

ANNUAL REPORTING QUESTIONNAIRE

Plan Year Ending December 31, 2015

- any owner of this company own any part of another company or are there any subsidiaries within this company)?
8. Do you lease any employees?
9. Do you maintain a Welfare Benefit Program that will provide post-retirement medical benefits?
10. Have any previous employees been rehired?
11. Did you pay severance pay to any employees this year?
12. Has any plan fiduciary had a financial interest in any party providing services to the plan or received anything of value from such party?
13. Have you had any other plans which are no longer active?
14. Who are the owners of the company sponsoring the plan?

15. Who are the officers of the company sponsoring the plan?

16. Does the plan hold any non-traditional investments (i.e. land, LLCs, etc.)?
If so, were there any transactions (i.e. personal use, sale, exchange, lease of property) between the plan and the employer, fiduciary, owner, or their families?
17. Do you maintain a cafeteria (125) plan?
18. Has your business merged with another or changed its business form?
19. Please list all relatives of the owners who are currently working for the company.

20. Is the company an S-Corporation with health insurance premiums included on the officers' W-2s?
21. Were any fringe benefits paid?

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- 22. Was any differential pay paid to deployed military employees?
- 23. Did any employees "cash out" their unpaid leave in lieu of taking sick/vacation days?
- 24. Did you lay off any employees due to lack of work?
- 25. Do you have beneficiary forms on file for all current participants?

Name of person completing this form: _____

Title: _____

By signing this form you attest that all the information contained herein is complete and correct to the best of your knowledge.

Signature

Date