointVentureEoyAmt)`

Edit Test Requirements - 2018

TEST: P-377 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-EMPLR-PROP-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3b is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3b cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(nl:SchI/nl:EmplrPropEoyInd)
and nl:SchI

Edit Test Requirements - 2018

TEST: P-378 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-EMPLR-PROP-EOY-AMT](#) is blank when [SMALL-EMPLR-PROP-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3b is checked "yes", but an amount is not provided for Line 3b-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3b is checked "yes", but an amount is not provided for Line 3b-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:EmplrPropEoyInd='1'
and not(nl:SchI/nl:EmplrPropEoyAmt)`

Edit Test Requirements - 2018

TEST: P-379 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-INVST-REAL-ESTATE-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3c is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3c cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchI/nl:InvstRealEstateEoyInd) and nl:SchI

Edit Test Requirements - 2018

TEST: P-380 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-INVST-REAL-ESTATE-EOY-AMT](#) is blank when [SMALL-INVST-REAL-ESTATE-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3c is checked "yes", but an amount is not provided for Line 3c-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3c is checked "yes", but an amount is not provided for Line 3c-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:InvstRealEstateEoyInd='1' and not(nl:SchI/nl:InvstRealEstateEoyAmt)

Edit Test Requirements - 2018

TEST: P-381 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-EMPLR-SEC-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3d is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3d cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and not(nl:SchI/nl:EmplrSecEoyInd)
and nl:SchI

Edit Test Requirements - 2018

TEST: P-382 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-EMPLR-SEC-EOY-AMT](#) is blank when [SMALL-EMPLR-SEC-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3d is checked "yes", but an amount is not provided for Line 3d-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3d is checked "yes", but an amount is not provided for Line 3d-Amount.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:EmplrSecEoyInd='1'
and not(nl:SchI/nl:EmplrSecEoyAmt)`

Edit Test Requirements - 2018

TEST: P-383 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-MORTG-PARTCP-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3e is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3e cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchI/nl:MortgPartcpEoyInd) and nl:SchI

Edit Test Requirements - 2018

TEST: P-384 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-MORTG-PARTCP-EOY-AMT](#) not equal to or greater than 0 when [SMALL-MORTG-PARTCP-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3e is checked "yes", but an amount equal to or greater than zero is not provided for Line 3e-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3e is checked "yes", but an amount equal to or greater than zero is not provided for Line 3e-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and nl:SchI/nl:MortgPartcpEoyInd='1' and (not(nl:SchI/nl:MortgPartcpEoyAmt) or sum(nl:SchI/nl:MortgPartcpEoyAmt)<0)

Edit Test Requirements - 2018

TEST: P-385 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-OTH-LNS-PARTCP-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3f is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3f cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchI/nl:OthLnsPartcpEoyInd) and nl:SchI

Edit Test Requirements - 2018

TEST: P-386 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-OTH-LNS-PARTCP-EOY-AMT](#) is blank when [SMALL-OTH-LNS-PARTCP-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3f is checked "yes", but an amount is not provided for Line 3f-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3f is checked "yes", but an amount is not provided for Line 3f-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:OthLnsPartcpEoyInd='1' and not(nl:SchI/nl:OthLnsPartcpEoyAmt)

Edit Test Requirements - 2018

TEST: P-387 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PERSONAL-PROP-EOY-IND](#) contains blank.

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3g is blank.

Acknowledgment Error Message

Error: Schedule I, Line 3g cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:SchI/nl:PersonalPropEoyInd) and nl:SchI

Edit Test Requirements - 2018

TEST: P-388 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PERSONAL-PROP-EOY-AMT](#) is blank when [SMALL-PERSONAL-PROP-EOY-IND](#) contains "1" (yes).

Bypasses

C G P R X Z

Explanation

Fail when Schedule I, Line 3g is checked "yes", but an amount is not provided for Line 3g-Amount.

Acknowledgment Error Message

Error: Schedule I, Line 3g is checked "yes", but an amount is not provided for Line 3g-Amount.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI/nl:PersonalPropEoyInd='1' and not(nl:SchI/nl:PersonalPropEoyAmt)

Edit Test Requirements - 2018

TEST: P-389 Baseline Date 2014-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when DFE-P1-PLAN-EIN equals SPONS-DFE-EIN and DFE-P1-PLAN-PN equals SPONS-DFE-PN and ((TYPE-DFE-PLAN-ENTITY-CD contains "G") or (TYPE-DFE-PLAN-ENTITY-CD contains "C", "E", "M", or "P" and TYPE-PENSION-BNFT-CODE is blank and TYPE-WELFARE-BNFT-CODE is blank)).

Bypasses

C X

Explanation

Fail when the EIN and PN provided in Schedule D, Part 1(c) is the same EIN and PN provided on the Form 5500 Lines 1b and 2b.

Acknowledgment Error Message

Warning: The EIN and PN provided on Schedule D Part 1 (c) cannot be the same as the EIN and PN provided on the Form 5500 Lines 1b and 2b.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassX ='1') and exists(nl:SchD/nl:DfeP1[nl:PlanEIN =
../../nl:Form5500/nl:SponsorDfe/nl:EIN and nl:PlanPN = ../../nl:Form5500/nl:SponsDfePlanNum]) and
(nl:Form5500/nl:TypeDFEPlanEntityCd='G' or ((nl:Form5500/nl:TypeDFEPlanEntityCd='C' or
nl:Form5500/nl:TypeDFEPlanEntityCd='E' or nl:Form5500/nl:TypeDFEPlanEntityCd='M' or
nl:Form5500/nl:TypeDFEPlanEntityCd='P') and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode |
nl:Form5500/nl:WelfareCodeTable/nl:TypeWelfareBnftCode)))`

Edit Test Requirements - 2018

TEST: P-390SF Baseline Date 2015-01-01

Severity: ERROR **Agency** DOL

Specification

When [SF-NET-ASSETS-EOY-AMT](#) not equal to [SF-NET-ASSETS-BOY-AMT](#) plus [SF-NET-INCOME-AMT](#) plus [SF-TOT-PLAN-TRANSFERS-AMT](#) (plus or minus 5 dollars).

Bypasses

C P R X

Explanation

Fail when Form 5500-SF, Line 7c(b) Net Assets End of Year Amount does not equal the sum of Lines 7c(a), 8i(b), and 8j(a).

Acknowledgment Error Message

Error: The Net Assets End of Year Amount on Form 5500-SF, Line 7c(b) must equal the sum of Lines 7c(a), 8i(b) and 8j(a).

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1')
and not(abs(sum(nl:SF/nl:NetAssetsEoyAmt) - sum(nl:SF/nl:NetAssetsBoyAmt | nl:SF/nl:NetIncomeAmt |
nl:SF/nl:TotPlanTransfersAmt)) <= 5)

Edit Test Requirements - 2018

TEST: P-391 Baseline Date 2015-01-01

Severity: ERROR **Agency** DOL

Specification

When [COMPLIANCE-M1-FILING-REQ-IND](#) is blank and [SUBJ-M1-FILING-REQ-IND](#) contains '1' (Yes).

Bypasses

C G R X Z

Explanation

Fail when Form 5500, Line 11b is blank and Line 11a contains "Yes".

Acknowledgment Error Message

Error: Form 5500, Line 11b is blank and Line 11a contains "Yes".

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:Form5500/nl:ComplianceM1FilingRqmtInd) and
nl:Form5500/nl:SubjM1FilingRqmtInd='1'

Edit Test Requirements - 2018

TEST: P-392 Baseline Date 2015-01-01

Severity: ERROR **Agency** DOL

Specification

When [M1-RECEIPT-CONFIRMATION-CODE](#) is blank and [SUBJ-M1-FILING-REQ-IND](#) contains '1' (Yes).

Bypasses

C G R X Z

Explanation

Fail when Form 5500, Line 11c is blank and Line 11a contains "Yes".

Acknowledgment Error Message

Error: Form 5500, Line 11c is blank and Line 11a contains "Yes".

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and not(nl:Form5500/nl:M1ReceiptConfirmationCode) and
nl:Form5500/nl:SubjM1FilingRqmtInd='1'

Edit Test Requirements - 2018

TEST: P-393 Baseline Date 2015-01-01

Severity: ERROR **Agency** DOL

Specification

When [ATTACHMENT-TYPE](#)= 'CSECParticipatingEmployer' (CSEC Participating Employer) not included when [TYPE-PLAN-ENTITY-CD](#) =3.

Bypasses

C P R X

Explanation

Fail when "Multiple Employer" is selected on Form 5500 Line A , but the Participating Employer attachment is not attached.

Acknowledgment Error Message

Error: Form 5500, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='CSECParticipatingEmployer']) and nl:Form5500/nl:TypePlanEntityCd='3'

Edit Test Requirements - 2018

TEST: P-393SF Baseline Date 2015-01-01

Severity: ERROR **Agency** DOL

Specification

When [ATTACHMENT-TYPE](#) = 'CSECParticipatingEmployer' (CSEC Participating Employer) not included when [SF-PLAN-ENTITY-CD](#) =2.

Bypasses

C P R

Explanation

Fail when "Multiple Employer" is selected on Form 5500-SF Line A, but the Participating Employer attachment is not attached.

Acknowledgment Error Message

Error: Form 5500-SF, Line A indicates that this is a Multiple Employer plan, but the Participating Employer (Attachment [AttachmentTypeCode='CSECParticipatingEmployer']) is not attached.

XPATH - Short Form Filings (relative to ShortFormData node): not (../n1:Bypass/n1:BypassC ='1' or ../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1') and not(n1:Attachments/n1:Attachment [n1:AttachmentTypeCode='CSECParticipatingEmployer']) and n1:SF/n1:TypePlanEntityCd='2'

Edit Test Requirements - 2018

TEST: P-394SF Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [SF-PLAN-ENTITY-CD](#) = 3 and [SF-TYPE-WELFARE-BNFT-CODE](#) is not blank.

Bypasses

C R

Explanation

Fail when "One-participant plan" is selected on Form 5500-SF, Line A, and Line 9b contains an entry.

Acknowledgment Error Message

Error: Form 5500-SF, Line A indicates that this is a "One-participant plan" and Line 9b contains an entry.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and n1:SF/n1:TypePlanEntityCd='3' and
n1:SF/n1:WelfareCodeTable/n1:TypeWelfareBnftCode`

Edit Test Requirements - 2018

TEST: P-395 Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [TOT-PARTCP-BOY-CNT](#) is less than [TOT-ACT-PARTCP-BOY-CNT](#).

Bypasses

C P R X Z

Explanation

Fail when Form 5500, Line 5 (total number of participants at the beginning of year) is less than Line 6a(1) (total number of active participants at the beginning of the plan year).

Acknowledgment Error Message

Error: The number of participants entered on Form 5500, Line 5 cannot be less than the number of active participants entered on Line 6a(1).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and sum(nl:Form5500/nl:TotPartcpBoyCnt) <
sum(nl:Form5500/nl:TotActPartcpBoyCnt)`

Edit Test Requirements - 2018

TEST: P-395SF Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [SF-TOT-PARTCP-BOY-CNT](#) is less than [SF-TOT-ACT-PARTCP-BOY-CNT](#).

Bypasses

C R

Explanation

Fail when Form 5500-SF, Line 5a (total number of participants at beginning of year) is less than Line 5d(1) (total number of active participants at beginning of year).

Acknowledgment Error Message

Error: The number of participants entered on Form 5500-SF, Line 5a cannot be less than the number of active participants entered on Line 5d(1).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and n1:SF/n1:TotPartcpBoyCnt < n1:SF/n1:TotActPartcpBoyCnt`

Edit Test Requirements - 2018

TEST: P-396SF Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [SF-TOT-ACT-RTD-SEP-BENEF-CNT](#) is less than [SF-TOT-ACT-PARTCP-EOY-CNT](#).

