



## YEAR-END RETIREMENT PLAN QUESTIONNAIRE

The data collected by this form will be used to complete the required annual nondiscrimination testing and Form 5500 reporting for your retirement plan. Please complete this form and return it to Employee Fiduciary as soon as possible.

The accuracy of the data reported by this form is critical to the accurate completion of testing and Form 5500 reporting by Employee Fiduciary. A re-work fee (\$85/hour) will apply if incorrect data is provided to us and work must be revised after it has been sent to you.

### SECTION I: COMPANY PROFILE

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BUSINESS ENTITY TYPE \_\_\_\_\_ IF LLC, TAXED AS: \_\_\_\_\_

Please list all business owners (including any family members employed by the company) and officers below. The ownership listed should total 100%. This information will be used to determine the Highly-Compensated Employee (HCE) and key status of plan participants.

Owner Name	Ownership %	Officer Y/N	Family Members of Owner Employed by Company	Relationship to Owner

Does any business owner have an ownership interest in additional companies?

Yes      No

If yes, please list the ownership below. This information will be used to determine your company's controlled group<sup>(1)</sup> status.

Owner Name	Company Name	Ownership %

Does any business owner have a spouse, child, parent, or grandparent with an ownership interest in other companies? Please note: Ownership by siblings can be disregarded.

Yes      No

If yes, please list family member ownership below. This information is necessary to determine the company's controlled group<sup>(1)</sup> status.

Owner Name	Name of Family Member	Relationship to Owner	Company Name	Ownership %

<sup>(1)</sup>A Controlled Group is a group of business entities that have certain forms of common ownership. This can include sole proprietorships, partnerships, LLCs and any other corporations. When a Controlled Group exists, all employees of all entities are treated as employed by a single employer for plan qualification purposes.

## SECTION II: EMPLOYEE INFORMATION

### 1) LEASED EMPLOYEES

Do you employ "Leased Employees"?      Yes      No

If yes, please include and identify leased employees on the Employee Census Spreadsheet.

### 2) EMPLOYEE CENSUS SPREADSHEET

Please provide Employee Fiduciary with a Microsoft Excel spreadsheet containing the following information (as applicable) for each employee that earned \$1 or more of compensation during the plan year, regardless of plan participation:

<u>Column</u>	<u>Information</u>
A	Social Security Number (SSN)
B	First Name
C	Last Name
D	Birth Date
E	Hire Date
F	Termination Date
G	Rehire Date
H	Hours of Service
I	Gross Compensation
J	Plan Compensation (if different than Gross Compensation)
K	Pre-tax Salary Deferrals
L	Roth Salary Deferrals
M	Safe Harbor Contributions (if funded during the plan year)
N	Non-Safe Harbor Matching Contributions (if funded during the plan year)
O	Non-Safe Harbor Profit Sharing Contributions (if funded during the plan year)
P	Gross Compensation for the Prior Year <sup>(1)</sup>

<sup>(1)</sup> Only required for the first year that Employee Fiduciary is responsible for plan testing. This information will be used to determine Highly Compensated Employees (HCEs) for the current year.

### 3) TERMINATIONS DUE TO DEATH OR DISABILITY

Please list employees that terminated during the plan year due to death or disability:

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### 4) SELF-EMPLOYED EMPLOYEES

Owners of a partnership, sole proprietorship, or an LLC that's taxed as either a partnership or sole proprietorship are considered self-employed individuals. To accurately complete 401(k) plan testing and/or contribution allocations, the "earned income" of any self-employed individuals must be calculated. To complete this calculation, we will need certain information from you.

For partners, the starting point for the earned income calculation is the amount reported on their IRS Form 1065 - K-1, Line 14(a). For sole proprietors, it's their Form 1040, Schedule C, Line 31 amount. To finalize the calculation, the applicable amount is reduced by Section 179 expenses and any employer contributions (i.e., safe harbor, matching, or profit sharing) made to plan participants.

Does your plan contain self-employed individuals for which an earned income calculation will be required?

Yes      No

If yes, please provide us with the K-1's or Schedule C (as applicable) for all self-employed individuals and answer the following three questions.

- a) Did any self-employed individual also receive W-2 wages during the plan year? If yes, please include the W-2 wages on the Employee Census Spreadsheet so we can add it to the individual's earned income.

Yes      No

- b) If self-employed individuals made salary deferrals during the plan year, has their Form K-1, Line 14(a) or Schedule C, Line 31 amount (as applicable) already been reduced by their deferrals?

