

REQUIRED ANNUAL QUESTIONNAIRE

Please return the completed form to: _____
(We need this information, census information and qualification information signed before commencing your annual report)

COMPANY INFORMATION

Company name: _____

Company mailing address: _____

Company location address: _____

Company Phone: _____ Company Fax: _____ Website: _____

Employer ID: _____ Plan Trust ID: _____ Fiscal Year End: _____

Company contact person: _____

Contact Phone: _____ Contact Fax: _____ E-mail: _____

Business Code: _____ If your business code is not known, please provide a description of your company's business activity

What type of company sponsors the Plan? (C-Corp, Sub-S Corp, Partnership, Sole Prop, LLC, Prof. Service Corp., etc): _____

If an LLC, what type of entity does the company operate as? (Corporation or Sole Proprietor): _____

Date Company Started: _____ Has the company or it's owners ever sponsored Defined Benefit Plan? No Yes

Is your company's stock publicly traded? If so, please provide the CUIISP number: _____

Does your company own a subsidiary? No Yes _____

Do you currently maintain any other retirement plans where Peery & Associates is not the third party administrator? No Yes

(Simple IRA, SEP, Simple 401(k), 412(i), Keogh, etc.): _____

Fidelity/ERISA Bond Company for the plan trustees: _____ Amount of Bond: _____

ACCOUNTANT INFORMATION

Company name and address: _____

Co contact person and e-mail address: _____

Phone #: _____ Fax #: _____ Website: _____

INVESTMENT INFORMATION

Investment Advisor's Company name and address: _____

Co contact person, phone #, and e-mail address: _____

Phone #: _____ Fax #: _____ Website: _____

For the following questions, ownership includes stock, stock options, voting power, profit interests in partnerships, beneficiaries of trusts and estates owning the company, etc. The IRS asks these questions to prevent owners from placing employees in related companies that may not provide retirement benefits.

Key Employees: Please list employees who are:

- 1) Greater than 1% owners who make over \$150,000,
- 2) Greater than 5% owners,
and their children, grandchildren, parents, grandparents and spouses employed by the company,
- 3) Officers who make over \$140,000:

Highly Compensated Employees (HCEs): Please list employees who are:

- 1) Greater than 5% owners,
and their children, grandchildren, parents, grandparents and spouses employed by the company and
- 2) Employees who made over \$100,000 **last year** (please provide this information if we did not administer your plan last year):

Controlled Groups:

- 1) Is at least 80% of your company owned by any other company?
- 2) Does your company or any of its owners (including ownership of their children under age 21, grandchildren, parents, grandparents and spouses) together own more than 50% of any other company?
- 3) Does a greater than 50% owner of your company (including ownership of **all** children, grandchildren, parents, grandparents and spouses) own more than 50% of any other company?

If so, please provide more details: _____

Affiliated Service Groups:

- 1) Do any of your Highly Compensated Employees own at least 10% of another company that regularly performs professional services for you?
- 2) Are any of your 10% or more owners (including ownership of **all** children, grandchildren, parents, grandparents and spouses) considered Highly Compensated Employees of another company and does that other company provide you with professional services?
- 3) Does any owner of a professional service corporation or partnership own another professional service corporation or partnership and provide that company with professional services?
- 4) Professional services are in the fields of Health, Law, Engineering, Architecture, Accounting, Consulting, Insurance and Performing Arts.

If so, please provide more details: _____

CENSUS INFORMATION

Does your company use the services of leased employees, contract employees or union employees? _____
If so, how many were leased? _____
How many were contracted? _____
How many were union employees? _____

For **ALL OTHER** employees paid in 2006, please provide the following information on a year-to-date basis. Gross Wages are defined as all income earned during 2006 but excluding reimbursements or other expense allowances, fringe benefits (cash and non cash), moving expenses, welfare benefits and deferred compensation (not 401(k) deferrals).

If your company requires a certain number of hours (for example, a participant must work 500 hours to enter the plan, or to receive a contribution), please provide hours in the following categories:

- 1) 1000 or more hours,
- 2) more than 500 up to 1000,
- 3) less than 500.

This is important if you have part time employees who are eligible for the plan, but who may not be vested.

ASSET INFORMATION

The Department of Labor requires that all qualified plans have a **fidelity bond** in an amount no less than 10% of trust assets and no more than \$500,000. Plans that do not have a fidelity bond are subject to audit. Plans only covering owners and their spouses are exempt from this requirement.

Please provide the name of the Insurance Company _____
and the level of coverage: \$ _____

If there were any **loans made to third-parties** which are un-collectable or in default please name them and the amount outstanding: _____

If there are any limited partnerships held by the trust which are not publicly traded, these assets must be valued by an independent appraiser each year (we can assist you in obtaining this information). Please list these assets, the last date appraised and the value: _____

Transactions which are prohibited and/or may cause the IRS to assess penalties:

- 1) If any participant of the plan is allowed to direct his/her own account (i.e. they have individual brokerage accounts) this benefit must be available to all participants.
- 2) The plan's assets may not be used for a trustee's own personal benefit or for the company's direct benefit (i.e. loans between the plan and the company, providing of goods or services between the company and the plan, sales or exchanges of assets between the plan and the company, etc.). Please contact our office should you have any questions regarding this matter. The assets are to be used solely to provide retirement benefits although there are some exceptions to this rule (i.e. loans to participants including owners and payment of some divorce settlements).
- 3) Required contributions (such as to Defined Benefit and Money Purchase Pension Plans) must be deposited no later than 8 ½ months after the plan year ends.
- 4) Deductible contribution must be deposited no later than the due date for your company's returns. This date can be extended if your company's returns are extended.
- 5) Salary reduction contributions (401(k) deferrals must be deposited to the trust as soon as administratively feasible, but in no case later than the 15th business day following the month in which the deductions were taken. If any 401(k) contributions were deposited late please describe the amounts and the dates: _____