Bypasses

C R

Explanation

Fail when Form 5500-SF, Line 5b (total number of participants at end of year) is less than Line 5d(2) (total number of active participants at end of year).

Acknowledgment Error Message

Error: The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of active participants entered on Line 5d(2).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and n1:SF/n1:TotActRtdSepBenefCnt < n1:SF/n1:TotActPartcpEoyCnt`

Edit Test Requirements - 2018

TEST: P-397 Baseline Date 2018-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when ([TOT-ASSETS-EOY-AMT](#) or [SMALL-TOT-ASSETS-EOY-AMT](#) is equal to zero) and [TOT-ACT-RTD-SEP-BENEF-CNT](#) is equal to zero and [FINAL-FILING-IND](#) is not selected.

Bypasses

C X

Explanation

Fail when Form 5500, Line B (Final Filing) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Line 6f (total participants) is equal to zero.

Acknowledgment Error Message

Warning: Form 5500, Line B (the final return/report) is not checked, but Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) is equal to zero and Form 5500, Line 6f (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report) on the Form 5500. Otherwise, verify that the correct information has been provided on Schedule H, Line 1f (Total Assets EOY) or Schedule I, Line 1a (Total Assets EOY) and Form 5500, Line 6f (Total Participants).

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassX ='1') and not(n1:Form5500/n1:FinalFilingInd='1') and
(n1:SchH/n1:TotAssetsEoyAmt=0 or n1:SchI/n1:TotAssetsEoyAmt=0) and
n1:Form5500/n1:TotActRtdSepBenefCnt=0`

Edit Test Requirements - 2018

TEST: P-397SF Baseline Date 2018-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when [SF-TOT-ASSETS-EOY-AMT](#) is equal to zero and [SF-TOT-ACT-RTD-SEP-BENEF-CNT](#) is equal to zero and [SF-FINAL-FILING-IND](#) is not selected.

Bypasses

C X

Explanation

Fail when Form 5500-SF, Line B (Final Filing) is not checked, but Line 7a (Total Assets EOY) is equal to zero and Line 5b (Total Participants) is equal to zero.

Acknowledgment Error Message

Warning: Form 5500-SF, Line B (the final return/report) is not checked, but Form 5500-SF, Line 7a (Total Assets EOY) is equal to zero and Line 5b (Total Participants) is equal to zero. If this is a final filing, please check Line B (the final return/report). Otherwise, verify that the correct information has been provided on Line 7a (Total Assets EOY) and Line 5b (Total Participants).

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassX ='1') and not(nl:SF/nl:FinalFilingInd='1') and (nl:SF/nl:TotAssetsEoyAmt=0
) and nl:SF/nl:TotActRtdSepBenefCnt=0`

Edit Test Requirements - 2018

TEST: P-398 Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [TOT-ACT-RTD-SEP-BENEF-CNT](#) is less than [PARTCP-ACCOUNT-BAL-CNT](#).

Bypasses

C G P R W X Z

Explanation

Fail when Form 5500, Line 6f (total number of active, retired, and separated participants) is less than Line 6g (number of participants with account balances).

Acknowledgment Error Message

Error: The number of participants entered on Form 5500, Line 6f cannot be less than the number of participants with account balances entered on Line 6g. Defined Benefit plans should not complete Form 5500, Line 6g.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:Form5500/nl:TotActRtdSepBenefCnt < nl:Form5500/nl:PartcpAccountBalCnt`

Edit Test Requirements - 2018

TEST: P-398SF Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [SF-TOT-ACT-RTD-SEP-BENEF-CNT](#) is less than [SF-PARTCP-ACCOUNT-BAL-CNT](#).

Bypasses

C R W X

Explanation

Fail when Form 5500-SF, Line 5b (total number of participants at end of year) is less than Line 5c (number of participants with account balances).

Acknowledgment Error Message

Error: The number of participants entered on Form 5500-SF, Line 5b cannot be less than the number of participants with account balances entered on Line 5c. Defined Benefit plans should not complete Form 5500-SF, Line 5c.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1') and
nl:SF/nl:TotActRtdSepBenefCnt < nl:SF/nl:PartcpAccountBalCnt`

Edit Test Requirements - 2018

TEST: P-399 Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

When [INT-COMMON-TR-EOY-AMT](#) not equal to the sum of (all values in [DFE-P1-PLAN-INT-EOY-AMT](#) where [DFE-P1-ENTITY-CODE](#) equals "C") and [DFE-P1-PLAN-PN](#) is not equal to '000'.

Bypasses

C E G J M P R X

Explanation

Fail when the EOY Value of interest in common/collective trusts on Schedule H, Line 1c(9)(b) is not equal to the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Acknowledgment Error Message

Error: The End of Year (EOY) Value of interest in common/collective trusts on Line 1c(9)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "C" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassE = '1' or ../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassJ = '1' or
../nl:Bypass/nl:BypassM = '1' or ../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassX = '1') and not(sum(nl:SchH/nl:IntCommonTrEoyAmt) =
sum(nl:SchD/nl:DfeP1[nl:EntityCode='C' and nl:PlanPN != '000']/nl:PlanIntEoyAmt))`

Edit Test Requirements - 2018

TEST: P-400 Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

When [INT-POOL-SEP-ACCT-EOY-AMT](#) not equal to the sum of (all values in [DFE-P1-PLAN-INT-EOY-AMT](#) where [DFE-P1-ENTITY-CODE](#) equals "P") and [DFE-P1-PLAN-PN](#) is not equal to '000'.

Bypasses

C E G J M P R X

Explanation

Fail when the EOY Value of interest in pooled separate accounts on Schedule H, Line 1c(10)(b) is not equal to the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

Acknowledgment Error Message

Error: The End of Year (EOY) Value of interest in pooled separate accounts on Line 1c(10)(b) of Schedule H must equal the total EOY dollar value of interest in column (e) on Schedule D, for all "P" codes reported in column (d), and the PN reported in column (c) is not equal to '000'.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassE ='1' or ../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassM ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SchH and not(sum(nl:SchH/nl:IntCommonTrEoyAmt) = sum(nl:SchD/nl:DfeP1[nl:EntityCode='P' and nl:PlanPN !='000']/nl:PlanIntEoyAmt))

Edit Test Requirements - 2018

TEST: P-401SB Baseline Date 2018-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when Schedule SB is attached and [TYPE-PENSION-BNFT-CODE](#) does not contain "1x" (Defined Benefit).

Bypasses

C R W X Z

Explanation

Fail when Form 5500 is attached and Schedule SB is attached and Form 5500, Line 8a does not contain "1x" (Defined Benefit).

Acknowledgment Error Message

Error: A Schedule SB has been provided with a Form 5500, but the plan has not been identified as a defined benefit plan on Line 8a of the Form 5500. Enter all appropriate Plan Characteristic codes on Form 5500, Line 8a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassZ = '1') and nl:Form5500 and nl:SchSB and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(., '1')])`

Edit Test Requirements - 2018

TEST: P-402MB Baseline Date 2018-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when Schedule MB is attached and [TYPE-PENSION-BNFT-CODE](#) does not contain '1x' and [MB-PLAN-TYPE-CODE](#) contains 1.

Bypasses

C R W X Z

Explanation

Fail when Form 5500, Line 8a does not identify the plan as a defined benefit plan, but Schedule MB, Line E Box 1 (Multiemployer Defined Benefit) is checked.

Acknowledgment Error Message

Warning: Line 8a of the Form 5500 does not identify the plan as a defined benefit plan, however, Schedule MB, Line E Box 1 (Multiemployer Defined Benefit) is checked. Verify the Plan Characteristic codes selected on the Form 5500, Line 8a or verify Schedule MB, Line E.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ = '1') and nl:Form5500 and nl:SchMB and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(.,'1')]) and
nl:SchMB/nl:ActrlPlanTypeCode='1'`

Edit Test Requirements - 2018

TEST: P-403MB Baseline Date 2018-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when Schedule MB is attached and [TYPE-PENSION-BNFT-CODE](#) does not contain '2B' or '2C' and [MB-PLAN-TYPE-CODE](#) contains 2.

Bypasses

C R W X Z

Explanation

Fail when Form 5500, Line 8a does not identify the plan as a money purchase plan, but Schedule MB, Line E Box 2 (Money Purchase) is checked.

Acknowledgment Error Message

Warning: Line 8a of the Form 5500 does not identify the plan as a money purchase plan, however, Schedule MB, Line E Box 2 (Money Purchase) is checked. Verify the Plan Characteristic codes on the Form 5500, Line 8a or verify Schedule MB, Line E.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ = '1') and nl:Form5500 and nl:SchMB and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[.='2B' or .='2C']) and
nl:SchMB/nl:ActrlPlanTypeCode='2'`

Edit Test Requirements - 2018

TEST: P-404 Baseline Date 2018-01-01

Severity: WARNING **Agency** DOL

Specification

Fail when [BENEF-RCVG-BNFT-CNT](#), [TOT-ACT-RTD-SEP-BENEF-CNT](#), [PARTCP-ACCOUNT-BAL-CNT](#), or [SEP-PARTCP-PARTL-VSTD-CNT](#) is not blank and [SPONS-DFE-PN](#) > 500.

Bypasses

C G P R T X Z

Explanation

Fail when Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan.

Acknowledgment Error Message

Warning: Form 5500 Lines 6e, 6f, 6g, and/or 6h contain a value, but Form 5500 Line 1b indicates the plan is a welfare plan. Welfare plans are not required to complete Lines 6e, 6f, 6g, and 6h on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassG = '1' or ../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or
../n1:Bypass/n1:BypassT = '1' or ../n1:Bypass/n1:BypassX = '1' or ../n1:Bypass/n1:BypassZ = '1')
and count(n1:Form5500/n1:BenefRcvgBnftCnt | n1:Form5500/n1:TotActRtdSepBenefCnt |
n1:Form5500/n1:PartcpAccountBalCnt | n1:Form5500/n1:SepPartcpPartlVstdCnt)>0 and
number(n1:Form5500/n1:SponsDfePlanNum)>500`

Edit Test Requirements - 2018

TEST: X-001 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ADMIN-SIGNATURE-DATE](#) on Filing Header does not match [ADMIN-SIGNED-DATE](#) on Form 5500, or [ADMIN-SIGNATURE-SIGNED-NAME](#) on Filing Header does not match [ADMIN-SIGNED-NAME](#) on Form 5500.

Bypasses

C R X

Explanation

Fail when the Administrator signed name or signature date in the Filing Header does not match corresponding elements on the Form 5500.

Acknowledgment Error Message

Error: Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and (count(nl:Form5500/nl:AdminSignature/nl:SignedName) != count(../nl:FilingHeader/nl:AdminSignature/nl:SignedName) or count(nl:Form5500/nl:AdminSignature/nl:SignedDate) != count(../nl:FilingHeader/nl:AdminSignature/nl:SignedDate) or nl:Form5500/nl:AdminSignature/nl:SignedName != ../nl:FilingHeader/nl:AdminSignature/nl:SignedName or nl:Form5500/nl:AdminSignature/nl:SignedDate != ../nl:FilingHeader/nl:AdminSignature/nl:SignedDate)

Edit Test Requirements - 2018

TEST: X-001SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[ADMIN-SIGNATURE-DATE](#) on Filing Header does not match [SF-ADMIN-SIGNED-DATE](#) on Form 5500 SF, or [ADMIN-SIGNATURE-SIGNED-NAME](#) on Filing Header does not match [SF-ADMIN-SIGNED-NAME](#) on Form 5500 SF.

Bypasses

C R X

Explanation

Fail when the Administrator signed name or signature date in the Filing Header does not match corresponding elements on the Form 5500-SF.

