HIGHLIGHTS
OF THIS ISSUE

These synopses are intended only as aids to the reader in identifying the subject matter covered. They may not be relied upon as authoritative interpretations.

INCOME TAX

Federal rates; adjusted federal rates; adjusted federal long-term rate and the long-term exempt rate. For purposes of sections 382, 642, 1274, 1288, and other sections of the Code, tables set forth the rates for December 2013.

National Mortgage Settlement payments. This revenue ruling explains the tax treatment of payments to homeowners pursuant to the National Mortgage Settlement, a group of settlement agreements entered into in 2012 with five bank mortgage servicers to address mortgage loan servicing and foreclosure abuses.

These proposed regulations under section 752 of the Code relate to recourse liabilities of a partnership and the special rules for related persons. The proposed regulations affect partnerships and their partners. Comments are requested by March 17, 2014.

Proposed regulations under section 41 of the Code provide guidance on the treatment of qualified research expenditures and gross receipts resulting from transactions between members of a controlled group of corporations or a group of trades or businesses under common control for purposes of determining the credit under section 41 for increasing research activities. Comments are requested by March 13, 2014. A public hearing is scheduled for April 23, 2014.

Notice 2014–1, page 270.
This notice provides guidance on the application of the rules under section 125 of the Code (relating to cafeteria plans, including health and dependent care flexible spending arrangements (FSAs)), and section 223 of the Code (relating to health savings accounts (HSAs)), as those two provisions relate to the participation by same-sex spouses in certain employee benefit plans following the Supreme Court decision in United States v. Windsor, 570 U.S. ___, 133 S. Ct. 2675 (2013), and the issuance of Rev. Rul. 2013–17. Rev. Rul. 2013–17 is amplified.

Notice 2014–6, page 279.
This notice provides guidance on section 45R for certain small employers that cannot offer a qualifying health plan (QHP) through a Small Business Health Options Program (SHOP) Exchange because the employer’s principal business address is in a county in which a QHP through a SHOP Exchange will not be available for the 2014 calendar year.

Announcement 2014–1, page 393.
This announcement notifies financial institutions creating accounts and entering registration information on the IRS FATCA registration website about certain steps, as originally announced in Notice 2013–43, those financial institutions will need to take on or after January 1, 2014. This announcement also provides general information concerning anticipated publication dates of final qualified intermediary (QI), withholding foreign partnership (WP), and withholding foreign trust agreements (WT).

EMPLOYEE PLANS

2014 covered compensation tables; permitted disparity. The covered compensation tables under section 401 of the Code for the year 2014 are provided for use in determining contributions to defined benefit plans and permitted disparity.

(Continued on the next page)
This document proposes amendments to regulations regarding excepted benefits under the Code. Excepted benefits are exempt from the health reform requirements that were added to the Code by the Health Insurance Portability and Accountability Act and the Affordable Care Act. Comments requested by February 24, 2014.

This notice provides temporary nondiscrimination relief for certain “closed” defined benefit pension plans (i.e., defined benefit plans that provide ongoing accruals but that have been amended to limit those accruals to some or all of the employees who participated in the plan on a specified date). The notice permits certain employers that sponsor a closed DB plan and a DC plan to demonstrate that the aggregated plans comply with the nondiscrimination requirements of § 401(a)(4) on the basis of equivalent benefits, even if the aggregated plans do not satisfy the current conditions for testing on that basis. This notice also requests comments on possible permanent changes to the nondiscrimination rules under § 401(a)(4). Comments requested by February 28, 2014.

EXEMPT ORGANIZATIONS

Notice 2014–4, page 274.
Under interim guidance, a Type III supporting organization will be treated as functionally integrated if it (i) supports a supported organization that is a governmental entity to which the supporting organization is responsive; and (ii) engages in activities for or on behalf of that governmental supported organization that perform the functions of, or carry out the purposes of, that governmental supported organization and that, but for the involvement of the supporting organization, would normally be engaged in by the governmental supported organization itself. Pending further guidance, private foundations and sponsoring organizations that maintain donor-advised funds generally may continue to rely on the grantor reliance standards of Notice 2006–109, as modified by this notice, in determining whether a potential grantee is a Type I, Type II, or functionally integrated Type III SO for purposes of the excise taxes imposed under sections 4942, 4945, and 4966. Comments are requested by March 7, 2014. Notice 2006–109 modified.

This document sets forth procedures for issuing determination letters and rulings on the exempt status of organizations under sections 501 and 521 of the Code. The procedures also apply to the revocation and modification of determination letters or rulings, and provide guidance on the exhaustion of administrative remedies for purposes of declaratory judgment under section 7428 of the Code. Rev. Proc. 2013–9 is superseded.

This document sets forth procedures for issuing determination letters and rulings on private foundation status under section 509(a) of the Code, operating foundation status under section 4942(j)(3), and exempt operating foundation status under section 4940(d)(2), of organizations exempt from Federal income tax under section 501(c)(3). This revenue procedure also applies to the issuance of determination letters on the foundation status under section 509(a)(3) of nonexempt charitable trusts described in section 4947(a)(1). Rev. Proc. 2013–10 is superseded.

EMPLOYMENT TAX

T.D. 9649, page 265.
Final regulations relating to agents authorized under section 3504 of the Code to perform acts under the Federal Unemployment Tax Act (FUTA) required of employers who are home care service recipients.

EXCISE TAX

This document proposes amendments to regulations regarding excepted benefits under the Code. Excepted benefits are exempt from the health reform requirements that were added to the Code by the Health Insurance Portability and Accountability Act and the Affordable Care Act. Comments requested by February 24, 2014.

Notice 2014–4, page 274.
Under interim guidance, a Type III supporting organization will be treated as functionally integrated if it (i) supports a supported organization that is a governmental entity to which the supporting organization is responsive; and (ii) engages in activities for or on behalf of that governmental supported organization that perform the functions of, or carry out the purposes of, that governmental supported organization and that, but for the involvement of the supporting organization, would normally be engaged in by the governmental supported organization itself. Pending further guidance, private foundations and sponsoring organizations that maintain donor-advised funds generally may continue to rely on the grantor reliance standards of Notice 2006–109, as modified by this notice, in determining whether a potential grantee is a Type I, Type II, or functionally integrated Type III SO for purposes of the excise taxes imposed under sections 4942, 4945, and 4966. Comments are requested by March 7, 2014. Notice 2006–109 modified.

ADMINISTRATIVE

This revenue procedure provides issuers of qualified mortgage bonds, as defined in § 143(a) of the Code, and issuers of mortgage credit certificates, as defined in § 25(c), with a list of qualified census tracts for each state and the District of Columbia. See §§ 25(c)(2)(A)(iii)(V) and 143(j)(1)(A). Rev. Proc. 2003–49 is modified and superseded.
The IRS Mission

Provide America’s taxpayers top-quality service by helping them understand and meet their tax responsibilities and enforce the law with integrity and fairness to all.

Introduction

The Internal Revenue Bulletin is the authoritative instrument of the Commissioner of Internal Revenue for announcing official rulings and procedures of the Internal Revenue Service and for publishing Treasury Decisions, Executive Orders, Tax Conventions, legislation, court decisions, and other items of general interest. It is published weekly.

It is the policy of the Service to publish in the Bulletin all substantive rulings necessary to promote a uniform application of the tax laws, including all rulings that supersede, revoke, modify, or amend any of those previously published in the Bulletin. All published rulings apply retroactively unless otherwise indicated. Procedures relating solely to matters of internal management are not published; however, statements of internal practices and procedures that affect the rights and duties of taxpayers are published.

Revenue rulings represent the conclusions of the Service on the application of the law to the pivotal facts stated in the revenue ruling. In those based on positions taken in rulings to taxpayers or technical advice to Service field offices, identifying details and information of a confidential nature are deleted to prevent unwarranted invasions of privacy and to comply with statutory requirements.

Rulings and procedures reported in the Bulletin do not have the force and effect of Treasury Department Regulations, but they may be used as precedents. Unpublished rulings will not be relied on, used, or cited as precedents by Service personnel in the disposition of other cases. In applying published rulings and procedures, the effect of subsequent legislation, regulations, court decisions, rulings, and procedures must be considered, and Service personnel and others concerned are cautioned against reaching the same conclusions in other cases unless the facts and circumstances are substantially the same.

The Bulletin is divided into four parts as follows:

This part includes rulings and decisions based on provisions of the Internal Revenue Code of 1986.

Part II.—Treaties and Tax Legislation.
This part is divided into two subparts as follows: Subpart A, Tax Conventions and Other Related Items, and Subpart B, Legislation and Related Committee Reports.

Part III.—Administrative, Procedural, and Miscellaneous.
To the extent practicable, pertinent cross references to these subjects are contained in the other Parts and Subparts. Also included in this part are Bank Secrecy Act Administrative Rulings. Bank Secrecy Act Administrative Rulings are issued by the Department of the Treasury’s Office of the Assistant Secretary (Enforcement).

Part IV.—Items of General Interest.
This part includes notices of proposed rulemakings, disbarment and suspension lists, and announcements.

The last Bulletin for each month includes a cumulative index for the matters published during the preceding months. These monthly indexes are cumulated on a semiannual basis, and are published in the last Bulletin of each semiannual period.

The contents of this publication are not copyrighted and may be reprinted freely. A citation of the Internal Revenue Bulletin as the source would be appropriate.
Part I. Rulings and Decisions Under the Internal Revenue Code of 1986

Section 42.—Low-Income Housing Credit


Section 121.—Exclusion of gain from sale of principal residence

26 CFR 1.121–1: Exclusion of gain from sale or exchange of a principal residence. (Also: §§ 61, 165, 691, 1001; 1.61–6, 1.165–1, 1.691(a)–1, 1.1001–1.)

Rev. Rul. 2014–2

ISSUES

1. If a taxpayer receives a payment pursuant to the National Mortgage Settlement due to the foreclosure of the taxpayer’s principal residence (“NMS Payment”), what is the proper tax characterization of the payment?

2. If the NMS Payment is characterized as part of the amount realized on the foreclosure and if that characterization creates or increases a gain on the foreclosure of the principal residence, are there grounds for the taxpayer to exclude from gross income some or all of that gain?

3. If the property for which a taxpayer receives an NMS Payment contained one or more additional dwelling units that were not used as the taxpayer’s principal residence, how should the NMS Payment be allocated between the portion of the property that the taxpayer used as a principal residence and the rest of the property?

4. If a borrower who was eligible for an NMS Payment died before receiving it, what is the tax treatment of the person who receives that payment?

BACKGROUND

In 2012, the United States government and the attorneys general of 49 states and the District of Columbia entered into settle-

ment agreements with five bank mortgage servicers to address mortgage loan servicing and foreclosure abuses (“National Mortgage Settlement”). A component of the National Mortgage Settlement is the Borrower Payment Fund (Fund), which the parties intend to be structured as a qualified settlement fund under § 1.468B–1 of the Income Tax Regulations. The terms of the settlement agreements provide that:

1. If a taxpayer receives a payment pursuant to the National Mortgage Settlement due to the foreclosure of the taxpayer’s principal residence (“NMS Payment”), what is the proper tax characterization of the payment?

2. If the NMS Payment is characterized as part of the amount realized on the foreclosure and if that characterization creates or increases a gain on the foreclosure of the principal residence, are there grounds for the taxpayer to exclude from gross income some or all of that gain?

3. If the property for which a taxpayer receives an NMS Payment contained one or more additional dwelling units that were not used as the taxpayer’s principal residence, how should the NMS Payment be allocated between the portion of the property that the taxpayer used as a principal residence and the rest of the property?

4. If a borrower who was eligible for an NMS Payment died before receiving it, what is the tax treatment of the person who receives that payment?

(1) The five mortgage servicers collectively will pay approximately $1.5 billion into the Fund.

(2) The Fund will make NMS Payments to certain borrowers who lost their principal residences in foreclosure on or after January 1, 2008, and on or before December 31, 2011.

(3) Each borrower’s transaction must meet the following requirements for the borrower to receive an NMS Payment:

(i) The borrower’s first-lien mortgage loan was secured by a one-to-four-unit residential property that the borrower had indicated at the time of loan origination was to be used as the borrower’s principal residence;
(ii) The borrower’s mortgage loan was serviced by one of the five bank mortgage servicers;
(iii) The borrower made at least three payments on the first-lien mortgage loan;
(iv) The loan went to foreclosure sale on or after January 1, 2008, and on or before December 31, 2011; and
(v) The unpaid principal balance of the first-lien mortgage loan did not exceed the government sponsored enterprise (GSE) loan limit for the property securing the loan (for example, $729,750 for a one-unit residence).

(4) For each NMS Payment, there must be certification by (or for) the borrower under penalties of perjury that—

(i) The borrower owned and occupied (or intended to own and occupy) the property (or a unit thereof) as his or her principal residence at the time the borrower obtained the mortgage loan;
(ii) The borrower lost the principal residence in foreclosure on or after January 1, 2008, and on or before December 31, 2011; and
(iii) The borrower lost the principal residence in foreclosure because—

(a) The borrower was unable to make payments on the first-lien mortgage loan due to a financial hardship; and/or
(b) The mortgage servicer mishandled the borrower’s application for a loan modification or other foreclosure alternative or pursued foreclosure while the application was pending or after it was approved; and/or
(c) The mortgage servicer, foreclosure trustee, or their attorneys made errors in, or leading up to, the foreclosure process.

The NMS Payment for each loan is the same amount (approximately $1,400). If more than one of the co-borrowers on a loan filed claims, they share a single NMS Payment from the Fund.) A borrower could receive the NMS Payment without having to prove financial harm and without having to release any claims. However, under the terms of the National Mortgage Settlement, the NMS Payment

1Oklahoma did not join in the National Mortgage Settlement, and borrowers in Oklahoma are not eligible for its direct relief measures to borrowers. Borrowers with property in Puerto Rico and other American territories also are not eligible.

2The servicers provided lists of loans that met these five criteria.
offsets and reduces any other obligation that a servicer has to the borrower to provide compensation or other payments.

The National Mortgage Settlement agreements provide that an NMS Payment is remedial and relates to the reduced proceeds a borrower is deemed to have realized in a foreclosure because of the servicers’ allegedly unlawful conduct. The agreements do not consider the NMS Payment to be forgiven debt.

The Fund began making the NMS Payments to eligible borrowers in the summer of 2013. In the case of a deceased eligible borrower, the Fund generally issues payment for the claim in the name of the borrower.

FACTS

Situation 1—Loss on a single-unit home. In 2006, Borrower A purchased a property for its fair market value of $230,000. A financed $200,000 of the purchase price with a recourse first-lien mortgage loan that was secured by the property, and A used the property as A’s principal residence. During 2011, A’s principal residence was foreclosed on when its fair market value was $125,000. The lender subsequently sold the principal residence and applied the proceeds in final satisfaction of the principal balance of the first-lien mortgage loan, which was $185,000. A’s adjusted basis in the principal residence at the time of the foreclosure was $230,000. In 2013, A received an NMS Payment of $1,400 from the Fund. Situation 2—Loss on a multiple-unit home. The facts are the same as in Situation 1, except that the borrower was B, and the property has two identical dwelling units. B used one unit as a principal residence and leased the other to a third party at fair rental value. B’s entire property was foreclosed on and subsequently sold by the lender. B’s adjusted basis in the entire property at the time of the foreclosure was $200,000, of which $115,000 was allocable to the portion of the property B used as a principal residence. Half of the property’s fair market value at the time of the foreclosure ($62,500) was allocable to the portion of the property that B used as a principal residence. In 2013, B received an NMS Payment of $1,400 from the Fund.

Situation 3—Gain on a multiple-unit home. The facts are the same as in Situation 2, except that the purchase price was $155,000; and, at the time of the foreclosure—

- The property’s fair market value was $160,000;
- Half of the property’s fair market value ($80,000) was allocable to the portion of the property that B used as a principal residence;
- B’s adjusted basis in the entire property was $125,000; and
- $77,500 of the total adjusted basis was allocable to the portion of the property that B used as a principal residence.

Situation 4—Gain on a single-unit home. In 1980, Borrower C purchased a property for $155,000. C financed $130,000 of the purchase price with a recourse first-lien mortgage loan secured by the property. C continuously used the property as C’s principal residence. C refinanced the mortgage loan for an amount in excess of its outstanding principal balance with a new recourse first-lien mortgage loan secured by the principal residence, and used the proceeds to pay for educational expenses of C’s children and to purchase a boat for personal use. In 2009, C’s principal residence was foreclosed on when its fair market value was $160,000. The lender subsequently sold the principal residence and applied the proceeds in final satisfaction of the principal balance of the new loan, which was $215,000. C’s adjusted basis in the principal residence at the time of the foreclosure was $155,000. In 2013, C received an NMS Payment of $1,400 from the Fund.

Situation 5—Single-unit home with gain less than prior depreciation. In 2000, Borrower D purchased a property for $155,000. D financed $130,000 of the purchase price with a recourse first-lien mortgage loan secured by the property. D used a portion of the principal residence as an office in D’s business and claimed depreciation deductions of $10,000. In 2009, D’s principal residence was foreclosed on when its fair market value was $149,000. The lender subsequently sold the principal residence and applied the proceeds in final satisfaction of the principal balance of the loan, which was $175,000 due to subsequent refinancings. D’s adjusted basis in the principal residence at the time of the foreclosure was $145,000. D did not sell any other property during 2009. In 2013, D received an NMS Payment of $1,400 from the Fund.

Situation 6—Single-unit home with gain greater than prior depreciation. The facts are the same as in Situation 5, except that the fair market value of the property at the time of the foreclosure was $154,500.

Situation 7—Deceased borrower. The facts are the same as in Situation 5, except that D died before the NMS Payment was made.

LAW AND ANALYSIS

Section 61(a)(3) of the Internal Revenue Code provides that, except as otherwise provided in subtitle A, gross income includes gains derived from dealings in property.

Section 121(a) generally provides, with certain limitations and exceptions, that gross income does not include gain from the sale or exchange of property if, during the 5-year period ending on the date of the sale or exchange, the taxpayer has owned and used the property as the taxpayer’s principal residence; for periods aggregating 2 years or more.

Section 121(d)(6) provides that the exclusion from income under §121(a) does not apply to that part of the gain from the sale of any property that does not exceed the depreciation adjustments (as defined in §1250(b)(3)) attributable to the property for periods after May 6, 1997. See § 1.121–1(d) for an example that illustrates this rule.

3The National Mortgage Settlement also requires the servicers to make other payments to the federal and state governments. Each state has the option of using a portion of those other funds to increase the amount paid to borrowers from that state who lost their homes in foreclosure. This revenue ruling does not address payments of these additional amounts.

4There are two exceptions—

- In the case of the death of one spouse, the NMS payment is made in the sole name of the surviving spouse.
- If an affidavit, an indemnity agreement, and a death certificate are submitted, the NMS payment is made in the name of the submitter.
Section 1.121–1(e)(1) provides that § 121 does not apply to the gain allocable to any portion of the property (separate from the dwelling unit) sold or exchanged for which a taxpayer does not satisfy the use requirement. Thus, if a portion of the property was used for residential purposes and a portion of the property (separate from the dwelling unit) was used for nonresidential purposes, only the gain for the residential portion is excludable under § 121.

Section 1.121–1(e)(3) provides that for purposes of determining the amount of gain allocable to the residential and nonresidential portions of the property, the taxpayer must allocate the basis and the amount realized between the residential and the non-residential portions of the property using the same method of allocation that the taxpayer used to determine depreciation adjustments (as defined in § 1250(b)(3)), if applicable.

Under § 1.121–1(e)(1), no allocation of the gain from the sale or exchange of property is required if both the residential and non-residential portions of the property are within the same dwelling unit. However, § 121 does not apply to the gain allocable to the residential portion of the property to the extent provided by § 121(d)(6) and § 1.121–1(d). Thus, if the taxpayer’s adjusted basis in the dwelling unit reflects any prior depreciation deductions allowed or allowable on the dwelling unit, then the exclusion under § 121 is limited to the gain in excess of the depreciation deductions allowed or allowable. See § 1250(b)(3).

Section 165(a) allows as a deduction any loss sustained during the taxable year and not compensated for by insurance or otherwise.

For an individual, § 165(c) generally limits the deduction for losses to—
- losses incurred in a trade or business;
- losses incurred in any transaction entered into for profit, though not connected with a trade or business; and
- losses of property not connected with a trade or business or a transaction entered into for profit that arise from fire, storm, shipwreck, or other casualty, or from theft.

Section 691(a)(1) provides that the amount of all items of gross income in respect of a decedent that are not properly includible in respect of the taxable period in which falls the date of the decedent’s death or a prior period (including the amount of all items of gross income in respect of a prior decedent, if the right to receive such amount was acquired by reason of the death of the prior decedent or by bequest, devise, or inheritance from the prior decedent) shall be included in the gross income, for the taxable year in which received, of—
- the estate of the decedent, if the right to receive the amount is acquired by the decedent’s estate from the decedent;
- the person who, by reason of the death of the decedent, acquires the right to receive the amount, if the right to receive the amount is not acquired by the decedent’s estate from the decedent; or
- the person who acquires from the decedent the right to receive the amount by bequest, devise, or inheritance, if the amount is received after a distribution by the decedent’s estate of such right.

Section 1.691(a)–1(b) provides that the term “income in respect of a decedent” refers to those amounts to which a decedent was entitled as gross income, but which were not properly includible in computing the decedent’s taxable income for the taxable year ending with the date of the decedent’s death or for a previous taxable year under the method of accounting employed by the decedent.

Section 691(a)(3) provides that the right to receive an amount of income in respect of a decedent shall be treated, in the hands of the estate of the decedent or any person who acquired such right by reason of the death of the decedent, or by bequest, devise, or inheritance from the decedent, as if it had been acquired by the estate or such person in the transaction in which the right to receive the income was originally derived and the amount includible in gross income shall be considered, in the hands of the estate or such person to have the character which it would have had in the hands of the decedent if the decedent had lived and received such income.

Section 1001(a) provides that the gain from the sale or other disposition of property is the excess of the amount realized over the adjusted basis provided in § 1011 for determining gain, and the loss is the excess of the adjusted basis provided in § 1011 for determining loss over the amount realized.

Section 1.1001–1(a) states that the amount realized from a sale or other disposition of property is the sum of any money received plus the fair market value of any property (other than money) received.

Section 1.1001–2(a)(1) generally provides that the amount realized on a sale or disposition of property includes the amount of the liabilities from which the transferor is discharged as a result of the sale or disposition. Under § 1.1001–2(a)(2), however, the amount realized on a sale or other disposition of property that secures a recourse liability does not include amounts that are (or would be if realized and recognized) income from the discharge of indebtedness under § 61(a)(12).

In each situation in this revenue ruling, the borrower incurred recourse debt secured by property used (in whole or in part) as the borrower’s principal residence, and the foreclosure of the property resulted in final satisfaction of the outstanding balance of the recourse debt. Thus, under § 1001 and its regulations, the amount realized by each borrower on the disposition of the property in the foreclosure equals the fair market value of the property.5

To determine the federal income tax treatment of a settlement payment, “the test is not whether the action was one in tort or contract, but rather the question to be asked is ‘In lieu of what were the damages awarded?’” See Raytheon Production Corp. v. Commissioner, 144 F.2d 110, 113 (1st Cir. 1944), aff’d 1 T.C. 952 (1943). Here, as reflected in the settlement documents, the NMS Payment from the Fund is an additional amount realized on the foreclosure of the borrower’s principal residence. That amount realized is used to

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5This revenue ruling addresses recourse mortgage loans. If the borrower’s mortgage loan was a nonrecourse loan, the debt that was discharged in the foreclosure would be included in the borrower’s amount realized from the disposition of the property. Regardless of whether the mortgage loan was recourse or nonrecourse, the NMS Payment is an additional amount realized from the foreclosure.
determine any gain or loss realized under § 1001, including gain that may be excluded under § 121.

In addition, an NMS Payment is intended to compensate a borrower for loss of a principal residence rather than for loss on other property. This intention is indicated by the fact that only borrowers who lost their principal residence may receive the payment. Consequently, for purposes of § 1001, § 121, and § 1.121–1(e), if a taxpayer receives an NMS Payment for loss of a multiple-unit property a portion of which was used as the taxpayer’s principal residence, then the entire NMS Payment is allocable to the portion of the property used as a principal residence. A taxpayer that receives a deceased eligible borrower’s NMS Payment “stands in the shoes” of the borrower for purposes of determining the tax consequences of that payment. Any gain not excluded from gross income under § 121 is income in respect of a decedent within the meaning of § 691(a).

Situation 1—Loss on a single-unit home. In 2011, A’s amount realized on the foreclosure of the principal residence was $125,000, its fair market value. A’s adjusted basis in the principal residence ($230,000) exceeded A’s amount realized ($125,000). Thus, A realized a $105,000 ($230,000 – $125,000) loss on the foreclosure. Under § 165(c), this loss is not deductible because A, an individual, did not incur the loss in a trade or business, a transaction entered into for profit, or as a result of a casualty. The NMS Payment of $1,400 that A received in 2013 reduces A’s nondeductible loss to $103,600 and thus does not increase A’s taxable income.

Situation 2—Loss on a multiple-unit home. In 2011, B’s adjusted basis in the portion of the property that B used as a principal residence ($115,000) exceeded B’s amount realized from the foreclosure of that portion of the property ($62,500). Thus, B realized a loss of $52,500 ($115,000–$62,500) on the portion of the property B used as a principal residence, which is not deductible under § 165(c). The entire NMS Payment of $1,400 that B received in 2013 is allocable to the portion of the property B used as a principal residence. The allocated amount reduces B’s nondeductible loss to $51,100 and thus does not increase B’s taxable income.

Situation 3—Gain on a multiple-unit home. In 2009, B’s amount realized on the foreclosure of the portion of the property B used as a principal residence ($80,000) exceeded B’s adjusted basis ($77,500) in that portion of the property. Thus, B had a $2,500 ($80,000–$77,500) gain on the foreclosure of the principal residence. B excludes this gain from gross income under § 121 because B owned and used that portion of the property as a principal residence for at least two of the five years preceding the sale. The entire NMS Payment of $1,400 that B received in 2013 is allocable to the portion of the property B used as a principal residence, thus increasing B’s gain (and the amount excluded under § 121) on the foreclosure of the principal residence to $3,900.

Situation 4—Gain on a single-unit home. In 2009, C’s amount realized on the foreclosure of the principal residence was $160,000, its fair market value. C’s amount realized ($160,000) exceeded C’s adjusted basis ($155,000). Thus, C had a $5,000 ($160,000–$155,000) gain on the foreclosure of the principal residence. C excludes this gain from gross income under § 121 because C owned and used the property as a principal residence for at least two of the five years preceding the sale. The NMS Payment of $1,400 that C received from the Fund in 2013 increases C’s gain (and the amount excluded under § 121) on the foreclosure to $6,400.

Situation 5—Single-unit home with gain less than prior depreciation. In 2009, D’s amount realized on the foreclosure of the principal residence ($149,000) exceeded D’s adjusted basis in the principal residence ($145,000). Thus, D realized a gain of $4,000 ($149,000–$145,000) on the foreclosure of the principal residence. Under § 121(d)(6), however, because the $4,000 gain did not exceed D’s depreciation deductions of $10,000, D could not exclude that gain from income until § 121, and D includes the $4,000 gain in income under § 61(a)(3) in 2009. Similarly, under § 121(d)(6), D may not exclude from income the additional $1,400 gain that D realizes as a result of the NMS Payment of $1,400 that D receives in 2013. The NMS Payment increases the gain on the property to $5,400, which does not exceed D’s depreciation deductions. Thus, none of the $5,400 gain is excludable from gross income. Under § 61(a)(3), D must include the NMS Payment of $1,400 in income on D’s federal income tax return for 2013, the year in which D received the NMS Payment. See § 1.121–1(d) for rules on determining the character of this income.

Situation 6—Single-unit home with gain greater than prior depreciation. Because the amount realized on the foreclosure was $154,500, the NMS Payment of $1,400 increased the gain to $10,900 (($154,500–$145,000) + $1,400), which exceeds the depreciation deductions by $900. Thus, D includes $500 of the additional gain resulting from the NMS Payment in gross income under § 121(d)(6) on D’s federal income tax return for 2013, and excludes the remaining $900 from gross income under § 121(a). See § 1.121–1(d) for rules on determining the character of the amount that is included in income.

Situation 7—Deceased borrower. Because D died before payment was made, the person(s) with a right to D’s NMS Payment must treat the entire amount received as income in respect of a decedent under § 691(a) because, if D had lived, D could not have excluded any of the NMS Payment from income pursuant to § 121(d)(6). See § 691(a)(3) and § 1.121–1(d) for rules on determining the character of the amount that is included in income.

HOLDINGS

1. A taxpayer who receives an NMS Payment pursuant to the National Mortgage Settlement due to the foreclosure of the taxpayer’s principal residence includes the payment in the amount realized on the foreclosure under § 1001.

2. If a taxpayer includes an NMS Payment in the amount realized and, as a result, creates or increases a gain on the foreclosure of the principal residence, the taxpayer may exclude the resulting gain from gross income to the extent permitted under § 121, including the limitation in § 121(d)(6) that gain attributable to depreciation cannot be excluded from gross income.

3. If the property for which a taxpayer receives an NMS Payment contained one or more additional dwelling units that were not used as the taxpayer’s principal residence, the entire NMS Payment is al-
Section 401.—Qualified Pension, Profit-Sharing, and Stock Bonus Plans

Rev. Rul. 2014–3

This revenue ruling provides tables of covered compensation under § 401(l)(5)(E) of the Internal Revenue Code (the “Code”) and the Income Tax Regulations thereunder, for the 2014 plan year.

Section 401(l)(5)(E)(i) defines covered compensation with respect to an employee as the average of the contribution and benefit bases in effect under section 230 of the Social Security Act (the “Act”) for each year in the 35-year period ending with the year in which the employee attains social security retirement age.

Section 401(l)(5)(E)(ii) states that the determination for any year preceding the year in which the employee attains social security retirement age shall be made by assuming that there is no increase in the contribution and benefit base after the determination year and before the employee attains social security retirement age.

Section 1.401(l)–1(c)(34) of the Income Tax Regulations (the “Regulations”) defines the taxable wage base as the contribution and benefit base under section 230 of the Act.

Section 1.401(l)–1(c)(7)(i) of the Regulations defines covered compensation for an employee as the average (without indexing) of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains (or will attain) social security retirement age. A 35-year period is used for all individuals regardless of the year of birth of the individual. In determining an employee’s covered compensation for a plan year, the taxable wage base for all calendar years beginning after the first day of the plan year is assumed to be the same as the taxable wage base in effect as of the beginning of the plan year. An employee’s covered compensation for a plan year beginning after the 35-year period applicable under § 1.401(l)–1(c)(7)(i) is the employee’s covered compensation for a plan year during which the 35-year period ends. An employee’s covered compensation for a plan year beginning before the 35-year period applicable under § 1.401(l)–1(c)(7)(i) is the taxable wage base in effect as of the beginning of the plan year.

