

ANNUAL WORKSHEET PACKAGE

for

For Allocation Period



MARTIN, MARTIN, RANDALL & ASSOCIATES, INC.

Retirement Plan Services • Employee Benefit Consultants

Jackson, MS • Birmingham, AL • Orlando, FL

www.mmrplans.com

BASIC PLAN DATA

NO CHANGE from prior year

The data requested below is necessary for our office to maintain accurate records for your Plan. It is imperative that we are provided complete information in order to prepare your reports and comply with all IRS and DOL reporting and disclosure requirements.

Type of Business Entity:

- Corporation “S” Corporation
- Corporation (not for Profit) Sole Proprietorship
- Professional Service Corp. Partnership
- LLC Operating as Corporation Government Entity
- LLC or LLP Operating as Partnership
- Other: _____

Employer Identification Number (EIN): _____ - _____

Employer’s Business Nature: _____

Employer’s Tax Year End: _____

Type of Plan Entity:

- Single-Employer Plan Multi-Employer Plan
- Multiple-Employer-Collectively Bargained Plan Multiple-Employer Plan
- Plan for controlled group of corporations, group of trades/businesses under common control or an affiliated service group. (other)

1) Does this Employer maintain or has this Employer ever maintained other qualified plans? YES NO
 If “Yes”, provide name(s), type(s) and status of Plan(s).

Name of Plan	Type of Plan	Status

2) Are **any** employees of this Employer:

- Leased? YES NO
- Shared with any other business(es)? YES NO
- Covered under a Collective Bargaining Agreement? YES NO
- Non-resident Aliens who received no earned income from U. S. Sources? YES NO

3) Does this Employer operate separate Lines of Business or Operating Units? YES NO

TO BE COMPLETED BY ALL PLANS

FIDELITY BOND INFORMATION

- 1) Is this Plan covered by a Fidelity/Fiduciary Bond? YES NO
- 2) Amount of coverage: \$ _____
- 3) Name of Surety Company: _____
 ****Please provide a copy of your bond provided by your Surety Company****

NOTE: Under ERISA, a fiduciary is defined as any person who:

- a. exercises any discretionary authority or control over the plan’s management of the disposition of it’s assets;
- b. renders investment advice for a fee or other compensation with respect to funds or other plan property;
- c. has any discretionary authority or responsibility in the administration of the plan [Ref: ERISA Section 3(21)].

The IRS requires every person classified as a fiduciary to be bonded against theft or dishonesty. The amount of the bond must be at least 10% of the Plan assets with a minimum of \$1,000 up to a maximum of \$500,000. Also, you may be required to increase your amount above the minimum amount to 100% if the plan holds “Non-Qualifying Plan Assets” (assets not held by regulated insurance or financial institutions such as limited partnerships, real estate interests, etc.).

TO BE COMPLETED BY PLANS WITH OVER 100 PARTICIPANTS

Has there been a termination in the appointment of any of the following:

- Accountant
- Trustee
- Enrolled Actuary
- Investment Manager
- Administrator
- Custodian
- Insurance Carrier

If so, please provide name, address, telephone #, EIN or SSN.

Name	Address	Telephone #	EIN or SSN

Reason for Termination:

INFORMATION REGARDING CONTROLLED GROUPS AND AFFILIATED SERVICE GROUPS

Do any Owners of this company, or any other family members (spouse, children, parents, etc.) whether or not employed by this company, have ownership in other companies? YES NO

Do **any** other companies own stock in this company or does this company own stock in any other companies? YES NO

Is this company a service organization for any other company or does this company utilize any other company as a service organization? YES NO

Note: A service organization is a company that regularly performs services for another organization or is regularly associated with a company in performing services for third persons. This also includes a management organization and recipient organization for which the management organization performs management functions.

If the answer is "Yes" to **any** of the above questions, please provide the information requested below.

Name of Company	Name of Owner/ Stockholder	% of Ownership	# of Employees	Covered by this Plan Y/N

If you are unsure about any of this information, please contact our office for consultation.
Please make copies if additional space is needed

MISCELLANEOUS COMPLIANCE QUESTIONS

1. Have any employees left your employment for military service or returned to employment from military service? YES NO

2. Is there current ownership, or were there any purchases of non-publicly traded securities, collectibles or real estate by the plan? YES NO
 - If yes, you will need to provide a copy of the most recent independent appraisal by a third party.