Acknowledgment Error Message

Error: Administrator signed name or signature date in the Filing Header does not match the Administrator signed name or signature date on the Form 5500-SF.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX ='1') and (count(nl:SF/nl:AdminSignature/nl:SIGNEDNAME) != count(../nl:FilingHeader/nl:AdminSignature/nl:SIGNEDNAME) or count(nl:SF/nl:AdminSignature/nl:SIGNEDDATE) != count(../nl:FilingHeader/nl:AdminSignature/nl:SIGNEDDATE) or nl:SF/nl:AdminSignature/nl:SIGNEDNAME != ../nl:FilingHeader/nl:AdminSignature/nl:SIGNEDNAME or nl:SF/nl:AdminSignature/nl:SIGNEDDATE != ../nl:FilingHeader/nl:AdminSignature/nl:SIGNEDDATE)

Edit Test Requirements - 2018

TEST: X-002 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SPONSOR-SIGNATURE-DATE](#) on Filing Header does not match [SPONS-SIGNED-DATE](#) on Form 5500, or [SPONSOR-SIGNATURE-SIGNED-NAME](#) on Filing Header does not match [SPONS-SIGNED-NAME](#) on Form 5500.

Bypasses

C R X

Explanation

Fail when the Sponsor signed name or signature date in the Filing Header does not match corresponding elements on the Form 5500.

Acknowledgment Error Message

Error: Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and (count(nl:Form5500/nl:SponsSignature/nl:SIGNEDNAME) != count(../nl:FilingHeader/nl:SponsorSignature/nl:SIGNEDNAME) or count(nl:Form5500/nl:SponsSignature/nl:SIGNEDDATE) != count(../nl:FilingHeader/nl:SponsorSignature/nl:SIGNEDDATE) or nl:Form5500/nl:SponsSignature/nl:SIGNEDNAME != ../nl:FilingHeader/nl:SponsorSignature/nl:SIGNEDNAME or nl:Form5500/nl:SponsSignature/nl:SIGNEDDATE != ../nl:FilingHeader/nl:SponsorSignature/nl:SIGNEDDATE)

Edit Test Requirements - 2018

TEST: X-002SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SPONSOR-SIGNATURE-DATE](#) on Filing Header does not match [SF-SPONS-SIGNED-DATE](#) on Form 5500 SF, or [SPONSOR-SIGNATURE-SIGNED-NAME](#) on Filing Header does not match [SF-SPONS-SIGNED-NAME](#) on Form 5500 SF.

Bypasses

C R

Explanation

Fail when the Sponsor signed name or signature date in the Filing Header does not match corresponding elements on the Form 5500-SF.

Acknowledgment Error Message

Error: Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR = '1') and (count(nl:SF/nl:SponsSignature/nl:SignedName) != count(../nl:FilingHeader/nl:SponsorSignature/nl:SignedName) or count(nl:SF/nl:SponsSignature/nl:SignedDate) != count(../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate) or nl:SF/nl:SponsSignature/nl:SignedName != ../nl:FilingHeader/nl:SponsorSignature/nl:SignedName or nl:SF/nl:SponsSignature/nl:SignedDate != ../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate)

Edit Test Requirements - 2018

TEST: X-003 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[DFE-SIGNATURE-DATE](#) on Filing Header does not match [DFE-SIGNED-DATE](#) on Form 5500, or [DFE-SIGNATURE-SIGNED-NAME](#) on Filing Header does not match [DFE-SIGNED-NAME](#) on Form 5500.

Bypasses

C R

Explanation

Fail when the DFE signed name or signature date in the Filing Header does not match corresponding elements on the Form 5500.

Acknowledgment Error Message

Error: DFE signed name or signature date in the Filing Header does not match the DFE signed name or signature date on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassR = '1') and (count(nl:Form5500/nl:DfeSignature/nl:SignedDate) != count(
../nl:FilingHeader/nl:DfeSignature/nl:SignedDate) or count(
nl:Form5500/nl:DfeSignature/nl:SignedName) != count(
../nl:FilingHeader/nl:DfeSignature/nl:SignedName) or nl:Form5500/nl:DfeSignature/nl:SignedName !=
../nl:FilingHeader/nl:DfeSignature/nl:SignedName or nl:Form5500/nl:DfeSignature/nl:SignedDate !=
../nl:FilingHeader/nl:DfeSignature/nl:SignedDate)

Edit Test Requirements - 2018

TEST: X-004 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-EFF-DATE](#) is either earlier than 1800/01/01 or later than [FORM-TAX-PRD](#).

Bypasses

C N P R X Z

Explanation

Fail when the Effective Date of the Plan on Form 5500, Line 1c is either earlier than 1800/01/01 or greater than the Plan Year End date.

Acknowledgment Error Message

Error: The Effective Date of the Plan on Form 5500, Line 1c is not valid.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and (xs:date(
nl:Form5500/nl:PlanEffDate) < xs:date('1800-01-01') or xs:date(nl:Form5500/nl:PlanEffDate) >
xs:date(nl:Form5500/nl:PlanYearEndDate))

Edit Test Requirements - 2018

TEST: X-004SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-EFF-DATE](#) is either earlier than 1800/01/01 or later than [SF-TAX-PRD](#).

Bypasses

C N P R

Explanation

Fail when the Effective Date of the Plan on Form 5500-SF, Line 1c is either earlier than 1800/01/01 or greater than the Plan Year End date.

Acknowledgment Error Message

Error: The Effective Date of the Plan on Form 5500-SF, Line 1c is not valid.

XPATH - Short Form Filings (relative to ShortFormData node): `not (../n1:Bypass/n1:BypassC = '1' or
../n1:Bypass/n1:BypassP = '1' or ../n1:Bypass/n1:BypassR = '1' or ../n1:Bypass/n1:BypassN = '1')
and (xs:date(n1:SF/n1:PlanEffDate) < xs:date('1800-01-01') or xs:date(n1:SF/n1:PlanEffDate) >
xs:date(n1:SF/n1:PlanYearEndDate))`

Edit Test Requirements - 2018

TEST: X-008 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FILING-HEADER-EIN](#) not equal to [SPONS-DFE-EIN](#) or [FILING-HEADER-PN](#) not equal to [SPONS-DFE-PN](#) or [FILING-HEADER-PLAN-YEAR-BEGIN](#) not equal to [FORM-PLAN-YEAR-BEGIN-DATE](#) or [FILING-HEADER-PLAN-YEAR-END](#) not equal to [FORM-TAX-PRD](#) or [FILING-HEADER-AMENDED-IND](#) not equal to [AMENDED-IND](#)

Bypasses

C R X

Explanation

Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match corresponding element on the Form 5500.

Acknowledgment Error Message

Error: Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1') and not(nl:Form5500/nl:SponsorDfe/nl:EIN = ../nl:FilingHeader/nl:EIN and nl:Form5500/nl:SponsDfePlanNum = ../nl:FilingHeader/nl:PN and nl:Form5500/nl:PlanYearBeginDate = ../nl:FilingHeader/nl:PlanYearBeginDate and nl:Form5500/nl:PlanYearEndDate = ../nl:FilingHeader/nl:PlanYearEndDate and ((nl:Form5500/nl:AmendedInd = '1' and ../nl:FilingHeader/nl:AmendedInd = '1') or (not(nl:Form5500/nl:AmendedInd = '1') and not(../nl:FilingHeader/nl:AmendedInd = '1'))))

Edit Test Requirements - 2018

TEST: X-008SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FILING-HEADER-EIN](#) not equal to [SF-SPONS-EIN](#) or [FILING-HEADER-PN](#) not equal to [SF-PLAN-NUM](#) or [FILING-HEADER-PLAN-YEAR-BEGIN](#) not equal to [SF-PLAN-YEAR-BEGIN-DATE](#) or [FILING-HEADER-PLAN-YEAR-END](#) not equal to [SF-TAX-PRD](#) or [FILING-HEADER-AMENDED-IND](#) not equal to [SF-AMENDED-IND](#)

Bypasses

C R

Explanation

Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match corresponding element on the Form 5500-SF.

Acknowledgment Error Message

Error: Fail when any of the Plan Year Begin Date, Plan Year End date, EIN, Plan Number, or Amended Indicator in the Filing Header do not match the the Plan Year Begin Date, Plan Year End date, Line B, Line 1b, or Line 2b on the Form 5500-SF.

XPATH - Short Form Filings (relative to ShortFormData node): not (../n1:Bypass/n1:BypassC = '1' or ../n1:Bypass/n1:BypassR = '1') and not(n1:SF/n1:Sponsor/n1:EIN = ../n1:FilingHeader/n1:EIN and n1:SF/n1:SponsorPlanNum = ../n1:FilingHeader/n1:PN and n1:SF/n1:PlanYearBeginDate = ../n1:FilingHeader/n1:PlanYearBeginDate and n1:SF/n1:PlanYearEndDate = ../n1:FilingHeader/n1:PlanYearEndDate and ((n1:SF/n1:AmendedInd = '1' and ../n1:FilingHeader/n1:AmendedInd = '1') or (not(n1:SF/n1:AmendedInd = '1') and not(../n1:FilingHeader/n1:AmendedInd = '1'))))

Edit Test Requirements - 2018

TEST: X-009 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-R-ATTACHED-IND](#) is checked and no Schedule R is attached, or [SCH-R-ATTACHED-IND](#) is unchecked and Schedule R is attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when either Form 5500, Line 10a(1) Box is checked and no Schedule R attached or Schedule R is attached and Form 5500, Line 10a(1) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10a(1) Box is checked and no Schedule R is provided, or Schedule R is provided and Form 5500, Line 10a(1) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and ((
nl:Form5500/nl:SchRAttachedInd = '1' and not(nl:SchR)) or (not(nl:Form5500/nl:SchRAttachedInd
= '1') and nl:SchR))`

Edit Test Requirements - 2018

TEST: X-010MB Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-MB-ATTACHED-IND](#) is checked and no Schedule MB is attached, or [SCH-MB-ATTACHED-IND](#) is unchecked and Schedule MB is attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when either Form 5500, Line 10a(2) Box is checked and no Schedule MB is attached, or Form 5500, Line 10a(2) Box is not checked and Schedule MB is attached.

Acknowledgment Error Message

Error: Either Form 5500, Line 10a(2) Box is checked and no Schedule MB is provided, or Schedule MB is provided and Form 5500, Line 10a(2) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and ((
nl:Form5500/nl:SchMBAttachedInd = '1' and not (nl:SchMB)) or (not(
nl:Form5500/nl:SchMBAttachedInd = '1') and nl:SchMB))`

Edit Test Requirements - 2018

TEST: X-010SB Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-SB-ATTACHED-IND](#) is checked and no Schedule SB is attached, or [SCH-SB-ATTACHED-IND](#) is unchecked and Schedule SB is attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when either Form 5500, Line 10a(3) Box is checked and no Schedule SB is attached or Form 5500, Line 10a(3) Box is not checked and Schedule SB is checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10a(3) Box is checked and no Schedule SB is provided, or Schedule SB is provided and Form 5500, Line 10a(3) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and ((
nl:Form5500/nl:SchSBAttachedInd = '1' and not (nl:SchSB)) or (not(
nl:Form5500/nl:SchSBAttachedInd = '1') and nl:SchSB))

Edit Test Requirements - 2018

TEST: X-013 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-H-ATTACHED-IND](#) is checked and no Schedule H is attached, or [SCH-H-ATTACHED-IND](#) is unchecked and Schedule H is attached.

Bypasses

C I N P R X

Explanation

Fail when either Form 5500, Line 10b(1) Box is checked and no Schedule H attached or Schedule H is attached and Form 5500, Line 10b(1) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(1) Box is checked and no Schedule H is provided, or Schedule H is provided and Form 5500, Line 10b(1) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1') and ((
nl:Form5500/nl:SchHAttachedInd = '1' and not(nl:SchH)) or (not(nl:Form5500/nl:SchHAttachedInd
= '1') and nl:SchH))`

Edit Test Requirements - 2018

TEST: X-014 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-I-ATTACHED-IND](#) is checked and no Schedule I is attached, or [SCH-I-ATTACHED-IND](#) is unchecked and Schedule I is attached.