Yes      No

- c) If employer contributions were allocated to plan participants during the plan year, has the amount reported on each self-employed individual's Form K-1, Line 14(a) or Schedule C, Line 31 (as applicable) already been reduced by the contributions?

Yes      No

Please note: If your plan contains self-employed individuals, testing and/or contribution calculations cannot be completed without this information. Revisions to compensation that cause a revision to testing/calculations will result in an \$85/hour rework fee.

<b>SECTION III: EMPLOYER CONTRIBUTIONS</b>
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#### 1) SAFE HARBOR CONTRIBUTIONS

If your 401(k) plan is designed to meet safe harbor requirements for the plan year, Employee Fiduciary will automatically calculate the necessary safe harbor contribution if that contribution was not made during the plan year.

## 2) MATCHING CONTRIBUTIONS (NON-SAFE HARBOR)

If your plan permits non-safe harbor matching contributions, do you want Employee Fiduciary to calculate a year-end match allocation for you?

Yes      No

If yes, please describe the match formula to be used for the allocation (e.g., 50% of salary deferrals up to 6% of compensation): \_\_\_\_\_

## 3) PROFIT SHARING CONTRIBUTIONS

If your plan permits profit sharing contributions, do you want Employee Fiduciary to calculate a year-end profit sharing allocation for you?

Yes      No

If yes, please describe the contribution budget or goal (e.g., \$10,000 or “maximize owners”): \_\_\_\_\_

## 4) FILING DATE OF COMPANY TAX RETURN

Do you plan to extend your company tax return?

Yes      No

## 5) FORFEITURES

If you need a year-end contribution allocation completed by Employee Fiduciary, do you want us to apply your plan’s forfeiture account balance (if any) towards the contribution?

Yes      No

## SECTION IV: FIDELITY BOND AND AUDIT REPORT

### FIDELITY BOND

A fidelity bond is required to protect the assets in a retirement plan from misuse or misappropriation by the plan fiduciaries. The fidelity bond must be at no less than 10% of plan assets with a minimum of \$1,000 and a maximum of \$500,000. The amount of this bond is reported to the Department of Labor (DOL) on the Form 5500. Failure to report the existence of a satisfactory bond on Form 5500 can trigger a plan audit by the DOL. Please provide the following information related to your fidelity bond:

Name of bond carrier: \_\_\_\_\_

Amount of bond: \_\_\_\_\_

### INDEPENDENT AUDIT REPORT

For purposes of the Form 5500, a retirement plan that covers more than 100 participants as of the first day of the plan year is considered a “large plan” for the year. By law, large plans must file an independent audit report - prepared an independent Certified Public Accountant (CPA) - with their Form 5500. This report must include an opinion by the CPA regarding the plan’s financial statements - specifically, whether they have been fairly presented in accordance with U.S. Generally Accepted Accounting Principles (GAAP).

If your retirement plan is subject to the independent audit requirement this plan year, please let Employee Fiduciary know the date your audit is scheduled as soon as possible so we can have your Form 5500 ready.

## SECTION V: OTHER QUALIFIED PLANS

Do you sponsor any qualified retirement plans other than the plan being addressed in this questionnaire?

Yes      No

If yes is checked, please provide the name of plan: \_\_\_\_\_

## SECTION VI: PROHIBITED TRANSACTIONS

### LATE DEPOSIT OF EMPLOYEE CONTRIBUTIONS

Current Department of Labor (DOL) regulations provide that employee contributions to a 401(k) plan become plan assets as of the earliest date on which such contributions could reasonably be segregated from the employer's general assets (the "general rule"), but in no event later than the 15th business day of the month following the month in which the contributions were withheld from wages.

Small employers (100 or less employees) are generally deemed by the DOL to fall within the general rule. The DOL has recently said they will consider contributions deposited no later than the 7th business day following the date of the withholding to be in compliance with the general rule.

If any employee contributions were deposited late during the plan year, please let your plan administrator know so the necessary correction can be determined.

## SECTION VII: AUTHORIZED SIGNATURE

Please sign below and return this form to Employee Fiduciary along with the other year-end information requested.

*"I hereby certify that to the best of my knowledge, all information represented on this questionnaire is both current and accurate, and that all census information provided has been verified against current payroll records. I authorize Employee Fiduciary to use this information when performing any required compliance testing and completing the annual administration of the above referenced plan."*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_