



# PENSION PLAN SERVICES

1001 Grand Avenue  
West Des Moines, IA 50265-3502  
Phone (515) 223-0433 Fax (515) 223-3886

## Year End Questionnaire

**Plan Name:** \_\_\_\_\_

**Plan Year:** \_\_\_\_\_

**Our records reflect:**

**Make changes here:**

Company  
Address  
Address 2  
Address  
Contact  
Phone/Fax  
E-Mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent  
Company  
Address  
Address  
Phone/Fax  
E-Mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accountant  
Company  
Address  
Address  
Phone/Fax  
E-Mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM 5500 INFORMATION**

Company's Fiscal Year-End: \_\_\_\_\_ / \_\_\_\_\_

Will the corporate tax return be extended?     Yes     No     Undetermined

Please indicate Employer's type of business entity:

- C-Corporation     S-Corporation     Sole Proprietor     Partnership  
 LLC taxed as Corporation     LLC taxed as Partnership

**Plans covering employees (other than owner and spouse only) must be insured by an ERISA Fidelity Bond.**

Name of the surety company: \_\_\_\_\_

Amount of coverage:    \$ \_\_\_\_\_

Note: The Plan must be insured for 10% of the total asset value; minimum \$1,000, maximum \$500,000

Yes  No

Does the company (or any of its owners/shareholders) have any ownership or affiliation with another company or partnership? If yes, list companies below:

\_\_\_\_\_

\_\_\_\_\_

Does this company have employees?

Yes  No  
 Yes  No

Does the company maintain any other retirement plan(s) (i.e. Defined Benefit, Cash Balance, Union, Simple IRA, etc.)? If yes, please list below:

\_\_\_\_\_

\_\_\_\_\_

**Owners** – list all owners with ownership interest of 1% or more at any time during the plan year.

Note: An individual is treated as owning any interest that is owned by that individual’s spouse, children, grandchildren, or parents. Please indicate all related employees.

Owner Name	% Owned	Is this Owner an Employee?	Family Members of Owners Employed by	Relationship to Owner
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Officers** – please list all officers of your company who earned more than \$160,000 during the 2010 plan year.

Name	Title

**CONTRIBUTION INFORMATION:**

In order to accurately reconcile the plan, please provide us with a copy of the contribution breakdown for any deposits made to, or received by, your investment company after the end of the plan year.

Employee Contribution:

**Note:** Department of Labor Regulations requires that Employee Salary Deferral Contributions be deposited into the retirement trust *on the earliest date* the employer reasonably could have segregated the Employee Salary Deferral Contributions from its own funds. The “Safe Harbor” definition of this date is *no later than the 7<sup>th</sup> business day following the date of the withholding*. Delinquent participant contributions must be reported on Form 5500 and may involve correction procedures, DOL inquiry, penalties and interest.

Were Employee Salary Deferral Contributions deposited timely within this requirement?  Yes  No  N/A

Were Employee Roth Contributions deposited for the plan year?

**Employer Contributions:**

Will an annual employer contribution be made for the plan year?

- Yes: Total Amount \$ \_\_\_\_\_; or Percentage of Compensation \_\_\_\_\_%
- Undetermined; please calculate \_\_\_\_\_.
- Safe Harbor Non-Elective contribution ONLY
- Employer Match: \_\_\_\_\_% of Deferrals up to \_\_\_\_\_% of Compensation
- Safe Harbor Match (100% up to 3% deferred, plus 50% of next 2% deferred)
- Other: \_\_\_\_\_.
- None

**Expected date of funding** \_\_\_\_\_.  
 (due by tax return filing deadline)

**EMPLOYEE CENSUS DATA:**

Yes No  
  Did the company employ any union, leased or part-time employees during the plan year?  
 If yes, please complete:

<input type="checkbox"/> Union	How Many?	Included on census?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Leased	How Many?	Included on census?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Part-time	How Many?	Included on census?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did the company re-hire any former employees during the plan year?  
 If yes, please identify re-hired employees on census, and note if they were on leave for Military Service.

**CENSUS INSTRUCTIONS**

A list of participants in the Plan as of the last valuation is attached:

- ❖ Please add **ALL** employees who worked at any time during the period 1/1/2010 to 12/31/2010 not already listed.
- ❖ Enter the information even though they were hired in a prior period or may not appear to be eligible to participate in the plan.
- ❖ Complete all personal data including Social Security Number, Participant Name, Date of Birth, Date of Hire, and Hours Worked.
- ❖ Indicate the hours worked by using the Hour Codes provided. The necessary Status Date and Status Code for terminees, retirees, re-hires, etc. is also provided.
- ❖ Please provide *gross* compensation (before any deductions) for **ALL** employees employed by the company for the period 1/1/2010 to 12/31/2010, or from Date of Hire to 12/31/2010.

**Authorization**

I verify that all information provided on this form is correct and the census request includes **ALL employees employed at any time during the plan year.**

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_