Section 1.401(l)–1(c)(7)(ii) provides that, for purposes of determining the amount of an employee’s covered compensation under § 1.401(l)–1(c)(7)(i), a plan may use tables, provided by the Commissioner, that are developed by rounding the actual amounts of covered compensation for different years of birth. For purposes of determining covered compensation for the 2014 year, the taxable wage base is $117,000.

The following tables provide covered compensation for the year.

ATTACHMENT I

2014 COVERED COMPENSATION TABLE

<table>
<thead>
<tr>
<th>CALENDAR YEAR OF BIRTH</th>
<th>CALENDER YEAR OF SOCIAL SECURITY RETIREMENT AGE</th>
<th>2014 COVERED COMPENSATION</th>
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## ATTACHMENT I

### 2014 COVERED COMPENSATION TABLE

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<tr>
<th>CALENDAR YEAR OF BIRTH</th>
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## ATTACHMENT I

### 2014 COVERED COMPENSATION TABLE

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<thead>
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<th>CALENDAR YEAR OF BIRTH</th>
<th>CALENDAR YEAR OF SOCIAL SECURITY RETIREMENT AGE</th>
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## ATTACHMENT II

### 2014 ROUNDED COVERED COMPENSATION TABLE

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ATTACHMENT II

2014 ROUNDED COVERED COMPENSATION TABLE

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<th>2014 COVERED COMPENSATION ROUNDED</th>
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<td>1966–1967</td>
<td>108,000</td>
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<td>111,000</td>
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<td>1971–1975</td>
<td>114,000</td>
</tr>
<tr>
<td>1976 and Later</td>
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</tbody>
</table>

DRAFTING INFORMATION

The principal author of this revenue ruling is Michael Spaid of the Employee Plans, Tax Exempt and Government Entities Division. For further information regarding this revenue ruling, please contact the Employee Plans taxpayer assistance telephone service at 1-877-829-5500, between the hours of 8:30 a.m. and 4:30 p.m. Eastern time, Monday through Friday (a toll-free number). Mr. Spaid may be reached via e-mail at RetirementPlanQuestions@irs.gov.

Section 412.—Minimum Funding Standards


Section 467.—Certain Payments for the Use of Property or Services


Section 468.—Special Rules for Mining and Solid Waste Reclamation and Closing Costs


Section 482.—Allocation of Income and Deductions Among Taxpayers


Section 483.—Interest on Certain Deferred Payments


Section 509.—Private Foundation Defined

Guidance is provided for Type III supporting organizations seeking to qualify as functionally integrated by supporting a governmental supported organization. See Notice 2014–4 on page 274.
Section 642.—Special Rules for Credits and Deductions


Section 807.—Rules for Certain Reserves


Section 846.—Discounted Unpaid Losses Defined


Section 1274.—Determination of Issue Price in the Case of Certain Debt Instruments Issued for Property

(Also Sections 42, 280G, 382, 412, 467, 468, 482, 483, 642, 807, 846, 1288, 7520, 7872.)

Rev. Rul. 2014–1

This revenue ruling provides various prescribed rates for federal income tax purposes for January 2014 (the current month). Table 1 contains the short-term, mid-term, and long-term applicable federal rates (AFR) for the current month for purposes of section 1274(d) of the Internal Revenue Code. Table 2 contains the short-term, mid-term, and long-term adjusted applicable federal rates (adjusted AFR) for the current month for purposes of section 1288(b). Table 3 sets forth the adjusted federal long-term rate and the long-term tax-exempt rate described in section 382(f). Table 4 contains the appropriate percentages for determining the low-income housing credit described in section 42(b)(1) for buildings placed in service during the current month. However, under section 42(b)(2), the applicable percentage for non-federally subsidized new buildings placed in service after July 30, 2008, with respect to housing credit dollar amount allocations made before January 1, 2014, shall not be less than 9%. Table 5 contains the federal rate for determining the present value of an annuity, an interest for life or for a term of years, or a remainder or a reversionary interest for purposes of section 7520. Finally, Table 6 contains the deemed rate of return for transfers made during calendar year 2014 to pooled income funds described in section 642(c)(5) that have been in existence for less than 3 taxable years immediately preceding the taxable year in which the transfer was made.

<table>
<thead>
<tr>
<th>REV. RUL. 2014–1 TABLE 1</th>
<th>Applicable Federal Rates (AFR) for January 2014</th>
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<td><strong>Period for Compounding</strong></td>
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<td><strong>Annual</strong></td>
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<td><strong>Short-term</strong></td>
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<tr>
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<td>.28%</td>
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<td><strong>Mid-term</strong></td>
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<tr>
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<tr>
<td>175% AFR</td>
<td>3.07%</td>
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<td><strong>Long-term</strong></td>
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<td>AFR</td>
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### Rev. Rul. 2014–1 Table 2
#### Adjusted AFR for January 2014

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<td>Mid-term adjusted AFR</td>
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<td>Long-term adjusted AFR</td>
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<td>3.45%</td>
<td>3.44%</td>
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</table>

### Rev. Rul. 2014–1 Table 3
#### Rates Under Section 382 for January 2014

- Adjusted federal long-term rate for the current month: 3.49%
- Long-term tax-exempt rate for ownership changes during the current month (the highest of the adjusted federal long-term rates for the current month and the prior two months.): 3.49%

### Rev. Rul. 2014–1 Table 4
#### Appropriate Percentages Under Section 42(b)(1) for January 2014

- Appropriate percentage for the 70% present value low-income housing credit: 7.60%
- Appropriate percentage for the 30% present value low-income housing credit: 3.26%

### Rev. Rul. 2014–1 Table 5
#### Rate Under Section 7520 for January 2014

- Applicable federal rate for determining the present value of an annuity, an interest for life or a term of years, or a remainder or reversionary interest: 2.2%

### Rev. Rul. 2014–1 Table 6
#### Deemed Rate for Transfers to New Pooled Income Funds During 2014

- Deemed rate of return for transfers during 2014 to pooled income funds that have been in existence for less than 3 taxable years: 1.4%
Section 1288.—Treatment of Original Issue Discount on Tax-Exempt Obligations


Section 3504.—Acts to be Performed by Agents

T.D. 9649

DEPARTMENT OF THE TREASURY
Internal Revenue Service
26 CFR Part 31

Section 3504 Agent Employment Tax Liability

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Final regulations.

SUMMARY: This document contains final regulations relating to agents authorized by the Secretary under section 3504 of the Internal Revenue Code to perform acts required of employers who are home care service recipients. The final regulations affect employers and their designated agents who pay wages for home care services, which are subject to taxes under the Federal Unemployment Tax Act. The final regulations also modify the existing regulations under section 3504 to be consistent with the organizational structure of the Internal Revenue Service (IRS), and to update the citation to the Internal Revenue Code of 1986.

DATES: Effective Date: These regulations are effective on December 12, 2013.

Applicability Date: For dates of applicability, see § 31.3504–1(c) of these regulations.

FOR FURTHER INFORMATION CONTACT: Michelle R. Weigelt at (202) 317–6798 (not a toll-free number).

SUPPLEMENTARY INFORMATION: Background

This document contains amendments to 26 CFR part 31 under section 3504 of the Internal Revenue Code (Code). On January 13, 2010, the Treasury Department and the IRS published a notice of proposed rulemaking (REG–137036–08, 75 FR 1735, 2010–6 I.R.B. 398) (the proposed regulations) in the Federal Register under section 3504 of the Code. The Treasury Department and the IRS did not hold a public hearing because there were no requests to speak at a hearing. The Treasury Department and the IRS received written and electronic comments responding to the proposed regulations. After consideration of all the comments, the proposed regulations are adopted as amended by this Treasury decision. The comments and revisions are discussed in the preamble.

Explanation of Provisions

In case a fiduciary, agent, or other person has the control, receipt, custody, or disposal of, or pays the wages of an employee or group of employees, employed by one or more employers, section 3504 of the Code authorizes the Secretary of the Treasury to promulgate regulations to authorize the person (“agent”) to perform certain specified acts required of employers. Under section 3504, all provisions of law (including penalties) applicable with respect to employers are applicable to the agent and remain applicable to the employer. Accordingly, both the agent and employer are liable for the employment taxes and penalties associated with the employer’s employment tax obligations which the agent is authorized to perform. Prior to the amendments made by these final regulations, § 31.3504–1 of the Employment Tax Regulations provided that the IRS may authorize an agent to undertake the employment tax obligations of an employer with respect to income tax withholding and Federal Insurance Contributions Act (FICA) taxes. However, the employer was required to continue to meet its employment tax obligations with respect to Federal Unemployment Tax Act (FUTA) tax. Like the proposed regulations, these final regulations provide that the IRS may authorize an agent to undertake the employment tax obligations of an employer with respect to FUTA tax in certain circumstances.

Summary of Comments and Explanation of Revisions

A. Amendments to § 31.3504–1(a)

Under § 31.3504–1(a), an employer may request that the IRS authorize an agent under section 3504 to report, file, and pay income tax withholding, tax under the FICA, or tax under the Railroad Retirement Tax Act (RRTA), with respect to wages or compensation. The proposed regulations under § 31.3504–1(a) proposed amendments to the existing regulatory language designed to update citations and be consistent with the current organizational structure of the IRS.

One commenter expressed concern that deletion of the limiting language “in respect of such acts” from these regulations implied an agent could be held liable for all of an employer’s employment tax liabilities, regardless of which acts the agent was authorized to perform. Under section 3504, the agent is only liable for acts the IRS has authorized the agent to perform on behalf of the employer. Thus, language that limits the scope of the agent’s liability has been reincorporated into the final regulations.

Another commenter suggested that the final regulations include a rule that the agent is only liable for employment taxes with respect to wages or compensation paid by the agent on behalf of the employer. Because section 3504 provides an agent may also be authorized under section 3504 if the person has the control, receipt, custody, or disposal of the wages of an employer’s employees, a rule that the agent can only be held liable for employment taxes with respect to those wages paid by the agent would be more narrow than the statute. Therefore, this rule was not adopted in the final regulations. In addition to the change to proposed § 31.3504–1(a) made in response to comments, these final regulations adopt minor changes for clarity and consistency.

B. Amendments under § 31.3504–1(b)

The proposed regulations under § 31.3504–1(b) provide a special rule that
allows an employer who is a home care service recipient to request that the IRS authorize an agent to act with respect to FUTA taxes imposed on wages paid for home care services, provided that the agent is authorized to act for the home care service recipient for income tax withholding and FICA tax purposes. The proposed regulations under § 31.3504–1(b) do not apply to an agent that is authorized to report, file, and pay income tax withholding or FICA tax for an employer who is not a home care service recipient, or for wages paid for services other than home care services.

Several commenters sought legal or procedural explanations which were beyond the scope of the proposed regulations. Thus, those comments are not addressed in these final regulations. For example, these regulations do not address comments seeking clarification on the identity of the common law employer if the home care service recipient has a representative acting on his or her behalf, the ability of an agent to delegate its responsibility to a third-party, the application of certain exceptions to FICA and FUTA taxes, the proper use of employer identification numbers (EIN) in filing employment tax returns, and the deposit requirements of agents. However, Revenue Procedure 2013–39, which is being released simultaneously with these final regulations updates the procedures for requesting that the IRS authorize a person to act as agent under section 3504, and addresses filing, reporting, and deposit rules for agents.

1. Certification of State Unemployment Contributions

Section 3504 provides that all provisions of law applicable to an employer apply to the agent. Thus, an agent authorized under the proposed regulations for FUTA tax purposes reports the state unemployment contributions paid into a state unemployment fund on behalf of a home care service recipient as a credit under section 3302 against the FUTA tax reported on the agent’s aggregate FUTA tax return. The IRS has designated Form 940, Employer’s Annual Federal Unemployment Tax (FUTA) Return, as the return to file to report FUTA tax. The credit can be reported by the agent regardless of whether the state unemployment contributions are made under the name and state identifying number of the home care service recipient or of the agent.

Several commenters expressed concern that the IRS will be unable to verify the state unemployment contributions made on behalf of a home care service recipient if such contributions are reported on an aggregate Form 940 FUTA tax return using the agent’s name and EIN. The commenters suggested that each home care service recipient’s name and EIN be included on the aggregate return for purposes of the annual certification process.

Following the publication of the proposed regulations, the IRS issued Schedule R (Form 940), Allocation Schedule for Aggregate Form 940 Filers, for use beginning in tax year 2010. Agents of home care service recipients are required to use Schedule R (Form 940) to allocate the information reported on the aggregate FUTA tax return, and must separately list each home care service recipient’s name and EIN on Schedule R (Form 940). Because the issuance of Schedule R (Form 940) resolves the concerns raised by these commenters, no changes were made to the final regulations.

2. Domestic Service Employment Tax Rules and Home Care Services

The proposed regulations define home care services to include health care and personal attendant care services rendered in the home care service recipient’s home or local community. Several commenters requested clarification of whether home care services constitute domestic services for employment tax purposes, particularly when the services involve travel outside the home.

The Code has special rules for domestic services. These special rules include provisions in section 3401(a)(3) regarding the requirement to withhold income tax; sections 3121(a)(7)(B), 3306(a)(3), and 3306(c)(2) regarding minimum dollar thresholds for imposition of FICA and FUTA taxes; section 3121(b)(3)(B) regarding exemption from FICA tax for certain family employment relationships; and section 3121(b)(21) regarding exemption from FICA tax depending on the age of the service provider. Whether any of these rules apply in a given situation depends on whether the services are “domestic services” and whether the services are provided in the “private home” of the employer. These terms are explained in §§ 31.3121(a)(7)–1(a)(2), 31.3306(c)(2)–1, and 31.3401(a)–3 of the regulations.

Generally, § 31.3121(a)(7)–1(a)(2) provides that domestic services are services of a household nature performed by an employee in or about a private home of the person by whom the employee is employed. A private home is a fixed place of abode of an individual or family. Sections 31.3306(c)(2)–1 and 31.3401(a)–3 contain similar descriptions for FUTA tax and income tax withholding purposes, respectively.

The preamble to the proposed regulations stated that services provided outside the home care service recipient’s private home may qualify as home care services for purposes of these regulations even if the services do not qualify as domestic service in a private home of the employer for purposes of sections 3121(a)(7), 3306(c)(2), and 3401(a)(3).

One commenter requested a rule deeming the special statutory rules for domestic services as applying to all home care services. The determination of whether the statutory rules for domestic services apply depends on whether the services are domestic services provided in the private home of the employer as explained in the regulations. Thus, a bright line rule that home care services are domestic services in all cases is beyond the scope of these regulations, and the proposal was not adopted.

However, we anticipate that there will only be limited circumstances when home care services would not be subject to the domestic service rules and note that the regulations on domestic service described in this section, and other public guidance currently available address these comments. For example, Revenue Ruling 56–109, 1956–1 C.B. 467, provides that services performed by an employee as a companion to a convalescent employer, including accompanying the convalescent on trips, constitute domestic service in a private home of the employer for purposes of employment taxes.
Several commenters interpreted the use of the phrase “home or local community” in the definition of home care services to impose geographical restrictions. The phrase was intended to indicate that despite the home-based nature of health care and personal attendant care services, home care services may be provided outside of a home, and was not intended to exclude services qualifying for funds under the government program based on the location at which the services were provided. Thus, home care services under the regulations include any services for which an individual enrolled in a government program described in the regulations would be eligible to receive funds. Similar to how Rev. Rul. 56–109 describes a situation where services that are provided outside the employer’s house nevertheless constitute “domestic services in the private home of the employer,” services provided outside the home or local community may constitute home care services. Nevertheless, to avoid the implication of a geographical limitation on what services may qualify as home care services, the phrase was removed from the definition of home care services in the final regulations.

Finally, one commenter interpreted the definition of home care services to include only services provided to elderly individuals and individuals with physical disabilities, and not to include services provided to individuals with intellectual and developmental disabilities. The definition of home care services in the proposed regulations are not limited by the type of disability. Rather, the definition of home care services includes any services for which an individual enrolled in a government program described in the regulations would be eligible to receive funds. Therefore, no changes were made to the final regulations with regard to the definition of home care services to address this comment.

3. Clarification Regarding Home Care Service Recipients

The proposed regulations define home care service recipient as any individual who receives home care services while enrolled, and for the remainder of the calendar year after ceasing to be enrolled, in a program administered by a Federal, state, or local government agency that provides Federal, state, or local government funds, to pay, in whole or in part, for the home care services for that individual. Several commenters submitted questions regarding this definition that did not require changes to the regulations, but with respect to which clarification is provided in this preamble.

With regard to the Federal, state, or local government programs which provide funds for home care services, the preamble to the proposed regulations provides, “In all such programs, intermediaries who are engaged to assist beneficiaries to receive and distribute funds on the beneficiaries’ behalf are reviewed and approved by a state or local government agency.” Several commenters interpreted this statement as inferring coordination between the IRS and the Centers for Medicare and Medicaid Services (CMS) regarding qualifications and contracting requirements for agents. The statement was intended to highlight the currently existing oversight of the intermediaries that serve as agents in these programs by CMS or other Federal, state, and local government agencies. There is no anticipated IRS involvement in the way these agencies administer these programs, including selection and monitoring of the intermediaries.

Application of the proposed regulations requires that a home care service recipient be enrolled in a program that provides Federal, state, or local government funds to pay for home care services, in whole or in part. One commenter asked whether an individual who pays for home care services from his or her personal bank account or with other non-government funds can be a home care service recipient within the meaning of the regulations. An individual is not a home care service recipient within the meaning of these regulations if no government funds are used to pay for any part of the home care services performed for the individual. However, an individual may be a home care service recipient if the cost of the home care services are initially paid for with non-government funds and such cost is reimbursed in whole or in part with government funds provided under the government program.

Other commenters asked about procedures an agent should follow when an individual ceases to be a home care service recipient. Under § 31.3504–1(b)(3), a participant qualifies as a home care service recipient until the end of the calendar year in which the participant ceases to qualify as a home care service recipient. Furthermore, the agent may continue to act as an agent with respect to the home care service recipient’s FUTA tax obligations for the entire calendar year in which the participant ceases to qualify as a home care service recipient. Treasury and the IRS do not believe a description of any specific procedures is needed in these regulations with regard to the cessation of home care service recipient status for FUTA tax purposes. However, Revenue Procedure 2013–39, which is being released simultaneously with these final regulations updates the procedures to request the IRS authorize a person to act as agent under section 3504 and clarifies the rules for revoking authorization.

Special Analyses

It has been determined that this Treasury decision is not a significant regulatory action as defined in EO 12866. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to this regulation. Pursuant to the Regulatory Flexibility Act (5 U.S.C. chapter 6), it is hereby certified that these regulations will not have a significant economic impact on a substantial number of small entities. The collection of information contained in these regulations is a voluntary written application from an employer, signed by the employer and the agent, requesting the IRS approve the appointment of an agent to perform the acts required of the employer. The application contains information generally available to taxpayers, such as the name, address, and EIN of the employer, and ultimately serves to lessen taxpayer burden by allowing the employer to have an agent fulfill certain employment tax obligations. Accordingly, a regulatory flexibility analysis.
is not required. Pursuant to section 7805(f) of the Internal Revenue Code, the proposed regulations preceding these regulations were submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small business, and no comments were received.

Drafting Information

The principal author of these final regulations is Michelle R. Weigelt, Office of Division Counsel/Associate Chief Counsel (Tax Exempt and Government Entities). However, personnel from other offices of the IRS and the Treasury Department participated in their development.

* * * * *

Adoption of Amendments to the Regulations

Accordingly, 26 CFR part 31 is amended as follows:

PART 31—EMPLOYMENT TAXES AND COLLECTION OF INCOME TAX AT SOURCE

Paragraph 1. The authority citation for part 31 continues to read in part as follows:

Authority: 26 U.S.C. 7805 * * *

Par.2. Section 31.3504–1 is revised to read as follows:

§ 31.3504–1 Designation of Agent by Application.

(a) In general. In the event wages as defined in chapter 21 or 24 of the Internal Revenue Code (Code), or compensation as defined in chapter 22 of the Code, of an employee or group of employees, employed by one or more employers, is paid by a fiduciary, agent, or other person (“agent”), or if that agent has the control, receipt, custody, or disposal of (collectively “pays”) wages or compensation, the Internal Revenue Service may, subject to the terms and conditions as it deems proper, authorize that agent to perform the acts required of the employer or employers under those provisions of the Code and the regulations that apply, for purposes of the taxes imposed by the chapter or chapters, with respect to wages or compensation paid by the agent. If the agent is authorized by the Internal Revenue Service to perform such acts, all provisions of law (including penalties) and of the regulations applicable to an employer with respect to such acts shall be applicable to the agent. However, each employer for whom the agent acts shall remain subject to all provisions of law (including penalties) and of the regulations applicable to an employer with respect to such acts. Any application to authorize an agent to perform such acts, signed by the agent and the employer, shall be made on the form prescribed by the Internal Revenue Service and shall be filed with the Internal Revenue Service as prescribed in the instructions to the form and other applicable guidance.

(b) Special rule for home care service recipients. (1) In general. In the event an agent is authorized pursuant to paragraph (a) of this section to perform the acts required of an employer under chapters 21 or 24 on behalf of one or more home care service recipients, as defined in paragraph (b) (3) of this section, the Internal Revenue Service may authorize that agent to perform the acts as are required of employers for purposes of the tax imposed by chapter 23 of the Code with respect to wages paid by the agent for home care services, as defined in paragraph (b) (2) of this section, rendered to the home care service recipient. If the agent is authorized by the Internal Revenue Service to perform such acts, all provisions of law (including penalties) and of the regulations applicable to an employer in respect of such acts shall be applicable to the agent. However, each employer for whom the agent acts shall remain subject to all provisions of law (including penalties) and of the regulations applicable to an employer with respect to such acts.

(2) Home care services. For purposes of this section, the term home care services includes health care and personal attendant care services rendered to the home care service recipient.

(3) Home care service recipient. For purposes of this section, the term home care service recipient means any individual who receives home care services, as defined in paragraph (b) (2) of this section, while enrolled, and for the remainder of the calendar year after ceasing to be enrolled, in a program administered by a Federal, state, or local government agency that provides Federal, state, or local government funds, to pay, in whole or in part, for home care services for that individual.

(c) Effective/applicability dates. An authorization under paragraph (a) in effect prior to December 12, 2013 continues to be in effect after that date. Paragraph (b) of this section applies to wages paid on or after January 1, 2014. However, pursuant to section 7805(b), taxpayers may rely on paragraph (b) of this section for all taxable years for which a valid designation is in effect under paragraph (a) of this section.

Beth Tucker,
Deputy Commissioner for Services and Enforcement.

Approved September 27, 2013

Mark J. Mazur,
Assistant Secretary of the Treasury (Tax Policy).

Section 4942.—Taxes on Failure to Distribute Income

Guidance is provided to private foundations and sponsoring organizations that maintain donor-advised funds relating to grants to functionally integrated Type III supporting organizations. See Notice 2014-4 on page 274.

Section 4945.—Taxes on Taxable Expenditures

Guidance is provided to private foundations and sponsoring organizations that maintain donor-advised funds relating to grants to functionally integrated Type III supporting organizations. See Notice 2014-4 on page 274.
Section 4966.—Taxes on Taxable Distributions

Guidance is provided to private foundations and sponsoring organizations that maintain donor-advised funds relating to grants to functionally integrated Type III supporting organizations. See Notice 2014-4 on page 274.

Section 7520.—Valuation Tables


Section 7872.—Treatment of Loans With Below-Market Interest Rates

Part III. Administrative, Procedural, and Miscellaneous

Sections 125 and 223—Cafeteria Plans, Flexible Spending Arrangements, and Health Savings Accounts—Elections and Reimbursements for Same-Sex Spouses Following the Windsor Supreme Court Decision

Notice 2014–1

I. PURPOSE

This notice provides guidance on the application of the rules under section 125 of the Internal Revenue Code (Code) (relating to cafeteria plans, including health and dependent care flexible spending arrangements (FSAs)), and section 223 of the Code (relating to health savings accounts (HSAs)), as those two provisions relate to the participation by same-sex spouses in certain employee benefit plans following the Supreme Court decision in United States v. Windsor, 570 U.S. ___, 133 S. Ct. 2675 (2013), and the issuance of Rev. Rul. 2013–17, 2013–38 I.R.B. 191. This notice amplifies the previous guidance provided in Rev. Rul. 2013–17.

II. BACKGROUND

A. Cafeteria Plans, Health and Dependent Care FSAs, and HSAs

Section 125(d)(1) defines a cafeteria plan as a written plan under which all participants are employees and the participants may choose among two or more benefits consisting of cash and qualified benefits. Section 125(f) defines a qualified benefit as any benefit which, with the application of section 125(a), is not includable in the gross income of the employee by reason of an express provision of Chapter I of the Code (with certain exceptions). Qualified benefits include contributions to an employer-provided accident and health plan that are excludable from gross income under section 106.

Under Treas. Reg. § 1.1106–1, the gross income of an employee does not include contributions that his employer makes to an accident or health plan for compensation (through insurance or otherwise) to the employee for personal injuries or sickness incurred by the employee, the employee’s spouse and dependents, and certain other individuals.

Treas. Reg. § 1.125–4 provides that a cafeteria plan may permit an employee to revoke an election during a period of coverage and make a new election under certain circumstances. One circumstance under which a cafeteria plan may permit an employee to make a new election is a change in status event under Treas. Reg. § 1.125–4(c), including a change in legal marital status. Another circumstance under which a cafeteria plan may permit an employee to make a new election is a significant change in the cost of coverage under Treas. Reg. § 1.125–4(f).

Prop. Treas. Reg. § 1.125–5 defines a FSA as a benefit program that provides employees with coverage that reimburses specified incurred expenses (subject to reimbursement maximums and any other reasonable conditions). Prop. Treas. Reg. § 1.125–5(h) provides that the benefits that may be offered through FSAs include dependent care assistance programs under section 129 and medical reimbursement arrangements under section 105.

Section 129 provides that the maximum exclusion from gross income under a dependent care assistance program is $5,000 for an individual or a married couple filing jointly or $2,500 for a married individual filing separately.

Section 223(d) defines a HSA as a trust created or organized in the United States as a health savings account exclusively for the purpose of paying the qualified medical expenses of the account beneficiary and that satisfies other delineated requirements. The term “qualified medical expenses” is defined in section 223(d)(2) to include amounts paid by a beneficiary for medical care for that individual and the spouse of that individual. Section 223(a) allows a deduction for an eligible individual in an amount equal to the aggregate amount paid in cash during a taxable year by or on behalf of the individual to a HSA. The maximum deduction for the 2013 taxable year is limited to $6,450 (as adjusted for cost-of-living increases) in the case of an eligible individual who has family coverage under a high-deductible health plan (HDHP); see Rev. Proc. 2012–26, 2012–20 I.R.B. 933. In the case of married individuals either one of whom has family coverage under a HDHP, the HSA deduction limitation is divided equally among the spouses unless they agree on a different division.

B. Defense of Marriage Act

Until the recent decision of the Supreme Court in Windsor found it unconstitutional, section 3 of the Defense of Marriage Act (DOMA) prohibited the recognition of same-sex marriages for purposes of federal tax law. Specifically, section 3 of DOMA (1 U.S.C. § 7) provided that:

In determining the meaning of any Act of Congress, or of any ruling, regulation or interpretation of the various administrative bureaus and agencies of the United States, the word ‘marriage’ means only a legal union between one man and one woman as husband and wife, and the word ‘spouse’ refers only to a person of the opposite sex who is a husband or a wife.

As a result, employers could not permit employees to elect coverage of same-sex spouses on a pre-tax basis under a cafeteria plan unless the spouse otherwise qualified as a tax dependent of the employee.

C. Effect of the Windsor decision and Rev. Rul. 2013–17

In Windsor, the Supreme Court held on June 26, 2013 that section 3 of DOMA is unconstitutional because it violates Fifth Amendment principles. Rev. Rul. 2013–17, interpreting the Windsor decision, held the following:

1. For Federal tax purposes, the terms “spouse,” “husband and wife,” “husband,” and “wife” include an individual married to a person of the same sex if the individuals are lawfully married under state law, and the term “marriage” includes such a marriage between individuals of the same sex;

2. For Federal tax purposes, the IRS adopts a general rule recognizing a marriage of same-sex individuals that
was validly entered into in a state whose laws authorize the marriage of two individuals of the same sex even if the married couple is domiciled in a state that does not recognize the validity of same-sex marriages; and

3. For Federal tax purposes, the terms “spouse,” “husband and wife,” “husband,” and “wife” do not include individuals (whether of the opposite sex or the same sex) who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state, and the term “marriage” does not include such formal relationships.

Rev. Rul. 2013–17 provides that taxpayers may rely on its holdings retroactively with respect to any employee benefit plan or arrangement or any benefit provided thereunder only for purposes of filing original returns, amended returns, adjusted returns, or claims for credit or refund of an overpayment of tax concerning employment tax and income tax with respect to employer-provided health coverage benefits or fringe benefits that were provided by the employer and are excludable from income under sections 106, 117(d), 119, 129, or 132 based on an individual’s marital status. The ruling further provides that, for purposes of the preceding sentence, if an employee made a pre-tax salary-reduction election for health coverage under a section 125 cafeteria plan sponsored by an employer and also elected to provide health coverage for a same-sex spouse on an after-tax basis under a group health plan sponsored by that employer, an affected taxpayer may treat the amounts that were paid by the employee for the coverage of the same-sex spouse on an after-tax basis as pre-tax salary reduction amounts.

Notice 2013–61, 44 I.R.B. 432, contains special administrative procedures for employers who want to make adjustments or claims for refund or credit of employment taxes paid with respect to the value of same-sex spousal benefits that are excludable from the income and wages of an employee under the Windsor decision, as interpreted by Rev. Rul. 2013–17.

The following questions and answers provide further guidance on the application of the Windsor decision with respect to certain rules governing the federal tax treatment of certain types of employee benefit arrangements.

III. QUESTIONS AND ANSWERS

With respect to the following guidance, references to “marriage” or “spouse” refer to individuals who at the relevant date for the relevant period of time would be treated as married or as spouses under the holdings in Rev. Rul. 2013–17.

Mid-Year Election Changes

Q–1: If a cafeteria plan participant was lawfully married to a same-sex spouse as of the date of the Windsor decision, may the plan permit the participant to make a mid-year election change on the basis that the participant has experienced a change in legal marital status?

