

QUESTIONNAIRE - Page 1

COMPANY NAME:

**** Please answer ALL questions. Use the back of the page if you need extra space. ****
New questions have been added for the new Form 5500-SUP

1. Entity Type: C-Corp S-Corp LLC Taxed as Corp LLC Taxed as Partnership
 Sole Proprietor Partnership Other: _____

2. Ownership:

Please list all individuals who own this company and their percentage of ownership.

<u>Name</u>	<u>Ownership %</u>	<u>Name</u>	<u>Ownership %</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of the owners above or their spouses own 1% or more of any other companies, please list the owner and the companies and their percentage of ownership:

<u>Name</u>	<u>Name of Company</u>	<u>Ownership %</u>	<u>Check if they have employees</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

3. Family Relationships:

Please list any relationships to owners (i.e. spouse, children, parents, grandparent, grandchild):

<u>Name of Owner</u>	<u>Name of Relative</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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4. Officer Information:

Please list any executive with management authority who shares legal liability for his/her company's actions.

<u>Name of Officer</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Leased Employees and/or Independent Contractors:

Please list all leased employees:

<u>Name</u>	<u>Name of Leasing Co.</u>	<u>Hrs worked per wk</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all independent contractors receiving 1099-R's:

<u>Name</u>	<u>Services Performed</u>	<u>Hrs worked per wk</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Contact Information:

Please list the people we should contact at your company:

<u>Name</u>	<u>Title or Dept.</u>	<u>Ext. or Direct Line</u>	<u>E-mail Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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7. Fidelity Bond Information:

Please provide information about the current fidelity bond covering the assets of your plan(s). If the bond has been renewed since the previous year, please provide a copy of the confirmation from your insurance company.

Amount of Bond: \$ _____

Name of Bonding Company: _____

Bond Expiration Date: _____

8. Plan Assets:

Yes No Did the plan hold any assets whose current market value is neither readily determinable on an established market or set by an independent appraiser? (i.e. Limited Partnership, Real Estate, etc.)

9. Additional Information:

Yes No Are you a member of a Controlled Group or Affiliated Service Group? If you are uncertain, please contact your plan administrator to discuss.

Yes No If yes, does any member of the Controlled Group or Affiliated Service Group sponsor another plan?

Yes No Do you sponsor any other retirement Plan in addition to this plan?

If Yes, please explain: _____

Yes No Does this plan cover any self-employed participants? (This includes owners and partners.)

Yes No Have you filed or any you planning to file an extension for the Plan Sponsor's Tax Return?

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10. Form 5500-SUP

Trust EIN Number: _____

Yes **No** Did the Plan Trust incur Unrelated Business Tax Income (UBTI)?
(i.e. Plan has debt financed property, stocks purchase on Margin, etc.)
If yes, please enter amount \$ _____

Yes **No** Were there any in-service distributions made during the Plan Year?
If yes, please enter amount \$ _____

Yes **No** (takeover plans) Has the plan been timely amended for all required tax law changes?

If more than one plan, please provide information for second Plan.

Name of Plan: _____

Trust EIN Number: _____

Yes **No** Did the Plan Trust incur Unrelated Business Tax Income (UBTI)?
(i.e. Plan has debt financed property, stocks purchase on Margin, etc.)
If yes, please enter amount \$ _____

Yes **No** Were there any in-service distributions made during the Plan Year?
If yes, please enter amount \$ _____

Yes **No** (takeover plans) Has the plan been timely amended for all required tax law changes?

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11. Defined Benefit Pension Plans

Not a DB Plan

Desired Contribution for Plan Year: \$ _____

Yes **No**

Do you participate in any Guild Plans? (i.e. Director's Guild, Writer's Guild, AFTRA - SAG)

12. 401(k) Plans

Not a 401(k) Plan

Deposit of 401(k) Deferrals/Contributions

Regulations state that 401(k) deferrals and loan payments withheld from an employee's pay must be deposited as soon as possible. Excise taxes and other penalties can be assessed for late payments and can open the plan to further scrutiny by the DOL and IRS. If there are any questions, please call your plan administrator.: **Elitres Freelon**

Yes **No**

For your plan year, did the employer fail to transmit to the plan any participant contributions as soon as possible?

	Payroll Date	Date Deposited	Amount
If the answer is "YES", please complete:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

401(k) Matching Contributions

Yes **No** If permitted, will there be a discretionary Employer Matching contribution made for this year?

If yes, please indicate your formula: _____

Match made on: payroll-by-payroll basis Annual basis

Match deposited on - please provide date(s): _____

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13. Loans in Default: ***N/A - no loans in default or loans not allowed***

Please provide information about participant loans that have defaulted during the Plan Year:

<u>Name of Employee</u>	<u>Date of Last Payment</u>	<u>Balance Due</u>	<u>Is Employee on Leave of Absence?</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

14. Other:

Please indicate if you have any change in advisor's information:

<u>Advisor Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Email</u>
_____	_____	_____	_____
_____	_____	_____	_____

Prepared By:

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Prepared By (initials):