3. Was there any compensation paid, or purchase, sale, exchange, loan or lease of any property between the plan and any of the following:

(a) Employer	YES	NO	(d) Trustees	YES	NO
(b) Owner/Shareholder	YES	NO	(e) Relative of any above	YES	NO
(c) Five highest paid employees	YES	NO	(f) Other fiduciary	YES	NO

4. Did the company have a reduction of 20% or greater in workforce due to layoffs or the closing of a division or location? YES NO

2016 DEFINITION OF KEY and HIGHLY COMPENSATED EMPLOYEES
(for plan years beginning on or after January 1, 2009 as modified by EGTRRA)

A **Key Employee** is an employee, or former employee, who at any time during the prior plan year fits into one or more of the following classifications:

- Officer:** An Officer of the employer with annual compensation exceeding \$170,000. (Note: The Officer classification includes any employee with authority or control in business and/or employee management. It is not restricted to nor does it automatically include employees with a "Title".)
- More than 5% Owner:** An employee owning directly or indirectly* **more** than 5% of the employer regardless of compensation.
- More than 1% Owner:** An employee owning directly or indirectly* **more** than 1% of the employer with compensation exceeding \$150,000.

* Indirect ownership can include deemed ownership from spouse, children, grandchildren, parents, partnerships, estates, trusts, or corporations. **Please make sure we are informed of all stock ownership of all stockholders and family members.** For these rules, please refer to the Indirect Ownership Description below.

A **Highly Compensated Employee** is an employee who meets one of the following tests:

- Five-percent owner test:** At any time during the current year or preceding plan year, an employee owning directly or indirectly* more than 5% of the employer regardless of compensation.
- Please note that an employee who is the spouse, lineal ascendant or descendent* of a **more than 5%** owner will also be deemed to be a 5% owner. It is important that we know family lines of employees.
- Compensation test:** An employee with compensation exceeding **\$120,000 during the 2015 plan year.**
- In determining the number of HCE's for this test, it may be possible to limit this group of employees to the "top-paid group". The top-paid group consists of the number of employees who are in the top 20% of the employer's non-excludable employees when ranked by compensation. This option is only available if allowed by the plan document.

* Indirect ownership can include deemed ownership from spouse, children, grandchildren, parents, partnerships, estates, trusts, or corporations. Please make sure we are informed of all stock ownership of all stockholders and family members. For these rules, please refer to the Indirect Ownership Description.

INDIRECT OWNERSHIP DESCRIPTION

For purposes of these provisions, constructive ownership of stock (Section 318) will include:

- (1) Members of Family – An individual should be considered as owning the stock owned, directly or indirectly, by or for his spouse and his children, grandchildren and parents.
- (2) Partnerships and Estates – Stock owned, directly or indirectly, by or for certain partnerships and estates shall be considered as owned proportionately by its partners.
- (3) Trusts – Stock owned, directly or indirectly, by or for a trust other than those exempt from tax under 501(a) of Tax Code shall be considered as owned proportionately by its beneficiaries.
- (4) Corporation- If 50 percent or more of the stock in a corporation is owned, directly or indirectly, by or for any person, that person shall be considered as owning such stock proportionately to the total value of stock of the corporation.

KEY AND HIGHLY COMPENSATED

The IRS requires the performance of various annual non-discrimination tests. For these purposes, please provide the information requested below.

List all Owners, their compensation and percent of ownership, or **N/A – Non Profit**

Name	Compensation	% of Ownership

List all Officers, Supervisors and Managers of this business, along with their compensation. This would include anyone of authority or control in business matters and/or Employee Management and not necessarily anyone with a "Title".

Name	Title	Compensation

List all related Employees and/or Owners.
(i.e. - Spouse, child, grandchild, parent, grandparent, brother, sister, also include in-laws)

Name	Relationship	Relation to ?

Yes No

If yes, you must include a copy of the K-1 or Schedule C for all owners.

DEPOSIT CERTIFICATION

The Department of Labor requires employers to deposit **employees' pretax contributions** (i.e., 401(k) deferrals) and **loan payments, the earlier of:**

- a) the date the contributions can reasonably be segregated from the employer's general assets, or
- b.) but in NO EVENT -later than the 15th business day of the month following the payroll date the contributions were withheld (only for large plans over 100 participants-small plans must follow (a) or safe harbor provisions below).