A–1: Yes. A cafeteria plan may treat a participant who was married to a same-sex spouse as of the date of the Windsor decision (June 26, 2013) as if the participant experienced a change in legal marital status for purposes of Treas. Reg. § 1.125–4(c). Accordingly, a cafeteria plan may permit such a participant to revoke an existing election and make a new election in a manner consistent with the change in legal marital status. For purposes of election changes due to the Windsor decision, an election may be accepted by the cafeteria plan if filed at any time during the cafeteria plan year that includes June 26, 2013, or the cafeteria plan year that includes December 16, 2013.

A cafeteria plan may also permit a participant who marries a same-sex spouse after June 26, 2013, to make a mid-year election change due to a change in legal marital status.

Any election made with respect to a same-sex spouse (and/or the spouse’s dependents) must satisfy the requirements of the regulations concerning election changes generally, including the consistency rule under Treas. Reg. § 1.125–4(c)(3).

Q–2: May a cafeteria plan permit a participant with a same-sex spouse to make a mid-year election change under Treas. Reg. § 1.125–4(f) on the basis that the change in tax treatment of health coverage for a same-sex spouse resulted in a significant change in the cost of coverage?

A–2: A change in the tax treatment of a benefit offered under a cafeteria plan generally does not constitute a significant change in the cost of coverage for purposes of Treas. Reg. § 1.125–4(f). Given the legal uncertainty created by the Windsor decision, however, cafeteria plans may have permitted mid-year election changes under Treas. Reg. § 1.125–4(f) prior to the publication of this notice.

As noted in Q&A–1 above, such an election change would have been permitted on the basis that the participant experienced a change in legal marital status. Accordingly, for periods between June 26 and December 31, 2013, a cafeteria plan will not be treated as having failed to meet the requirements of section 125 or Treas. Reg. § 1.125–4 solely because the plan permitted a participant with a same-sex spouse to make a mid-year election change under Treas. Reg. § 1.125–4(f) as a result of the plan administrator’s interpretation that the change in tax treatment of spousal health coverage arising from the Windsor decision resulted in a significant change in the cost of health coverage.

Q–3: When does an election made by a participant in connection with the Windsor decision take effect?

A–3: An election made under a cafeteria plan with respect to a same-sex spouse as a result of the Windsor decision generally takes effect as of the date that any other change in coverage becomes effective for a qualifying benefit that is offered through the cafeteria plan.

With respect to a change in status election that was made by a participant in connection with the Windsor decision between June 26, 2013 and December 16, 2013, the cafeteria plan will not be treated as having failed to meet the requirements of section 125 or Treas. Reg. § 1.125–4 to the extent that coverage under the cafeteria plan becomes effective no later than the later of (a) the date that coverage under the cafeteria plan would be added under the cafeteria plan’s usual procedures for change in status elections, or (b) a reasonable period of time after December 16, 2013.
The rules set forth in Q&A-1 through Q&A-3 are illustrated by the following examples:

Example 1. Employer sponsors a cafeteria plan with a calendar year plan year. Employee A married same-sex Spouse B in October 2012 in a state that recognized same-sex marriages. During open enrollment for the 2013 plan year, Employee A elected to pay for the employee portion of the cost of self-only health coverage through salary reduction under the cafeteria plan.

Employer permits same-sex spouses to participate in its health plan. On October 5, 2013, Employee A elected to add health coverage for Spouse B under Employer’s health plan, and made a new salary reduction election under the cafeteria plan to pay for the employee portion of the cost of Spouse B’s health coverage. Employer was not certain whether such an election change was permissible, and accordingly declined to implement the election change until the publication of this notice.

After publication of this notice, Employer determines that Employee A’s revised election is permissible as a change in status election in accordance with this notice. Employer enrolls Spouse B in the health plan as of December 20, 2013, and begins making appropriate salary reductions from the compensation of Employee A for Spouse B’s coverage beginning with the pay period starting December 20, 2013. The cafeteria plan is administered in accordance with this notice.

Example 2. Same facts as Example 1, except that Employee A submitted the election to add health coverage for Spouse B under Employer’s cafeteria plan on September 1, 2013. Prior to publication of this notice, Employer implemented the election change and enrolled Spouse B in the health plan as of October 1, 2013, and began making appropriate salary reductions from the compensation of Employee A for Spouse B’s coverage beginning with the pay period starting October 1, 2013. The cafeteria plan was administered in accordance with this notice.

Example 3. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in the current cafeteria plan year by providing notice of the participant’s marital status to the employer or the cafeteria plan, or to continue paying for these benefits on an after-tax basis. In either case, the participant may seek a refund of federal income or federal employment taxes paid on account of such coverage.

Example 4. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election under the cafeteria plan electing to pay for the employee cost of Spouse B’s health coverage on a pre-tax basis through salary reduction. Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 5. In the case of a cafeteria plan participant who elected to pay for the employee cost of health coverage for a same-sex spousal coverage on an after-tax basis?

Example 6. Yes. A cafeteria plan may permit a participant’s FSA to reimburse covered expenses incurred by the participant’s same-sex spouse during a period beginning on a date that is no earlier than (a) the beginning of the cafeteria plan year including the date of the Windsor decision or (b) the date of marriage, if later?

In general, Q&A-4 and Q&A-5 provide that a cafeteria plan participant may choose to pay for the employee cost of same-sex spousal coverage on a pre-tax basis through the remaining pay periods in the current cafeteria plan year by providing notice of the participant’s marital status to the employer or the cafeteria plan, or to continue paying for these benefits on an after-tax basis. In either case, the participant may seek a refund of federal income or federal employment taxes paid on any amounts representing the employee cost of spousal health coverage that were treated as after-tax and may exclude these amounts from gross income when filing an income tax return for the year.

The rules set forth in Q&A-4 and Q&A-5 are illustrated by the following example:

Example 3. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 4. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election under the cafeteria plan electing to pay for the employee cost of Spouse B’s health coverage on a pre-tax basis through salary reduction. Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 5. In the case of a cafeteria plan participant who elected to pay for the employee cost of health coverage for a same-sex spousal coverage on an after-tax basis?

Example 6. Yes. A cafeteria plan may permit a participant’s FSA to reimburse covered expenses incurred by the participant’s same-sex spouse during a period beginning on a date that is no earlier than (a) the beginning of the cafeteria plan year including the date of the Windsor decision or (b) the date of marriage, if later?

In general, Q&A-4 and Q&A-5 provide that a cafeteria plan participant may choose to pay for the employee cost of same-sex spousal coverage on a pre-tax basis through the remaining pay periods in the current cafeteria plan year by providing notice of the participant’s marital status to the employer or the cafeteria plan, or to continue paying for these benefits on an after-tax basis. In either case, the participant may seek a refund of federal income or federal employment taxes paid on any amounts representing the employee cost of spousal health coverage that were treated as after-tax and may exclude these amounts from gross income when filing an income tax return for the year.

The rules set forth in Q&A-4 and Q&A-5 are illustrated by the following example:

Example 3. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 4. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election under the cafeteria plan electing to pay for the employee cost of Spouse B’s health coverage on a pre-tax basis through salary reduction. Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 5. In the case of a cafeteria plan participant who elected to pay for the employee cost of health coverage for a same-sex spousal coverage on an after-tax basis?

Example 6. Yes. A cafeteria plan may permit a participant’s FSA to reimburse covered expenses incurred by the participant’s same-sex spouse during a period beginning on a date that is no earlier than (a) the beginning of the cafeteria plan year including the date of the Windsor decision or (b) the date of marriage, if later?

In general, Q&A-4 and Q&A-5 provide that a cafeteria plan participant may choose to pay for the employee cost of same-sex spousal coverage on a pre-tax basis through the remaining pay periods in the current cafeteria plan year by providing notice of the participant’s marital status to the employer or the cafeteria plan, or to continue paying for these benefits on an after-tax basis. In either case, the participant may seek a refund of federal income or federal employment taxes paid on any amounts representing the employee cost of spousal health coverage that were treated as after-tax and may exclude these amounts from gross income when filing an income tax return for the year.

The rules set forth in Q&A-4 and Q&A-5 are illustrated by the following example:

Example 3. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 4. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election under the cafeteria plan electing to pay for the employee cost of Spouse B’s health coverage on a pre-tax basis through salary reduction. Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 5. In the case of a cafeteria plan participant who elected to pay for the employee cost of health coverage for a same-sex spousal coverage on an after-tax basis?

Example 6. Yes. A cafeteria plan may permit a participant’s FSA to reimburse covered expenses incurred by the participant’s same-sex spouse during a period beginning on a date that is no earlier than (a) the beginning of the cafeteria plan year including the date of the Windsor decision or (b) the date of marriage, if later?

In general, Q&A-4 and Q&A-5 provide that a cafeteria plan participant may choose to pay for the employee cost of same-sex spousal coverage on a pre-tax basis through the remaining pay periods in the current cafeteria plan year by providing notice of the participant’s marital status to the employer or the cafeteria plan, or to continue paying for these benefits on an after-tax basis. In either case, the participant may seek a refund of federal income or federal employment taxes paid on any amounts representing the employee cost of spousal health coverage that were treated as after-tax and may exclude these amounts from gross income when filing an income tax return for the year.

The rules set forth in Q&A-4 and Q&A-5 are illustrated by the following example:

Example 3. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 4. Same facts as Example 1, except that the participant pays for the employee cost of health coverage through salary reduction under the cafeteria plan during the remaining pay periods in 2013 starting November 1, 2013.

Employer implemented the change in status election under the cafeteria plan electing to pay for the employee cost of Spouse B’s health coverage on a pre-tax basis through salary reduction. Employer implemented the change in status election on November 1, 2013, and excluded the cost of Spouse B’s coverage from Employee A’s gross income and wages with respect to all remaining pay periods in 2013 starting November 1, 2013.

Example 5. In the case of a cafeteria plan participant who elected to pay for the employee cost of health coverage for a same-sex spousal coverage on an after-tax basis?

Example 6. Yes. A cafeteria plan may permit a participant’s FSA to reimburse covered expenses incurred by the participant’s same-sex spouse during a period beginning on a date that is no earlier than (a) the beginning of the cafeteria plan year including the date of the Windsor decision or (b) the date of marriage, if later?
end year plan year may permit a participant’s FSA to reimburse covered expenses of the participant’s same-sex spouse or the same-sex spouse’s dependent that were incurred during a period beginning on any date that is on or after January 1, 2013 (or the participant’s date of marriage if later).

The rules set forth in Q&A–6 are illustrated by the following examples:

Example 4. Same facts as Example 1, except that Employer’s cafeteria plan included a health FSA. For the plan year beginning January 1, 2013, Employee A elected $2,500 in coverage under the health FSA. On October 5, 2013, Employee A elected to add health coverage for Spouse B under Employer’s group health plan, and made a new salary reduction election under the cafeteria plan to pay for the employee cost of Spouse B’s health coverage. On October 15, 2013, Employee A submitted a reimbursement request under the health FSA including a properly substantiated health care expense incurred by Spouse B on July 15, 2013. Employee A’s FSA may reimburse the covered expense.

Example 5. Same facts as Example 4, except that Employee A did not elect to add health coverage for Spouse B under Employer’s group health plan. On October 15, 2013, Employee A submitted a reimbursement request under the health FSA including a properly substantiated health care expense incurred by Spouse B on July 15, 2013. The reimbursement request included a representation that Employee A was legally married to Spouse B on the date that the health care expense was incurred.

Employee A’s FSA may reimburse the covered expense.

Contribution Limits for HSAs and Dependent Care Assistance Programs

Q–7: Is a same-sex married couple subject to the joint deduction limit for contributions to a HSA?

A–7: Yes. The maximum annual deductible contribution to one or more HSAs for a married couple either of whom elects family coverage under a HDHP is $6,450 for the 2013 taxable year (as adjusted for cost of living increases). This deduction applies to same-sex married couples who are treated as married for federal tax purposes with respect to a taxable year (that is, couples who remain married as of the last day of the taxable year), including the 2013 taxable year.

Q–8: If each of the spouses in a same-sex married couple elected to make contributions to separate HSAs that, when combined, exceed the applicable HSA contribution limit for a married couple, how can the excess contribution be corrected?

A–8: If the combined HSA contributions elected by two same-sex spouses exceed the applicable HSA contribution limit for a married couple, contributions for one or both of the spouses may be reduced for the remaining portion of the tax year in order to avoid exceeding the applicable contribution limit. To the extent that the combined contributions to the HSAs of the married couple exceed the applicable contribution limit, any excess may be distributed from the HSAs of one or both spouses no later than the tax return due date for the spouses, as permitted under section 223(f)(3). Any such excess contributions that remain undistributed as of the due date for the filing of the spouse’s tax return (including extensions) will be subject to excise taxes under section 4973.

The rules set forth in Q&A–7 and Q&A–8 are illustrated by the following example:

Example 6. Same-sex spouses C and D were married in a state recognizing same-sex marriages in December 2012. For the period beginning January 1, 2013, Spouse C elected family coverage under a HDHP and elected to make $6,000 in contributions to a HSA. For the same period, Spouse D separately elected family coverage under a HDHP and elected to make $4,000 in contributions to a HSA.

As a result of the Windsor decision and Rev. Rul. 2013–17, Spouses C and D became recognized as legal spouses for federal tax purposes. The spouses remained married for the remainder of the 2013 taxable year.

Under section 223(b) (as adjusted for increases in the cost of living), the maximum deductible contribution to a HSA for 2013 for a married couple either of whom elects family coverage under a HDHP is $6,450. The combined HSA contributions made by Spouses C and D for the 2013 taxable year totaled $10,000, which exceeded the allowable deduction limit by $3,550.

On February 15, 2014, Spouse C receives a HSA distribution of $3,550, plus an additional $150 in income attributable to the $3,550 excess contribution. The $150 in income on the excess contributions is includable in Spouse C’s gross income for 2014, as provided in section 223(f)(3)(A). Because the distribution was made prior to the due date for Spouse C’s federal tax return, the $3,550 in excess contributions is not subject to excise taxes under section 4973.

Q–9: Is a same-sex married couple subject to the exclusion limit for contributions to a dependent care FSA?

A–9: Yes. The maximum annual contribution to one or more dependent care FSAs for a married couple is $5,000. This limit applies to same-sex married couples who are treated as married for federal tax purposes with respect to a taxable year (that is, couples who remain married as of the last day of the taxable year), including the 2013 taxable year.

Q–10: If each of the spouses in a same-sex married couple elected to make dependent care FSA contributions that, when combined, exceed the applicable exclusion limit for a married couple, how can the excess contribution be corrected?

A–10: If the combined dependent care FSA contributions elected by the same-sex spouses exceed the applicable contribution limit for a married couple, contributions for one or both of the spouses may be reduced for the remaining portion of the tax year in order to avoid exceeding the applicable contribution limit. To the extent that the combined contributions to the dependent care FSAs of the married couple exceed the applicable contribution limit, the amount of excess contributions will be includable in the spouses’ gross income as provided in section 129(a)(2)(B).

The rules set forth in Q&A–9 and Q&A–10 are illustrated by the following example:

Example 7. Same-sex spouses E and F were married throughout 2013. For the period beginning January 1, 2013, Spouse E elected to make contributions to a dependent care FSA in the amount of $5,000. For the same period, Spouse F separately elected to make contributions to a dependent care FSA in the amount of $2,500.

As a result of the Windsor decision and Rev. Rul. 2013–17, Spouses E and F became recognized as legal spouses for federal tax purposes.

On November 1, 2013, Spouse E made a change in status election under the cafeteria plan electing to cease all dependent care FSA contributions for the remainder of the year. By December 31, 2013, the total amount of dependent care FSA contributions made by Spouse E was $4,000.

Spouses E and F filed separate returns for the 2013 taxable year. Under section 129(b)(2)(A), the maximum exclusion relating to a dependent care assistance program is $2,500 in the case of a separate return by a married individual. Spouse F is permitted to claim the full $2,500 exclusion for contributions to Spouse F’s dependent care FSA.

Spouse E made contributions to a dependent care FSA in the amount of $4,000, which exceeds the applicable exclusion limit by $1,500. Spouse E must include this $1,500 excess contribution in gross income. The amount of the excess contribution will remain credited to the FSA to reimburse allowable claims in accordance with plan terms (or
be forfeited to the extent that allowable claims are not submitted).

IV. WRITTEN PLAN AMENDMENT

A cafeteria plan containing written terms permitting a change in election upon a change in legal marital status generally is not required to be amended to permit a change in status election with regard to a same-sex spouse in connection with the Windsor decision. To the extent that the cafeteria plan sponsor chooses to permit election changes that were not previously provided for in the written plan document, the cafeteria plan must be amended to permit such election changes on or before the last day of the first plan year beginning on or after December 16, 2013. Such an amendment may be effective retroactively to the first day of the plan year including December 16, 2013, provided that the cafeteria plan operates in accordance with the guidance under this notice.

V. EFFECTIVE DATE

This notice is effective as of December 16, 2013.

VI. EFFECT ON OTHER DOCUMENTS

Rev. Rul. 2013–17 is amplified by extending the relief available to employees who have purchased health coverage for a same-sex spouse by permitting a mid-year cafeteria plan election change.

VII. DRAFTING INFORMATION

The principal author of this notice is Shad C. Fagerland of the Office of Division Counsel/Associate Chief Counsel (Tax Exempt and Government Entities). For further information regarding this notice contact Mr. Fagerland at (202) 317–5500 (not a toll-free call).

Interim Guidance Regarding Supporting Organizations

Notice 2014–4

SECTION 1. PURPOSE

This notice provides interim guidance for Type III supporting organizations seeking to qualify as functionally integrated by supporting a governmental supported organization. It also modifies section 3 of Notice 2006–109, 2006–2 C.B. 1121, by providing interim guidance to certain grantors in determining whether a potential grantee is a Type I, Type II, or functionally integrated Type III supporting organization for purposes of the excise taxes imposed under §§ 4942, 4945, and 4966 of the Internal Revenue Code (Code).

SECTION 2. BACKGROUND

.01 Qualifying as a Functionally Integrated Type III Supporting Organization

An organization described in § 501(c)(3) of the Code is classified as either a private foundation or a public charity. To be classified as a public charity, an organization must be described in § 509(a)(1), (2), (3), or (4). Organizations described in § 509(a)(3) are known as “supporting organizations” because their non-private foundation status is based on their provision of support to one or more organizations described in § 509(a)(1) or (2), which in this context are referred to as “supported organizations.” Supporting organizations that are “operated in connection with” their supported organization(s) are called “Type III supporting organizations.” The Pension Protection Act of 2006, Public Law 109–280 (120 Stat. 780) (PPA), divided Type III supporting organizations into two categories – those that are “functionally integrated” and those that are not.

On December 28, 2012, the Department of the Treasury (the Treasury Department) and the Internal Revenue Service (IRS) published a Treasury Decision in the Federal Register (TD 9605, 2013–11 I.R.B. 587 [77 FR 76382]) containing final and temporary regulations (the “2012 regulations”) that, among other things, set forth the requirements to qualify as a functionally integrated Type III supporting organization. To qualify as functionally integrated, the 2012 regulations provide that a Type III supporting organization must meet one of three tests. It must:

(1) Engage in activities substantially all of which directly further the exempt purposes of one or more of the supported organizations to which the supporting organization is responsive by performing the functions of, or carrying out the purposes of, such supported organization(s) and that, but for the involvement of the supporting organization, would normally be engaged in by the supported organization(s);

(2) Be the parent of each of its supported organizations; or

(3) Support a governmental supported organization and otherwise meet the requirements described in § 1.509(a)–4(i)(4)(iv).

The 2012 regulations reserved § 1.509(a)–4(i)(4)(iv) to provide future guidance on the specific requirements relating to qualifying as functionally integrated by supporting a governmental supported organization.

The 2012 regulations also contained transition relief under which a Type III supporting organization in existence on December 28, 2012, that met and continued to meet the requirements of the “but for” test under former § 1.509(a)–4(i)(3)(ii), as in effect prior to December 28, 2012, would be treated as functionally integrated until the first day of its second taxable year beginning after December 28, 2012. See § 1.509(a)–4(i)(11)(ii)(A). A Type III supporting organization met the “but for” test under former § 1.509(a)–4(i)(3)(ii) if the activities it engaged in for or on behalf of its supported organization(s) performed the functions of, or carried out the purposes of, such supported organization(s), and, but for the involvement of the supporting organization, would normally be engaged in by the supported organization(s).

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5 Treas. Reg. § 1.509(a)–4(i)(3) requires a Type III supported organization to demonstrate “responsiveness” to a supported organization by having one of three specified relationships with its supported organization(s) that results in the officers, directors, or trustees of the supported organization(s) having a “significant voice” in the operations of the supporting organization.
.02 Reliance for Grantors

On December 18, 2006, the Treasury Department and the IRS issued Notice 2006–109 to provide interim guidance on the PPA rules regarding grants to supporting organizations by private foundations and sponsoring organizations that maintain donor advised funds. Section 3.01 of Notice 2006–109 provides procedures under which these grantors, acting in good faith, may rely on written representations and/or reasoned written opinions of counsel in determining whether a grantee is a Type I, Type II, or functionally integrated Type III supporting organization for purposes of §§ 4942, 4945 and 4966. Section 3.02 of Notice 2006–109 states that, solely for purposes of a representation or opinion of counsel on which a grantor may rely, an organization will be considered a functionally integrated Type III supporting organization if it would meet the “but for” test set forth in former § 1.509(a)–4(i)(3)(ii), as in effect at the time that notice was published. Notice 2006–109 states that the reliance criteria in section 3.01 are in effect “until further guidance is issued” and that the “functionally integrated” definition in section 3.02 is in effect until the issuance of regulations defining the term.

In 2011, the Treasury Department and the IRS issued Rev. Proc. 2011–33, 2011–1 C.B. 887, which provides general rules for reliance by grantors and contributors to organizations described in §§ 509(a)(1), (2), and (3) for purposes of §§ 4942, 4945, and 4966. Rev. Proc. 2011–33 modified Notice 2006–109 by specifying that grantors may rely on any Type I, Type II, Type III, or Type III functionally integrated supporting organization classifications that are listed in the IRS Business Master File (“BMF”) extract and former Publication 78, Cumulative List of Organizations Described in § 170(c) of the Internal Revenue Code (now part of Exempt Organizations Select Check) and providing that a grantor or contributor may rely on information about an organization from the BMF extract that is obtained from a third party, so long as certain specified requirements are met.

SECTION 3. INTERIM GUIDANCE FOR TYPE III SUPPORTING ORGANIZATIONS

.01 Transitional Rule for Qualifying as Functionally Integrated by Supporting a Governmental Supported Organization

Until the earlier of the date final regulations are published under § 1.509(a)–4(i)(4)(iv) or the first day of the organization’s third taxable year beginning after December 31, 2013, a Type III supporting organization will be treated as meeting the requirements of § 1.509(a)–4(i)(4), and hence will be treated as functionally integrated, if it:

(1) Supports at least one supported organization that is a governmental entity to which the supporting organization is responsive within the meaning of § 1.509(a)–4(i)(3); and

(2) Engages in activities for or on behalf of the governmental supported organization described in paragraph (1) that perform the functions of, or carry out the purposes of, that governmental supported organization and that, but for the involvement of the supporting organization, would normally be engaged in by the governmental supported organization itself.

This transitional rule is not intended to signal what future proposed regulations will require with respect to qualifying as functionally integrated by supporting a governmental entity. No Type III supporting organization will qualify as functionally integrated by reason of satisfying this transitional rule once final regulations under § 1.509(a)–4(i)(4)(iv) are published.

.02 Reliance on Notice 2006–109 for Grantors

Until further guidance is issued addressing the reliance standards of Notice 2006–109, private foundations and sponsoring organizations that maintain donor-advised funds may continue to rely on the grantor reliance standards of section 3 of Notice 2006–109, as modified by Rev. Proc. 2011–33 and this notice. For grants made after December 28, 2012, a Type III supporting organization must meet the requirements described in current § 1.509(a)–4(i)(4) or section 3.01 of this notice to be considered functionally integrated for purposes of a representation or opinion of counsel on which a grantor may rely. Accordingly, in order to determine that a Type III supporting organization is functionally integrated based on a written representation, a grantor must collect and review a written representation and documents that demonstrate the grantee meets the requirements described in current § 1.509(a)–4(i)(4) or section 3.01 of this notice.

SECTION 4. EFFECTIVE DATE

This notice is effective December 23, 2013. However, a supporting organization may rely on the transitional rule described in Section 3.01 of this notice beginning on December 28, 2012, and until the earlier of the date final regulations are published under § 1.509(a)–4(i)(4)(iv) or the first day of the organization’s third taxable year beginning after December 31, 2013. Grantors to a supporting organization may rely on the interim guidance provided in section 3.02 of this notice for grants made after December 28, 2012 and before the date further guidance is issued addressing the reliance standards of Notice 2006–109.

SECTION 5. REQUEST FOR COMMENTS

The IRS and the Department of Treasury request comments regarding this notice. Comments should refer to Notice 2014–4 and be submitted by March 7, 2014, to:

CC:PA:LPD:PR (Notice 2014–4)
Room 5203
Internal Revenue Service
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

Submissions may be hand delivered Monday through Friday between the hours of 8 a.m. and 4:00 p.m. to:

CC:PA:LPD:PR (Notice 2014–4)
Courier’s Desk
Internal Revenue Service
1111 Constitution Ave., N.W.
Washington, DC 20224

Alternatively, taxpayers may submit comments electronically to notice.comments@irs.counsel.treas.gov. Please include “Notice
SECTION 6. PAPERWORK REDUCTION ACT

The collection of information contained in this notice has been reviewed and approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act (44 U.S.C. 3507) under control number 1545–2050.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number.

The collection of information is in section 3 of Notice 2006–109, as modified by section 3.02 of this notice. Collecting the required information may provide private foundations and sponsoring organizations of donor advised funds with relief from excise taxes imposed by §§ 4942, 4945, and 4966 of the Code.

The estimated total annual reporting and/or recordkeeping burden is 612,294 hours.

The estimated annual burden per respondent/recordkeeper varies from 7 hours, 53 minutes to 9 hours, 48 minutes, depending on individual circumstances, with an estimated average of 81/2 hours. The estimated total number of respondents and/or recordkeepers is 65,000.

The estimated frequency of collection of such information is occasional.

Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. § 6103.

SECTION 7. EFFECT ON OTHER DOCUMENTS

This notice modifies Notice 2006–109.

SECTION 8. DRAFTING INFORMATION

The principal author of this notice is Mike Repass of the Exempt Organizations, Tax Exempt and Government Entities Division. For further information regarding this notice, contact Mike Repass at (202) 317–8536 (not a toll-free call).

Temporary Nondiscrimination Relief for Closed Defined Benefit Plans and Request for Comments

Notice 2014–5

I. PURPOSE

This notice provides temporary nondiscrimination relief for certain “closed” defined benefit pension plans (i.e., defined benefit plans that provide ongoing accruals but that have been amended to limit those accruals to some or all of the employees who participated in the plan on a specified date). Closing a defined benefit (DB) plan often occurs in conjunction with an amendment that provides new or greater contributions under a defined contribution (DC) plan intended to replace accruals under the DB plan for new hires or other employees to whom the DB plan is closed.

This notice permits certain employers that sponsor a closed DB plan and a DC plan to demonstrate that the aggregated plans comply with the nondiscrimination requirements of § 401(a)(4) on the basis of equivalent benefits, even if the aggregated plans do not satisfy the current conditions for testing on that basis. In addition, this notice requests comments on possible permanent changes to the nondiscrimination rules under § 401(a)(4).

II. BACKGROUND

A. Law and Regulations

Section 410(b) provides in general that a plan is a qualified plan only if the classification of employees who benefit under the plan does not discriminate in favor of highly compensated employees (HCEs). Section 410(b)(6)(B) provides that two or more plans can be aggregated for purposes of satisfying § 410(b), but only if those plans are also aggregated for purposes of § 401(a)(4).

Section 410(a)(4) provides in general that a plan is a qualified plan only if the contributions or the benefits provided under the plan do not discriminate in favor of HCEs. Compliance with § 401(a)(4) can generally be demonstrated on the basis of either contributions or benefits (including equivalent benefits). Section 1.401(a)(4)–9(b) of the Treasury regulations contains special rules that apply for purposes of determining whether an aggregation of plans that includes one or more DB plans and one or more DC plans (referred to as a DB/DC plan) satisfies the requirements of § 401(a)(4). See § 1.401(a)(4)–9(a). A DB/DC plan can demonstrate compliance with § 401(a)(4) on the basis of equivalent benefits only if the DB/DC plan satisfies one of three alternative conditions, specifically that it

- be primarily defined benefit in character,
- consist of broadly available separate plans, or
- meet the minimum aggregate allocation gateway.

See § 1.401(a)(4)–9(b)(2)(v).

A DB/DC plan is primarily defined benefit in character within the meaning of § 1.401(a)(4)–9(b)(2)(v)(B) “if, for more than 50% of the non-highly compensated employees (NHCEs) benefitting under the plan, the normal accrual rate for the NHCE attributable to benefits provided under DB plans that are part of the DB/DC plan exceeds the equivalent accrual rate for the NHCE attributable to contributions under DC plans that are part of the DB/DC plan.”

A DB/DC plan consists of broadly available separate plans within the meaning of § 1.401(a)(4)–9(b)(2)(v)(C) if the DC plan and the DB plan that are part of the DB/DC plan each would satisfy the requirements of § 410(b) and the nondiscrimination in amount requirement of § 1.401(a)(4)–1(b)(2) if each plan were tested separately (assuming that the average benefit percentage test of § 1.410(b)–5 were satisfied).

The minimum aggregate allocation gateway under § 1.401(a)(4)–9(b)(2)(v)(D) requires that each NHCE in the DB/DC plan have a minimum aggregate normal allocation rate that is a function of the aggregate normal allocation rate of the HCE in the aggregated plans who has the highest aggregate normal allocation rate. If this highest aggregate normal allocation rate is less than
15%, the minimum aggregate normal allocation rate is one third of the highest rate. If the highest aggregate normal allocation rate for any HCE is greater than 15% but not greater than 25%, the minimum aggregate normal allocation rate is equal to 5%. If the highest aggregate normal allocation rate for any HCE is greater than 25%, the minimum aggregate normal allocation rate increases on a sliding scale up to 7.5% (which applies if the highest aggregate normal allocation rate exceeds 35%).

B. Closed Defined Benefit Plans

A number of DB plans have been closed to new entrants. The plan sponsor of a closed DB plan typically provides a DC plan for its new hires. Under these arrangements, in the early years after the DB plan has been closed to new entrants, the plan may be able to satisfy the coverage requirement of § 410(b) without being aggregated with the DC plan. However, the § 410(b) minimum coverage test typically becomes more difficult for the closed DB plan to satisfy over time, as the proportion of plan participants who are HCEs increases. This might occur for several reasons, including the tendency of NHCEs to have higher rates of turnover than HCEs, as well as the potential for some of the NHCEs in the closed plan to become HCEs as they continue employment and their pay increases.