Bypasses

C G I N P R X Z

Explanation

Fail when either Form 5500, Line 10b(2) Box is checked and no Schedule I attached or Schedule I is attached and Form 5500, Line 10b(2) Box is not checked

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(2) Box is checked and no Schedule I is provided, or Schedule I is provided and Form 5500, Line 10b(2) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG='1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and ((nl:Form5500/nl:SchIAttachedInd = '1' and not(nl:SchI)) or
(not(nl:Form5500/nl:SchIAttachedInd = '1') and nl:SchI))

Edit Test Requirements - 2018

TEST: X-015 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-A-ATTACHED-IND](#) is checked and no Schedule(s) A is attached, or [SCH-A-ATTACHED-IND](#) is unchecked and Schedule(s) A attached.

Bypasses

C N O P R X

Explanation

Fail when either Form 5500, Line 10b(3) Box is checked and no Schedule(s) A attached or Schedule(s) A is attached and Form 5500, Line 10b(3) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(3) Box is checked and no Schedule A is provided, or Schedule A is provided and Form 5500, Line 10b(3) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and ((
nl:Form5500/nl:SchAAttachedInd = '1' and count(nl:SchA) = 0) or (not(
nl:Form5500/nl:SchAAttachedInd ='1') and count (nl:SchA) > 0))

Edit Test Requirements - 2018

TEST: X-017 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-C-ATTACHED-IND](#) is checked and no Schedule C is attached, or [SCH-C-ATTACHED-IND](#) is unchecked and Schedule C is attached.

Bypasses

C I N O P R X

Explanation

Fail when either Form 5500, Line 10b(4) Box is checked and no Schedule C attached or Schedule C is attached and Form 5500, Line 10b(4) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(4) Box is checked and no Schedule C is provided, or Schedule C is provided and Form 5500, Line 10b(4) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassO ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1') and (
(nl:Form5500/nl:SchCAttachedInd = '1' and not(nl:SchC)) or (not(
nl:Form5500/nl:SchCAttachedInd = '1') and nl:SchC))

Edit Test Requirements - 2018

TEST: X-018 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-D-ATTACHED-IND](#) is checked and no Schedule D is attached, or [SCH-D-ATTACHED-IND](#) is unchecked and Schedule D is attached.

Bypasses

C I N P R X

Explanation

Fail when either Form 5500, Line 10b(5) Box is checked and no Schedule D attached or Schedule D is attached and Form 5500, Line 10b(5) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(5) Box is checked and no Schedule D is provided, or Schedule D is provided and Form 5500, Line 10b(5) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1') and ((
nl:Form5500/nl:SchDAttachedInd = '1' and not(nl:SchD)) or (not(nl:Form5500/nl:SchDAttachedInd
= '1') and nl:SchD))`

Edit Test Requirements - 2018

TEST: X-019 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

[SCH-G-ATTACHED-IND](#) is checked and no Schedule G is attached, or [SCH-G-ATTACHED-IND](#) is unchecked and Schedule G is attached.

Bypasses

C I N P R X

Explanation

Fail when either Form 5500, Line 10b(6) Box is checked and no Schedule G attached or Schedule G is attached and Form 5500, Line 10b(6) Box is not checked.

Acknowledgment Error Message

Error: Either Form 5500, Line 10b(6) Box is checked and no Schedule G is provided, or Schedule G is provided and Form 5500, Line 10b(6) Box is not checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassR = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1') and ((
nl:Form5500/nl:SchGAttachedInd = '1' and not(nl:SchG)) or (not(nl:Form5500/nl:SchGAttachedInd
= '1') and nl:SchG))`

Edit Test Requirements - 2018

TEST: X-020 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [PENSION-TOT-ADDITIONS-AMT](#) not equal to the sum of ([PENSION-CONTRIB-DEP-AMT](#), [PENSION-DIVND-CR-DEP-AMT](#), [PENSION-INT-CR-DUR-YR-AMT](#), [PENSION-TRANSFER-FROM-AMT](#), and [PENSION-OTHER-AMT](#)).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 7c(6) does not equal the sum of Lines 7c(1) through 7c(5).

Acknowledgment Error Message

Error: Schedule(s) A, Line 7c(6) must equal the sum of Lines 7c(1) through 7c(5).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:PensionTotAdditionsAmt) = sum(nl:SchA/nl:PensionContribDepAmt |
nl:SchA/nl:PensionDivndCrDepAmt | nl:SchA/nl:PensionIntCrDurYrAmt |
nl:SchA/nl:PensionTransferFromAmt | nl:SchA/nl:PensionOtherAmt))

Edit Test Requirements - 2018

TEST: X-021 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [PENSION-TOT-BAL-ADDN-AMT](#) not equal to the sum of ([PENSION-END-PREV-BAL-AMT](#) and [PENSION-TOT-ADDITIONS-AMT](#)).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 7d does not equal the sum of Lines 7b and 7c(6).

Acknowledgment Error Message

Error: Schedule(s) A, Line 7d must equal the sum of Lines 7b and 7c(6).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:PensionTotBalAddnAmt) = sum(nl:SchA/nl:PensionEndPrevBalAmt |
nl:SchA/nl:PensionTotAdditionsAmt))

Edit Test Requirements - 2018

TEST: X-022 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [PENSION-TOT-DED-AMT](#) not equal to the sum of ([PENSION-BNFTS-DSBRSD-AMT](#), [PENSION-ADMIN-CHRG-AMT](#), [PENSION-TRANSFER-TO-AMT](#), and [PENSION-OTH-DED-AMT](#)).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 7e(5) does not equal the sum of Lines 7e(1) through 7e(4).

Acknowledgment Error Message

Error: Schedule(s) A, Line 7e(5) must equal the sum of Lines 7e(1) through 7e(4).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:PensionTotDedAmt) = sum(nl:SchA/nl:PensionBnftsDsbrsdAmt |
nl:SchA/nl:PensionAdminChrgAmt | nl:SchA/nl:PensionTransferToAmt | nl:SchA/nl:PensionOthDedAmt))

Edit Test Requirements - 2018

TEST: X-023 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when PENSION-EOY-BAL-AMT not equal to PENSION-TOT-BAL-ADDN-AMT minus PENSION-TOT-DED-AMT.

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 7f does not equal Line 7d minus Line 7e(5).

Acknowledgment Error Message

Error: Schedule(s) A, Line 7f must equal Line 7d minus Line 7e(5).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:PensionEoyBalAmt) = sum(nl:SchA/nl:PensionTotBalAddnAmt) - sum(
nl:SchA/nl:PensionTotDedAmt))

Edit Test Requirements - 2018

TEST: X-024 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [WLFR-TOT-EARNED-PREM-AMT](#) not equal to the sum of ([WLFR-PREMIUM-RCVD-AMT](#) and [WLFR-UNPAID-DUE-AMT](#)) minus [WLFR-RESERVE-AMT](#).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 9a(4) does not equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

Acknowledgment Error Message

Error: Schedule(s) A, Line 9a(4) must equal Line 9a(1) plus Line 9a(2) minus Line 9a(3).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and nl:SchA [not(sum(
nl:WlfrTotEarnedPremAmt) = sum(nl:WlfrPremiumRcvdAmt | nl:WlfrUnpaidDueAmt) - sum(
nl:WlfrReserveAmt))]

Edit Test Requirements - 2018

TEST: X-025 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [WLFR-INCURRED-CLAIM-AMT](#) not equal to the sum of [WLFR-CLAIMS-PAID-AMT](#) and [WLFR-INCR-RESERVE-AMT](#).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 9b(3) does not equal to the sum of Lines 9b(1) and 9b(2).

Acknowledgment Error Message

Error: Schedule(s) A, Line 9b(3) must equal the sum of Lines 9b(1) and 9b(2).

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:WlfrIncurredClaimAmt) = sum(nl:SchA/nl:WlfrClaimsPaidAmt |
nl:SchA/nl:WlfrIncrReserveAmt))

Edit Test Requirements - 2018

TEST: X-026 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

Fail when [WLFR-RET-TOT-AMT](#) not equal to the sum of ([WLFR-RET-COMMISSIONS-AMT](#), [WLFR-RET-ADMIN-AMT](#), [WLFR-RET-OTH-COST-AMT](#), [WLFR-RET-OTH-EXPENSE-AMT](#), [WLFR-RET-TAXES-AMT](#), [WLFR-RET-CHARGES-AMT](#), and [WLFR-RET-OTH-CHRGs-AMT](#)).

Bypasses

C N O P R X

Explanation

Fail when Schedule(s) A, Line 9c(1)H does not equal the sum of Lines 9c(1)A through 9c(1)G.

Acknowledgment Error Message

Error: Schedule(s) A, Line 9c(1)H must equal the sum of Lines 9c(1)A through 9c(1)G.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassO = '1' or ../nl:Bypass/nl:BypassR = '1') and not(sum(
nl:SchA/nl:WlfrRetTotAmt) = sum(nl:SchA/nl:WlfrRetCommissionsAmt | nl:SchA/nl:WlfrRetAdminAmt |
nl:SchA/nl:WlfrRetOthCostAmt | nl:SchA/nl:WlfrRetOthExpenseAmt | nl:SchA/nl:WlfrRetTaxesAmt |
nl:SchA/nl:WlfrRetChargesAmt | nl:SchA/nl:WlfrRetOthChrgsAmt))

Edit Test Requirements - 2018

TEST: X-027MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [MB-PLAN-YEAR-BEGIN-DATE](#) present and not equal to [FORM-PLAN-YEAR-BEGIN-DATE](#) or [SF-PLAN-YEAR-BEGIN-DATE](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Year Begin date on Schedule MB does not match the Plan Year Begin date on Form 5500 or the Plan Year Begin date on Form 5500-SF.

Acknowledgment Error Message

Error: The Plan Year Begin Date on Schedule MB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanYearBeginDate
!= nl:Form5500/nl:PlanYearBeginDate)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanYearBeginDate
!= nl:SF/nl:PlanYearBeginDate)`

Edit Test Requirements - 2018

TEST: X-027SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-PLAN-YEAR-BEGIN-DATE](#) present and not equal to [FORM-PLAN-YEAR-BEGIN-DATE](#) or [SF-PLAN-YEAR-BEGIN-DATE](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Year Begin date on Schedule SB does not match the Plan Year Begin date on Form 5500 or the Plan Year Begin date on Form 5500-SF.

Acknowledgment Error Message

Error: The Plan Year Begin Date on Schedule SB must match the Plan Year Begin Date on Form 5500 or the Plan Year Begin Date on Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanYearBeginDate
!= nl:Form5500/nl:PlanYearBeginDate)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanYearBeginDate
!= nl:SF/nl:PlanYearBeginDate)`

Edit Test Requirements - 2018

TEST: X-028MB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [MB-TAX-PRD](#) present and not equal to [FORM-TAX-PRD](#) or [SF-TAX-PRD](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Year End date on Schedule MB does not match the Plan Year End date on Form 5500 or the Plan Year End date on Form 5500-SF.

Acknowledgment Error Message

Warning: The Plan Year End Date on Schedule MB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanYearEndDate !=
nl:Form5500/nl:PlanYearEndDate)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanYearEndDate !=
nl:SF/nl:PlanYearEndDate)`

Edit Test Requirements - 2018

TEST: X-028SB Baseline Date 2009-01-01

Severity: WARNING **Agency** IRS

Specification

Fail when [SB-TAX-PRD](#) present and not equal to [FORM-TAX-PRD](#) or [SF-TAX-PRD](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Year End date on Schedule SB does not match the Plan Year End date on Form 5500 or the Plan Year End date on Form 5500-SF.

