

**SCHEDULE MEP  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration

**MULTIPLE-EMPLOYER RETIREMENT**

Employee Retirement Income Security Act of 1974 (ERISA) and

For calendar plan year 2026 or fiscal plan year beginning

**A** Name of plan

**C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF

**Part I Type of Multiple-Employer Pension Plan.**

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

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

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

<b>2e</b> Does the plan include any individual owners?	
<b>2f</b> If you answer "Yes" in line 2e, enter all such individuals that are not listed on line 2a during the plan year.	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	

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

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**Part III Pooled Employer Plan Information**

**Line 3.** All Pooled employer plans must answer

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) compliance with the Form PR (Pooled 29 CFR 2510.3-44).....

**3b** If line 3a is "Yes", enter the ACK ID PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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