If the closed DB plan cannot satisfy the coverage requirement of § 410(b) on its own, it will need to be aggregated with another plan in order to satisfy that coverage requirement. If the DB plan is aggregated with a DC plan that covers the employer’s new hires to satisfy the coverage requirement, then it is also required to be aggregated with the DC plan for purposes of satisfying the nondiscrimination requirements of § 401(a)(4). In the typical case, the aggregated plans will fail the requirements of § 401(a)(4) unless they are permitted to demonstrate compliance with the nondiscrimination requirements on the basis of equivalent benefits. The aggregated plans usually will be permitted to demonstrate nondiscrimination on the basis of equivalent benefits in the initial years of aggregation, because the aggregated plans will either be primarily defined benefit in character or consist of broadly available separate plans. However, the same demographic forces that drive the increase in the proportion of HCEs in the closed plan might also over time lead to the aggregated plans being neither primarily defined benefit in character nor consisting of broadly available separate plans. When this occurs, the aggregated plans will be permitted to demonstrate non-discrimination on the basis of equivalent benefits only if the plans satisfy the minimum aggregate allocation gateway.

In many cases, the DC plan provides sufficient allocations to enable the DB/DC plan to satisfy the nondiscrimination requirements on the basis of equivalent benefits if the DB/DC plan were permitted to demonstrate satisfaction of the nondiscrimination requirements on that basis. However, the DC plan may not provide for allocations that satisfy the minimum aggregate allocation gateway. If the DB/DC plan does not meet any of the three alternative conditions for testing on the basis of equivalent benefits, then the DB/DC plan is not permitted to demonstrate satisfaction of the nondiscrimination requirements on that basis. As a result, the aggregated plans will fail to satisfy § 401(a)(4) unless one or both of the plans are changed. In circumstances such as these, a plan sponsor generally has three choices: (1) reduce the proportion of HCEs in the closed DB plan (by either opening it to some new NHCEs or by stopping participation by some HCEs); (2) reconfigure the contributions under the DC plan so that it meets the minimum aggregate allocation gateway; or (3) cease accruals in the DB plan entirely.

Some plan sponsors have chosen to reduce the proportion of HCEs by stopping participation in the DB plan for some of the HCEs; however, this approach might not be consistent with a plan sponsor’s goal of preserving the retirement expectations of some or all of the current participants in the DB plan while covering others, such as new hires, in a DC plan. A number of plan sponsors are making substantial contributions to a DC plan, but those contributions are not always structured as nonelective contributions at a level that is sufficient to meet the minimum aggregate allocation gateway. For example, a portion of the contributions under the DC plan for new hires might be matching contributions that are not taken into account under the minimum aggregate allocation gateway. Some plan sponsors have indicated that they are sufficiently committed to the specific design of their DC plan that they are considering ceasing accruals in the DB plan rather than restructuring the DC plan.

The nondiscrimination regulations under § 401(a)(4) provide that the Commissioner may, in revenue rulings, notices, and other guidance published in the Internal Revenue Bulletin, provide any additional guidance that may be necessary or appropriate in applying the nondiscrimination requirements of § 401(a)(4), including additional safe harbors and alternative methods and procedures for satisfying those requirements. See § 1.401(a)(4)–1(d).

III. TEMPORARY PERMISSION TO TEST A CLOSED DB PLAN THAT IS AGGREGATED WITH A DC PLAN ON THE BASIS OF EQUIVALENT BENEFITS

A. Consideration of Requested Relief for Closed DB Plans

The Treasury Department and the IRS have received a number of requests that the nondiscrimination regulations under § 401(a)(4) be amended to provide additional alternative means of satisfying the nondiscrimination requirements in the case of a closed DB plan. Some have suggested that if a closed DB plan that is aggregated with a DC plan was eligible to demonstrate satisfaction of the nondiscrimination requirements on the basis of benefits (or equivalent benefits) at the time the plan was closed (or at a later time), then the aggregated plans should be permanently eligible, without further conditions, to be tested for nondiscrimination on that basis.

This suggestion raises a number of considerations and potential concerns. For example, it would apply a lower nondiscrimination standard with respect to closed DB plans than with respect to other DB plans that must be aggregated with DC plans to satisfy the requirements of § 410(b) as a result of changes in the composition of the employer’s workforce (such as the acquisition of another entity with a significant number of NHCEs). Such a lower standard could provide an
incentive for such an employer to close its DB plan. In addition, this approach would require the development of anti-abuse provisions to ensure that the closing of the DB plan was not motivated by the availability of the lower standard and that the new rule was not used inappropriately to increase benefits for HCEs or to reduce benefits for NHCEs.

The Treasury Department and the IRS believe that it is appropriate to consider modifying the nondiscrimination requirements under § 401(a)(4), while taking into account these considerations and potential concerns. This consideration and potential modification will be undertaken through the regulatory process in order to provide the opportunity for public comment on any proposed changes. Section III.B of this notice provides temporary relief to permit certain closed DB plans to continue accruals while possible regulatory changes to the nondiscrimination rules are being considered.

B. Temporary Eligibility Rule for Testing Certain DB/DC Plans on the Basis of Equivalent Benefits

Pursuant to the Commissioner’s authority under § 1.401(a)(4)–1(d) to provide alternative methods for satisfying the nondiscrimination requirements, this section III.B provides a temporary additional eligibility criterion that permits a DB/DC plan to demonstrate satisfaction of the nondiscrimination in amount requirement of § 1.401(a)(4)–1(b)(2) on the basis of equivalent benefits even if the DB/DC plan does not meet any of the existing eligibility conditions for testing on that basis under § 1.401(a)(4)–9(b)(2)(v). Under this alternative, the DB/DC plan may nonetheless make that demonstration on the basis of equivalent benefits for a plan year that begins before January 1, 2016, if it includes a DB plan providing ongoing accruals that was amended, by an amendment adopted before December 13, 2013, to provide that only employees who participated in the DB plan on a specified date continue to accrue benefits under the plan, the DB plan was not part of a DB/DC plan for the plan year beginning in 2013 because the DB plan satisfied the coverage and nondiscrimination requirements without aggregation with any DC plan.

During the period for which this temporary relief applies, the remaining provisions of the nondiscrimination regulations under § 401(a)(4) (including the rules relating to the timing of plan amendments under § 1.401(a)(4)–5) continue to apply. Thus, for example, a plan amendment made to add accruals to the closed DB plan during this temporary period must not discriminate significantly in favor of HCEs.

IV. REQUEST FOR COMMENTS

A. Comments Regarding the Ability of a DB/DC Plan to Satisfy Nondiscrimination Requirements on a Benefits Basis

The Treasury Department and the IRS are considering whether the regulations under § 401(a)(4) should be amended to provide additional alternatives that would allow a DB/DC plan to demonstrate satisfaction of the nondiscrimination in amount requirement of § 1.401(a)(4)–1(b)(2) on the basis of equivalent benefits. This section IV.A describes possible alternatives that would allow for such combined testing on the basis of equivalent benefits. Comments are requested on whether or not any of these additional alternatives should be made available, and whether there are any other alternatives that should be considered.

1. Alternative for DC plans with age- and/or service-graded contribution rates

Under this alternative, current rules that permit averaging of equivalent allocation rates for NHCEs in a DB plan could be extended to apply to NHCEs in an aggregated DC plan. For example, this alternative might allow a plan with an age- and/or service-graded contribution rate that starts at 3% for newer or younger employees with higher rates for older or longer-service employees to satisfy the minimum aggregate allocation gateway if a sufficient number of NHCEs are actually receiving allocations at those higher rates.

2. Alternative for DC plans with combination of nonelective and matching contributions

Under this alternative, a portion of the minimum aggregate allocation gateway could be satisfied based on the average matching contribution rate for all NHCEs under the DC plan. For example, if under a DC plan the minimum aggregate allocation rate must be 6% in order to satisfy the minimum aggregate allocation gateway and the plan sponsor provides matching contributions to NHCEs that result in an average contribution of 2% of compensation, this alternative might allow the plan to satisfy this gateway by providing to each NHCE a nonelective contribution of 4% of compensation.

3. Alternative for DC plans that could satisfy nondiscrimination using a lower interest rate

Under this alternative, a DB/DC plan would be eligible for testing on the basis of equivalent benefits (without the need to satisfy the minimum aggregate allocation gateway or an alternative condition for eligibility) if the DB/DC plan could demonstrate satisfaction of the nondiscrimination in amount requirement of §1.401(a)(4)–1(b)(2) on the basis of equivalent benefits. This section IV.A describes possible alternatives that would allow for such combined testing on the basis of equivalent benefits. Comments are requested on whether or not any of these additional alternatives should be made available, and whether there are any other alternatives that should be considered.

4. Safety valve alternative under which plans can request permission to disregard outliers

Under this alternative, a DB/DC plan that does not satisfy the minimum aggregate allocation gateway because the aggregate normal allocation rate of the HCE with the highest rate is unusually large would be permitted to disregard that HCE...
under rules similar to the rules that permit the disregard of certain violations under § 1.401(a)(4)–3(c)(3). Under those rules, an employer can request that the Commissioner disregard the violation if the plan would satisfy the nondiscrimination rules by disregarding up to 5% of the plan’s HCEs.

B. Other Possible Related Modifications to Other Nondiscrimination Requirements

The Treasury Department and the IRS are also considering whether other changes to the regulations under §§ 401(a)(4) and 401(a)(26) are appropriate to facilitate the continuation of accruals under the existing formulas of some or all employees in a DB plan when that plan is later amended. In many cases, employers would like to preserve retirement expectations of existing participants while offering a new formula under a DC plan for new hires. This section IV.B describes two possible modifications to other nondiscrimination requirements that may be affected by such an arrangement. Comments are requested on whether or not either of the following possible modifications should be made available (and, if so, what conditions (if any) should apply) and whether there are any other modifications that should be considered.

1. Benefits, rights, and features under DB plans with grandfathered formulas

Under this proposed modification, if a DB plan has two or more benefit formulas, one or more of which are applicable to a closed group of participants, and one or more other formulas that are applicable to other participants, the benefits, rights, and features that apply only to the formula or formulas for the closed group would not prevent the plan from complying with the requirements of § 1.401(a)(4)–4 if appropriate conditions are satisfied.

2. Treatment of matching contributions

Under this proposed modification, matching contributions would be permitted to be used to enable a DB/DC plan to satisfy not only the minimum aggregate allocation gateway if modified as described in section IV.A.2 of this notice, but also the nondiscrimination in amount test.

C. Due Date and Contact Information

Written or electronic comments must be received by February 28, 2014. Send submissions to CC:PA:LPD:PR Notice 2014–5, Room 5203, Internal Revenue Service, POB 7604, Ben Franklin Station, Washington, DC 20044. Submissions may be hand delivered Monday through Friday between the hours of 8 a.m. and 4 p.m. to: CC:PA:LPD:PR Notice 2014–5, Courier’s Desk, Internal Revenue Service, 1111 Constitution Avenue, NW, Washington, DC. Alternatively, comments may be submitted via the Internet at notice.comments@irs.counsel.treas.gov. Please include “Notice 2014–5” in the subject line of any electronic communication. All materials submitted will be available for public inspection and copying.

DRAFTING INFORMATION

The principal author of this notice is Adrien R. LaBombarde of the Employee Plans, Tax Exempt and Government Entities Division. Questions regarding this notice may be sent via e-mail to RetirementPlanQuestions@irs.gov.

Section 45R—Transition Relief with Respect to the Tax Credit for Employee Health Insurance Expenses of Certain Small Employers

Notice 2014–6

I. PURPOSE

This notice provides guidance on section 45R of the Internal Revenue Code (Code) for certain small employers that cannot offer a qualified health plan (QHP) through a Small Business Health Options Program (SHOP) Exchange because the employer’s principal business address is in a county in which a QHP through a SHOP Exchange will not be available for the 2014 calendar year. (See section IV of this notice for a list of those counties.) With respect to those employers, this notice provides guidance on how to satisfy the requirements for the section 45R credit for the 2014 taxable year.

II. BACKGROUND

Section 45R was added to the Code by section 1421 of the Patient Protection and Affordable Care Act, enacted March 23, 2010, Pub. L. No. 111–148. Section 45R offers a tax credit to certain small employers that provide health insurance coverage to their employees (eligible small employers). The credit generally is available for taxable years beginning after December 31, 2009. For taxable years beginning after December 31, 2013, the credit is available only with respect to premiums paid by a small employer for a QHP offered by the employer to its employees through a SHOP Exchange, and is available only for a two consecutive taxable year period. Additionally, for taxable years beginning after December 31, 2013, the maximum credit rate is increased to 50 percent from 35 percent for eligible small employers (and to 35 percent from 25 percent for tax-exempt eligible small employers).

The Treasury Department and the IRS issued proposed regulations under section 45R on August 26, 2013 (78 FR 52719). The proposed regulations provide guidance on determining eligibility for the credit and calculating and claiming the credit. The proposed regulations also provide a transition rule for an eligible small employer with a group health plan year that begins on a date in 2014 other than the first day of the employer’s taxable year. In particular, the proposed regulations provide that if (1) as of August 26, 2013, a small employer offers coverage for a plan year that begins on a date other than the first day of its taxable year, (2) the employer offers coverage during the period before the first day of the plan year beginning in 2014 that would have qualified the employer for the credit under the rules otherwise applicable to the period before January 1, 2014, and (3) the employer begins offering coverage through a SHOP Exchange as of the first day of its plan year that begins in 2014, then it will be treated as offering coverage through a SHOP Exchange for its entire 2014 taxable year for purposes of eligibility for, and calculation of, a credit under section 45R. For an employer that meets these
requirements, the proposed regulations provide that the credit will be calculated at the 50 percent rate (35 percent rate for tax-exempt eligible small employers) for the entire 2014 taxable year, and the 2014 taxable year will be the start of the two consecutive taxable year credit period. See Treas. Prop. Reg. § 1.45R–3(i). The proposed regulations provide that employers may rely on the proposed regulations for guidance for taxable years beginning after December 31, 2013, and before December 31, 2014.

The Treasury Department and the IRS have been advised by the Department of Health and Human Services (HHS) that for calendar year 2014 SHOP Exchanges in certain counties in Washington and Wisconsin will not have QHPs available for employers to offer to employees. Under HHS regulations governing eligibility for SHOP Exchanges, an employer may either (1) offer coverage to all of its eligible employees through the SHOP whose service area includes the employer’s principal business address, or (2) offer coverage to each eligible employee through the SHOP whose service area includes that employee’s primary worksite. 45 CFR 155.710(b)(3). Under either approach, an employer may offer SHOP coverage to employees whose primary worksite is at its principal business address only if that address is located within the service area of the SHOP. As a result, absent transition relief, an otherwise eligible small employer with its principal business address in a county without any QHPs available would be denied the opportunity to claim the section 45R credit for 2014. To provide these otherwise eligible small employers an opportunity to claim the section 45R credit for 2014, this notice modifies the application of the transition rule in the proposed regulations for an eligible small employer with a principal business address in one of the counties listed in section IV below with a group health plan year that begins on a date in 2014 other than the first day of the employer’s taxable year. Prop. Treas. Reg. § 1.45R–3(i).

III. TRANSITION RELIEF

An eligible small employer with a principal business address in one of the counties listed in section IV below may calculate the credit under section 45R by treating health insurance coverage provided for the 2014 health plan year as qualifying for the section 45R credit, provided that that the coverage would have qualified for a credit under section 45R under the rules applicable before January 1, 2014. This treatment applies with respect to the health plan year beginning in 2014, including any portion of that plan year that continues into 2015. If the eligible small employer claims the section 45R credit for the 2014 taxable year, the credit will be calculated at the 50 percent rate (35 percent rate for tax-exempt eligible small employers) for the entire 2014 taxable year, and the 2014 taxable year will be the first year of the two consecutive taxable year credit period. In addition, if the eligible small employer claims the section 45R credit for the portion of the 2014 health plan year that continues into 2015, the tax credit will be calculated at the 50 percent rate (35 percent rate for tax-exempt eligible small employers) for the corresponding portion of the 2015 taxable year.

In addition, for purposes of the transition rule for an eligible small employer with a group health plan year that begins on a date in 2014 other than the first day of the employer’s taxable year as provided in the proposed regulations (Prop. Treas. Reg. § 1.45R–3(i)), an employer with a principal business address in one of the counties listed in section IV of this notice is not required to begin offering coverage through a SHOP Exchange as of the first day of its plan year that begins in 2014 in order to be treated as offering coverage through a SHOP Exchange for its entire 2014 taxable year. Instead, such an employer is required to continue offering health insurance coverage for the plan year that begins in 2014 that would have qualified for a tax credit under section 45R under the rules applicable before January 1, 2014.

The relief in this notice is illustrated by the following examples:

Example 1. (i) Facts. An eligible small employer that is not a tax-exempt employer (Employer) has a 2014 health plan year and a 2014 taxable year that both begin January 1, 2014 and end December 31, 2014. Employer’s principal business address is in a county listed in this notice. Employer provides health insurance coverage from January 1, 2014 through December 31, 2014 that would have qualified Employer for a credit under section 45R under the rules applicable to taxable years beginning before January 1, 2014.

(ii) Conclusion. Employer may claim the credit under section 45R at the 50 percent rate for the entire 2014 taxable year. Employer claims the credit for employer’s principal business address is in a county listed in this notice. Employer provides health insurance coverage from January 1, 2014 through March 31, 2014 (the remaining months of its plan year that begins April 1, 2013) that would have qualified Employer for a credit under section 45R using the rules applicable to taxable years beginning before January 1, 2014. Employer provides coverage from April 1, 2014 through December 31, 2014 (the initial months of its plan year that begins April 1, 2014) and from January 1, 2015 through March 31, 2015 that would have qualified Employer for a credit under section 45R under the rules applicable to taxable years beginning before January 1, 2014.

(iii) Conclusion. Employer may claim the credit under section 45R at the 50 percent rate for the entire 2014 taxable year. If Employer claims the credit for the 2014 taxable year, the 2014 taxable year is the first year of the two consecutive taxable year credit period.

Example 2. (i) Facts. An eligible small employer that is not a tax-exempt employer (Employer) has a 2014 taxable year that begins January 1, 2014 and ends on December 31, 2014, and a 2015 health plan year that begins April 1, 2014 and ends March 31, 2015. Employer’s principal business address is in a county listed in this notice. Employer provides health insurance coverage from January 1, 2014 through March 31, 2014 (the remaining months of its plan year that begins April 1, 2013) that would have qualified Employer for a credit under section 45R using the rules applicable to taxable years beginning before January 1, 2014. Employer provides coverage from April 1, 2014 through December 31, 2014 (the initial months of its plan year that begins April 1, 2014) and from January 1, 2015 through March 31, 2015 that would have qualified Employer for a credit under section 45R under the rules applicable to taxable years beginning before January 1, 2014.

(ii) Conclusion. Employer may claim the credit under section 45R at the 50 percent rate for the entire 2014 taxable year. If Employer claims the credit for the 2014 taxable year, the 2014 taxable year is the first year of the two consecutive taxable year credit period. Employer may also claim the credit under section 45R for its 2015 taxable year at the 50 percent rate for January through March of 2015 (in addition to any credit under section 45R for which Employer is eligible based on coverage provided for April through December of the 2015 taxable year).

IV. LIST OF COUNTIES


Wisconsin: Green Lake, Lafayette, Marquette, Florence, and Menominee counties.
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SECTION 1. WHAT IS THE PURPOSE OF THIS REVENUE PROCEDURE? ....................................................................................... 293

Description of terms used in this revenue procedure

.01 For purposes of this revenue procedure –

(1) The term “Service” means the Internal Revenue Service.

(2) The term “application” means the appropriate form or letter that an organization must file or submit to the Service for recognition of exemption from Federal income tax under the applicable section of the Internal Revenue Code. See section 3 for information on specific forms.
(3) The term “EO Determinations” means the office of the Service that is primarily responsible for processing initial applications for tax-exempt status. It includes the main EO Determinations office located in Cincinnati, Ohio, and other field offices that are under the direction and control of the Manager, EO Determinations. Applications are generally processed in the centralized EO Determinations office in Cincinnati, Ohio. However, some applications may be processed in other EO Determinations offices or referred to EO Technical.

(4) The term “EO Technical” means the office of the Service that is primarily responsible for issuing letter rulings to taxpayers on exempt organization matters, and for providing technical advice or technical assistance to other offices of the Service on exempt organization matters. The EO Technical office is located in Washington, DC. For purposes of this Revenue Procedure the term “EO Technical” includes EO Guidance. (EO Guidance is the office of the Service that is responsible for working with the Department of the Treasury and the Office of Chief Counsel to issue formal guidance items, and also reviews letter rulings, technical advice, and technical assistance, among other things.)

(5) The term “Appeals Office” means any office under the direction and control of the Chief, Appeals. The purpose of the Appeals Office is to resolve tax controversies, without litigation, on a fair and impartial basis. The Appeals Office is independent of EO Determinations and EO Technical.

(6) The term “determination letter” means a written statement issued by EO Determinations or an Appeals Office in response to an application for recognition of exemption from Federal income tax under §§ 501 and 521. This includes a written statement issued by EO Determinations or an Appeals Office on the basis of advice secured from EO Technical pursuant to the procedures prescribed herein and in Rev. Proc. 2014–5.

(7) The term “ruling” means a written statement issued by EO Technical in response to an application for recognition of exemption from Federal income tax under §§ 501 and 521.

SECTION 3. WHAT ARE THE PROCEDURES FOR REQUESTING RECOGNITION OF EXEMPT STATUS?

In general .01 An organization seeking recognition of exempt status under § 501 or § 521 is required to submit the appropriate application. In the case of a numbered application form, the current version of the form must be submitted. A central organization that has previously received recognition of its own exemption can request a group exemption letter by submitting a letter application along with Form 8718, User Fee for Exempt Organization Determination Letter Request. See Rev. Proc. 80–27. Form 8718 is not a determination letter application. Attach this form to the determination letter application.

User fee .02 An application must be submitted with the correct user fee, as set forth in Rev. Proc. 2014–8.

Form 1023 application .03 An organization seeking recognition of exemption under § 501(c)(3) and § 501(e), (f), (k), (n), (q), or (r) must submit a completed Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code. In the case of an organization that provides credit counseling services, see § 501(q). In the case of an organization that is a hospital and is seeking exemption under § 501(c)(3), see § 501(r).

Form 1024 application .04 An organization seeking recognition of exemption under § 501(c)(2), (4), (5), (6), (7), (8), (9), (10), (12), (13), (15), (17), (19), or (25) must submit a completed Form 1024, Application for Recognition of Exemption Under Section 501(a), along with Form 8718. In the case of an organization that provides credit counseling services and seeks recognition of exemption under § 501(c)(4), see § 501(q).

Letter application .05 An organization seeking recognition of exemption under § 501(c)(11), (14), (16), (18), (21), (22), (23), (26), (27), (28), or (29), or under § 501(d), must submit a letter application along with Form 8718.

Form 1028 application .06 An organization seeking recognition of exemption under § 521 must submit a completed Form 1028, Application for Recognition of Exemption Under Section 521 of the Internal Revenue Code, along with Form 8718.

Form 8871 notice for political organizations .07 A political party, a campaign committee for a candidate for federal, state or local office, and a political action committee are all political organizations subject to tax under § 527. To be tax-exempt, a political organization may be required to notify the Service that it is to be treated as a § 527 organization by electronically filing Form 8871, Political Organization Notice of Section 527 Status. For details, go to the IRS website at www.irs.gov/polorgs.

Requirements for a substantially completed application .08 A substantially completed application, including a letter application, is one that:

(1) is signed by an authorized individual;

(2) includes an Employer Identification Number (EIN);

(3) for organizations other than those described in § 501(c)(3), includes a statement of receipts and expenditures and a balance sheet for the current year and the three preceding years (or the years the organization was in existence, if less than four years), and if the organization has not yet commenced operations or has not completed one accounting period, a proposed budget for two full accounting periods and a current statement of assets and liabilities; for organizations described in § 501(c)(3), see Form 1023 and Notice 1382;

(4) includes a detailed narrative statement of proposed activities, including each of the fundraising activities of a § 501(c)(3) organization, and a narrative description of anticipated receipts and contemplated expenditures;
(5) includes a copy of the organizing or enabling document that is signed by a principal officer or is accompanied by a written declaration signed by an authorized individual certifying that the document is a complete and accurate copy of the original or otherwise meets the requirements of a “conformed copy” as outlined in Rev. Proc. 68–14, 1968–1 C.B. 768;

(6) if the organizing or enabling document is in the form of articles of incorporation, includes evidence that it was filed with and approved by an appropriate state official (e.g., stamped “Filed” and dated by the Secretary of State); alternatively, a copy of the articles of incorporation may be submitted if accompanied by a written declaration signed by an authorized individual that the copy is a complete and accurate copy of the original copy that was filed with and approved by the state; if a copy is submitted, the written declaration must include the date the articles were filed with the state;

(7) if the organization has adopted by-laws or similar governing rules, includes a current copy; the by-laws need not be signed if submitted as an attachment to the application for recognition of exemption; otherwise, the by-laws must be verified as current by an authorized individual; and

(8) is accompanied by the correct user fee and Form 8718, when applicable.

Terrorist organizations not eligible to apply for recognition of exemption

.09 An organization that is identified or designated as a terrorist organization within the meaning of § 501(p)(2) is not eligible to apply for recognition of exemption.

SECTION 4. WHAT ARE THE STANDARDS FOR ISSUING A DETERMINATION LETTER OR RULING ON EXEMPT STATUS?

Exempt status must be established in application and supporting documents

.01 A favorable determination letter or ruling will be issued to an organization only if its application and supporting documents establish that it meets the particular requirements of the section under which exemption from Federal income tax is claimed.

Determination letter or ruling based solely on administrative record

.02 A determination letter or ruling on exempt status is issued based solely upon the facts and representations contained in the administrative record.

(1) The applicant is responsible for the accuracy of any factual representations contained in the application.

(2) Any oral representation of additional facts or modification of facts as represented or alleged in the application must be reduced to writing over the signature of an officer or director of the taxpayer under a penalties of perjury statement.

(3) The failure to disclose a material fact or misrepresentation of a material fact on the application may adversely affect the reliance that would otherwise be obtained through issuance by the Service of a favorable determination letter or ruling.

Exempt status may be recognized in advance of actual operations

.03 Exempt status may be recognized in advance of the organization’s operations if the proposed activities are described in sufficient detail to permit a conclusion that the organization will clearly meet the particular requirements for exemption pursuant to the section of the Code under which exemption is claimed.

(1) A mere restatement of exempt purposes or a statement that proposed activities will be in furtherance of such purposes will not satisfy this requirement.

(2) The organization must fully describe all of the activities in which it expects to engage, including the standards, criteria, procedures, or other means adopted or planned for carrying out the activities, the anticipated sources of receipts, and the nature of contemplated expenditures.
Where the organization cannot demonstrate to the satisfaction of the Service that it qualifies for exemption pursuant to the section of the Code under which exemption is claimed, the Service will generally issue a proposed adverse determination letter or ruling. See also section 7 of this revenue procedure.

No letter if exempt status issue in litigation or under consideration within the Service

A determination letter or ruling on exempt status ordinarily will not be issued if an issue involving the organization’s exempt status under § 501 or § 521 is pending in litigation, is under consideration within the Service, or if issuance of a determination letter or ruling is not in the interest of sound tax administration. If the Service declines to issue a determination or ruling to an organization seeking exempt status under § 501(c)(3), the organization may be able to pursue a declaratory judgment under § 7428, provided that it has exhausted its administrative remedies.

Incomplete application

If an application does not contain all of the items set out in section 3.08 of this revenue procedure, the Service may return it to the applicant for completion.

Incomplete application

In lieu of returning an incomplete application, the Service may retain the application and request additional information needed for a substantially completed application.

The period of time beginning on the date the Service requests additional information until the date the information is submitted to the Service will not be counted for purposes of the 270-day period referred to in § 7428(b)(2).

Expedited handling

Applications are normally processed in the order of receipt by the Service. However, expedited handling of an application may be approved where a request is made in writing and contains a compelling reason for processing the application ahead of others. Upon approval of a request for expedited handling, an application will be considered out of its normal order. This does not mean the application will be immediately approved or denied. Circumstances generally warranting expedited processing include:

- a grant to the applicant is pending and the failure to secure the grant may have an adverse impact on the organization’s ability to continue to operate;
- the purpose of the newly created organization is to provide disaster relief to victims of emergencies such as flood and hurricane; and
- there have been undue delays in issuing a determination letter or ruling caused by a Service error.

May decline to issue group exemption

The Service may decline to issue a group exemption letter when appropriate in the interest of sound tax administration.
**SECTION 5. WHAT OFFICES ISSUE AN EXEMPT STATUS DETERMINATION LETTER OR RULING?**

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<thead>
<tr>
<th>EO Determinations issues a determination letter in most cases</th>
<th>.01 Under the general procedures outlined in Rev. Proc. 2014–4, EO Determinations is authorized to issue determination letters on applications for exempt status under §§ 501 and 521.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain applications referred to EO Technical</td>
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</tr>
<tr>
<td>Technical advice may be requested in certain cases</td>
<td>.03 If at any time during the course of consideration of an exemption application by EO Determinations the organization believes that its case involves an issue on which there is no published precedent, or there has been non-uniformity in the Service’s handling of similar cases, the organization may request that EO Determinations either refer the application to EO Technical or seek technical advice from EO Technical. See Rev. Proc. 2014–5, sections 4.04 and 4.05.</td>
</tr>
<tr>
<td>Technical advice must be requested in certain cases</td>
<td>.04 If EO Determinations proposes to recognize the exemption of an organization to which EO Technical had issued a previous contrary ruling or technical advice, EO Determinations must seek technical advice from EO Technical before issuing a determination letter. This does not apply where EO Technical issued an adverse ruling and the organization subsequently made changes to its purposes, activities, or operations to remove the basis for which exempt status was denied.</td>
</tr>
</tbody>
</table>

**SECTION 6. WITHDRAWAL OF AN APPLICATION**

<table>
<thead>
<tr>
<th>Application may be withdrawn prior to issuance of a determination letter or ruling</th>
<th>.01 An application may only be withdrawn upon the written request of an authorized individual prior to the issuance of a determination letter or ruling. The issuance of a determination letter or ruling includes the issuance of a proposed adverse determination letter or ruling.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) When an application is withdrawn, the Service will retain the application and all supporting documents. The Service may consider the information submitted in connection with the withdrawn request in a subsequent examination of the organization.</td>
<td></td>
</tr>
<tr>
<td>(2) Generally, the user fee will not be refunded if an application is withdrawn. See Rev. Proc. 2014-8, section 10.</td>
<td></td>
</tr>
<tr>
<td>§ 7428 implications of withdrawal of application under § 501(c)(3)</td>
<td>.02 The Service will not consider the withdrawal of an application under § 501(c)(3) as either a failure to make a determination within the meaning of § 7428(a)(2) or as an exhaustion of administrative remedies within the meaning of § 7428(b)(2).</td>
</tr>
</tbody>
</table>

**SECTION 7. WHAT ARE THE PROCEDURES WHEN EXEMPT STATUS IS DENIED?**

| Proposed adverse determination letter or ruling | .01 If EO Determinations or EO Technical reaches the conclusion that the organization does not satisfy the requirements for exempt status pursuant to the section of the Code under which exemption is claimed, the Service generally will issue a proposed adverse determination letter or ruling, which will: |
include a detailed discussion of the Service’s rationale for the denial of tax-exempt status; and

advise the organization of its opportunity to appeal or protest the decision and request a conference.