Acknowledgment Error Message

Warning: The Plan Year End Date on Schedule SB is not the same as the Plan Year End Date on Form 5500 or Form 5500-SF; please review.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanYearEndDate !=
nl:Form5500/nl:PlanYearEndDate)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanYearEndDate !=
nl:SF/nl:PlanYearEndDate)`

Edit Test Requirements - 2018

TEST: X-029MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [MB-PN](#) present and not equal to [SPONS-DFE-PN](#) or [SF-PLAN-NUM](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Number on Schedule MB, Line B does not match the Plan Number on Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Acknowledgment Error Message

Error: The Plan Number on Schedule MB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanNum !=
nl:Form5500/nl:SponsDfePlanNum)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchMB/nl:PlanNum !=
nl:SF/nl:SponsorPlanNum)`

Edit Test Requirements - 2018

TEST: X-029SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-PN](#) present and not equal to [SPONS-DFE-PN](#) or [SF-PLAN-NUM](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when the Plan Number on Schedule SB does not match the Plan Number on Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

Acknowledgment Error Message

Error: The Plan Number on Schedule SB, Line B must match Form 5500, Line 1(b) or Form 5500-SF, Line 1(b).

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanNum !=
nl:Form5500/nl:SponsDfePlanNum)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassN = '1' or
../nl:Bypass/nl:BypassP = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or
../nl:Bypass/nl:BypassW = '1' or ../nl:Bypass/nl:BypassZ = '1') and (nl:SchSB/nl:PlanNum !=
nl:SF/nl:SponsorPlanNum)`

Edit Test Requirements - 2018

TEST: X-031MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [MB-VALUE-DATE](#) not within the [FORM-PLAN-YEAR-BEGIN-DATE](#) and [FORM-TAX-PRD](#) or not within the [SF-PLAN-YEAR-BEGIN-DATE](#) and [SF-TAX-PRD](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule MB, Line 1a is not between the Plan Year Begin date and Plan Year End date on Form 5500 or the Plan Year Begin date and Plan Year End date on Form 5500-SF.

Acknowledgment Error Message

Error: Line 1a of Schedule MB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((nl:SchMB/nl:ActrlValueDate
and not(xs:date(nl:SchMB/nl:ActrlValueDate) >= xs:date(nl:Form5500/nl:PlanYearBeginDate) and
xs:date(nl:SchMB/nl:ActrlValueDate) <= xs:date(nl:Form5500/nl:PlanYearEndDate))))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((nl:SchMB/nl:ActrlValueDate
and not(xs:date(nl:SchMB/nl:ActrlValueDate) >= xs:date(nl:SF/nl:PlanYearBeginDate) and
xs:date(nl:SchMB/nl:ActrlValueDate) <= xs:date(nl:SF/nl:PlanYearEndDate))))`

Edit Test Requirements - 2018

TEST: X-031SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-VALUE-DATE](#) not within the [FORM-PLAN-YEAR-BEGIN-DATE](#) and [FORM-TAX-PRD](#) or not within the [SF-PLAN-YEAR-BEGIN-DATE](#) and [SF-TAX-PRD](#).

Bypasses

C G I N P R W X Z

Explanation

Fail when Schedule SB, Line 1 is not between the Plan Year Begin date and Plan Year End date on Form 5500 or the Plan Year Begin date and Plan Year End date on Form 5500-SF.

Acknowledgment Error Message

Error: Line 1 of Schedule SB must be between the Plan Year Begin Date and Plan Year End Date on Form 5500 or the Plan Year Begin Date and Plan Year End Date on Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((nl:SchSB/nl:ActrlValueDate
and not(xs:date(nl:SchSB/nl:ActrlValueDate) >= xs:date(nl:Form5500/nl:PlanYearBeginDate) and
xs:date(nl:SchSB/nl:ActrlValueDate) <= xs:date(nl:Form5500/nl:PlanYearEndDate)))))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ((nl:SchSB/nl:ActrlValueDate
and not(xs:date(nl:SchSB/nl:ActrlValueDate) >= xs:date(nl:SF/nl:PlanYearBeginDate) and
xs:date(nl:SchSB/nl:ActrlValueDate) <= xs:date(nl:SF/nl:PlanYearEndDate)))))`

Edit Test Requirements - 2018

TEST: X-032MB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when **MB-NOT-REFLECT-IND**=1 and a Statement by the Enrolled Actuary ([ATTACHMENT-TYPE](#)='ActuaryStatement') not attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when a Statement by the Enrolled Actuary (Attachment[AttachmentTypeCode='ActuaryStatement']) is not attached and the Schedule MB, box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

Acknowledgment Error Message

Error: Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule MB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB/nl:ActrlNotReflectInd =
'1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='ActuaryStatement'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and nl:SchMB/nl:ActrlNotReflectInd =
'1' and not(nl:Attachments/nl:Attachment [nl:AttachmentTypeCode='ActuaryStatement'])`

Edit Test Requirements - 2018

TEST: X-032SB Baseline Date 2009-01-01

Severity: ERROR **Agency** IRS

Specification

Fail when [SB-ACTUARY-NOT-REFLECT-IND=1](#) and a Statement by the Enrolled Actuary ([ATTACHMENT-TYPE='ActuaryStatement'](#)) not attached.

Bypasses

C G I N P R W X Z

Explanation

Fail when a Statement by the Enrolled Actuary (Attachment[AttachmentTypeCode='ActuaryStatement']) is not attached and the Schedule SB, box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

Acknowledgment Error Message

Error: Statement by the Enrolled Actuary (Attachment [AttachmentTypeCode='ActuaryStatement']) must be attached when the Schedule SB box labeled "actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule" is checked.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlActuaryNotReflectInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode='ActuaryStatement'])

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassG = '1' or ../nl:Bypass/nl:BypassI = '1' or ../nl:Bypass/nl:BypassP = '1' or
../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassN = '1' or ../nl:Bypass/nl:BypassW = '1' or
../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and
nl:SchSB/nl:ActrlActuaryNotReflectInd = '1' and not(nl:Attachments/nl:Attachment [
nl:AttachmentTypeCode='ActuaryStatement'])

Edit Test Requirements - 2018

TEST: X-034 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

([SHORT-PLAN-YR-IND](#)=1 and [BYPASS-S](#)=0) or ([SHORT-PLAN-YR-IND](#)=0 and [BYPASS-S](#)=1).

Bypasses

C R X

Explanation

Fail when either Form 5500, Line B (short plan year filing) is checked and the Plan Year End minus the Plan Year Begin date is not less than 364 days or Line B (short plan year filing) is not checked and the Plan Year End minus the Plan Year Begin date is less than 364 days.

Acknowledgment Error Message

Error: Either Form 5500, Line B (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500, Line B (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

XPATH - Regular Filings (relative to FilingData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ((nl:Form5500/nl:ShortPlanYrInd ='1' and not (../nl:Bypass/nl:BypassS ='1')) or (not (nl:Form5500/nl:ShortPlanYrInd ='1') and ../nl:Bypass/nl:BypassS ='1'))

Edit Test Requirements - 2018

TEST: X-034SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

([SF-SHORT-PLAN-YR-IND](#)=1 and [BYPASS-S](#)=0) or ([SF-SHORT-PLAN-YR-IND](#)=0 and [BYPASS-S](#)=1).

Bypasses

C R

Explanation

Fail when either Form 5500-SF, Line B (short plan year filing) is checked and the Plan Year End minus the Plan Year Begin date is not less than 364 days or Line B (short plan year filing) is not checked and the Plan Year End minus the Plan Year Begin date is less than 364 days.

Acknowledgment Error Message

Error: Either Form 5500-SF, Line B4 (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500-SF, Line B4 (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.

XPATH - Short Form Filings (relative to ShortFormData node): not (../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR ='1') and ((nl:SF/nl:ShortPlanYrInd ='1' and not (../nl:Bypass/nl:BypassS ='1')) or (not (nl:SF/nl:ShortPlanYrInd ='1') and ../nl:Bypass/nl:BypassS ='1'))

Edit Test Requirements - 2018

TEST: X-048 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FILING-HEADER-FORM-YEAR](#) does not match year of [FILING-HEADER-PLAN-YEAR-BEGIN](#) unless [FILING-HEADER-PRIOR-YR-IND](#) = '1' .

Bypasses

C R X Z

Explanation

Fail when Filing Header, Form Year does not match year of Filing Header, Plan Year Begin, unless the Filing Header Prior Year Indicator is set to 1.

Acknowledgment Error Message

Error: Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:FilingHeader/nl:FormYear != string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)
) and not (../nl:FilingHeader/nl:PriorYearInd = '1')

Edit Test Requirements - 2018

TEST: X-048SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FILING-HEADER-FORM-YEAR](#) does not match year of [FILING-HEADER-PLAN-YEAR-BEGIN](#) unless [FILING-HEADER-PRIOR-YR-IND](#) = '1'.

Bypasses

C R

Explanation

Fail when Filing Header, Form Year does not match year of Filing Header, Plan Year Begin, unless the Filing Header Prior Year Indicator is set to 1.

Acknowledgment Error Message

Error: Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassR = '1') and ../nl:FilingHeader/nl:FormYear != string(year-from-date(
../nl:FilingHeader/nl:PlanYearBeginDate)) and not (../nl:FilingHeader/nl:PriorYearInd = '1')`

Edit Test Requirements - 2018

TEST: X-083SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-BROKER-FEES-PAID-IND](#) contains blank.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 10e is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10e cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassX ='1') and not(nl:SF/nl:BrokerFeesPaidInd)

Edit Test Requirements - 2018

TEST: X-084SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-BROKER-FEES-PAID-AMT](#) is missing when [SF-BROKER-FEES-PAID-IND](#) contains '1' (yes).

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 10e is checked "yes", but an amount is not entered on Line 10e-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10e is checked "yes," but an amount is not entered on Line 10e-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:BrokerFeesPaidInd = '1' and not(
nl:SF/nl:BrokerFeesPaidAmt)`

Edit Test Requirements - 2018

TEST: X-085SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-FAIL-PROVIDE-BENEFIT-DUE-IND](#) contains blank.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 10f is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10f cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and not(nl:SF/nl:FailProvideBenefitDueInd)`

Edit Test Requirements - 2018

TEST: X-086SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-FAIL-PROVIDE-BENEFIT-DUE-AMT](#) is missing when [SF-FAIL-PROVIDE-BENEFIT-DUE-IND](#) contains '1' (yes).

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 10f is checked "yes", but an amount is not entered on Line 10f-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10f is checked "yes," but an amount is not entered on Line 10f-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:FailProvideBenefitDueInd = '1' and not(
nl:SF/nl:FailProvideBenefitDueAmt)`

Edit Test Requirements - 2018

TEST: X-087SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-BLACKOUT-PERIOD-IND](#) contains blank unless [SF-TYPE-PENSION-BNFT-CODE](#) contains "1x."

Bypasses

C N P R W X

Explanation

Fail when Form 5500-SF, Line 10h is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10h cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1') and not(
nl:SF/nl:PlanBlackoutPeriodInd) and not (nl:SF/nl:PensionCodeTable/nl:TypePensionBnftCode
[contains (.,'1')])

Edit Test Requirements - 2018

TEST: X-088SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PARTCP-LOANS-IND](#) contains blank.

Bypasses

C N P R

Explanation

Fail when Form 5500-SF, Line 10g is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10g cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1') and
not(nl:SF/nl:PartcpLoansInd)`

Edit Test Requirements - 2018

TEST: X-089SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PARTCP-LOANS-EOY-AMT](#) not greater than or equal to 0 when [SF-PARTCP-LOANS-IND](#) contains '1' (yes).

