

YEAR-END RETIREMENT PLAN QUESTIONNAIRE
FOR THE PLAN YEAR ENDED _____

Please complete this form using information applicable to the plan year indicated above and return with your census report so that we can prepare accurate and complete administrative reports for your plan. Use the back of the form if necessary. Call us at 916/922-3200 if you have any questions about how to complete the form.

ENTER N/A IF A QUESTION IS NOT APPLICABLE TO YOUR PLAN.

I. PLAN SPONSOR INFORMATION

A) COMPANY NAME: _____

B) ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX _____

E-MAIL ADDRESS: _____

FEDERAL TAX ID _____ TRUST ID (if any) _____

EMPLOYER FISCAL YEAR END: _____ IRS BUSINESS CODE: _____

C) BUSINESS ENTITY (check one): C-Corporation S-Corporation Partnership
 Sole Proprietor LLC (taxed as corporation) LLP (taxed as partnership) Other: _____

D) SHAREHOLDERS/OWNERS AND OWNERSHIP PERCENTAGES: Check if no change from last year.

_____ % _____ %

_____ % _____ %

E) FAMILY RELATIONSHIPS – List the names of any employees who are related to any of the owners listed above, e.g., spouse, parent or child. (Please list name and relationship)

F) COMMON OWNERSHIP – Do any of the owners or the owners’ family members own more than 50% of another business, or does the Company own stock in another entity? If YES and the company(s) have any employees, list the name of the other business(es) and the ownership details below.

G) COMPANY OFFICERS: Check if no change from last year.

II. EMPLOYER CONTRIBUTIONS

Complete sections A, B and/or C below if there will be any employer contributions to the plan this year.

A) EMPLOYER/PROFIT SHARING CONTRIBUTIONS *(select one of the following)*

Yes The employer (profit sharing) contribution for the year as follows:

Total dollar amount \$ _____ *or* Percent of eligible payroll _____%

Amount already deposited this year *(if any)* \$ _____

Date of deposit(s) _____

Maybe We would like BRI to calculate a contribution for us to review *(select one of the following)*:

Maximum allowable contribution for this year

Target a maximum contribution for *(name)* _____

Other (specify): _____

No There will be no employer or profit sharing contributions this year.

B) SAFE HARBOR CONTRIBUTIONS – *for 401(k) or 403(b) plans that have elected Safe Harbor status, and delivered Safe Harbor notices to participants (select one of the following)*

N/A – We did not elect Safe Harbor provisions this year.

Non-elective (fixed rate) Safe Harbor *(select one of the following)*

We deposited the Safe Harbor contribution each pay period. *(List these deposits on your Census Report and include on the Deposit Reconciliation worksheet.)*

The contribution due to the plan for the year needs to be calculated by BRI.

Safe Harbor Match *(select one of the following)*

We deposited the Safe Harbor match each pay period *(List these deposits on your Census Report, and include on the Deposit Reconciliation worksheet.)*

The matching contribution due to the plan for the year needs to be calculated by BRI.

C) MATCHING CONTRIBUTIONS – *for 401(k) or 403(b) plans only (select one of the following)*

Yes There will be a matching contribution this year *(select one of the following)*

We deposited the matching contribution each pay period or each quarter
(List these deposits on your Census Report, and include on the Deposit Reconciliation worksheet.)

The matching contribution due to the plan for the year needs to be calculated by BRI.

Maybe We would like BRI to calculate a contribution for us to review *(select one of the following)*

Same formula as last year

Percentage of match on deferral *(e.g., 50%)* _____%

Maximum deferral eligible for match *(e.g., 6% of pay)* _____% or \$ _____

Please calculate the maximum available matching contribution for the year.

Other *(describe)* _____

No There will be no matching contribution this year.

III. PLAN ASSET VALUATION

The value of most investments changes every business day. If your plan invests in assets that are not updated daily (*e.g. limited partnerships, non-publicly traded company stock, real estate*), please provide the value of those assets from an independent appraiser. These are called “**non-qualifying assets**.” If “non-qualifying assets” represent more than 5% of the plan’s total assets, either additional bond coverage or an independent audit may be required.

- N/A** Our trust does not hold any “non-qualifying assets”
- Yes** Our trust holds “non-qualifying assets.” (*select one of the following.*)
- The independent appraiser’s valuation is enclosed or will be provided as soon as it is available.
- The value of the asset(s) has been determined by _____.

IV. FIDELITY BOND COVERAGE

If individuals serve as the Trustee(s) of your plan (*as opposed to a bank or trust company*) those individuals must have a bond protecting the plan participants against loss from fraud or dishonesty. The amount of the bond must be the *lesser* of the following:

- 10% of the market value of plan assets as of the beginning of the plan year; or
- 100% of “non-qualifying assets” (*see above*); or
- \$500,000

Note: Your bond coverage must be reported to the Department of Labor on the Form 5500. A copy of the bond must be furnished if the IRS or DOL audits the plan.

Do you have a Fidelity Bond?

- Yes** Amount of Coverage \$ _____ Period covered _____
Surety Company _____
- No** Please contact your insurance company immediately to procure a fidelity bond, or visit our website at www.benefit-resources.com and click on the *ERISA Bond* link. Send us a copy of the bond for our files.

V. SECTION 404(c) COMPLIANCE

ERISA §404(c) offers the Plan Sponsor and Trustees some protection from fiduciary liability if participants are given certain opportunities with respect to managing the investments in their retirement account. Compliance with §404(c) is optional. However, if the plan trustee wishes to reduce his/her liability for the performance of the investments a participant selects, compliance with 404(c) is recommended and must be specified in the plan document.

- Yes** We comply with the §404(c) regulations. *We can answer YES to each of the following statements:*
- ✓ The participant has an opportunity to direct the investments in his/her account.
 - ✓ The plan offers a broad range of investment choices (*e. g. cash, bonds, stocks, etc.*)
 - ✓ The plan trustees and/or investment committee review the performance and the menu of investment choices periodically.
 - ✓ Participants are advised about where to get information about the plan’s investment choices and how to request changes.
 - ✓ The participant is given the opportunity to change from one investment to another at least 4 times per year.
- N/A** Our plan is not subject to ERISA §404(c)

VI. LEASED EMPLOYEES

Do you lease any employees from a third party vendor?

- Yes** (leased employees *MUST* be included and identified on the Census Report)
- No**

VII. MILITARY LEAVE OF ABSENCE

If you have any employees that were affected by a military activation during the plan year, please indicate so here.

- Yes** We have employees who were activated by the military this year. We entered status code “L” and “M” on the census for them.
- No** None of our employees were activated by the military this year.

VIII. OTHER QUALIFIED PLANS

Do you sponsor any qualified retirement plans other than those administered by Benefit Resources, Inc.?

- Yes** (please list the plan name and type below)

- No**

IX. ADVISOR CONTACTS

Please list any advisors (CPA, broker, attorney,...) to the plan. We will send duplicate copies of correspondence to these advisors unless you indicate otherwise.

Add Advisor information below (need additional space? Feel free to write on back of this sheet):

Name: _____

Company: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

THANK YOU!

Please sign below and return this form to Benefit Resources 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 Benefit Resources, Inc. to use this information when performing any required compliance testing and completing the annual administration of the above referenced plan.”

Signature of Plan Official

Date

Printed name of Plan Official