A proposed adverse determination letter issued by EO Determinations will advise the organization of its opportunity to appeal the determination by requesting Appeals Office consideration. To do this, the organization must submit a statement of the facts, law and arguments in support of its position within 30 days from the date of the adverse determination letter. The organization must also state whether it wishes an Appeals Office conference. Any determination letter issued on the basis of technical advice from EO Technical may not be appealed to the Appeals Office on issues that were the subject of the technical advice.

A proposed adverse ruling issued by EO Technical will advise the organization of its opportunity to file a protest statement within 30 days and to request a conference. If a conference is requested, the conference procedures outlined in Rev. Proc. 2014–4, section 12, are applicable.

If an organization does not submit a timely appeal of a proposed adverse determination letter issued by EO Determinations, or a timely protest of a proposed adverse ruling issued by EO Technical, a final adverse determination letter or ruling will be issued to the organization. The final adverse letter or ruling will provide information about the filing of tax returns and the disclosure of the proposed and final adverse letters or rulings.

If an organization submits a protest of the proposed adverse determination letter, EO Determinations will first review the protest, and, if it determines that the organization qualifies for tax-exempt status, issue a favorable exempt status determination letter. If EO Determinations maintains its adverse position after reviewing the protest, it will forward the protest and the exemption application case file to the Appeals Office.

The Appeals Office will consider the organization’s appeal. If the Appeals Office agrees with the proposed adverse determination, it will either issue a final adverse determination or, if a conference was requested, contact the organization to schedule a conference. At the end of the conference process, which may involve the submission of additional information, the Appeals Office will either issue a final adverse determination letter or a favorable determination letter. If the Appeals Office believes that an exemption or private foundation status issue is not covered by published precedent or that there is non-uniformity, the Appeals Office must request technical advice from EO Technical in accordance with Rev. Proc. 2014–5, sections 4.04 and 4.05.

If an organization submits a protest of a proposed adverse exempt status ruling, EO Technical will review the protest statement. If the protest convinces EO Technical that the organization qualifies for tax-exempt status, a favorable ruling will be issued. If EO Technical maintains its adverse position after reviewing the protest, it will either issue a final adverse ruling or, if a conference was requested, contact the organization to schedule a conference. At the end of the conference process, which may involve the submission of additional information, EO Technical will either issue a final adverse ruling or a favorable exempt status ruling.

An organization may withdraw its appeal or protest before the Service issues a final adverse determination letter or ruling. Upon receipt of the withdrawal request, the Service will complete the processing of the case in the same manner as if no appeal or protest was received.

The opportunity to appeal or protest a proposed adverse determination letter or ruling and the conference rights described above are not applicable to matters where delay would be prejudicial to the interests of the Service (such as in cases involving fraud, jeopardy, the imminence of the expiration of the statute of limitations, or where immediate action is necessary to protect the interests of the Government).
Sections 6104 and 6110 provide rules for the disclosure of applications, including supporting documents, and determination letters and rulings.

Disclosure of applications, supporting documents, and favorable determination letters or rulings

.01 The applications, any supporting documents, and the favorable determination letter or ruling issued, are available for public inspection under § 6104(a)(1). However, there are certain limited disclosure exceptions for a trade secret, patent, process, style of work, or apparatus, if the Service determines that the disclosure of the information would adversely affect the organization.

(1) The Service is required to make the applications, supporting documents, and favorable determination letters or rulings available upon request. The public can request this information by submitting Form 4506–A, Request for Public Inspection or Copy of Exempt or Political Organization IRS Form. Organizations should ensure that applications and supporting documents do not include unnecessary personal identifying information (such as bank account numbers or social security numbers) that could result in identity theft or other adverse consequences if publicly disclosed.

(2) The exempt organization is required to make its exemption application, supporting documents, and determination letter or ruling available for public inspection without charge. For more information about the exempt organization’s disclosure obligations, see Publication 557, Tax-Exempt Status for Your Organization.

Disclosure of adverse determination letters or rulings

.02 The Service is required to make adverse determination letters and rulings available for public inspection under § 6110. Upon issuance of the final adverse determination letter or ruling to an organization, both the proposed adverse determination letter or ruling and the final adverse determination letter or ruling will be released pursuant to § 6110.

(1) These documents are made available to the public after the deletion of names, addresses, and any other information that might identify the taxpayer. See § 6110(c) for other specific disclosure exemptions.

(2) The final adverse determination letter or ruling will enclose Notice 437, Notice of Intention to Disclose, and redacted copies of the final and proposed adverse determination letters or rulings. Notice 437 provides instructions if the organization disagrees with the deletions proposed by the Service.

Disclosure to State officials when the Service refuses to recognize exemption under § 501(c)(3)

.03 The Service may notify the appropriate State officials of a refusal to recognize an organization as tax-exempt under § 501(c)(3). See § 6104(c). The notice to the State officials may include a copy of a proposed or final adverse determination letter or ruling the Service issued to the organization. In addition, upon request by the appropriate State official, the Service may make available for inspection and copying the exemption application and other information relating to the Service’s determination on exempt status.

Disclosure to State officials of information about § 501(c)(3) applicants

.04 The Service may disclose to State officials the name, address, and identification number of any organization that has applied for recognition of exemption under § 501(c)(3).

SECTION 9. REVIEW OF DETERMINATION LETTERS BY EO TECHNICAL

Determination letters may be reviewed by EO Technical to assure uniformity

.01 Determination letters issued by EO Determinations may be reviewed by EO Technical, or the Office of the Associate Chief Counsel (Passthroughs and Special Industries) (for cases under § 521), to assure uniform application of the statutes or regulations, or rulings, court opinions, or decisions published in the Internal Revenue Bulletin.
Procedures for cases where EO Technical takes exception to a determination letter

.02 If EO Technical takes exception to a determination letter issued by EO Determinations, the manager of EO Determinations will be advised. If EO Determinations notifies the organization of the exception taken, and the organization disagrees with the exception, the file will be returned to EO Technical. The referral to EO Technical will be treated as a request for technical advice, and the procedures in sections 14, 15, and 16 of Rev. Proc. 2014–5 will be followed.

SECTION 10.
DECLARATORY JUDGMENT PROVISIONS OF § 7428

Actual controversy involving certain issues

.01 Generally, a declaratory judgment proceeding under § 7428 can be filed in the United States Tax Court, the United States Court of Federal Claims, or the district court of the United States for the District of Columbia with respect to an actual controversy involving a determination by the Service or a failure of the Service to make a determination with respect to the initial or continuing qualification or classification of an organization under § 501(c)(3) (charitable, educational, etc.); § 170(c)(2) (deductibility of contributions); § 509(a) (private foundation status); § 4942(j)(3) (operating foundation status); or § 521 (farmers cooperatives).

Exhaustion of administrative remedies

.02 Before filing a declaratory judgment action, an organization must exhaust its administrative remedies by taking, in a timely manner, all reasonable steps to secure a determination from the Service. These include:

1. the filing of a substantially completed application Form 1023 under § 501(c)(3) pursuant to section 3.08 of this revenue procedure, or the request for a determination of foundation status pursuant to Rev. Proc. 2014–10, this Bulletin, or its successor;

2. in appropriate cases, requesting relief pursuant to Treas. Reg. § 301.9100–1 of the Procedure and Administration Regulations regarding the extension of time for making an election or application for relief from tax;

3. the timely submission of all additional information requested by the Service to perfect an exemption application or request for determination of private foundation status; and

4. exhaustion of all administrative appeals available within the Service pursuant to section 7 of this revenue procedure.

Not earlier than 270 days after seeking determination

.03 An organization will in no event be deemed to have exhausted its administrative remedies prior to the earlier of:

1. the completion of the steps in section 10.02, and the sending by the Service by certified or registered mail of a final determination letter or ruling; or

2. the expiration of the 270-day period described in § 7428(b)(2) in a case where the Service has not issued a final determination letter or ruling, and the organization has taken, in a timely manner, all reasonable steps to secure a determination letter or ruling.

Service must have reasonable time to act on an appeal or protest

.04 The steps described in section 10.02 will not be considered completed until the Service has had a reasonable time to act upon an appeal or protest, as the case may be.

Final determination to which § 7428 applies

.05 A final determination to which § 7428 applies is a determination letter or ruling, sent by certified or registered mail, which holds that the organization is not described in § 501(c)(3) or § 170(c)(2), is a public charity described in a part of § 509 or § 170(b)(1)(A) other than the part under which the organization requested classification, is not a private foundation as defined in § 4942(j)(3), or is a private foundation and not a public charity described in a part of § 509 or § 170(b)(1)(A).
SECTION 11. EFFECT OF DETERMINATION LETTER OR RULING RECOGNIZING EXEMPTION

Effective date of exemption

.01 A determination letter or ruling recognizing exemption of an organization described in § 501(c), other than § 501(c)(29), is usually effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter or ruling have been consistent with the requirements for exemption; (2) it has not failed to file required Form 990 series returns or notices for three consecutive years; and (3) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized. Special rules may apply to an organization applying for exemption under § 501(c)(3), (9) or (17). See §§ 505 and 508, and Treas. Reg. §§ 1.508–1(a)(2), 1.508–1(b)(7) and 301.9100–2(a)(2)(iii) and (iv). In addition, special rules apply with respect to organizations described in § 501(c)(29). See Rev. Proc. 2012–11, 2012–7 IRB 368.

(1) If the Service requires the organization to alter its activities or make substantive amendments to its enabling instrument, the exemption will be effective as of the date specified in a determination letter or ruling.

(2) If the Service requires the organization to make a nonsubstantive amendment, exemption will ordinarily be recognized as of the date of formation. Examples of nonsubstantive amendments include correction of a clerical error in the enabling instrument or the addition of a dissolution clause where the activities of the organization prior to the determination letter or ruling are consistent with the requirements for exemption.

(3) An organization that otherwise meets the requirements for tax-exempt status and the issuance of a determination letter or ruling that does not meet the requirements for recognition from date of formation will generally be recognized from the postmark date of its application.

(4) Organizations that claim exempt status under § 501(c) generally must file annual Form 990 series returns or notices, even if they have not yet received their determination letter or ruling recognizing exemption. If an organization fails to file required Form 990 series returns or notices for three consecutive years, its exemption will be automatically revoked by operation of § 6033(j). Such an organization may apply for reinstatement of its exempt status, and such recognition may be granted retroactively, only in accordance with the procedure described in Notice 2011–44, 2011–25 IRB 883.

Reliance on determination letter or ruling

.02 A determination letter or ruling recognizing exemption may not be relied upon if there is a material change, inconsistent with exemption, in the character, the purpose, or the method of operation of the organization, or a change in the applicable law. Also, a determination letter or ruling may not be relied upon if it was based on any inaccurate material factual representations. See section 12.01.

SECTION 12. REVOCATION OR MODIFICATION OF DETERMINATION LETTER OR RULING RECOGNIZING EXEMPTION

Revocation or modification of a determination letter or ruling may be retroactive

A determination letter or ruling recognizing exemption may be revoked or modified: (1) by a notice to the taxpayer to whom the determination letter or ruling was issued; (2) by enactment of legislation or ratification of a tax treaty; (3) by a decision of the Supreme Court of the United States; (4) by the issuance of temporary or final regulations; (5) by the issuance of a revenue ruling, revenue procedure, or other statement published in the Internal Revenue Bulletin; or (6) automatically, pursuant to § 6033(j), for failure to file a required annual return or notice for three consecutive years.

.01 The revocation or modification of a determination letter or ruling recognizing exemption may be retroactive if there has been a change in the applicable law, the organization omitted or misstated a material fact, operated in a manner materially different from that originally represented, or, in the case of organizations to which § 503 applies, engaged in a prohibited transaction with the purpose of diverting corpus or income of the organization from its exempt purpose and such transaction involved a substantial part of the corpus or income of such organization. In
certain cases an organization may seek relief from retroactive revocation or modification of a
determination letter or ruling under § 7805(b). Requests for § 7805(b) relief are subject to the

(1) Where there is a material change, inconsistent with exemption, in the character, the purpose,
or the method of operation of an organization, revocation or modification will ordinarily take
effect as of the date of such material change.

(2) In the case where a determination letter or ruling is issued in error or is no longer in accord
with the Service’s position and § 7805(b) relief is granted (see sections 13 and 14 of Rev. Proc.
2014–4), ordinarily, the revocation or modification will be effective not earlier than the date
when the Service modifies or revokes the original determination letter or ruling.

Appeal and conference
procedures in the case of
revocation or modification
of exempt status letter

.02 In the case of a revocation or modification of a determination letter or ruling, the appeal and
conference procedures are generally the same as set out in section 7 of this revenue procedure,
including the right of the organization to request that EO Determinations or the Appeals Office
seek technical advice from EO Technical. However, appeal and conference rights are not
applicable to matters where delay would be prejudicial to the interests of the Service (such as in
cases involving fraud, jeopardy, the imminence of the expiration of the statute of limitations, or
where immediate action is necessary to protect the interests of the Government). Organizations
revoked under § 6033(j) will not have an opportunity for Appeal consideration.

(1) If the case involves an exempt status issue on which EO Technical had issued a previous
contrary ruling or technical advice, EO Determinations generally must seek technical advice from
EO Technical.

(2) EO Determinations does not have to seek technical advice if the prior ruling or technical
advice has been revoked by subsequent contrary published precedent or if the proposed revoca-
tion involves a subordinate unit of an organization that holds a group exemption letter issued by
EO Technical, the EO Technical ruling or technical advice was issued under the Internal Revenue
Code of 1939 or prior revenue acts.

SECTION 13. EFFECT ON
OTHER REVENUE
PROCEDURES


SECTION 14. EFFECTIVE
DATE

This revenue procedure is effective January 6, 2014.

SECTION 15. PAPERWORK
REDUCTION ACT

The collection of information for a letter application under section 3.05 of this revenue
procedure has been reviewed and approved by the Office of Management and Budget (OMB)
in accordance with the Paperwork Reduction Act (44 U.S.C. § 3507) under control number
1545–2080. All other collections of information under this revenue procedure have been
approved under separate OMB control numbers.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection
of information unless the collection of information displays a valid OMB control number.

The collection of this information is required if an organization wants to be recognized as
tax-exempt by the Service. We need the information to determine whether the organization meets
the legal requirements for tax-exempt status. In addition, this information will be used to help the
Service delete certain information from the text of an adverse determination letter or ruling before
it is made available for public inspection, as required by § 6110.

The time needed to complete and file a letter application will vary depending on individual
circumstances. The estimated average time is 10 hours.
Books and records relating to the collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. The rules governing the confidentiality of letter applications are covered in § 6104.

DRAFTING INFORMATION

The principal author of this revenue procedure is Mr. Jonathan Carter of the Exempt Organizations, Tax Exempt and Government Entities Division. For further information regarding this revenue procedure, please contact the TE/GE Customer Service office at (877) 829-5500 (a toll-free call), or send an e-mail to tege.eo@irs.gov and include “Question about Rev. Proc. 2014-9” in the subject line.

Rev. Proc. 2014–10

SECTION 1. PURPOSE AND SCOPE

The purpose of this revenue procedure is to set forth updated procedures of the Internal Revenue Service (the “Service”) with respect to issuing rulings and determination letters on private foundation status under § 509(a) of the Internal Revenue Code, operating foundation status under § 4942(j)(3), and exempt operating foundation status under § 4940(d)(2), of organizations exempt from Federal income tax under § 501(c)(3). This revenue procedure also applies to the issuance of determination letters on the foundation status under § 509(a)(3) of nonexempt charitable trusts described in § 4947(a)(1).

SECTION 2. WHAT CHANGES HAVE BEEN MADE TO REV. PROC. 2013–10?


.02 Dates and cross references have been changed to reflect the appropriate annual Revenue Procedures.

SECTION 3. BACKGROUND

.01 All § 501(c)(3) organizations are classified as private foundations under § 509(a) unless they qualify as a public charity under § 509(a)(1) (which cross-references § 170(b)(1)(A)(i)–(vi)), (2), (3), or (4). See Treas. Reg. §§ 1.170A–9, 1.509(a)–1 through 1.509(a)–7. The Service determines an organization’s private foundation or public charity status when the organization files its Form 1023. This status will be included in the organization’s determination letter.

.02 In its Form 990, Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation), a public charity indicates the paragraph of § 509(a), and subparagraph of § 170(b)(1)(A), if applicable, under which it qualifies as a public charity. Because of changes in its activities or operations, this may differ from the public charity status listed in its original determination letter. Although an organization is not required to obtain a determination letter to qualify for the new public charity status, in order for Service records to recognize any change in public charity status, an organization must obtain a new determination of foundation status pursuant to this revenue procedure.

.03 If a public charity no longer qualifies as a public charity under § 509(a)(1)–(4), then it becomes a private foundation, and as such, it must file Form 990–PF, Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation. It is not necessary for the organization to obtain a determination letter on its new private foundation status (although it is permitted to do so pursuant to this revenue procedure). The organization indicates this change in foundation status by filing its Form 990–PF return and following any procedures specified in the form, instructions, or other published guidance. Thereafter, the organization may terminate its private foundation status, such as by giving notice and qualifying as a public charity again under § 509(a)(1)–(3) during a 60-month termination period in accordance with the procedures under § 507(b)(1)(B) and Treas. Reg. § 1.507–2(b).

.04 This revenue procedure applies to organizations that may have erroneously determined that the organization was a private foundation and wish to correct the error. For example, an organization may have erroneously classified an item or items in its calculation of public support, causing the organization to classify itself as a private foundation and to file Forms 990–PF. Pursuant to this revenue procedure, the organization can request to be classified as a public charity by showing that it continuously met the public support tests during the relevant periods. See section 7 below.

.05 A private foundation may qualify as an operating foundation under § 4942(j)(3) without a determination letter from the Service, but the Service will not recognize such status in its records without a determination letter from the Service. An organization claiming to be an exempt operating foundation under § 4940(d)(2) must obtain a determination letter from the Service recognizing such status to be exempt from the § 4940 tax on net investment income.

SECTION 4. DETERMINATIONS OF FOUNDATION STATUS

.01 EO Determinations will issue determination letters on foundation status, including whether an organization is:

(1) a private foundation;
(2) a public charity described in §§ 509(a)(1) and 170(b)(1)(A) (other than clauses (v), (vii), and (viii));
(3) a public charity described in § 509(a)(2) or (4);
(4) a public charity described in § 509(a)(3), whether such organization is described in § 509(a)(3)(B)(i), (ii), or (iii) (“supporting organization type”), and whether or not a Type III supporting organization is functionally integrated;
(5) a private operating foundation described in § 4942(j)(3); or
(6) an exempt operating foundation described in § 4940(d)(2).

.02 EO Determinations will also issue determination letters on whether a nonexempt charitable trust described in § 4947(a)(1) is described in § 509(a)(3).

.03 EO Determinations will issue such determinations in response to applications for recognition of exempt status under § 501(c)(3), submitted by organizations pursuant to § 508(b). EO Determinations will also issue such determinations in response to separate requests for determination of foundation status submitted on Form 8940, Request for Miscellaneous Determination, pursuant to this revenue procedure or its successor revenue procedures.

SECTION 5. APPLICABILITY OF ANNUAL REVENUE PROCEDURES


.02 The provisions of Rev. Proc. 2014–9 and any successor revenue procedure regarding § 7428, protest, conference, and appeal rights also apply to all determinations of foundation status described in section 4.01 (except section 4.01(6) relating to exempt operating foundation status) and section 4.02, whether or not the request for determination is made in connection with an application for recognition of tax-exempt status.

.03 Where the issue of exemption under § 501(c)(3) is referred to EO Technical for decision under the procedures of Rev. Proc. 2014–9, the foundation status issue will be referred along with it.

SECTION 6. GENERALLY NO NEW DETERMINATION LETTER IF SAME STATUS IS SOUGHT

The Service generally will not issue a new determination letter to a taxpayer that seeks a determination of private foundation status that is identical to its current foundation status as determined by the Service. For example, an organization that is already recognized as described in §§509(a)(1) and 170(b)(1)(A)(ii) as a school generally will not receive a new determination letter that it is still described in §§509(a)(1) and 170(b)(1)(A)(ii) under the currently extant facts. However, the organization in such case could request a letter ruling, pursuant to Rev. Proc. 2014–4, that a given change of facts and circumstances will not adversely affect its status under §§509(a)(1) and 170(b)(1)(A)(ii).

SECTION 7. FORMAT OF REQUEST

.01 Organizations that are seeking to change their foundation status, including requests from public charities for private foundation status and requests from public charities to change from one public charity classification to another public charity classification, or seeking a determination or a change as to supporting organization type or functionally integrated status, or seeking operating foundation or exempt operating foundation status, or subordinate organizations included in a group exemption letter seeking a change in public charity status, must submit Form 8940, Request Miscellaneous Determination Under Section 507, 509(a), 4940, 4942, 4945, and 6033 of the Internal Revenue Code, along with all information, documentation, and other materials required by Form 8940 and the instructions thereto, as well as the appropriate user fee pursuant to Rev. Proc. 2014–8 or its successor revenue procedures.

.02 For complete information about filing requirements and the submission process, refer to Form 8940 and the Instructions for Form 8940.

SECTION 8. REQUESTS BY NONEXEMPT CHARITABLE TRUSTS

.01 A nonexempt charitable trust described in § 4947(a)(1) seeking a determination that it is described in § 509(a)(3) should submit a written request for a determination pursuant to Rev. Proc. 2014–4 or its successor revenue procedure.

.02 The request for determination must include the following information items, from the date that the organization became described in § 4947(a)(1) (but not before October 9, 1969) to the present:

1. A subject line or other indicator of the request for determination that it is described in § 509(a)(3); “NONEXEMPT CHARITABLE TRUST REQUEST FOR DETERMINATION THAT IT IS DESCRIBED IN § 509(a)(3)”;

2. The name, address, and Employer Identification Number of the beneficiary organizations, together with a statement whether each such beneficiary organization is described in § 509(a)(1) or (2);

3. A list of all of the trustees that have served, together with a statement stating whether such trustees were disqualified persons within the meaning of § 4946(a) (other than as foundation managers);

4. A copy of the original trust instrument and any subsequently adopted amendments to that instrument;

5. Sufficient information to otherwise establish that the trust has met the requirements of § 509(a)(3) as provided for in Treas. Reg. § 1.509(a)–4 (other than § 1.509(a)–4(i)(4)); If the trust did not qualify under § 509(a)(3) in one or more prior years (after October 9, 1969) in which it was described in § 4947(a)(1), then it cannot be issued a § 509(a)(3) determination letter except in accordance with the procedures for termination of private foundation status under § 507(b)(1)(B); and


SECTION 9. DETERMINATIONS OPEN TO PUBLIC INSPECTION

Determinations and rulings as to foundation status are open to public inspection pursuant to § 6104(a).

Section 10. Not Applicable to Private Foundation Terminations Under § 507 or Changes of Status Pursuant to Examination

These procedures do not apply to a private foundation seeking to terminate its
status under § 507. These procedures also do not apply to the examination of an organization which results in changes to its foundation status.

SECTION 11. EFFECT ON OTHER REVENUE PROCEDURES


SECTION 12. EFFECTIVE DATE

This revenue procedure is effective January 6, 2014.

SECTION 13. PAPERWORK REDUCTION ACT

The collections of information contained in this revenue procedure have been reviewed and approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act (44 U.S.C. § 3507) under control number 1545–1520.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number.

The collections of information in this revenue procedure are in sections 7.02 and 8.02. This information is required to evaluate and process the request for a letter ruling or determination letter. The collections of information are required to obtain a letter ruling or determination letter. The likely respondents are tax-exempt organizations.

DRAFTING INFORMATION

The principal author of this revenue procedure is Mr. Dave Rifkin of the Exempt Organizations, Tax Exempt and Government Entities Division. For further information about this revenue procedure, contact Customer Account Services at 877-829-5500. Dave Rifkin can be reached by e-mail at tege.eo@irs.gov. Please include “Question about Rev. Proc. 2014–10” in the subject line.

26 CFR 601.201: Rulings and determination letters. (Also: Part I, sections 25, 103, 143, 1.25–4T, 1.103–1, 6A.103A–2)


SECTION 1. PURPOSE

This revenue procedure provides issuers of qualified mortgage bonds, as defined in section 143(a) of the Internal Revenue Code (the Code), and issuers of mortgage credit certificates, as defined in section 25(c), with a list of qualified census tracts for each state and the District of Columbia. It modifies and supersedes Rev. Proc. 2003–49, 2003–29 I.R.B. 89.

SECTION 2. BACKGROUND

.01 Section 103(a) of the Code provides that, except as provided in section 103(b), gross income does not include interest on any state or local bond. Section 103(b)(1) provides that section 103(a) shall not apply to any private activity bond that is not a “qualified bond” within the meaning of section 141. Section 141(e) provides that the term “qualified bond” includes any private activity bond if that bond: (1) is a qualified mortgage bond; (2) meets the volume cap requirements of section 146; and (3) meets the applicable requirements under section 147.

.02 Section 143(a)(1) of the Code provides that the term “qualified mortgage bond” means a bond which is issued as part of a “qualified mortgage issue”. Section 143(a)(2)(A) provides that the term “qualified mortgage issue” means an issue by a state or political subdivision thereof of one or more bonds but only if: (i) all proceeds of the issue (exclusive of issuance costs and a reasonably required reserve) are to be used to finance owner occupied residences; (ii) the issue meets the requirements of subsections (c), (d), (e), (f), (g), (h), (i), and (m)(7); (iii) the issue does not meet the private business tests of paragraphs (1) and (2) of section 141(b); and (iv) with respect to amounts received more than 10 years after the date of issuance, repayments of $250,000 or more of principal on financing provided by the issue are used not later than the close of the first semi-annual period beginning after the date the prepayment (or complete repayment) is received to redeem bonds that are part of the issue.

.03 An issue of bonds meets the requirements of subsection (h) of section 143 of the Code only if at least 20 percent of the proceeds of the issue is made available for owner financing of “targeted area residences” for at least 1 year after the date on which owner financing is first made available with respect to targeted area residences. Subsection (h)(2) provides, however, that the amount available need not exceed 40 percent of the average annual aggregate principal amount of mortgages executed during the immediately preceding 3 calendar years for single-family, owner-occupied residences located in targeted areas within the jurisdiction of the issuing authority.

.04 Targeted area residences are defined in section 143(j)(1)(A) to include residences in a qualified census tract. A “qualified census tract”, according to section 143(j)(2)(A), is a census tract in which 70 percent or more of the families have income that is 80 percent or less of the statewide median family income. Section 143(j)(2)(B) of the Code provides that the determination that a census tract is a “qualified census tract” must be based on the most recent decennial census for which data are available. The last list of qualified census tracts, published in Rev. Proc. 2003–49, 2003–29 I.R.B. 89, was based on the 2000 Census.

.05 Section 6a.103A–2(b)(4)(ii) of the Temporary Income Tax Regulations provides that, with respect to any particular bond issue, the determination that a census tract is a “qualified census tract” may be based upon the decennial census data available 3 months prior to the date of issuance and shall not be affected by official changes to the data during or after that 3-month period.

.06 Section 143(k)(2)(A) of the Code provides that the term “statistical area” means (i) a metropolitan statistical area (“MSA”), and (ii) any county (or the portion thereof) that is not within an MSA.

.07 An MSA is currently defined as an area containing at least one urbanized area with a population of at least 50,000, plus adjacent territory having a high degree of social and economic integration with the core as measured through commuting ties. See Office of Management and Budget
08 A state or local government may elect to exchange all or part of its qualified mortgage bond authority for authority to issue mortgage credit certificates. In general, the recipient of a mortgage credit certificate may claim a federal income tax credit equal to the product of the certificate credit rate and the interest paid or accrued during the tax year on the remaining principal of the certified indebtedness amount. Section 25(c)(2)(A)(iii)(V) of the Code provides that the indebtedness certified by mortgage credit certificates must meet the requirements of section 143(h) concerning the portion of loans to be placed in targeted areas.

09 The list of qualified census tracts is developed by HUD for publication by the Service. HUD’s determination is based upon decennial census data received by HUD from the Bureau of the Census.

SECTION 3. APPLICATION

The qualified census tracts for each state and the District of Columbia as listed below are based on the 2010 Census. In 2010, the Bureau of the Census provided data for all areas, not just the MSAs. Thus, the list of qualified census tracts includes tracts in Block Numbering Areas (BNA) in nonmetropolitan counties as well as tracts in MSAs.