Bypasses

C N P R

Explanation

Fail when Form 5500-SF, Line 10g is checked "yes," but an amount greater than or equal to zero is not entered on Line 10g-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10g is checked "yes," but an amount greater than or equal to zero is not entered on Line 10g-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1') and
nl:SF/nl:PartcpLoansInd = '1' and sum(nl:SF/nl:PartcpLoansEoyAmt) < 0`

Edit Test Requirements - 2018

TEST: X-091SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-ELIGIBLE-ASSETS-IND](#) contains blank.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 6a is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 6a cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and not(nl:SF/nl:EligibleAssetsInd)`

Edit Test Requirements - 2018

TEST: X-092SF Baseline Date 2009-01-01

Severity: STOP **Agency** DOL

Specification

[SF-ELIGIBLE-ASSETS-IND](#) contains '2'.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 6a contains "2". Filer must complete Form 5500.

Acknowledgment Error Message

Stop: Form 5500-SF cannot be submitted when Form 5500-SF, Line 6a is checked "no." A Form 5500 must be submitted.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:EligibleAssetsInd = '2'`

Edit Test Requirements - 2018

TEST: X-094SF Baseline Date 2009-01-01

Severity: STOP **Agency** DOL

Specification

[SF-IQPA-WAIVER-IND](#) contains '2'

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 6b contains "2". Filer must complete Form 5500.

Acknowledgment Error Message

Stop: Form 5500-SF cannot be submitted when Form 5500-SF, Line 6b is checked "no." A Form 5500 must be submitted.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:IQPAWaiverInd = '2'`

Edit Test Requirements - 2018

TEST: X-101SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL IRS

Specification

When [SF-DB-PLAN-FUNDING-REQD-IND](#) contains '1' and Schedule SB not present.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 11 is checked "yes", but a Schedule SB is not attached.

Acknowledgment Error Message

Error: Schedule SB must be provided when Form 5500-SF, Line 11 is checked "yes."

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:DbPlanFundingReqdInd ='1' and not(nl:SchSB)`

Edit Test Requirements - 2018

TEST: X-107SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-RES-TERM-PLAN-ADPT-AMT](#) not greater than or equal to 0 when [SF-RES-TERM-PLAN-ADPT-IND](#) contains '1' (yes).

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 13a is checked "yes", but an amount greater than or equal to zero is not provided in Line 13a-Amount.

Acknowledgment Error Message

Error: Form 5500-SF, Line 13a is checked "yes," but an amount greater than or equal to zero is not entered on Line 13a-Amount.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:ResTermPlanAdptInd ='1' and sum (nl:SF/nl:ResTermPlanAdptAmt) <0

Edit Test Requirements - 2018

TEST: X-110SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-PLAN-BLACKOUT-PERIOD-IND](#) = "1" and [SF-COMPLY-BLACKOUT-NOTICE-IND](#) contains blank.

Bypasses

C N P R X

Explanation

Fail when Form 5500-SF, Line 10h is checked "yes", and Line 10i is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 10i cannot be blank when Line 10h is checked "yes."

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassN ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassX ='1') and nl:SF/nl:PlanBlackoutPeriodInd ='1' and not(
nl:SF/nl:ComplyBlackoutNoticeInd)`

Edit Test Requirements - 2018

TEST: X-111 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

ADMIN-SIGNATURE-DATE is less than FILING-HEADER-PLAN-YEAR-END.

Bypasses

C G R X Z

Explanation

Fail when the Filing Header, Administrator Signature date is less than the Plan Year End date.

Acknowledgment Error Message

Error: The Filing Header, Administrator Signature date is prior to the Plan Year End date.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and xs:date(xs:dateTime(
../nl:FilingHeader/nl:AdminSignature/nl:SignedDate)) < xs:date(
../nl:FilingHeader/nl:PlanYearEndDate)`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and xs:date(xs:dateTime(
../nl:FilingHeader/nl:AdminSignature/nl:SignedDate)) < xs:date(
../nl:FilingHeader/nl:PlanYearEndDate)`

Edit Test Requirements - 2018

TEST: X-112 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

SPONSOR-SIGNATURE-DATE on Filing Header less than FILING-HEADER-PLAN-YEAR-END unless the ADMIN-SIGNATURE-DATE is equal to or greater than the FILING-HEADER-PLAN-YEAR-END.

Bypasses

C G R Z

Explanation

Fail when the Filing Header, Sponsor Signature date is less than the Plan Year End date unless the Administrator Signature date is equal to or greater than the Plan Year End date.

Acknowledgment Error Message

Error: The Filing Header, Sponsor Signature date is prior to the Plan Year End date.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate and (
../nl:FilingHeader/nl:AdminSignature/nl:SignedDate and
xs:date(xs:dateTime(../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate) and
xs:date(xs:dateTime(../nl:FilingHeader/nl:AdminSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate)) or (
../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate and
not(../nl:FilingHeader/nl:AdminSignature/nl:SignedDate) and
xs:date(xs:dateTime(../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate)))`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate and (
../nl:FilingHeader/nl:AdminSignature/nl:SignedDate and
xs:date(xs:dateTime(../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate) and
xs:date(xs:dateTime(../nl:FilingHeader/nl:AdminSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate)) or (
../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate and
not(../nl:FilingHeader/nl:AdminSignature/nl:SignedDate) and
xs:date(xs:dateTime(../nl:FilingHeader/nl:SponsorSignature/nl:SignedDate)) <
xs:date(../nl:FilingHeader/nl:PlanYearEndDate)))`

Edit Test Requirements - 2018

TEST: X-113 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

Plan Sponsor/DFE information on Form 5500 must include either US Address ([SPONS-DFE-MAIL-US-ADDRESS1](#), [SPONS-DFE-MAIL-US-CITY](#), [SPONS-DFE-MAIL-US-STATE](#), and [SPONS-DFE-MAIL-US-ZIP](#)) or Foreign Address ([SPONS-DFE-MAIL-FOREIGN-ADDRESS1](#), [SPONS-DFE-MAIL-FOREIGN-CITY](#), and [SPONS-DFE-MAIL-FOREIGN-CNTRY](#)) fields.

Bypasses

C R X Z

Explanation

Fail when plan sponsor/DFE mailing address information on Form 5500, Line 2a is not provided

Acknowledgment Error Message

Error: Form 5500, Line 2a plan sponsor/DFE mailing address information cannot be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
not(nl:Form5500/nl:SponsorDfe/nl:USMailingAddress |
nl:Form5500/nl:SponsorDfe/nl:ForeignMailingAddress)`

Edit Test Requirements - 2018

TEST: X-113SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

Plan Sponsor information on Form 5500 SF must include either US Address ([SF-SPONS-US-ADDRESS1](#), [SF-SPONS-US-CITY](#), [SF-SPONS-US-STATE](#), and [SF-SPONS-US-ZIP](#)) or Foreign Address ([SF-SPONS-FOREIGN-ADDRESS1](#), [SF-SPONS-FOREIGN-CITY](#), and [SF-SPONS-FOREIGN-CNTRY](#)) fields.

Bypasses

C R

Explanation

Fail when plan sponsor address information on Form 5500-SF, Line 2a is not provided.

Acknowledgment Error Message

Error: Form 5500-SF, Line 2a plan sponsor mailing address information cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1') and count(nl:SF/nl:Sponsor/nl:USAddress |
nl:SF/nl:Sponsor/nl:ForeignAddress) = 0`

Edit Test Requirements - 2018

TEST: X-114 Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

Plan Administrator information on Form 5500 must include either US Address ([ADMIN-US-ADDRESS1](#), [ADMIN-US-CITY](#), [ADMIN-US-STATE](#), and [ADMIN-US-ZIP](#)) or Foreign Address ([ADMIN-FOREIGN-ADDRESS1](#), [ADMIN-FOREIGN-CITY](#), and [ADMIN-FOREIGN-CNTRY](#)) fields unless [ADMIN-NAME-SAME-AS-SPONSOR-IND=1](#) .

Bypasses

C R X

Explanation

Fail when plan administrator mailing address information on Form 5500, Line 3a is not provided unless "Same as Plan Sponsor" checkbox is selected.

Acknowledgment Error Message

Error: Form 5500, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500, Line 3a.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and not(
nl:Form5500/nl:Administrator/nl:USAddress | nl:Form5500/nl:Administrator/nl:ForeignAddress) and
not(nl:Form5500/nl:Administrator/nl:NameSameAsSponsorInd='1')`

Edit Test Requirements - 2018

TEST: X-114SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

Plan Administrator information on Form [5500-SF](#) must include either US Address ([SF-ADMIN-US-ADDRESS1](#), [SF-ADMIN-US-CITY](#), [SF-ADMIN-US-STATE](#), and [SF-ADMIN-US-ZIP](#)) or Foreign Address ([SF-ADMIN-FOREIGN-ADDRESS1](#), [SF-ADMIN-FOREIGN-CITY](#), and [SF-ADMIN-FOREIGN-CNTRY](#)) fields unless [SF-ADMIN-NAME-SAME-AS-SPONSOR-IND=1](#)

Bypasses

C R X

Explanation

Fail when plan administrator mailing address information on Form 5500-SF, Line 3a is not provided unless "Same as Plan Sponsor" is selected.

Acknowledgment Error Message

Error: Form 5500-SF, Line 3a plan administrator mailing address information cannot be blank. If the Plan Administrator's Name and Address are the same as the Plan Sponsor, select the "Same as Plan Sponsor" checkbox on the Form 5500-SF, Line 3a.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1' or ../n1:Bypass/n1:BypassX ='1') and count(
n1:SF/n1:Administrator/n1:USAddress | n1:SF/n1:Administrator/n1:ForeignAddress) = 0 and
not(n1:SF/n1:Administrator/n1:NameSameAsSponsorInd='1')`

Edit Test Requirements - 2018

TEST: X-116SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[SF-DC-PLAN-FUNDING-REQD-IND](#) is blank.

Bypasses

C R

Explanation

Fail when Form 5500-SF, Line 12 is blank.

Acknowledgment Error Message

Error: Form 5500-SF, Line 12 cannot be blank.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1') and not(nl:SF/nl:DcPlanFundingReqdInd)`

Edit Test Requirements - 2018

TEST: X-117 Baseline Date 2011-01-01

Severity: WARNING **Agency** DOL

Specification

When [EXT-SPECIAL-IND](#) equals '1' and [EXT-SPECIAL-TEXT](#) is blank.

Bypasses

C G R W Z

Explanation

Fail when Form 5500, Part I, Line D is checked (special extension), however, Line D (description) is blank.

Acknowledgment Error Message

Warning: Form 5500, Part I, Line D (special extension) is checked, but Line D (description) is blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:Form5500/nl:ExtSpecialInd = '1' and string-
length(nl:Form5500/nl:ExtSpecialText)=0`

Edit Test Requirements - 2018

TEST: X-117SF Baseline Date 2011-01-01

Severity: WARNING **Agency** DOL

Specification

When [SF-EXT-SPECIAL-IND](#) equals '1' and [SF-EXT-SPECIAL-TEXT](#) is blank.

Bypasses

C G R W Z

Explanation

Fail when Form 5500-SF, Part I, Line C is checked (special extension), however, Line C (description) is blank.

Acknowledgment Error Message

Warning: Form 5500-SF, Part I, Line C (special extension) is checked, but Line C (description) is blank.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SF/nl:ExtSpecialInd = '1' and string-
length(nl:SF/nl:ExtSpecialText)=0

Edit Test Requirements - 2018

TEST: X-118 Baseline Date 2011-01-01

Severity: ERROR **Agency** DOL

Specification

FILING-HEADER-FORM-YEAR does not match year of FILING-HEADER-PLAN-YEAR-BEGIN unless FILING-HEADER-PRIOR-YR-IND = '1' or (year of FILING-HEADER-PLAN-YEAR-BEGIN = '2019' and FILING-HEADER-FORM-YEAR = '2018').