State, County, 2010 Tract #
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Alabama, Calhoun County, Census Tract 5
Alabama, Calhoun County, Census Tract 8
Alabama, Chambers County, Census Tract 9544
Alabama, Choctaw County, Census Tract 9567
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Alabama, Etowah County, Census Tract 112
Alabama, Houston County, Census Tract 406
Alabama, Houston County, Census Tract 412
Alabama, Jefferson County, Census Tract 3
Alabama, Jefferson County, Census Tract 5
Alabama, Jefferson County, Census Tract 7
Alabama, Jefferson County, Census Tract 8
Alabama, Jefferson County, Census Tract 15
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Alabama, Jefferson County, Census Tract 20
Alabama, Jefferson County, Census Tract 24
Alabama, Jefferson County, Census Tract 29
Alabama, Jefferson County, Census Tract 30.02
Alabama, Jefferson County, Census Tract 32
Alabama, Jefferson County, Census Tract 35
Alabama, Jefferson County, Census Tract 39
Alabama, Jefferson County, Census Tract 40
Alabama, Jefferson County, Census Tract 45
Alabama, Jefferson County, Census Tract 51.04

Alabama, Jefferson County, Census Tract 57.02
Alabama, Jefferson County, Census Tract 102
Alabama, Jefferson County, Census Tract 110.02
Alabama, Jefferson County, Census Tract 138.01
Alabama, Lauderdale County, Census Tract 107
Alabama, Lee County, Census Tract 406.03
Alabama, Lee County, Census Tract 408
Alabama, Lowndes County, Census Tract 7811
Alabama, Macon County, Census Tract 2323
Alabama, Madison County, Census Tract 12
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Alabama, Madison County, Census Tract 25.02
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Alabama, Mobile County, Census Tract 23.01
Alabama, Mobile County, Census Tract 27
Alabama, Mobile County, Census Tract 32.05
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Alabama, Mobile County, Census Tract 39.01
Alabama, Mobile County, Census Tract 40

January 6, 2014
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SECTION 4. EFFECT ON OTHER DOCUMENTS

Rev. Proc. 2003-49 is modified and superseded by this revenue procedure. Issuers can continue to rely on Rev. Proc. 2003-49 until the effective date of this revenue procedure, which is the date of publication of this revenue procedure in the Internal Revenue Bulletin.

SECTION 5. EFFECTIVE DATE

This revenue procedure is effective January 06, 2014.

SECTION 6. DRAFTING INFORMATION

The principal authors of this revenue procedure are David White and Timothy Jones of the Office of Associate Chief Counsel (Financial Institutions & Products). For further information regarding this revenue procedure contact David White on (202) 317-6980 (not a tollfree call).
Part IV. Items of General Interest

Notice of Proposed Rulemaking and Notice of Public Hearing

Credit for Increasing Research Activities: Intra-Group Gross Receipts

REG–159420–04

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice of proposed rulemaking and notice of public hearing.

SUMMARY: This document contains proposed regulations under section 41 of the Internal Revenue Code (Code) relating to the treatment of qualified research expenditures (QREs) and gross receipts resulting from transactions between members of a controlled group of corporations or a group of trades or businesses under common control (intra-group transactions) for purposes of determining the credit under section 41 for increasing research activities (research credit). These proposed regulations will affect controlled groups of corporations or groups of trades or businesses under common control (controlled groups) that are engaged in research activities. This document also provides notice of a public hearing on these proposed regulations.

DATES: Written or electronic comments must be received by March 13, 2014. Outlines of topics to be discussed at the public hearing scheduled for April 23, 2014, at 10:00 a.m. must be received by March 13, 2014.

ADDRESSES: Send submissions to: CC: PA:LPD:PR (REG–159420–04), Room 5205, Internal Revenue Service, PO Box 7604, Ben Franklin Station, Washington, DC 20044. Submissions also may be hand delivered Monday through Friday between the hours of 8 a.m. and 4 p.m. to: CC:PA:LPD:PR (REG–159420–04), Courier’s Desk, Internal Revenue Service, 1111 Constitution Avenue, NW, Washington, DC, or sent electronically via the Federal eRulemaking Portal at http://www.regulations.gov (IRS REG–159420–04). The public hearing will be held in the IRS Auditorium, Internal Revenue Building, 1111 Constitution Avenue, NW, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Concerning these proposed regulations, David Selig, (202) 317-4137; concerning submission of comments, the hearing, and/or to be placed on the building access list to attend the hearing, Oluwafunmilayo (Funmi) Taylor, (202) 317-6901 (not toll-free numbers).

SUPPLEMENTARY INFORMATION:

Background

These proposed regulations address how the interaction of section 41(f)(1) (relating to the treatment of controlled groups as a single taxpayer) and section 41(c)(7) (relating to the exclusion from gross receipts of amounts received by a foreign corporation that are not effectively connected to a United States trade or business) affects the computation of gross receipts resulting from intra-group transactions between domestic controlled group members (domestic members) and foreign corporate members of the controlled group (foreign corporate members). These proposed regulations apply to an intra-group transaction that is followed by a transaction between a foreign corporate member and a party outside of the controlled group involving the same or a modified version of tangible or intangible property or services that was the subject of the intra-group transaction, and the transaction with the party outside of the controlled group does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States.

Section 41(f)(1) provides that in determining the amount of the research credit, all members of the same controlled group of corporations and all commonly controlled trades or businesses (whether or not incorporated) shall be treated as a single taxpayer. For this purpose, controlled group is defined by reference to section 1563(a), except that “more than 50 percent” is substituted for “at least 80 percent,” and the determination is made without regard to subsections (a)(4) (regarding certain insurance companies) and (e)(3)(C) (regarding stock owned by an employees’ trust). The statute provides no rules, however, regarding how the single taxpayer treatment is to be implemented. Commentators have noted the ambiguity associated with similar provisions of the Code. See, e.g., Prop. Reg. § 1.199–1, 70 FR 67220, 67236 (November 4, 2005) (“the single corporation language in section 199(d)(4)(A) has created confusion among commentators and the proposed regulations clarify the meaning of this language”).

The IRS and the Treasury Department believe that the single taxpayer concept should be interpreted consistently with the purpose the statute is intended to advance. The single taxpayer concept as it relates to the computation of the research credit first appeared in 1981 when Congress initially enacted the research credit. As originally enacted, the research credit was determined solely by reference to a taxpayer’s QREs. Specifically, to ensure that the research credit was available only for actual increases in research expenditures, former section 44F(f)(1) provided that the QREs of a controlled group of corporations and all commonly controlled trades or businesses (whether or not incorporated) were aggregated and treated as those of a single taxpayer. H. Rept. No. 97–201, 1981–2 CB 364–365 (demonstrating that controlled groups are prevented from increasing research expenditures by shifting these expenditures from an entity that has a high baseline of research expenditures to one that does not).

In 1989, Congress modified the computation of the research credit (now section 41 of the Code) by adding the base amount concept embodied in section 41(a)(1)(B), which included gross receipts in the calculation of the research credit for the first time. See the Omnibus Budget Reconciliation Act of 1989 (Public Law 101–239, §7110) (the “1989 Act”). The legislative history of the 1989 Act explains that gross receipts were included in the computation of the research credit to address concerns with the existing rules...
and incentivize spending on research activities. In particular, Congress wished to modify the pre-existing incremental credit structure in order to maximize the research credit’s efficiency by not allowing (to the extent possible) credits for research that would have been undertaken in any event. Congress believed that businesses often determine their research budgets as a fixed percentage of gross receipts and determined that it was appropriate to compute the research credit, in part, based on the increase in a taxpayer’s gross receipts. This approach also had the advantage of effectively indexing the research credit for inflation and preventing taxpayers from being rewarded for increases in research spending that are attributable solely to inflation. See H.R. Rep. No. 101–247, 101st Cong., 1st Sess. 1199–1200 (1989).

The 1989 Act also amended section 41 to provide certain parameters for measuring gross receipts. Specifically, section 41(c)(7) provides that gross receipts are reduced by returns and allowances made during the taxable year. Section 41(c)(7) also provides that in the case of a foreign corporation, only gross receipts effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States are taken into account in the computation of the research credit. See section 41(c)(7), as amended. The legislative history of the 1989 Act does not expressly address the purpose of the gross receipts provision relating to foreign corporations. The enactment of the controlled group aggregation rules in section 41(f)(1) (treating all members of a controlled group as a single taxpayer) preceded the enactment of the foreign corporation gross receipts rule in section 41(c)(7). Congress, however, did not make clear how the two provisions should interact and did not provide any additional indication regarding the consequences of being treated as a single taxpayer, including when the deemed single taxpayer is comprised of both domestic and foreign controlled group members.

**Current Regulatory Scheme**

Section 1.41–3(c) defines gross receipts generally as the total amount, determined under the taxpayer’s method of accounting, derived from all its activities and from all sources. Section 1.41–6(i) interprets the single taxpayer concept of section 41(f)(1) to provide that transfers between members of a controlled group of corporations are generally disregarded for purposes of determining the research credit under section 41 for both gross receipts and QREs. The IRS and the Treasury Department believe that, in most cases, the general rule that disregards intra-group transactions for both gross receipts and QREs furthers the statutory purpose of ensuring that the computation of the research credit is based upon an economic measure of gross receipts relative to QREs and not artificially increased by multiple intra-group transactions.

The IRS and the Treasury Department believe, however, that an interpretation of section 41(f)(1) that completely excludes gross receipts associated with certain transactions is inconsistent with Congressional intent. For example, assume that a domestic corporation incurs research expenditures and sells a product that it produced to a foreign corporate member, and the foreign corporate member then sells the product to a customer in a transaction that does not give rise to gross receipts effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. If gross receipts from the sales transactions are excluded because the intra-group transaction is disregarded under §1.41–6 and the foreign corporate member’s gross receipts are excluded under section 41(c)(7) for the second transaction, the aggregate amount of gross receipts for purposes of determining the research credit is distorted. The distortion results because the QREs of the domestic member are included, but its gross receipts from the sale to the foreign corporate member are not. Accordingly, the IRS and the Treasury Department propose to revise the regulations to include gross receipts in this situation, including in cases where the property is modified prior to being transferred by the foreign corporate member, the gross receipts are in the form of royalties, interest, or other cash or non-cash remuneration, or the gross receipts relate to services ultimately provided by the foreign corporate member to a third-party customer.

However, the IRS and the Treasury Department believe that multiple inclusions of gross receipts associated with intra-group transactions involving the same or a modified version of tangible or intangible property or services would be inconsistent with Congressional intent. Thus, for example, it would not be appropriate to overstate gross receipts, and thereby reduce the research credit available to a controlled group, by taking into account the transfer of a single piece of property (including a modified form of the same property) more than one time (that is, first as a transfer between controlled group members and then as a transfer with a third party).

**Explanation of Provisions**

The proposed regulations retain the current rule that generally disregards transactions among members of a controlled group for purposes of computing the research credit, but provide a narrow exception to this rule. Under the exception, gross receipts (within the meaning of §1.41–3(c)) from an intra-group transaction are taken into account if (1) a foreign corporate member engages in a transaction with a party outside of the group (external transaction) involving the same or a modified version of tangible or intangible property or a service that was previously the subject of one or more intra-group transactions (an internal transaction); and (2) the external transaction does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. The exception harmonizes the application of sections 41(f)(1) and 41(c)(7) and is consistent with the purposes of these provisions as well as the broader statutory changes that made gross receipts a central feature of the research credit computation.

For example, if a domestic member transfers property to a foreign corporate member, and the foreign corporate member then transfers the property outside of the controlled group in a transaction that does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any posses-
The IRS and the Treasury Department request comments regarding the need for a rule or safe harbor in applying the consistency rule for purposes of determining the base amount in accordance with these proposed regulations.

QREs

These proposed regulations remove the rules in §1.41–6(i)(4) (relating to the treatment of lease payments as QREs) to reflect changes to section 41 by the Tax Reform Act of 1986, Public Law 99–514. These proposed regulations generally would not change the rules concerning whether payments between members of a controlled group constitute QREs. The IRS and the Treasury Department request comments concerning whether any revisions are necessary.

Proposed Effective Date

The amendments to §1.41–6(i) are proposed to apply to taxable years beginning on or after the date that these regulations are published as final regulations in the Federal Register.

Special Analysis

It has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in Executive Order 12866, as supplemented by Executive Order 13563. It also has been determined that section 553(b) of the Administrative Procedures Act (5 U.S.C. chapter 5) does not apply to these regulations, and because these regulations do not impose a collection of information on small entities, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Therefore, a Regulatory Flexibility Analysis is not required. Pursuant to section 7805(f) of the Code, this notice of proposed rulemaking has been submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small business.

Comments and Public Hearing

Before these proposed regulations are adopted as final regulations, consideration will be given to any electronic or written comments (a signed original and eight (8) copies) that are submitted timely to the IRS. The IRS and the Treasury Department request comments on all aspects of the proposed rules.

All comments will be available for public inspection and copying.

A public hearing has been scheduled for April 23, 2014, beginning at 10:00 a.m. in the IRS Auditorium, Internal Revenue Building, 1111 Constitution Avenue, N.W., Washington, DC. Due to building security procedures, visitors must enter at the Constitution Avenue entrance. In addition, all visitors must present photo identification to enter the building. Because of access restrictions, visitors will not be admitted beyond the immediate entrance area more than 30 minutes before the hearing starts. For information about having your name placed on the building access list to attend the hearing, see the “FOR FURTHER INFORMATION CONTACT” section of this preamble.

The rules of 26 CFR 601.601(a)(3) apply to the hearing. Persons who wish to present oral comments at the hearing must submit electronic or written comments by March 13, 2014, and submit an outline of the topics to be discussed and the amount of time to be devoted to each topic (a signed original and eight (8) copies) by March 13, 2014. A period of 10 minutes will be allotted to each person for making comments. An agenda showing the scheduling of the speakers will be prepared after the deadline for receiving outlines has passed. Copies of the agenda will be available free of charge at the hearing.

Drafting Information

The principal author of these proposed regulations is David Selig, Office of the Associate Chief Counsel (Passthroughs and Special Industries). However, other personnel from the IRS and the Treasury...
PART 1—INCOME TAXES

§1.41–0 Table of contents.

§1.41–6 Controlled groups.

(i) Transactions between controlled group members—(1) In general—Treatment of transactions. Except as otherwise provided in this paragraph, all activities giving rise to amounts included in gross receipts under §1.41–3(c) (transactions) between members of a controlled group as defined in paragraph (a)(3) of this section (intra-group transactions) are generally disregarded in determining the QREs and gross receipts of a member for purposes of the research credit.

(2) Exception for certain amounts received from foreign corporate controlled group members—(i) In general. Notwithstanding paragraph (i)(1) of this section, gross receipts (within the meaning of §1.41–3(c)) from an intra-group transaction are taken into account if—

(A) A foreign corporate controlled group member engages in a transaction with a party outside of the group (an external transaction) involving the same or a modified version of tangible or intangible property or a service that was previously the subject of one or more intra-group transactions (an internal transaction); and

(B) The external transaction does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States.

(ii) Timing of inclusion. The amount described as taken into account in computing gross receipts in paragraph (i)(2)(i) of this section is taken into account in the year a foreign corporate controlled group member engages in the external transaction described in paragraph (i)(2)(i)(B) of this section.

(iii) Multiple intra-group transactions. If there is more than one internal transaction, then only the last internal transaction giving rise to gross receipts (within the meaning of section 1.41–3(c)) is taken into account in the research credit computation pursuant to paragraph (i)(2)(i) of this section.

(iv) Examples. The following examples illustrate the principles of paragraph (i)(2) of this section.

Example 1. Domestic Controlled Group Member Includes in Gross Receipts Proceeds From Intragroup Sale. D and F are members of the same controlled group. D is a domestic corporation. F is a foreign corporation that is organized under the laws of Country. F does not conduct a trade or business within the United States, Puerto Rico, or any U.S. possession. In Year 1, D sells Product to F for $8x. In Year 2, F sells Product to F’s unrelated customer for $10x. Because the Product that F sells outside the group is the same Product that was the subject of an internal transaction (i.e., the sale from D to F), and the $10x that F receives upon sale of Product outside the group is not effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States.

Example 2. Domestic Controlled Group Member Includes in Gross Receipts Amounts Received For Intragroup Transfer of License. Assume the same facts as in Example 1, except in Year 1, D licenses intellectual property (license) to F for $8x. F owns similar intellectual property that it plans to license to a customer together with the license it received from D. In Year 2, F licenses its intellectual property and sublicenses D’s intellectual property to F’s unrelated customer for $20x. Because the intellectual property that F sublicenses outside the group is the same intellectual property that was the subject of an internal transaction (i.e., the license from D to F), and the $20x that F receives for the license and sublicense of intellectual property outside the group is not effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States.

Example 3. Domestic Controlled Group Member Includes in Gross Receipts Proceeds From Intragroup Sale Following Multiple Internal Transactions. D, F1, and F2 are members of the same controlled group. D is a domestic corporation. F1 and F2 are foreign corporations that are organized under the laws of Country. D licenses intellectual property to F1 for $8x. Assume the same
laws of Country. F1 and F2 do not conduct a trade or business within the United States, Puerto Rico, or any U.S. possession. In Year 1, D sells Product to F1 for $8x. In Year 2, F1 sells Product to F2 for $9x, and F2 sells Product to F2’s unrelated customer for $10x. Both D’s sale to F1 and F1’s sale to F2 are internal transactions involving Product that precede F2’s external transaction involving Product. The $10x that F2 receives upon sale of Product outside the group is not effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. Accordingly, the group will include gross receipts from an internal transaction in its research credit computation pursuant to paragraph (i)(2)(ii) of this section. Because F1’s sale of Product to F2 does not produce gross receipts that are effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States, the exchange engaged in by F2 does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. Because F1’s sale of Product to F2 does not produce gross receipts that are effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States, those gross receipts are not taken into account even though that sale is the most recent internal transaction preceding the external transaction. See section 41(c)(7) and paragraph (i)(2)(ii) of this section. Therefore, D will include $8x of gross receipts in its research credit computation in Year 2, the year of the external transaction, because the transfer from D to F1 is the last internal transaction giving rise to includible gross receipts. See paragraphs (i)(2)(i) and (i)(2)(iii) of this section.

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Example 4. Foreign Partnership Controlled Group Member Includes in Gross Receipts Proceeds From Intra-group Sale. Assume the same facts as in Example 3, except that F1 is a foreign partnership for federal income tax purposes and is part of the controlled group (within the meaning of §1.41–6(a)(3)(ii)) that includes D and F2. Both D’s sale to F1 and F1’s sale to F2 are internal transactions involving Product that precede F2’s external transaction involving Product. The $10x that F2 receives upon sale of Product outside the group is not effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. Accordingly, the group will include gross receipts from an internal transaction in its research credit computation pursuant to paragraph (i)(2)(ii) of this section. Because F1’s sale of Product to F2 does not produce gross receipts that are effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States, the exchange engaged in by F2 does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. Because F1’s sale of Product to F2 does not produce gross receipts that are effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States, those gross receipts are not taken into account even though that sale is the most recent internal transaction preceding the external transaction. See section 41(c)(7) and paragraph (i)(2)(ii) of this section. Therefore, D will include $8x of gross receipts in its research credit computation in Year 2, the year of the external transaction, because the transfer from D to F1 is the last internal transaction giving rise to includible gross receipts. See paragraphs (i)(2)(i) and (i)(2)(iii) of this section.

Example 5. Domestic Controlled Group Member Includes in Gross Receipts Proceeds From Intra-group Sale Following Multiple Internal Transactions That Include a Section 721 Exchange. Assume the same facts as Example 3, except that in an exchange meeting the requirements of section 721(a), F2 transfers Product to PRS, a partnership that is not part of the controlled group within the meaning of §1.41–6(a)(3)(ii). Both D’s sale to F1 and F1’s sale to F2 are internal transactions involving Product that precede F2’s transfer of Product to PRS. The exchange engaged in by F2 does not give rise to gross receipts that are effectively connected with a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States. Because F1’s sale of Product to F2 does not produce gross receipts that are effectively connected with the conduct of a trade or business within the United States, the Commonwealth of Puerto Rico, or any possession of the United States, those gross receipts are not taken into account even though that sale is the most recent internal transaction preceding the external transaction. See section 41(c)(7) and paragraph (i)(2)(ii) of this section. Therefore, D will include $8x of gross receipts in its research credit computation in Year 2, the year of the external transaction, because the transfer from D to F1 is the last internal transaction giving rise to includible gross receipts. See paragraphs (i)(2)(i) and (i)(2)(iii) of this section.

(6) Consistency requirement. In computing the research credit for taxable years beginning on or after the date of publication of these regulations as final regulations in the Federal Register, QREs and gross receipts taken into account in computing a taxpayer’s fixed-base percentage and a taxpayer’s base amount must be determined on a basis consistent with the definition of QREs and gross receipts for the credit year, without regard to the law in effect for the taxable years taken into account in computing the fixed-base percentage or the base amount. This consistency requirement applies even if the period for filing a claim for credit or refund has expired for any taxable year taken into account in computing the fixed-base percentage or the base amount. This consistency requirement applies even if the period for filing a claim for credit or refund has expired for any taxable year taken into account in computing the fixed-base percentage or the base amount.

(j) Effective/applicability dates–(1) In general. Except as otherwise provided in this paragraph (j), these regulations apply to taxable years ending on or after May 24, 2005.

(4) Intra-group transactions. Paragraphs (i)(1) and (2) of this section apply to taxable years beginning on or after the date of publication of these regulations as final regulations in the Federal Register.

Beth Tucker,
Deputy Commissioner for Operations Support.

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partnership liabilities (or an increase in a partner’s individual liabilities by reason of the assumption by the partner of partnership liabilities) will be considered a contribution of money by such partner to the partnership. Conversely, section 752(b) provides that any decrease in a partner’s share of partnership liabilities (or a decrease in a partner’s individual liabilities by reason of the assumption by the partnership of such individual liabilities) will be considered a distribution of money to the partner by the partnership.

When determining a partner’s share of partnership liabilities, the regulations under section 752 distinguish between two categories of liabilities—recourse and nonrecourse. In general, a partnership liability is recourse to the extent that a partner or related person bears the economic risk of loss as provided in §1.752–2 and nonrecourse to the extent that no partner or related person bears the economic risk of loss. See §1.752–1(a)(1) and (2).

These proposed regulations provide guidance as to when and to what extent a partner is treated as bearing the economic risk of loss for a partnership liability when multiple partners bear the economic risk of loss for the same partnership liability (overlapping economic risk of loss). In addition, these proposed regulations provide guidance when a partner has a payment obligation with respect to a liability or makes a nonrecourse loan to the partnership (and no other partner bears the economic risk of loss for that liability) and such partner is related to another partner in the partnership.

Explanation of Provisions

1. Overlapping Risk of Loss

Under §1.752–2(a), a partner’s share of a recourse partnership liability equals the portion of that liability, if any, for which the partner or related person bears the economic risk of loss. Section 1.752–2(b)(1) provides that a partner bears the economic risk of loss for a partnership liability to the extent that the partner or a related person makes (or acquires an interest in) a nonrecourse loan to the partnership and the economic risk of loss for the liability is not borne by another partner. Section 1.752–4(c) provides that the amount of an indebtedness is taken into account only once.

The IRS and the Treasury Department are aware that there is uncertainty as to how partners should share a partnership liability if multiple partners bear the economic risk of loss with respect to the same liability. The temporary regulations under §1.752–1T(d)(3)(i) that preceded the existing final regulations under section 752 addressed the issue of overlapping economic risk of loss by providing that “if the aggregate amount of the economic risk of loss that all partners are determined to bear with respect to a partnership liability (or portion thereof) . . . exceeds the amount of such liability (or portion thereof), then the economic risk of loss borne by each partner with respect to such liability shall equal the amount determined by multiplying the amount of such liability (or portion thereof) by the fraction obtained by dividing the amount of the economic risk of loss that such partner is determined to bear with respect to that liability (or portion thereof) by the sum of such amounts for all partners.” The rule in the temporary regulations, however, was not included in the final regulations in part in response to comments that the proposed regulations addressed too many topics generally and should be simplified to focus on more basic concepts. See 56 FR 36704–02 (1991–2 C.B. 1125).

The IRS and the Treasury Department have received comments requesting guidance in this area. The IRS and the Treasury Department continue to balance the importance of simplicity in regulations under section 752 against the utility of providing additional guidance on identified issues. In light of comments received, the IRS and the Treasury Department believe that a rule is needed to address overlapping economic risk of loss due to uncertainty under the current regulations and believe that the concepts from the temporary regulations regarding the overlapping risk of loss rule provide a reasonable approach in addressing how a partnership liability should be shared among partners bearing the economic risk of loss for the same liability. Accordingly, these proposed regulations adopt the rule from the temporary regulations.

2. Tiered Partnerships

The rules under section 752 regarding the allocation of liabilities in a tiered partnership structure also may result in overlapping economic risk of loss. Section 1.752–2(i) provides that if a partnership (the “upper-tier partnership”) owns (directly or indirectly through one or more partnerships) an interest in another partnership (the “lower-tier partnership”), the liabilities of the lower-tier partnership are allocated to the upper-tier partnership in an amount equal to the sum of the following: (1) the amount of the economic risk of loss that the upper-tier partnership bears with respect to the liabilities; and (2) the amount of any other liabilities with respect to which partners of the upper-tier partnership bear the economic risk of loss. Section 1.752–4(a) further provides that an upper-tier partnership’s share of the liabilities of a lower-tier partnership (other than any liability of the lower-tier partnership that is owed to the upper-tier partnership) is treated as a liability of the upper-tier partnership for purposes of applying section 752 and the regulations thereunder to the partners of the upper-tier partnership.

The regulations therefore allocate a recourse liability of a lower-tier partnership to an upper-tier partnership if either that upper-tier partnership, or one of its partners, bears the economic risk of loss for the liability. When a partner of the upper-tier partnership is also a partner in the lower-tier partnership, and that partner bears the economic risk of loss with respect to a liability of the lower-tier partnership, the current regulations do not provide guidance as to how the lower-tier partnership should allocate the liability between the upper-tier partnership and the partner. The IRS and the Treasury Department believe that the lower-tier partner-
ship should allocate the liability directly to the partner. The IRS and the Treasury Department believe that this approach is more administrable and ensures that the additional basis resulting from the liability is only for the benefit of the partner that bears the economic risk of loss for the liability. Thus, the proposed regulations modify the tiered-partnership rule in §1.752–2(ii)(2) to prevent a liability of a lower-tier partnership from being allocated to an upper-tier partnership when a partner of the lower-tier partnership and the upper-tier partnership bears the economic risk of loss for such liability.

3. Related Party Rules

A. Constructive Owner of Stock

Under §1.752–4(b)(1), a person is related to a partner if the partner and the person bear a relationship to each other that is specified in sections 267(b) or 707(b)(1), except that 80 percent or more is substituted for 50 percent or more in each of those sections, a person’s family is determined by excluding siblings, and sections 267(e)(1) and 267(f)(1)(A) are disregarded.

In determining whether a partner and a person bear a relationship to each other that is specified in section 267(b), the constructive stock ownership rules in section 267(c) are applicable. Specific to partnerships, section 267(c)(1) provides, in part, that stock owned directly or indirectly by or for a partnership is considered as being owned proportionately by or for its partners. Therefore, if a partnership owns all of the stock in a corporation, a partner that owns 80 percent or more of the interests in the partnership is considered to be related to the corporation under §1.752–4(b)(1). If the corporation has a payment obligation with respect to a liability of its partnership owner, should not be treated as related, through ownership of the partnership, to the corporation. A partner’s economic risk of loss that is limited to the partner’s equity investment in the partnership should be treated differently than the risk of loss beyond that investment. Thus, for purposes of §1.752–4(b)(1), the proposed regulations disregard section 267(c)(1) in determining whether a partner in a partnership is considered as owning stock in a corporation to the extent the corporation is a lender or has a payment obligation with respect to a liability of its partnership owner.

B. Person Related to Multiple Partners

Section 1.752–4(b)(2)(i) provides that if a person is related to more than one partner in a partnership under §1.752–4(b)(1), the related party rules in §1.752–4(b)(1) are applied by treating the person as related only to the partner with whom there is the highest percentage of related ownership (greatest percentage rule). If, however, two or more partners have the same percentage of related ownership and no other partner has a greater percentage, the liability is allocated equally among the partners having the equal percentages of related ownership.

The IRS and the Treasury Department have recently received comments requesting that the greatest percentage rule be removed. The commenter explains that if a person is related to more than one partner under §1.752–4(b)(1), the ultimate determination of a person’s relatedness to a partner should not be based on which partner has the highest percentage of related ownership because differences in ownership percentages within a 20-percent range do not justify treating a person as related to one partner over another. After considering the comments, the IRS and the Treasury Department agree with the comments, especially given the administrative burden associated with determining precise ownership percentages above the 80-percent threshold in §1.752–4(b)(1)(i). Therefore, the proposed regulations remove the greatest percentage rule and provide that if a person is a lender or has a payment obligation for a partnership liability and is related to more than one partner, those partners share the liability equally.

C. Related Partner Exception to Related Party Rules

Section 1.752–4(b)(2)(iii) provides that persons owning interests directly or indirectly in the same partnership are not treated as related persons for purposes of determining the economic risk of loss borne by each of them for the liabilities of the partnership (the related partner exception). The IRS and the Treasury Department are aware that taxpayers are uncertain of the application of the related partner exception following the decision in IPO II v. Commissioner, 122 T.C. 295 (2004). IPO II involved an individual, Mr. Forsythe, who owned 100 percent of an S corporation, Indeck Overseas, and 70 percent of a second S corporation, Indeck Energy. Mr. Forsythe’s children owned the remaining 30 percent of Indeck Energy. Mr. Forsythe and Indeck Overseas formed a partnership, IPO II, which received a loan from a bank. To secure that loan, Mr. Forsythe, Indeck Energy, and Indeck Power (a C corporation of which Mr. Forsythe owned 63 percent) entered into guarantees with the bank. IPO II allocated 99 percent of the increase in basis attributable to this liability to Indeck Overseas. Id. at 296–97. The Tax Court held that this allocation was incorrect because Indeck Overseas was not directly or indirectly liable for the debt. The court, while stressing that it interprets “the policy behind the related partner exception as preventing the shifting of basis from a party who bears actual economic risk of loss to one who does not,” did not end its analysis by stating that Mr. Forsythe guaranteed the debt, and thus his economic risk of loss could not be shifted to Indeck Overseas which did not guarantee the debt. Id. at 303. The court instead examined whether Indeck Overseas indirectly bore the economic risk of loss due to its relationship with a related party, Indeck Energy. The Tax Court held that the relationship between Indeck Overseas and Indeck Energy arose through Mr. Forsythe. Because the related partner exception
shuts off the relationship between Mr. Forsythe and Indeck Overseas, it should be turned off for all purposes; therefore, Indeck Energy was not related to Indeck Overseas. Id. at 304.

The IRS and Treasury Department believe the related partner exception should only apply where a partner has a payment obligation or is the lender with respect to a partnership liability. IPO II may be read to expand the related partner exception to turn off relationships between related partners in a partnership without limitation. Under this broad interpretation, the related partner exception could be improperly applied to turn off attribution of economic risk of loss between related partners even when none of the related partners directly bears the economic risk of loss for a partnership liability. The IRS and the Treasury Department believe that such an interpretation could have unintended results, including causing intercompany debts to be treated as nonrecourse because no partner alone owns 80 percent or more of the lending company and the partners are not treated as related to each other. The proposed regulations provide that the related partner exception only applies when a partner bears the economic risk of loss for a liability of the partnership because the partner is a lender under §1.752–2(c)(1) or has a payment obligation for the partnership liability. The proposed regulations also clarify that an indirect interest in a partnership is an indirect interest through one or more partnerships.

D. Special Rule Where Entity Structured To Avoid Related Person Status

Section 1.752–4(b)(2)(iv) provides special rules for when an entity is structured to avoid related person status. The proposed regulations do not propose any changes to these rules. However, as a result of other changes made to simplify the organization of §1.752–4, the rules in §1.752–4(b)(2)(iv) are now in §1.752–4(b)(4) of the proposed regulations. In addition, the example in §1.752–4(b)(2)(iv)(C) is now Example 5 under §1.752–4(b)(5) of the proposed regulations.

4. Request for Comments: Liquidating Distributions of Tiered Partnership Interests

The IRS and the Treasury Department are considering the proper treatment of liabilities when an upper-tier partnership (transferor) bears the economic risk of loss for a lower-tier partnership liability and distributes, in a liquidating distribution, its interest in the lower-tier partnership to one of its partners (transferee) but the partner does not bear the economic risk of loss for the lower-tier partnership’s liability. The IRS and the Treasury Department request comments on the timing of the liability reallocation relative to the transaction that causes the liability to change from recourse to nonrecourse.

Proposed Applicability Date

The regulations are proposed to apply to liabilities incurred or assumed by a partnership on or after the date these regulations are published as final regulations in the Federal Register, other than liabilities incurred or assumed by a partnership pursuant to a written binding contract in effect prior to that date.

Special Analyses

It has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in Executive Order 12866, as supplemented by Executive Order 13563. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these proposed regulations. Because these proposed regulations do not impose a collection of information on small entities, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Pursuant to section 7805(f) of the Code, this notice of proposed rulemaking will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small business.

Comments and Requests for a Public Hearing

Before these proposed regulations are adopted as final regulations, consideration will be given to any comments that are submitted timely to the IRS as prescribed in this preamble under the “Addresses” heading. The IRS and the Treasury Department request comments on all aspects of the proposed rules. All comments will be available at www.regulations.gov or upon request. A public hearing will be scheduled if requested in writing by any person that timely submits written comments. If a public hearing is scheduled, notice of the date, time, and place for the public hearing will be published in the Federal Register.

Drafting Information

The principal authors of these proposed regulations are Caroline E. Hay and Deane M. Burke, Office of the Associate Chief Counsel (Passthroughs and Special Industries). However, other personnel from the IRS and Treasury Department participated in their development.

Proposed Amendments to the Regulations

Accordingly, 26 CFR part 1 is proposed to be amended as follows:

PART 1—INCOME TAXES

Paragraph 1. The authority citation for part 1 continues to read in part as follows: Authority: 26 U.S.C. 7805 * * *

Par. 2. Section 1.752–0 is amended by:
1. Revising the entry for §1. 752–2(a) and adding new entries for §1. 752–2(a)(1) and (a)(2).
2. Revising the entry for §1.752–4(b)(2) removing the entries for §1.752–4(b)(2)(i), (b)(2)(ii), and (b)(2)(iii); redesignating the entries for §1.752–4(b)(2)(iv), (b)(2)(iv)(A) and (b)(2)(iv)(B) as §1.752–4(b)(4), (b)(4)(i), and (b)(4)(ii), respectively; and removing the entry for §1.752–4(b)(2)(iv)(C).
3. Adding new entries for §1.752–4(b)(3) and (b)(5).

The revisions and additions read as follows:

§1.752–2 Partner’s share of recourse liabilities

(a) Partner’s share of recourse liabilities.

(1) In general.
(2) Overlapping economic risk of loss.

§1.752–4 Special rules

(b) * * *

(2) Related partner exception.

(3) Person related to more than one partner.

(4) Special rule where entity structured to avoid related person status.

(i) In general.

(ii) Ownership interest.

(5) Examples.

* * * * *

Par. 3. Section 1.752–2 is amended by:
1. Redesignating paragraph (a) as paragraph (a)(1) and adding a heading to paragraph (a).
2. Adding paragraph (a)(2).
3. Adding Example 9 to paragraph (f).
4. Revising paragraphs (i)(1) and (2).
5. Adding a sentence to the end of paragraph (l).

The additions and revisions read as follows:

§1.752–2 Partner’s share of recourse liabilities.

(a) Partner’s share of recourse liabilities—* * * *

(2) Overlapping economic risk of loss.

For purposes of determining a partner’s share of a recourse partnership liability, the amount of the partnership liability is taken into account only once. If the aggregate amount of the economic risk of loss that all partners are determined to bear with respect to a partnership liability (or portion thereof) under paragraph (a)(1) of this section (without regard to this paragraph (a)(2)) exceeds the amount of such liability (or portion thereof), then the economic risk of loss borne by each partner with respect to such liability shall equal the amount determined by multiplying:

(i) The amount of such liability (or portion thereof) by

(ii) The fraction obtained by dividing the amount of the economic risk of loss that such partner is determined to bear with respect to that liability (or portion thereof) under paragraph (a)(1) of this section, by the sum of such amounts for all partners.

* * * * *

(f) * * *


(i) A and B are unrelated equal members of limited liability company, AB. AB is treated as a partnership for federal tax purposes. AB borrows $1,000 from Bank. A guarantees payment for the entire amount of AB’s $1,000 liability and B guarantees payment for $500 of the liability. Both A and B waive their rights of contribution against each other.

(ii) Because the aggregate amount of A’s and B’s economic risk of loss under paragraph (a)(1) of this section ($1,500) exceeds the amount of AB’s liability ($1,000), the economic risk of loss borne by A and B each is determined under paragraph (a)(2) of this section. Under paragraph (a)(2) of this section, A’s economic risk of loss equals $1,000, multiplied by $1,000/$1,500 or $667, and B’s economic risk of loss equals $1,000 multiplied by $500/$1,500 or $333.

* * * * *

(i) * * *

(1) The amount of liabilities with respect to which the upper-tier partnership has the payment obligation or is the lender as provided in paragraph (c) of this section; and

(2) The amount of any other liabilities with respect to which partners of the upper-tier partnership bear the economic risk of loss, provided the partner is not a partner in the lower-tier partnership.

* * * * *

(i) * * * Paragraphs (a)(2), (f) Example 9, and (i) of this section apply to liabilities incurred or assumed by a partnership on or after the date these proposed regulations are published as final regulations in the Federal Register, other than liabilities incurred or assumed by a partnership pursuant to a written binding contract in effect prior to that date.

Par. 4. Section 1.752–4 is amended by:
1. Removing the word “and” at the end of paragraph (b)(1)(ii).
2. Removing “267(f)(1)(A)” at the end of (b)(1)(iii) and adding in its place “267(f)(1)(A); and”.
3. Adding paragraph (b)(1)(iv).
4. Revising paragraph (b)(2).
5. Adding paragraph (b)(3).
6. Adding paragraph (b)(4).
7. Adding paragraph (b)(5).

The additions and revisions read as follows:

§1.752–4 Special rules.

(b) * * *

(1) * * *

(iv) Disregard section 267(c)(1) in determining whether stock of a corporation owned, directly or indirectly, by or for a partnership is considered as being owned proportionately by or for its partners if the corporation is a lender as provided in §1.752–2(c) or has a payment obligation with respect to a liability of the partnership.

(2) Related partner exception. Notwithstanding paragraph (b)(1) of this section (which defines related person), if a person who owns (directly or indirectly through one or more partnerships) an interest in a partnership is a lender as provided in §1.752–2(c) or has a payment obligation with respect to a partnership liability, or portion thereof, then other persons owning interests directly or indirectly (through one or more partnerships) in that partnership are not treated as related to that person for purposes of determining the economic risk of loss borne by each of them for such partnership liability, or portion thereof. This paragraph (b)(2) does not apply when determining a partner’s interest under the de minimis rules in §1.752–2(d) and (e).

(3) Person related to more than one partner. If a person that is a lender as provided in §1.752–2(c) or that has a payment obligation with respect to a partnership liability, or portion thereof, is related to more than one partner under paragraph (b)(1) of this section, the partnership liability, or a portion thereof, is shared equally among such partners.

(4) Special rule where entity structured to avoid related person status—(i) In general. If—

(A) A partnership liability is owed to or guaranteed by another entity that is a partnership, an S corporation, a C corporation, or a trust;

(B) A partner or related person owns (directly or indirectly) a 20 percent or more ownership interest in the other entity; and

(C) A principal purpose of having the other entity act as a lender or guarantor of the liability was to avoid the determination that the partner that owns the interest
bears the economic risk of loss for federal income tax purposes for all or part of the liability; then the partner is treated as holding the other entity’s interest as a creditor or guarantor to the extent of the partner’s or related person’s ownership interest in the entity.

(ii) Ownership interest. For purposes of paragraph (b)(4)(i) of this section, a person’s ownership interest in:

(A) A partnership equals the partner’s highest percentage interest in any item of partnership loss or deduction for any taxable year;

(B) An S corporation equals the percentage of the outstanding stock in the S corporation owned by the shareholder;

(C) A C corporation equals the percentage of the fair market value of the issued and outstanding stock owned by the shareholder; and

(D) A trust equals the percentage of the actuarial interests owned by the beneficial owner of the trust.

(5) Examples. The following examples illustrate the principles of paragraph (b) of this section.

Example 1. Person related to more than one partner. A owns 100 percent of X, a corporation. A owns 100 percent of Y, a corporation. A and X are equal members of P, a limited liability company treated as a partnership for federal tax purposes. Y guarantees payment of a liability of P of $1,000. A and X are not lenders as provided in §1.752–2(c) and do not otherwise have a payment obligation with respect to the liability. Therefore, paragraph (b)(2) of this section does not apply for purposes of determining the economic risk of loss borne by A and X. Under paragraph (b)(1) of this section, Y is related to A and X. Therefore, under paragraph (b)(3) of this section, A and X each have a $500 share of the $1,000 liability.

Example 2. Related partner exception. A owns 100 percent of two corporations, X and Y. A and Y are members of P, a limited liability company treated as a partnership for federal tax purposes. P borrows $1,000 from Bank. A and X each guarantee payment of the $1,000 debt owed to Bank. A and Y are not treated as related to each other pursuant to paragraph (b)(2) of this section because A has the payment obligation with respect to the $1,000 debt pursuant to §1.752–2(b). Y is therefore not treated as related to X. Because A is the only partner that bears the economic risk of loss for P’s $1,000 liability, A’s share of the liability is $1,000 under §1.752–2(a)(1).

Example 3. Related partner exception. A owns 100 percent of two corporations, X and Y. X owns 79 percent of Z, a corporation, and Y owns the remaining 21 percent of Z. X and Y are members of P, a limited liability company treated as a partnership for federal tax purposes. P borrows $2,000 from Bank. Both X and Z guarantee payment of the $2,000 debt owed to Bank. X has a payment obligation with respect to P’s $2,000 liability; therefore, paragraph (b)(2) of this section applies and X and Y are not treated as related for purposes of determining the economic risk of loss borne by each of them for P’s $2,000 liability. Because X and Y are not treated as related, and neither owns an 80 percent or more interest in Z, neither X nor Y is treated as related to Z under paragraph (b)(1) of this section. Because X bears the economic risk of loss for P’s $2,000 liability, X’s share of the liability is $2,000 under §1.752–2(a)(1).

Example 4. Related partner exception and person related to more than one partner. Same facts as in Example 3, but X guarantees payment of only $1,200 of the debt owed to Bank and Z guarantees payment of $2,000. Pursuant to paragraph (b)(2) of this section, X and Y are not treated as related to the extent of X’s $1,200 guarantee. Because X bears the economic risk of loss for $1,200 of P’s $2,000 liability, X’s share of the liability is $1,200 under §1.752–2(a)(1). In addition, because paragraph (b)(2) of this section does not apply with respect to the remaining portion of the liability that X did not guarantee, X and Y are treated as related for purposes of the remaining $800 of the liability pursuant to paragraph (b)(1) of this section. Therefore, Z is treated as related to X and Y under paragraph (b)(1) of this section. Pursuant to paragraph (b)(3) of this section, X and Y share the $800 equally. In sum, X’s share of P’s $2,000 liability is $1,600 ($1,200 under §1.752–2(a)(1) and $400 under paragraph (b)(3) of this section) and Y’s share of P’s $2,000 liability is $400 under paragraph (b)(3) of this section.

Example 5. Entity structured to avoid related person status. A, B, and C form a general partnership, ABC. A, B, and C are equal partners, each contributing $1,000 to the partnership. A and B want to loan money to ABC and have the loan treated as nonrecourse for purposes of section 752. A and B form partnership AB to which each contributes $50,000. A and B share losses equally in partnership AB. Partnership AB loans partnership ABC $100,000 on a nonrecourse basis secured by the property ABC buys with the loan. Under these facts and circumstances, A and B bear the economic risk of loss with respect to the partnership liability equally based on their percentage interest in losses of partnership AB.

Par. 5. Section 1.752–5 is amended by adding a second sentence in paragraph (a) and removing the word “However” at the beginning of the third sentence and adding in its place “In addition”.

The addition reads as follows:

§1.752–5 Effective dates and transition rules.

(a) * * * However, §1.752–4(b)(1)(iv), (b)(2), (b)(3), and (b)(5) Examples 1, 2, 3, and 4 apply to any liability incurred or assumed by a partnership on or after the date that these regulations are published as final regulations in the Federal Register, other than a liability incurred or assumed by a partnership pursuant to a written binding contract in effect prior to that date.* * * * * *
by most Internet search engines. No deletions, modifications, or reductions will be made to the comments received, as they are public records. Comments may be submitted anonymously.

Comments, identified by “Excepted Benefits,” may be submitted by one of the following methods:


Comments received will be posted without change to www.regulations.gov and available for public inspection at the Public Disclosure Room, N-1513, Employee Benefits Security Administration, 200 Constitution Avenue NW., Washington, DC 20210, including any personal information provided.

FOR FURTHER INFORMATION CONTACT: Amy Turner or Beth Baum, Employee Benefits Security Administration, Department of Labor, at (202) 693-8335; Karen Levin, Internal Revenue Service, Department of the Treasury, at (202) 317-5500; Jacob Ackerman, Centers for Medicare & Medicaid Services, Department of Health and Human Services, at (410) 786-1565.

Customer Service Information: Individuals interested in obtaining information from the Department of Labor concerning employment-based health coverage laws, may call the EBSA Toll-Free Hotline at 1-866-444-EBSA (3272) or visit the Department of Labor’s website (http://www.dol.gov/ebsa). In addition, information from HHS on private health insurance for consumers can be found on the Centers for Medicare & Medicaid Services (CMS) website (www.cms.gov/ccio) and information on health reform can be found at www.HealthCare.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104–191, 110 Stat. 1936 added title XXVII of the Public Health Service Act (PHS Act), part 7 of the Employee Retirement Income Security Act of 1974 (ERISA), and chapter 100 of the Internal Revenue Code (the Code), providing portability and nondiscrimination provisions with respect to health coverage. These provisions of the PHS Act, ERISA, and the Code were later augmented by other consumer protection laws, including the Mental Health Parity Act of 1996,7 the Mental Health Parity and Addiction Equity Act of 2008,8 the Newborns’ and Mothers’ Health Protection Act,9 the Women’s Health and Cancer Rights Act,10 the Genetic Information Nondiscrimination Act of 2008,11 the Children’s Health Insurance Program Reauthorization Act of 2009,12 Michelle’s Law,13 and the Affordable Care Act.14

The Affordable Care Act reorganizes, amends, and adds to the provisions of part A of title XXVII of the PHS Act relating to group health plans and health insurance issuers in the group and individual markets. The term “group health plan” includes both insured and self-insured group health plans.15 Section 715(a)(1) of ERISA and section 9815(a)(1) of the Code, as added by the Affordable Care Act, incorporate the provisions of part A of title XXVII of the PHS Act into ERISA and the Code to make them applicable to group health plans and health insurance issuers providing health insurance coverage in connection with group health plans. The PHS Act sections incorporated by these references are sections 2701 through 2728.

II. Overview of the Proposed Regulations

Sections 2722 and 2763 of the PHS Act, section 732 of ERISA, and section 9831 of the Code provide that the requirements of title XXVII of the PHS Act, part 7 of ERISA, and chapter 100 of the Code, respectively, generally do not apply to excepted benefits. Excepted benefits are described in section 2791 of the PHS Act, section 733 of ERISA, and section 9832 of the Code.

The parallel statutory provisions establish four categories of excepted benefits. The first category includes benefits that are generally not health coverage16 (such as automobile insurance, liability insurance, workers compensation, and accidental death and dismemberment coverage). The benefits in this category are excepted in all circumstances. In contrast, the benefits in the second, third, and fourth categories are types of health coverage but are excepted only if certain conditions are met.

The second category of excepted benefits is limited excepted benefits, which may include limited scope vision or dental benefits, and benefits for long-term care, nursing home care, home health care, or community based care. Section 2791(c)(2)(C) of the PHS Act, section 733(c)(2)(C) of ERISA, and section 9832(c)(2)(C) of the Code au-
authorize the Secretaries of HHS, Labor, and the Treasury (collectively, the Secretaries) to issue regulations establishing other, similar limited benefits as excepted benefits. The Secretaries exercised this authority previously with respect to certain health flexible spending arrangements (health FSAs). To be excepted under this second category, the statute provides that limited benefits must either: (1) be provided under a separate policy, certificate, or contract of insurance; or (2) otherwise not be an integral part of a group health plan, whether insured or self-insured.

The third category of excepted benefits, referred to as “noncoordinated excepted benefits,” includes both coverage for only a specified disease or illness (such as cancer-only policies), and hospital indemnity or other fixed indemnity insurance. These benefits are excepted only if all of the following conditions are met: (1) the benefits are provided under a separate policy, certificate, or contract of insurance; (2) there is no coordination between the provision of such benefits and any exclusion of benefits under any group health plan maintained by the same plan sponsor; and (3) the benefits are paid with respect to any event without regard to whether benefits are provided under any group health plan maintained by the same plan sponsor.

The fourth category of excepted benefits is supplemental excepted benefits. Such benefits must be: (1) coverage supplemental to Medicare, coverage supplemental to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) or to Tricare, or similar coverage that is supplemental to coverage provided under a group health plan; and (2) provided under a separate policy, certificate, or contract of insurance.

These proposed regulations would amend the second category of excepted benefits, limited excepted benefits.

A. Dental and Vision Benefits

In 2004, the Departments of the Treasury, Labor, and HHS published final regulations with respect to excepted benefits (the HIPAA regulations). (Subsequent references to the “Departments” include all three Departments, unless the headings or context indicate otherwise.) Under the HIPAA regulations, vision and dental benefits are excepted if they are limited in scope (described as benefits, substantially all of which are for treatment of the eyes or mouth, respectively) and are either: (1) provided under a separate policy, certificate, or contract of insurance; or (2) otherwise not an integral part of a group health plan. While only insured coverage may qualify under the first test, both insured and self-insured coverage may qualify under the second test. The HIPAA regulations provided that benefits are not an integral part of a plan if participants have the right to elect not to receive coverage for the benefits, and if participants elect to receive coverage for such benefits, they pay an additional premium or contribution for it. By contrast, health FSA benefits could qualify as excepted benefits without any participant contribution under the HIPAA regulations.

Following enactment of the Affordable Care Act, various stakeholders asked the Departments to amend the regulations in order to remove conditions for limited-scope vision and dental benefits to be treated as excepted benefits. Specifically, some employers represented that, although their vision and dental benefits complied with the pre-Affordable Care Act requirements in title XXVII of the PHS Act, part 7 of ERISA, and chapter 100 of the Code (such as the nondiscrimination and preexisting condition exclusion provisions), compliance with the Affordable Care Act provisions (including the 90-day waiting period limitation and the prohibition on annual limits) presented additional challenges. These employers argued that, where employers are providing such benefits on a self-insured basis and without a contribution from employees, employers should not be required to charge a nominal contribution from participants simply for the benefits to qualify as excepted benefits. In some cases, the cost of collecting the nominal contribution would be greater than the contribution itself. Moreover, they pointed out that employers providing dental and vision benefits through a separate insurance policy are not required to charge a participant any premium in order for the dental or vision benefits to be considered excepted benefits. Similarly, consumer groups argued that, if an employer offers primary group health coverage that is unaffordable to individuals, but limited-scope vision or dental coverage that is affordable, such limited-scope vision or dental coverage should qualify as excepted benefits so as not to make such individuals ineligible for the premium tax credit under section 36B of the Code for enrolling in coverage through an Affordable Insurance Exchange, or “Exchange” (also called a Health Insurance Marketplace or Marketplace).

In response to these concerns, and to level the playing field between insured and self-insured coverage, these proposed regulations would eliminate the require-
ment under the HIPAA regulations that participants pay an additional premium or contribution for limited-scope vision or dental benefits to qualify as benefits that are not an integral part of a plan (and therefore as excepted benefits). The Departments invite comments on this approach.

B. Limited Wraperound Coverage

The Affordable Care Act requires that non-grandfathered health plans in the individual and small group markets cover essential health benefits (EHB), which include items and services in ten statutory specified categories that are equal in scope to a typical employer plan.24 Because employer group coverage varies from State to State, HHS regulations at 45 CFR 156.100 provide for States to adopt individual benchmarks from among a range of primarily small group plan offerings in each State to serve as a reference plan, reflecting both the scope of services and limits offered by a typical employer plan in that State.25

Prior to the Affordable Care Act, there was no Federal requirement that health coverage in the individual and small group market include a standardized set of benefits such as those included in EHB. Self-insured group health plans and health insurance coverage in the large group market often cover items and services in addition to the types of services included in EHB. For example, items and services that either cannot be or are unlikely to be included in EHB include routine adult vision and dental care, long-term custodial nursing home care, non-medically necessary pediatric orthodontia, and coverage that extends beyond the benchmark plan’s coverage of wellness programs, manipulative treatment, infertility, home health care, private duty nursing, hospice, or certain non-traditional treatments. In addition, some of these group health plans may provide broader provider networks, in terms of the number and types of of contracted providers, than those often included in the individual and small group market. Federal law is designed to encourage employers to provide group coverage for their employees.26

Experts suggest that most workers who are offered minimum value employer-sponsored coverage will not meet the criteria for the premiums to be considered to be “unaffordable” and thus not qualify for the premium tax credit for enrolling in coverage through an Exchange.27 Nevertheless, in some cases, employer plans may be unaffordable for some employees. These individuals might purchase coverage through an Exchange with a premium tax credit. While such individuals might pay lower premiums for coverage through an Exchange, they might also have less generous coverage in terms of benefits or a different provider network than they would have had in their group health plan. Some group health plan sponsors have asked whether wraparound coverage could be provided for employees for whom the employer premium is unaffordable and who obtain coverage through an Exchange. This approach would allow employers to provide such employees with overall coverage that is comparable to the group health plan coverage, taking into account both the wraparound coverage and the Exchange coverage.

Accordingly, the Departments have developed these proposed regulations to treat certain wraparound coverage provided under a group health plan as excepted benefits when it is offered to individuals who could receive such benefits through their group health plan if they could afford the premiums, but who do not enroll in the employer-sponsored plan because the premium is unaffordable under the law. As excepted benefits, the coverage would generally be exempt from the HIPAA and Affordable Care Act market reform requirements of ERISA, the PHS Act, and the Code. Wraparound coverage would only qualify as excepted benefits under limited circumstances in order to alleviate two concerns. First, the wraparound coverage could not replace group coverage for employers who drop coverage or who otherwise do not offer minimum value coverage. Instead, the wraparound coverage would only be considered to be an excepted benefit if it is used to provide additional coverage to individuals and families enrolled in non-grandfathered individual health insurance coverage and for whom minimum value coverage under the employer’s group health plan is offered but is unaffordable. Second, the proposed rules aim to prevent plan sponsors from structuring wraparound coverage so that low-income workers receive fewer primary benefits than high-income workers. These proposed regulations are intended to allow a plan sponsor to maintain a comparable level of benefits for all potential enrollees, including not only high-income workers in their group health plan but also low-income workers that enroll in non-grandfathered individual market coverage, promoting equity in coverage.

The proposed regulations, which the Departments are proposing would be effective for plan years starting in 2015, describe the circumstances under which employer-provided wraparound coverage would constitute excepted benefits (lim-

24For more information on grandfathered health plans, see section 1251 of the Affordable Care Act and its implementing regulations at 26 CFR 54.9815–1251T, 29 CFR 2590.715–1251, and 45 CFR 147.140. For more information on essential health benefits, see 45 CFR 156.110, incorporated into the regulations through 78 FR 12834, Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation; Final Rule, Feb. 25, 2013.

2545 CFR 156.100, 78 FR 12840.

26Section 4980I of the Code generally provides that an applicable large employer is subject to an assessable payment if one or more full-time employees is certified to the employer as having received an applicable premium tax credit or cost-sharing reduction and either (1) the employer fails to offer to its full-time employees (and their dependents) the opportunity to enroll in minimum essential coverage (MEC) under an eligible employer-sponsored plan, or (2) the employer offers its full-time employees (and their dependents) the opportunity to enroll in MEC under an eligible employer-sponsored plan but the coverage fails to meet requirements for affordability and minimum value. Section 5000A of the Code provides that MEC includes group health plans that are self-insured or are offered in the large or small group market within a State. Under section 5000A, nonexempt individual must either maintain MEC for themselves and any nonexempt family members or include an additional payment with their Federal income tax return. Section 36B of the Code allows a premium tax credit to certain taxpayers who enroll (or whose family members enroll) in a qualified health plan (QHP) through an Exchange. The credit subsidizes a portion of the premiums for the QHP. In general, the premium tax credit may not subsidize coverage for an individual who is eligible for other MEC. If the MEC is eligible employer-sponsored coverage, however, an individual is treated as eligible for that coverage only if the coverage is affordable and provides minimum value or if the individual enrollment in the coverage.

limited wraparound coverage) and therefore would not disqualify an employee from eligibility for the premium tax credit and cost-sharing reductions. The Departments note that provision of excepted benefits will not satisfy an applicable large employer’s responsibilities under section 4980H of the Code. Under these proposed regulations, limited wraparound coverage is an excepted benefit if five conditions are met.

First, the coverage can wrap around only certain coverage provided through the individual market. Specifically, the individual health insurance coverage must be non-grandfathered and cannot consist solely of excepted benefits. In States that elect to establish a Basic Health Program (BHP), certain low-income individuals (for example, those with household income between 133% and 200% of the Federal poverty level) who would otherwise qualify for a tax credit to obtain a qualified health plan through an Exchange will instead be enrolled in coverage through the BHP. Therefore, the Departments invite comments on how an employer might make wraparound coverage available to BHP enrollees.

Second, the limited wraparound coverage must be specifically designed to provide benefits beyond those offered by the individual health insurance coverage. Specifically, the limited wraparound coverage must provide either benefits that are in addition to EHBs, or reimburse the cost of health care providers considered out-of-network under the individual health insurance coverage, or both. The Departments invite comments on the types of benefits and provider arrangements that could be included in this coverage as well as their similarities to, or differences from, other types of excepted benefits described in the HIPAA regulations. The Departments also invite comments on whether the proposed standard should be modified to require that these wraparound coverage benefits be “substantial” or “material” and, if so, how those terms should be defined.

The limited wraparound coverage may, but is not required to, also provide benefits to reimburse for participants’ otherwise applicable cost sharing under the individual health insurance policy, but that cannot be its primary purpose. For the benefits to be considered specifically designed to wrap around the individual health insurance coverage, it must provide additional wraparound benefits as discussed in the immediately preceding paragraph; the coverage cannot provide benefits solely pursuant to a coordination-of-benefits provision that simply pays benefits whenever the individual health insurance policy does not cover all or part of a medical expense.

The third condition requires the limited wraparound coverage to be otherwise not an integral part of a group health plan. That is, under the proposed regulations, the plan sponsor offering the limited wraparound coverage must sponsor another group health plan meeting minimum value (as defined under section 36B(c)(2)(C)(i) of the Code) for the plan year, referred to as the “primary plan.” This primary plan must be affordable for a majority of the employees eligible for the primary plan. Only individuals eligible for this primary plan may be eligible for the limited wraparound coverage. The Departments seek input on this proposed standard, including whether the majority level is an appropriate level (or whether the primary plan should provide coverage that is affordable for a higher or lower percentage of employees), recognizing the goal of preventing plan sponsors from shifting participants from the employer-sponsored primary plan to the individual market with limited wraparound coverage. Assuming use of the 9.5% of income test set forth in section 36B(c)(2)(C)(i) of the Code as the basic definition of “affordable,” the Departments also request comments on how to implement that definition here — for example, whether the Departments should use a Form W-2 safe harbor based on employee wages like the one set forth in the proposed regulations under Code section 4980H.

Under the fourth condition set forth in the proposed regulations, the limited wraparound coverage must be limited in amount. Specifically, the total cost of coverage under the limited wraparound coverage must not exceed 15 percent of the cost of coverage under the primary plan offered to employees eligible for the wraparound coverage.28 For this purpose, the cost of coverage includes both employer and employee contributions towards coverage and is determined in the same manner as that in which the applicable premium is calculated under a COBRA continuation provision.29 This is similar to the standard in the 2007 enforcement safe harbor for treating supplemental health insurance coverage as excepted benefits. Under the safe harbor, the cost of coverage under the supplemental policy, certificate, or contract of insurance must not exceed 15 percent of the cost of primary coverage.30 The Departments solicit comment on the level of this threshold, as well as other possible thresholds that could be used to ensure that the benefit is limited in amount, such as whether other thresholds used in the context of health FSAs or health savings accounts (HSAs) would be easier to administer or more appropriate.

The fifth and final condition for the limited wraparound coverage to qualify as excepted benefits relates to nondiscrimination. The limited wraparound coverage must not differentiate among individuals in eligibility, benefits, or premiums based on any health factor of an individual (or any dependent of the individual), consistent with the requirements of section 2705 of the PHS Act (as incorporated into ERISA section 715 and Code section 9815) and its implementing regulations. This condition is similar to the standard in the 2007 enforcement safe harbor treating supplemental health insurance coverage...
as excepted benefits. In addition to the cost standard mentioned above, the safe harbor requires that such coverage be similar to Medicare Supplemental Coverage in that it must not differentiate among individuals in eligibility, benefits, or premiums based on any health factor of an individual (or any dependent of the individual).