Bypasses

C R X Z

Explanation

Fail when Filing Header, Form Year does not match year of Filing Header, Plan Year Begin, unless the Filing Header Prior Year Indicator is set to 1 or the (year of the FILING-HEADER-PLAN-YEAR-BEGIN equals 2019 and FILING-HEADER-FORM-YEAR equals 2018).

Acknowledgment Error Message

Error: Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC = '1' or ../nl:Bypass/nl:BypassR = '1' or ../nl:Bypass/nl:BypassX = '1' or ../nl:Bypass/nl:BypassZ = '1') and ../nl:FilingHeader/nl:FormYear != string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)) and not (../nl:FilingHeader/nl:PriorYearInd = '1') and not (string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)) = '2019' and ../nl:FilingHeader/nl:FormYear = '2018')

Edit Test Requirements - 2018

TEST: X-118SF Baseline Date 2009-01-01

Severity: ERROR **Agency** DOL

Specification

[FILING-HEADER-FORM-YEAR](#) does not match year of [FILING-HEADER-PLAN-YEAR-BEGIN](#) unless [FILING-HEADER-PRIOR-YR-IND](#) = '1' or (year of [FILING-HEADER-PLAN-YEAR-BEGIN](#) = '2019' and [FILING-HEADER-FORM-YEAR](#) = '2018').

Bypasses

C R

Explanation

Fail when Filing Header, Form Year does not match year of Filing Header, Plan Year Begin, unless the Filing Header Prior Year Indicator is set to 1 or the (year of the FILING-HEADER-PLAN-YEAR-BEGIN equals 2019 and FILING-HEADER-FORM-YEAR equals 2018).

Acknowledgment Error Message

Error: Form Year in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1' or
../nl:Bypass/nl:BypassR = '1') and ../nl:FilingHeader/nl:FormYear != string(year-from-date(
../nl:FilingHeader/nl:PlanYearBeginDate)) and not (../nl:FilingHeader/nl:PriorYearInd = '1') and
not(string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)) = '2019' and
../nl:FilingHeader/nl:FormYear = '2018')`

Edit Test Requirements - 2018

TEST: X-119 Baseline Date 2012-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [FILING-HEADER-PRIOR-YR-IND](#) = '1' and [FILING-HEADER-FORM-YEAR](#) equals [FILING-HEADER-PLAN-YEAR-BEGIN](#).

Bypasses

C

Explanation

Fail when Filing Header Form Year matches the year of Filing Header Plan Year Begin, and the Prior Year Indicator is set to 1.

Acknowledgment Error Message

Error: The Prior Year Indicator in the Filing Header is not valid for the plan year, which is determined by the Plan Year Begin date in the Filing Header.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC = '1') and
../nl:FilingHeader/nl:FormYear = string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)
) and ../nl:FilingHeader/nl:PriorYearInd = '1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC = '1') and
../nl:FilingHeader/nl:FormYear = string(year-from-date(../nl:FilingHeader/nl:PlanYearBeginDate)
) and ../nl:FilingHeader/nl:PriorYearInd = '1'`

Edit Test Requirements - 2018

TEST: X-121 Baseline Date 2013-01-01

Severity: ERROR **Agency** DOL

Specification

[PLAN-BLACKOUT-PERIOD-IND](#) contains blank unless [TYPE-PENSION-BNFT-CODE](#) contains "1x."

Bypasses

C G J P R W X Z

Explanation

Fail when Schedule H, Line 4m is blank.

Acknowledgment Error Message

Error: Schedule H, Line 4m cannot be blank.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassJ ='1' or ../nl:Bypass/nl:BypassP ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and nl:SchH and not(nl:SchH/nl:PlanBlackoutPeriodInd) and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(.,'1')])`

Edit Test Requirements - 2018

TEST: X-122 Baseline Date 2013-01-01

Severity: ERROR **Agency** DOL

Specification

[SMALL-PLAN-BLACKOUT-PERIOD-IND](#) contains blank unless [TYPE-PENSION-BNFT-CODE](#) contains "1x."

Bypasses

C G P R W X Z

Explanation

Fail when Schedule I, Line 4m is blank.

Acknowledgment Error Message

Error: Schedule I, Line 4m cannot be blank.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassP ='1' or ../nl:Bypass/nl:BypassR ='1' or
../nl:Bypass/nl:BypassW ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
nl:SchI and not(nl:SchI/nl:PlanBlackoutPeriodInd) and
not(nl:Form5500/nl:PensionCodeTable/nl:TypePensionBnftCode[contains(.,'1')])

Edit Test Requirements - 2018

TEST: X-123 Baseline Date 2014-01-01

Severity: ERROR **Agency** DOL

Specification

Fail when [E-SIGNATURE-IND](#) is present and the ESignature Alternative Attachment ([ATTACHMENT-TYPE](#)='ESignatureAlternative') not attached).

Bypasses

C X

Explanation

Fail when the filing has been signed using the E-Signature option, but the E-Signature attachment is not attached.

Acknowledgment Error Message

Error: The filing has been signed using the E-Signature option for Service Providers, however, the required attachment for this E-Signature option has not been attached.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassX ='1') and ../nl:AuthInds/nl:ESignatureValidInd='1' and
not(nl:Attachments/nl:Attachment[nl:AttachmentTypeCode='ESignatureAlternative'])`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassX ='1') and ../nl:AuthInds/nl:ESignatureValidInd='1' and
not(nl:Attachments/nl:Attachment[nl:AttachmentTypeCode='ESignatureAlternative'])`

Edit Test Requirements - 2018

TEST: X-124 Baseline Date 2016-01-01

Severity: ERROR **Agency** DOL IRS PBGC

Specification

Fail when Schedule H is attached and Schedule I is attached.

Bypasses

C X

Explanation

Fail when Schedule H and Schedule I are both attached to a filing.

Acknowledgment Error Message

Error: Both a Schedule H and Schedule I have been attached to the filing. Please verify which schedule should be attached and submit the correct schedule.

XPATH - Regular Filings (relative to FilingData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassX ='1') and n1:SchH and n1:SchI

Edit Test Requirements - 2018

TEST: X-125 Baseline Date 2016-01-01

Severity: ERROR **Agency** DOL IRS PBGC

Specification

Fail when [E-SIGNATURE-IND](#) = 1 and ([ADMIN-MANUAL-SIGNED-NAME](#) or [ADMIN-MANUAL-SIGN-DATE](#) is blank or missing) and ([SPONS-MANUAL-SIGNED-NAME](#) or [SPONS-MANUAL-SIGN-DATE](#) is blank or missing) and ([DFE-MANUAL-SIGNED-NAME](#) or [DFE-MANUAL-SIGN-DATE](#) is blank or missing).

Bypasses

C R X

Explanation

Fail when the filing has been signed using the E-Signature option, but the Plan Administrator's, Plan Sponsor's or DFE's signed name and/or Plan Administrator's, or Plan Sponsor's or DFE's signed date has not been provided on the Form 5500.

Acknowledgment Error Message

Error: The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator, Plan Sponsor or DFE signed name and/or signature date has not been provided on the Form 5500.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
../nl:AuthInds/nl:ESignatureValidInd='1' and not(nl:Form5500/nl:AdminSignature/nl:ManualSignedDate
and nl:Form5500/nl:AdminSignature/nl:ManualSignedName) and
not(nl:Form5500/nl:SponsSignature/nl:ManualSignedName and
nl:Form5500/nl:SponsSignature/nl:ManualSignedDate) and
not(nl:Form5500/nl:DfeSignature/nl:ManualSignedName and
nl:Form5500/nl:DfeSignature/nl:ManualSignedDate)`

Edit Test Requirements - 2018

TEST: X-125SF Baseline Date 2016-01-01

Severity: ERROR **Agency** DOL IRS PBGC

Specification

Fail when [E-SIGNATURE-IND](#)= 1 and ([SF-ADMIN-MANUAL-SIGNED-NAME](#) or [SF-ADMIN-MANUAL-SIGN-DATE](#) is blank or missing) and ([SF-SPONS-MANUAL-SIGNED-NAME](#) or [SF-SPONS-MANUAL-SIGN-DATE](#) is blank or missing)

Bypasses

C R X

Explanation

Fail when the filing has been signed using the E-Signature option, but the Plan Administrator's or Plan Sponsor's signed name and/or Plan Administrator's or Plan Sponsor's signed date has not been provided on the Form 5500-SF.

Acknowledgment Error Message

Error: The filing has been signed using the E-Signature option for Service Providers, however, the Plan Administrator or Plan Sponsor signed name and/or signature date has not been provided on the Form 5500-SF.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:AuthInds/nl:ESignatureValidInd='1' and not(nl:SF/nl:AdminSignature/nl:ManualSignedDate and nl:SF/nl:AdminSignature/nl:ManualSignedName) and not(nl:SF/nl:SponsSignature/nl:ManualSignedName and nl:SF/nl:SponsSignature/nl:ManualSignedDate)

Edit Test Requirements - 2018

TEST: X-126 Baseline Date 2016-01-01

Severity: ERROR **Agency** DOL IRS PBGC

Specification

Fail when [ADMIN-SIGNATURE-IND](#) = 1 and [E-SIGNATURE-IND](#) = 1.

Bypasses

C G R X Z

Explanation

Fail when both valid Administrator credentials and ESignature credentials have been applied.

Acknowledgment Error Message

Error: The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and ../nl:AuthInds/nl:ESignatureValidInd='1' and
../nl:AuthInds/nl:AdminSignatureValidInd='1'

Edit Test Requirements - 2018

TEST: X-126SF Baseline Date 2016-01-01

Severity: ERROR **Agency** DOL IRS PBGC

Specification

Fail when [ADMIN-SIGNATURE-IND](#) = 1 and [E-SIGNATURE-IND](#) = 1.

Bypasses

C R X

Explanation

Fail when both valid Administrator credentials and ESignature credentials have been applied.

Acknowledgment Error Message

Error: The filing has been signed using the E-Signature option for Service Providers, however, Plan Administrator signature credentials have also been provided. Please review and ensure that the correct signature credentials have been provided. If the Plan Administrator has signed the filing, there is no need to sign using the e-signature alternative.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
../nl:AuthInds/nl:ESignatureValidInd='1' and ../nl:AuthInds/nl:AdminSignatureValidInd='1'

Edit Test Requirements - 2018

TEST: X-127 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [ADMIN-MANUAL-SIGN-DATE](#) is present and less than [FORM-TAX-PRD](#) or [ADMIN-MANUAL-SIGN-DATE](#) is greater than [SUBMITTED-DATE](#).

Bypasses

C G R X Z

Explanation

Fail when the Form 5500, Plan Administrator manual signed date is earlier than the Form 5500, Plan Year End date, or greater than the date the filing was submitted.

Acknowledgment Error Message

Warning: The date the Plan Administrator manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and (days-from-duration(xs:date(
nl:Form5500/nl:AdminSignature/nl:ManualSignedDate) - xs:date(../nl:SubmittedDate)) >0 or days-
from-duration(xs:date(nl:Form5500/nl:AdminSignature/nl:ManualSignedDate) - xs:date(
nl:Form5500/nl:PlanYearEndDate)) <0)`

Edit Test Requirements - 2018

TEST: X-127SF Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [SF-ADMIN-MANUAL-SIGN-DATE](#) is present and less than [SF-TAX-PRD](#) or [SF-ADMIN-MANUAL-SIGN-DATE](#) is greater than [SUBMITTED-DATE](#).

Bypasses

C R X

Explanation

Fail when the Form 5500-SF, Plan Administrator manual signed date is earlier than the Form 5500-SF, Plan Year End date, or greater than the date the filing was submitted.