In addition, to satisfy the fifth condition, the limited wraparound coverage must not impose any preexisting condition exclusion, consistent with the requirements of section 2704 of the PHS Act (as incorporated into ERISA section 715 and Code section 9815) and its implementing regulations. Finally, both the primary coverage and the limited wraparound coverage must not discriminate in favor of highly compensated individuals, consistent with the provisions of section 2716 of the PHS Act (also incorporated by reference into ERISA section 715 and Code section 9815) and section 105(h) of the Code, and its implementing regulations at 26 CFR 1.105–11 as applicable.31 These limitations are intended to ensure the coverage is available regardless of health status and to prevent employers from shifting employees with high medical costs to an Exchange. Conditioning excepted benefit status on meeting standards consistent with the compensation-based nondiscrimination rules, in combination with the requirement that the primary plan be affordable for a majority of the employees eligible for it, helps ensure that employers will not be able to use wraparound coverage to send excessive numbers of low wage workers to the Exchanges. Comments are invited as to whether additional nondiscrimination standards are needed to prevent such cost-shifting and abuse.

C. Employee Assistance Programs

Employee assistance programs (EAPs) are typically programs offered by employers that can provide a wide-ranging set of benefits to address circumstances that might otherwise adversely affect employees’ work and health. Benefits may include short-term substance use disorder or mental health counseling or referral services, as well as financial counseling and legal services. They are typically available free of charge to employees and are often provided through third-party vendors. To the extent an EAP provides benefits for medical care, it would generally be considered group health plan coverage, which would generally be subject to the HIPAA and Affordable Care Act market reform requirements, unless the EAP meets the criteria for being excepted benefits.

Since enactment of the Affordable Care Act, various stakeholders have asked the Departments to treat EAPs as excepted benefits for reasons analogous to the arguments described above with respect to vision and dental benefits. Specifically, some employers represented that compliance with the prohibition on annual limits could be problematic as such benefits are typically very limited, and that EAPs generally are intended to provide benefits in addition to those provided under other group health plans sponsored by employers. Moreover, consumer groups have represented that EAPs with very limited benefits, which may be the only coverage offered to employees, may prohibit the employee from obtaining a premium tax credit under section 36B of the Code if the EAP is treated as minimum essential coverage under section 5000A of the Code. At the same time, the Departments recognize that no universal definition exists for EAPs, and are concerned that employers not act to shift primary coverage to a separate “EAP plan,” exempt from the consumer protection provisions of title XXVII of the PHS Act, part 7 of ERISA, and chapter 100 of the Code, including the mental health parity provisions.32

The Departments issued guidance on September 13, 2013, which stated the Departments’ intent to amend the excepted benefits regulations with respect to EAPs.33 The guidance also provided transition relief, stating, “[u]ntil rulemaking is finalized, through at least 2014, the Departments will consider an employee assistance program or EAP to constitute excepted benefits only if the employee assistance program or EAP does not provide significant benefits in the nature of medical care or treatment. For this purpose, employers may use a reasonable, good faith interpretation of whether an employee assistance program or EAP provides significant benefits in the nature of medical care or treatment.”

These proposed regulations set forth criteria for an EAP to qualify as excepted benefits beginning in 2015. Under these proposed regulations, benefits provided under EAPs are excepted if four criteria are met. First, the program cannot provide significant benefits in the nature of medical care. The Departments invite comments on how to define “significant.” For example, the Departments request comments as to whether a program that provides no more than 10 outpatient visits for mental health or substance use disorder counseling, an annual wellness checkup, immunizations, and diabetes counseling, with no inpatient care benefits, should be considered to provide significant benefits in the nature of medical care.34

The second criterion for an EAP to constitute excepted benefits is that its benefits cannot be coordinated with benefits under another group health plan. The Departments propose three conditions to

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31Section 2716 of the PHS Act (as incorporated into ERISA and the Code) generally applies to insured coverage and section 105(h) of the Code and its implementing regulations generally apply to self-insured coverage.

32The mental health parity provisions are included in PHS Act section 2726, ERISA section 712, and Code section 9812.


34Other examples of EAPs that do not provide significant benefits in the nature of medical care, discussed in IRS Notice 2004–50 Q&A–10 include (1) an EAP with benefits that consist primarily of free or low-cost confidential short-term counseling (which could address substance abuse, alcoholism, mental health or emotional disorders, financial or legal difficulties, and dependent care needs) to identify an employee’s problem that may affect job performance and, when appropriate, referrals to an outside organization, facility or program to assist the employee in resolving the problem; and (2) a wellness program that provides a wide-range of education and fitness services (also including sports and recreation activities, stress management, and health screenings) designed to improve the overall health of the employees and prevent illness, where any costs charged to the individual for participating in the services are separate from the individual’s coverage under the health plan.
meet this standard. Participants in the separate group health plan must not be required to exhaust benefits under the EAP (making the EAP a “gatekeeper”) before an individual is eligible for benefits under the other group health plan. Moreover, participant eligibility for benefits under the EAP must not be dependent on participation in another group health plan. Lastly, benefits under the EAP must not be financed by another group health plan.

The third criterion for an EAP to constitute excepted benefits is that no employee premiums or contributions be required to participate in the EAP. The fourth criterion is that there is no cost sharing under the EAP.

These criteria are intended to ensure that employers are able to continue offering EAPs as supplemental benefits to other coverage, and to ensure that in circumstances in which an EAP with limited benefits is the only coverage, or the only affordable coverage provided to an employee, that the coverage does not unreasonably disqualify an employee from otherwise being eligible for the premium tax credit for enrolling in coverage through an Exchange. The Departments request comments on whether the criteria proposed are sufficient to prevent the potential for abuse, including the evasion of compliance with the mental health parity provisions, and whether different or additional standards should be included.

D. Comment Solicitation, Applicability Date and Reliance

The Departments invite comments on these proposed regulations generally, and on the specific issues identified in this preamble. Until rulemaking is finalized, through at least 2014, for purposes of enforcing the provisions of title XXVII of the PHS Act, part 7 of ERISA, and chapter 100 of the Code, the Departments will consider dental and vision benefits, and EAP benefits, meeting the conditions of these proposed regulations to qualify as excepted benefits. To the extent final regulations or other guidance with respect to vision or dental benefits or EAPs is more restrictive on plans and issuers than these proposed regulations, the final regulations or other guidance will not be effective prior to January 1, 2015.

III. Economic Impact and Paperwork Burden

A. Summary—Department of Labor and Department of Health and Human Services

As stated above, these proposed regulations would amend the definition of limited excepted benefits to: (1) eliminate the requirement that participants in self-insured plans pay an additional contribution for limited-scope vision or dental benefits to qualify as benefits that are not an integral part of a plan (and therefore as excepted benefits); (2) allow plan sponsors in limited circumstances to offer wraparound coverage to individuals who, but for the unaffordability of the premium, would receive such benefits through their group health plan; and (3) set forth the criteria under which EAPs that do not provide significant benefits in the nature of medical care constitute excepted benefits.

B. Executive Order 12866 — Department of Labor and Department of Health and Human Services

OMB has determined that this regulatory action is significant within the meaning of section 3(f)(4) of the Executive Order, and the Departments accordingly provide the following assessment of its potential benefits and costs. The Departments expect the impact of these proposed regulations to be limited because they do not require any action or impose any requirements on employers and plan sponsors. The proposed modifications to vision, dental, and EAP benefits are primarily clarifications. Additionally, the Departments expect that the take-up with respect to limited wraparound coverage will be limited for several reasons. The proposed rules are designed so that the wraparound coverage could not replace group coverage for employers who drop coverage or who otherwise do not offer minimum value coverage. Instead, the wraparound coverage would only be considered to be an excepted benefit if it is used to provide additional coverage to individuals and families enrolled in non-grandfathered individual health insurance coverage and for whom minimum value coverage under the employer’s group health plan is offered but is unaffordable. Moreover, the proposed rules aim to prevent plan sponsors from structuring wraparound coverage so that low-income workers receive fewer primary benefits than high-income workers. Lastly, the Departments note that provision of excepted benefits will not satisfy an applicable large employer’s responsibilities under section 4980H of the Code.

One objective of the Affordable Care Act is to allow individuals with comprehensive health insurance plans to maintain their current level of benefits. The Departments recognize that many plan sponsors provide generous health benefits to their workers. Some employers offer EAPs or other additional benefits to their employees as part of a comprehensive set of benefits. Others are interested in newly offering wraparound coverage to employees who qualify for tax credits in an Exchange to provide them with coverage comparable to employees who enroll in a group health plan. These proposed regulations would clarify the circumstances under which plan sponsors can provide such limited wraparound coverage to make their employees’ coverage “whole.”

Specifically, these proposed regulations would allow plan sponsors to provide coverage for limited vision, dental, wraparound, and EAP benefits consistent with the qualifications for excepted benefits. These proposed improvements would help employees by continuing to maintain their access to health coverage that new requirements could constrain. The Departments expect these proposed regulations to have some costs, but these costs could be limited because they would not require any action or impose any requirements on employers and plan sponsors; take-up may be low; and the proposed modifications to vision, dental, and EAP benefits are primarily clarifications. With respect to vision and dental benefits, the proposed regulations would allow self-insured plans to offer dental and vision benefits to employees without charging a nominal contribution. With respect to EAPs, the proposed regulations would clarify the extent to which such benefits constitute excepted benefits rather than primary coverage.

With respect to wraparound coverage, the proposed regulations would allow plan sponsors to offer limited wraparound coverage to employees in certain limited cir-
cumstances. This proposal is not intended to replace group coverage for employers who drop coverage or who do not otherwise offer it, and offering the wraparound coverage will not satisfy an applicable large employer’s responsibilities under section 4980H of the Code. Instead, the proposal is intended for plan sponsors whose goal is to provide health benefits to employees eligible for coverage through an Exchange that is, in total, comparable to the benefits offered through the sponsor’s minimum value group health plan. As such, the targets of the proposed regulation are plan sponsors who otherwise would provide the full range of health benefits to qualifying enrollees. The wraparound coverage may only be offered to individuals eligible for the primary plan coverage the plan sponsor offers; and that primary coverage must provide minimum value and must be affordable for a majority of employees who are eligible for the primary plan coverage. Plan designs will be limited by nondiscrimination rules aimed at preventing plan sponsors from discriminating in favor of highly compensated employees or offering different benefits for workers along other dimensions such as health status (i.e., discriminating against those with high medical costs).

The proposal provides additional flexibility for sponsors and does not impose additional costs on sponsors. The Federal budget impact of the proposal also depends on assumptions about the choices made by employers and workers. As with other group health coverage, employer contributions to the limited wraparound coverage would be excluded from employee income for tax purposes. The budget implications of adding limited wraparound coverage as a form of excepted benefits depend on the number of employers that elect this option and the number of employees that in turn receive it. As previously described, this proposal targets a narrow group of plan sponsors: those that offer minimum value coverage that is affordable for a majority of employees. The Departments seek input on this standard, including whether the majority level is an appropriate level (or whether the primary plan should provide coverage that is affordable for a larger or smaller fraction of employees), recognizing the goal of preventing plan sponsors from shifting employees from the primary plan to the individual market with limited wraparound coverage, and on the cost implications of different definitions. The cost of this proposal is difficult to quantify, as it is unclear how many plan sponsors will be eligible to offer and how many employees will elect the wraparound coverage. It is important to note that the cost of the proposed limited wraparound coverage can be reduced by limiting its availability. This could be accomplished by modifying the “majority” standard so that a greater proportion of employees would have to be offered a primary plan that is affordable. The majority level was proposed to help minimize the implications for the primary plan’s risk pool by preventing a large number of low-wage workers from leaving the primary plan for Exchange coverage. The Departments invite input on this level, and on other standards that would achieve these goals.

Another factor in assessing the proposal’s cost is that the decision to offer the wraparound coverage is optional. There is greater administrative complexity associated with the wraparound coverage than primary coverage and, given a choice, some plan sponsors may choose to increase the affordability of their primary coverage rather than offer limited wraparound coverage. Some plan sponsors may not have that choice: the employers may not be in a financial position to make their primary health plans affordable, let alone contribute to wraparound coverage. Employers may also continue to allow employees to simply obtain Exchange coverage with no additional wraparound benefit, and these employers would continue to pay any shared responsibility payments as applicable, resulting in no additional Federal costs.

The Departments seek comment on the effects of the proposal. Specifically, the Departments request detailed data that would inform the following questions: How many employers offer coverage that provides minimum value and is affordable for a majority of the employees who are eligible for coverage? What is the total number of individuals who are eligible for primary plan coverage that provides minimum value and is affordable for a majority of eligible employees, but would not find it affordable? To what extent would this proposed rule cause employers to drop health insurance coverage or avoid newly offering it, and what is the dollar value associated with such dropped coverage? To what extent would wrap-around coverage be offered more widely as a result of this rule, and what is the average dollar value associated with such coverage? To what extent would premiums for relatively generous health coverage change in the presence and in the absence of this rule?

C. Regulatory Flexibility Act—Department of Labor and Department of Health and Human Services

The Regulatory Flexibility Act (5 U.S.C. 601 et seq.) (RFA) imposes certain requirements with respect to Federal rules that are subject to the notice and comment requirements of section 553(b) of the Administrative Procedure Act (5 U.S.C. 551 et seq.) and that are likely to have a significant economic impact on a substantial number of small entities. Unless an agency certifies that a proposed rule is not likely to have a significant economic impact on a substantial number of small entities, section 603 of RFA requires that the agency present an initial regulatory flexibility analysis at the time of the publication of the notice of proposed rulemaking describing the impact of the rule on small entities and seeking public comment on such impact. Small entities include small businesses, organizations and governmental jurisdictions.

For purposes of the RFA, the Departments continue to consider a small entity to be an employee benefit plan with fewer than 100 participants. The basis for this definition is found in section 104(a)(2) of the act, which permits the Secretary of Labor to prescribe simplified annual reports for pension plans that cover fewer than 100 participants. Pursuant to the authority of section 104(a)(3), the Department of Labor has previously issued at 29 CFR 2520.104–20, 2520.104–21, 2520.104–41, 2520.104–46 and 2520.104b–10 certain simplified reporting provisions and limited exemptions from reporting and disclosure requirements for small plans, including unfunded or insured welfare plans covering fewer than 100 participants and satisfying certain other requirements.
Further, while some large employers may have small plans, in general small employers maintain most small plans. Thus, the Departments believe that assessing the impact of these proposed rules on small plans is an appropriate substitute for evaluating the effect on small entities. The definition of small entity considered appropriate for this purpose differs, however, from a definition of small business that is based on size standards promulgated by the Small Business Administration (13 CFR 121.201) pursuant to the Small Business Act (15 U.S.C. 631 et seq.). The Departments therefore request comments on the appropriateness of the size standard used in evaluating the impact of this proposed rule on small entities.

Because the proposed rules would impose no additional costs on employers or plans, the Departments believe that it would not have a significant economic impact on a substantial number of small entities. Accordingly, pursuant to section 605(b) of the RFA, the Departments hereby certify that the proposed rules, if promulgated, would not have a significant economic impact on a substantial number of small entities.

D. Special Analyses—Department of the Treasury

For purposes of the Department of the Treasury it has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in Executive Order 12866, as supplemented by Executive Order 13563. Therefore, a regulatory assessment is not required. It has also been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these proposed regulations, and, because these proposed regulations do not impose a collection of information on small entities, a Regulatory Flexibility Analysis under the Regulatory Flexibility Act (5 U.S.C. chapter 6) is not required. Pursuant to section 7805(f) of the Code, this notice of proposed rulemaking has been submitted to the Small Business Administration for comment on its impact on small business.

E. Unfunded Mandates Reform Act

For purposes of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1501 et seq.), as well as Executive Order 12875, these proposed rules do not include any Federal mandate that may result in expenditures by State, local, or tribal governments, or the private sector, which may impose an annual burden of $100 million adjusted for inflation since 1995.

F. Federalism—Department of Labor and Department of Health and Human Services

Executive Order 13132 outlines fundamental principles of federalism. It requires adherence to specific criteria by Federal agencies in formulating and implementing policies that have “substantial direct effects” on the States, the relationship between the national government and States, or on the distribution of power and responsibilities among the various levels of government. Federal agencies promulgating regulations that have these federalism implications must consult with State and local officials, and describe the extent of their consultation and the nature of the concerns of State and local officials in the preamble to the final regulation.

In the Departments’ view, the proposed regulations, by clarifying policy regarding certain excepted benefits options that can be designed by employers to support their employees, would provide more certainty to employers and others in the regulated community as well as States and political subdivisions regarding the treatment of such arrangements under ERISA. Accordingly, the Departments will affirmatively engage in outreach with officials of State and political subdivisions regarding the proposed rules and seek their input on the proposed rules and any federalism implications that they believe may be presented by it.

G. Congressional Review Act

These proposed regulations are subject to the Congressional Review Act provisions of the Small Business Regulatory Enforcement Fairness Act of 1996 (5 U.S.C. 801 et seq.), and, if finalized, will be transmitted to the Congress and to the Comptroller General for review in accordance with such provisions.

IV. Statutory Authority

The Department of the Treasury regulations are proposed to be adopted pursuant to the authority contained in sections 7805 and 9833 of the Code.


The Department of Health and Human Services regulations are proposed to be adopted pursuant to the authority contained in sections 2701 through 2763, 2791, and 2792 of the PHS Act (42 U.S.C. 300gg through 300gg-63, 300gg-91, and 300gg-92), as amended.

* * * *

John Dalrymple,
Deputy Commissioner for Services and Enforcement,
Internal Revenue Service.

Signed this 11th day of December, 2013.

Phyllis C. Borzi,
Assistant Secretary
Employee Benefits Security Administration
Department of Labor

CMS-9946-P
Dated: November 22, 2013

Marilyn Tavenner,
Administrator,
Centers for Medicare & Medicaid Services.

Dated: December 3, 2013
Paragraph 1. The authority citation for part 54 continues to read, in part, as follows:

Authority: 26 U.S.C. 7805. ** * *
Section 54.9831–1 also issued under 26 U.S.C. 9833; ** * *

Paragraph 2. Section 54.9831–1 is amended by revising paragraphs (c)(3)(i) and (c)(3)(iii), and adding paragraphs (c)(3)(vi) and (c)(3)(vii), to read as follows:

§ 54.9831–1 Special rules relating to group health plans.

* * * *
(c) * * *
(3) * * *
(i) In general. Limited-scope dental benefits, limited-scope vision benefits, or long-term care benefits are excepted if they are provided under a separate policy, certificate, or contract of insurance, or are otherwise not an integral part of a group health plan as described in paragraph (c)(3)(ii) of this section. In addition, benefits provided under a health flexible spending arrangement are excepted benefits if they satisfy the requirements of paragraph (c)(3)(v) of this section. Furthermore, benefits that wraparound individual health insurance coverage are excepted benefits if they satisfy the requirements of paragraph (c)(3)(vi) of this section, and benefits provided under an employee assistance program are excepted benefits if they satisfy the requirements of paragraph (c)(3)(vii) of this section.

(ii) Not an integral part of a group health plan. For purposes of this paragraph (c), benefits are not an integral part of a group health plan (whether the benefits are provided through the same plan or a separate plan) only if participants have the right to elect not to receive coverage for the benefits.

* * * *
(vi) Limited wraparound coverage. Limited benefits that wraparound benefits provided through individual health insurance coverage are excepted benefits if all of the following requirements are satisfied —

(A) Wraps around certain individual health insurance coverage. The individual health insurance coverage is not a grandfathered health plan (as described in section 1251 of the Affordable Care Act) and does not consist solely of excepted benefits (as defined in paragraph (c) of this section).

(B) Covers benefits or providers not covered by individual health insurance coverage. The wraparound coverage is specifically designed to wrap around the individual health insurance coverage, or both. The wraparound coverage may also provide benefits for participants’ otherwise applicable cost sharing under the individual health insurance policy.

(2) The wraparound coverage must not provide benefits only under a coordination-of-benefits provision.

(C) Otherwise not an integral part of the plan. The plan sponsor with respect to the wraparound coverage must sponsor another group health plan meeting minimum value (as defined under section 36B(c)(2)(C)(ii)) and that is affordable for a majority of the employees eligible for that group health plan (“primary plan”). Only individuals eligible for this primary plan may be eligible for the wraparound coverage.

(D) Limited in amount. The total cost of coverage under the wraparound coverage must not exceed 15 percent of the cost of coverage under the primary plan (as described in paragraph (c)(3)(vi)(C) of this section). For this purpose, the cost of coverage includes both employer and employee contributions towards coverage and is determined in the same manner as the applicable premium is calculated under a COBRA continuation provision.

(E) Nondiscrimination. The following conditions must be satisfied:

(1) The wraparound coverage must not differentiate among individuals in eligibility, benefits, or premiums based on any health factor of an individual (or any dependent of the individual), consistent with the requirements of section 2705 of the PHS Act (as incorporated into section 9815) and § 54.9802–1.

(2) The wraparound coverage must not impose any preexisting condition exclusion, consistent with the requirements of section 2704 of the PHS Act (as incorporated into section 9815).

(3) To the extent the primary coverage is insured, the primary coverage must not be discriminatory under section 2716 the PHS Act (as incorporated into section 9815). To the extent the primary coverage is self-insured, the primary coverage must not be discriminatory under section 105(h) and § 1.105–11.

(4) To the extent the wraparound coverage is insured, the wraparound coverage must not be discriminatory under section 2716 the PHS Act (as incorporated into section 9815) and. To the extent the wraparound coverage is self-insured, the wraparound coverage must not be discriminatory under section 105(h) and § 1.105–11.

(vii) Employee assistance programs. Benefits provided under employee assistance programs are excepted if they satisfy all of the following requirements —

(A) The program does not provide significant benefits in the nature of medical care.

(B) The benefits under the employee assistance program cannot be coordinated with benefits under another group health plan, as follows:

(1) Participants in the other group health plan must not be required to exhaust benefits under the employee assistance program (making the employee assistance program a gatekeeper) before an individual is eligible for benefits under the other group health plan;

(2) Participant eligibility for benefits under the employee assistance program must not be dependent on participation in another group health plan; and
(3) Benefits under the employee assistance program must not be financed by another group health plan.

(C) No employee premiums or contributions may be required as a condition of participation in the employee assistance program.

(D) There is no cost sharing under the employee assistance program.

* * * * *

(Filed by the Office of the Federal Register on December 20, 2013, 11:15 a.m., and published in the issue of the Federal Register for December 24, 2013, 78 F.R. 77632)

Update on FATCA Financial Institution Registration

Announcement 2014–1

As anticipated in Notice 2013–43, 2013–31 I.R.B. 113, the IRS FATCA registration website was made accessible to financial institutions (FIs) on August 19, 2013, in order for FIs to begin the process of creating accounts and entering registration information. All information entered since August 19, 2013, has been automatically saved in the registration system and associated with the FI’s FATCA account. With the exception of December 21 and December 31, 2013 (GMT –5), when the registration website will undergo end-of-year processing, FIs will continue to have access to the registration website to create accounts or access existing accounts to modify or add registration information.

Notice 2013–43 notified FIs that any information they entered in the registration system before the formal opening of the IRS FATCA registration website at the beginning of January 2014, even if submitted as final, would not be regarded as a final submission. Consistent with the Notice, all registrations prior to January 2014, including registrations submitted as final before December 31, 2013 (GMT –5), will be treated as initiated but unsubmitted. Thus, on or after January 1, 2014 (GMT–5), every registering FI must revisit its account, make edits to its information if necessary, sign its FFI agreement if registering as a participating FFI, and submit its registration information as final.

Any FI submitting its registration information on or after January 1, 2014 (GMT–5) may subsequently choose to revoke its status by revisiting its account and deleting its registration (if its GIIN has not yet been issued) or cancelling its registration (if its GIIN has already been issued).

The IRS and Treasury anticipate that the final FFI agreement will be published prior to January 1, 2014. Final qualified intermediary (QI), withholding foreign partnership (WP), and withholding foreign trust (WT) agreements will be published in early 2014. Any FI seeking to renew its status as a QI, WP, or WT should do so during the registration process (i.e., by answering Questions 6, 9c, 13, 14, and 15). Any QI, WP, or WT that does so prior to the finalization of the QI, WP, and WT agreements will be treated as having accepted the revised terms of the applicable agreement, effective on June 30, 2014, for QIs, WPs, and WTs that receive a GIIN prior to July 1, 2014 (GMT –5). A QI, WP, or WT may terminate its status at any time by delivery of a notice of termination in accordance with the terms of the applicable agreement.

All other dates relevant to registration and publication of the IRS FFI List as described in Notice 2013–43 remain unchanged. Notably, the IRS will electronically post the first IRS FFI List by June 2, 2014 (GMT–5), and any FI seeking to be included on the June 2014 IRS FFI List should finalize its registration by April 25, 2014 (GMT–5). Additionally, as previously announced, verification of a GIIN is not required for payments made prior to January 1, 2015, with respect to any payee that is a reporting Model 1 FI. Thus, while reporting Model 1 FIs will be able to register and obtain GIINs on or after January 1, 2014, they will not need to register or obtain GIINs until on or about December 22, 2014, to ensure inclusion on the IRS FFI list by January 1, 2015.

DRAFTING INFORMATION

The principal author of this announcement is Kamela Nelan of the Office of Associate Chief Counsel (International). For further information regarding this announcement, contact Ms. Nelan at 202-317-6942 (not a toll-free call).
Definition of Terms

**Amplified** describes a situation where no change is being made in a prior published position, but the prior position is being extended to apply to a variation of the fact situation set forth therein. Thus, if an earlier ruling held that a principle applied to A, and the new ruling holds that the same principle also applies to B, the earlier ruling is amplified. (Compare with modified, below).

**Clarified** is used in those instances where the language in a prior ruling is being made clear because the language has caused, or may cause, some confusion. It is not used where a position in a prior ruling is being changed.

**Distinguished** describes a situation where a ruling mentions a previously published ruling and points out an essential difference between them.

**Modified** is used where the substance of a previously published position is being changed. Thus, if a prior ruling held that a principle applied to A but not to B, and the new ruling holds that it applies to both A and B, the prior ruling is modified because it corrects a published position. (Compare with amplified and clarified, above).

**Obsoleted** describes a previously published ruling that is not considered determinative with respect to future transactions. This term is most commonly used in a ruling that lists previously published rulings that are obsoleted because of changes in laws or regulations. A ruling may also be obsoleted because the substance has been included in regulations subsequently adopted.

**Revoked** describes situations where the position in the previously published ruling is not correct and the correct position is being stated in a new ruling.

**Superseded** describes a situation where the new ruling does nothing more than restate the substance and situation of a previously published ruling (or rulings). Thus, the term is used to republish under the 1986 Code and regulations the same position published under the 1939 Code and regulations. The term is also used when it is desired to republish in a single ruling a series of situations, names, etc., that were previously published over a period of time in separate rulings. If the new ruling does more than restate the substance of a prior ruling, a combination of terms is used. For example, modified and superseded describes a situation where the substance of a previously published ruling is being changed in part and is continued without change in part and it is desired to restate the valid portion of the previously published ruling in a new ruling that is self contained. In this case, the previously published ruling is first modified and then, as modified, is superseded.

**Supplemented** is used in situations in which a list, such as a list of the names of countries, is published in a ruling and that list is expanded by adding further names in subsequent rulings. After the original ruling has been supplemented several times, a new ruling may be published that includes the list in the original ruling and the additions, and supersedes all prior rulings in the series.

**Suspended** is used in rare situations to show that the previous published rulings will not be applied pending some future action such as the issuance of new or amended regulations, the outcome of cases in litigation, or the outcome of a Service study.

**Revenue rulings and revenue procedures (hereinafter referred to as “rulings”) that have an effect on previous rulings use the following defined terms to describe the effect:**

Abbreviations

The following abbreviations in current use and formerly used will appear in material published in the Bulletin.

- **A**—Individual.
- **Acq.**—Acquiescence.
- **B**—Individual.
- **BE**—Beneficiary.
- **BK**—Bank.
- **B.T.A.**—Board of Tax Appeals.
- **C**—Individual.
- **C.B.**—Cumulative Bulletin.
- **Ct.D.**—Court Decision.
- **COOP**—Cooperative.
- **Cl.D.**—Court Decision.
- **CY**—County.
- **D**—Decedent.
- **DC**—Dummy Corporation.
- **DE**—Donee.
- **Del.Order**—Delegation Order.
- **DISC**—Domestic International Sales Corporation.
- **DR**—Donor.
- **E**—Estate.
- **EE**—Employee.
- **E.O.**—Executive Order.
- **ER**—Employer.

**ERISA**—Employee Retirement Income Security Act.
**EX**—Executor.
**F**—Fiduciary.
**FC**—Foreign Country.
**FICA**—Federal Insurance Contributions Act.
**FISC**—Foreign International Sales Company.
**FPH**—Foreign Personal Holding Company.
**F.R.**—Federal Register.
**FUTA**—Federal Unemployment Tax Act.
**FX**—Foreign corporation.
**G.C.M.**—Chief Counsel’s Memorandum.
**G.E.**—Grantee.
**GP**—General Partner.
**GR**—Grantor.
**IC**—Insurance Company.
**I.R.B.**—Internal Revenue Bulletin.
**LE**—Lessee.
**LP**—Limited Partner.
**LR**—Lessor.
**M**—Minor.
**Nonacq.**—Nonacquiescence.
**O**—Organization.
**P**—Parent Corporation.
**PHC**—Personal Holding Company.
**PO**—Possession of the U.S.
**PR**—Partner.
**PRS**—Partnership.

**PTE**—Prohibited Transaction Exemption.
**Pub L.**—Public Law.
**REIT**—Real Estate Investment Trust.
**Rev. Rol.**—Revenue Ruling.
**S**—Subsidiary.
**S.P.R.**—Statement of Procedural Rules.
**Stat.**—Statutes at Large.
**T**—Target Corporation.
**T.C.**—Tax Court.
**T.D.**—Treasury Decision.
**TFE**—Transferor.
**TFR**—Transferor.
**TP**—Taxpayer.
**TR**—Trust.
**TT**—Trustee.
**X**—Corporation.
**Y**—Corporation.
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The Introduction at the beginning of this issue describes the purpose and content of this publication. The weekly Internal Revenue Bulletins are available at www.irs.gov/irb/.

CUMULATIVE BULLETINS

The contents of the weekly Bulletins were consolidated semiannually into permanent, indexed, Cumulative Bulletins through the 2008–2 edition.

INTERNAL REVENUE BULLETINS ON CD-ROM

Internal Revenue Bulletins are available annually as part of Publication 1796 (Tax Products CD-ROM). The CD-ROM can be purchased from National Technical Information Service (NTIS) on the Internet at www.irs.gov/cdorders (discount for online orders) or by calling 1-877-233-6767. The first release is available in mid-December and the final release is available in late January.

We Welcome Comments About the Internal Revenue Bulletin

If you have comments concerning the format or production of the Internal Revenue Bulletin or suggestions for improving it, we would be pleased to hear from you. You can email us your suggestions or comments through the IRS Internet Home Page (www.irs.gov) or write to the IRS Bulletin Unit, SE:W:CAR:MP:SPA, Washington, DC 20224.