Acknowledgment Error Message

Warning: The date the Plan Administrator manually signed the Form 5500-SF under the E-Signature option may be invalid. Please verify and correct the date if needed.

XPATH - Short Form Filings (relative to ShortFormData node): not(../nl:Bypass/nl:BypassC ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and (days-from-duration(xs:date(nl:SF/nl:AdminSignature/nl:ManualSignedDate) - xs:date(../nl:SubmittedDate)) >0 or days-from-duration(xs:date(nl:SF/nl:AdminSignature/nl:ManualSignedDate) - xs:date(nl:SF/nl:PlanYearEndDate)) <0)

Edit Test Requirements - 2018

TEST: X-128 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [SPONS-MANUAL-SIGN-DATE](#) is present and less than [FORM-TAX-PRD](#) or [SPONS-MANUAL-SIGN-DATE](#) is greater than [SUBMITTED-DATE](#).

Bypasses

C G R X Z

Explanation

Fail when the Form 5500, Plan Sponsor manual signed date is earlier than the Form 5500, Plan Year End date, or greater than the date the filing was submitted.

Acknowledgment Error Message

Warning: The date the Plan Sponsor manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassG ='1' or ../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or
../nl:Bypass/nl:BypassZ ='1') and
(xs:date(nl:Form5500/nl:SponsSignature/nl:ManualSignedDate)>xs:date(../nl:SubmittedDate) or
xs:date(nl:Form5500/nl:SponsSignature/nl:ManualSignedDate)

Edit Test Requirements - 2018

TEST: X-128SF Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [SF-SPONS-MANUAL-SIGN-DATE](#) is present and less than [SF-TAX-PRD](#) or [SF-SPONS-MANUAL-SIGN-DATE](#) is greater than [SUBMITTED-DATE](#).

Bypasses

C R X

Explanation

Fail when the Form 5500-SF, Plan Sponsor manual signed date is earlier than the Form 5500-SF, Plan Year End date, or greater than the date the filing was submitted.

Acknowledgment Error Message

Warning: The date the Plan Sponsor manually signed the Form 5500-SF using the E-Signature option may be invalid. Please verify and correct the date if needed.

XPATH - Short Form Filings (relative to ShortFormData node): not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1' or ../n1:Bypass/n1:BypassX ='1') and
(xs:date(n1:SF/n1:SponsSignature/n1:ManualSignedDate) < xs:date(n1:SF/n1:PlanYearEndDate) or
xs:date(n1:SF/n1:SponsSignature/n1:ManualSignedDate)>xs:date(../n1:SubmittedDate))

Edit Test Requirements - 2018

TEST: X-129 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [DFE-MANUAL-SIGN-DATE](#) is present and less than [FORM-TAX-PRD](#) or [DFE-MANUAL-SIGN-DATE](#) is greater than [SUBMITTED-DATE](#).

Bypasses

C R X

Explanation

Fail when the Form 5500, DFE manual signed date is earlier than the Form 5500, Plan Year End date, or greater than the date the filing was submitted.

Acknowledgment Error Message

Warning: The date the DFE manually signed the Form 5500 using the E-Signature option may be invalid. Please verify and correct the date if needed.

XPATH - Regular Filings (relative to FilingData node): not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
(xs:date(nl:Form5500/nl:DfeSignature/nl:ManualSignedDate)>xs:date(../nl:SubmittedDate) or
xs:date(nl:Form5500/nl:DfeSignature/nl:ManualSignedDate) <
xs:date(nl:Form5500/nl:PlanYearEndDate))

Edit Test Requirements - 2018

TEST: Z-001 Baseline Date 2016-01-01

Severity: WARNING **Agency** PBGC

Specification

When [SUSPECT-DUP-IND=1](#)

Bypasses

C R

Explanation

Fail when the EIN, Plan Number, Form Year and Plan Year Ending dates on the current submission match another filing in the Tracking database and the current submission is not an amended return.

Acknowledgment Error Message

Warning: The EIN, Plan Number, Form Year and Plan Year Ending dates on this filing submission match a previous filing submission and therefore may be a duplicate submission. If you are attempting to amend a previous submission, please select "an amended return/report" on Line B of the Form 5500 or Form 5500-SF. If a duplicate was submitted in error, no further action is needed, but try to avoid duplicate submissions in the future.

XPATH - Regular Filings (relative to FilingData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and ../n1:SuspectDupInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../n1:Bypass/n1:BypassC ='1' or
../n1:Bypass/n1:BypassR ='1') and ../n1:SuspectDupInd='1'`

Edit Test Requirements - 2018

TEST: Z-002 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [PLAN-NUM-ENTITY-IND=1](#)

Bypasses

C R X

Explanation

Fail when the plan number on Line 1b of the Form 5500 or Form 5500-SF on the current submission does not match the plan number from the previous year's submission.

Acknowledgment Error Message

Warning: The plan number on Line 1b of the Form 5500 or Form 5500-SF of this filing submission does not match the plan number provided on last year's return/report. Please verify that the correct plan number has been provided on Line 1b of the Form 5500 or Form 5500-SF and make any necessary corrections. If the plan number has changed since last year's return/report, find the plan number as it appeared on Line 1b of the last return/report and enter that onto Line 4d of the Form 5500 or Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanNumEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanNumEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-003 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [PLAN-NAME-ENTITY-IND=1](#)

Bypasses

C R X

Explanation

Fail when the plan name on Line 1a of the Form 5500 or Form 5500-SF of the current submission does not match the plan name from the previous year's submission.

Acknowledgment Error Message

Warning: The plan name on Line 1a of the Form 5500 or Form 5500-SF of this filing submission does not match the plan name provided on last year's return/report. Please verify that the correct plan name has been provided on Line 1a of the Form 5500 or Form 5500-SF. If the plan name has changed since last year's return/report, find the plan name as it appeared on Line 1a of the last return/report and enter that onto Line 4c of the Form 5500 or Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanNameEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanNameEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-004 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [PLAN-SPONS-ZIP-ENTITY-IND=1](#)

Bypasses

C R X

Explanation

Fail when the plan sponsor's ZIP code or Foreign Postal Code on Line 2a of the Form 5500 or Form 5500-SF of the current submission does not match the plan sponsor's ZIP code or Foreign Postal Code from the previous year's submission.

Acknowledgment Error Message

Warning: The plan sponsor's ZIP code or Foreign Postal Code on Line 2a of the Form 5500 or Form 5500-SF of this filing submission does not match the plan sponsor's ZIP code or Foreign Postal Code provided on last year's return/report. Please verify that the correct plan sponsor's ZIP code or Foreign Postal Code has been provided on Line 2a of the Form 5500 or Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanSponsZipEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanSponsZipEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-005 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [PLAN-FEATURE-CODE-ENTITY-IND=1](#)

Bypasses

C R X Z

Explanation

Fail when the plan feature code(s) on Line 8 of the Form 5500 or Line 9 of the Form 5500-SF of the current submission do not match the plan feature code(s) from the previous year's submission.

Acknowledgment Error Message

Warning: The plan feature code(s) on Line 8 of the Form 5500 or Line 9 of the Form 5500-SF of this filing submission do not match the plan feature code(s) provided on last year's return/report. Please verify that the correct plan feature code(s) have been provided on Line 8 of the Form 5500 or Line 9 of the Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:PlanFeatureCodeEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:PlanFeatureCodeEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-006 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [PLAN-FNDNG-BENEFIT-ENTITY-IND=1](#)

Bypasses

C R X Z

Explanation

Fail when the plan funding and benefit arrangement code(s) on Line 9 of the Form 5500 of the current submission do not match the plan funding and benefit arrangement code(s) from the previous year's submission.

Acknowledgment Error Message

Warning: The plan funding and benefit arrangements on Line 9 of the Form 5500 of this filing submission do not match the plan funding and benefit arrangements provided on last year's return/report. Please verify that the correct plan funding and benefit arrangements have been provided on Line 9 of the Form 5500.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:PlanFndngBenefitEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:PlanFndngBenefitEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-007 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [TOT-PARTCP-ENTITY-IND=1](#)

Bypasses

C R X Z

Explanation

Fail when the total participant BOY count on Line 5 of the Form 5500 or Line 5a of the Form 5500-SF of the current submission does not match the total participant EOY count on Line 6f of the Form 5500 or Line 5b of the Form 5500-SF from the previous year's submission.

Acknowledgment Error Message

Warning: The total participant BOY count on Line 5 of the Form 5500 or Line 5a of the Form 5500-SF in this filing submission does not match the total participant EOY count provided on Line 6f of the Form 5500 or Line 5b of the Form 5500-SF of last year's return/report. Please verify that the correct total participant BOY count has been provided on Line 5 of the Form 5500 or Line 5a of the Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:TotPartcpEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1' or ../nl:Bypass/nl:BypassZ ='1') and
../nl:TotPartcpEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-008 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [TOT-ASSET-ENTITY-IND=1](#)

Bypasses

C R X

Explanation

Fail when the BOY total assets on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF of the current submission does not match the EOY total assets on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF from the previous year's submission.

Acknowledgment Error Message

Warning: The BOY total assets on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF in this filing submission does not match the EOY total assets provided on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF of last year's return/report. Please verify that the correct BOY total assets have been provided on Line 1f of the Schedule H, Line 1a of the Schedule I or Line 7a of the Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanAssetEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:PlanAssetEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-009 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [NO-MATCH-ENTITY-IND=1](#)

Bypasses

C R X

Explanation

Fail when two or more entity fields (EIN, plan number, plan name, Sponsor's ZIP Code or Foreign Postal Code, plan feature codes, plan funding and benefit arrangement codes, total participants and total assets) on the current submission cannot be matched to a return/report from the previous year's submission.

Acknowledgment Error Message

Warning: Key identifying information on this filing submission does not match a return/report submitted last year. If this is the first submission for this plan, please select "the first return/report" on Line B of the Form 5500 or Form 5500-SF. If this is not an initial filing for this plan, please verify that the correct EIN and plan number have been provided on Lines 1b and 2b of the Form 5500 or Form 5500-SF. If the EIN and/or plan number have changed since last year's return/report, enter the EIN and/or plan number as it appeared on the last return/report on Line 4b and/or 4c of the Form 5500 or Form 5500-SF.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:NoMatchEntityInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:NoMatchEntityInd='1'`

Edit Test Requirements - 2018

TEST: Z-010 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [BAD-PLAN-SPONS-ADDRESS-IND=1](#)

Bypasses

C R X

Explanation

Fail when plan sponsor's address on Line 2a of the Form 5500 or Form 5500-SF may be invalid.

Acknowledgment Error Message

Warning: The plan sponsor's address provided on Line 2a of the Form 5500 or Form 5500-SF may be invalid. Please verify that a complete and accurate address has been provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
../nl:BadPlanSponsAddressInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:BadPlanSponsAddressInd='1'`

Edit Test Requirements - 2018

TEST: Z-011 Baseline Date 2016-01-01

Severity: WARNING **Agency** DOL IRS PBGC

Specification

When [BAD-PLAN-ADMIN-ADDRESS-IND=1](#)

Bypasses

C R X

Explanation

Fail when plan administrator's address on Line 3a of the Form 5500 or Form 5500-SF may be invalid.

Acknowledgment Error Message

Warning: The plan administrator's address provided on Line 3a of the Form 5500 or Form 5500-SF may be invalid. Please verify that a complete and accurate address has been provided.

XPATH - Regular Filings (relative to FilingData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and
../nl:BadPlanAdminAddressInd='1'`

XPATH - Short Form Filings (relative to ShortFormData node): `not(../nl:Bypass/nl:BypassC ='1' or
../nl:Bypass/nl:BypassR ='1' or ../nl:Bypass/nl:BypassX ='1') and ../nl:BadPlanAdminAddressInd='1'`