Regulations issued by the DOL on January 14, 2010 (75 F.R. 2068) provide a safe harbor to the deposit rule under §2510.3-102(a)(2). Under the safe harbor, participant contributions are considered to have been deposited timely if the deposit to the plan is made within 7 business days. The safe harbor is only available if the plan has fewer than 100 participants at the beginning of the year.

Although at first glance, it appears the employer has until the "15th business day" of the month following the month that the elective deferrals were withheld from the payroll, in reality the DOL treats this as the exception. The normal deadline for each employer is based on how quickly they make the deposit of elective deferrals on a regular basis. This is used as a benchmark for that employer. Thus, if an employer normally takes 5 business days to make the deposit of elective deferrals, that will set precedent for their timely deposits.

Electronic Movement of Funds Has Also Had an Impact

The DOL has also made it clear that the determination of what the earliest date the assets could be segregated is to be benchmarked based on other employer transmittals of payroll amounts. Therefore, to the extent that other payroll reductions, including taxes and insurance premiums, are being wire transferred to the appropriate parties within a day or two of posting payroll, this precedent would be used in establishing the earliest date the assets could be transferred with respect to the elective deferrals.

There are serious consequences for violation of the deposit rule. Failure to timely deposit 401 (k) deferrals or loan payments is both a prohibited transaction and a fiduciary breach. It is treated as either a prohibited loan from the plan to the company or as an illegal use of plan assets. Therefore, you should ensure that procedures are in place for the timely deposit of 401(k) deferrals and loan payments.

You should review the deposit dates and determine if you have complied with the above Department of Labor regulation. Please note that your response will be used to complete the Form 5500.

There are no 401(k) deferrals in this plan.

There are no loans in this plan.

I hereby certify that Employee 401(k) deferral deposits and/or loan payments meet the above Department of Labor requirement.

I hereby certify that Employee 401(k) deferral deposits and/or loan payments were not timely deposited and request that one of the Martin, Martin, Randall Compliance Specialists contact us regarding the DOL's Voluntary Fiduciary Correction Program and the filing of Form 5330 with the IRS. The total amount not timely deposited is \$ _____. (Required for Form 5500)

I hereby certify that Employee 401(k) deferral deposits and/or loan payments were not timely deposited and we will contact our corporate tax advisor or attorney for compliance. The total amount not timely deposited is \$ _____. (Required for Form 5500)

Plan Administrator

Date

ANNUAL CONTRIBUTIONS

If requested, a study may be performed regarding the maximum deductible contribution allowed, and/or different contribution rates or amounts for profit sharing or match contributions. Fees will be charged according to the "Other Services" section of your Recordkeeping Fee Agreement.

This form must be returned to Martin, Martin, Randall & Associates, Inc. at least 30 days before the date for which the results are requested. If returned in less than 30 days, additional fees may apply.

1. Profit Sharing Contribution

This information MUST be completed

Calculate the maximum amount allowed.

Use the following amount \$ _____.

Amount has not been determined. We will provide an amount at a later date.

Other – write request in comments section below.

No Profit Sharing Contribution for this year.

2. Match Contribution

Use the following amount \$ _____.

Use the following cap percentage _____.

Other – write request in comments section below.

No Match Contribution for this year.

This information MUST be completed

3. Safe Harbor Contributions

Basic Safe Harbor Match or Enhanced Safe Harbor Match

3% Non-elective

Comments:

Five horizontal lines for writing comments.

Please indicate above if there is a CPA who should be carbon copied on these calculations or if you are planning on extending your employer return

ROLLOVER CONTRIBUTION INFORMATION

N/A , if none

Please provide the information below for participants receiving transfers or rollovers from other qualified Plans during the allocation Period into this Plan.

Employee Name	Amount Received	Date Received	Source of Funds Received

Please make additional copies if more space is needed

DISTRIBUTION INFORMATION

N/A, no distributions made from plan for allocation period

Please provide the following information regarding participant Distributions from the Plan during the Allocation Period

*** Type Codes ***

- | | |
|---------------------------------------|------------------------|
| (1) Lump Sum Distribution | (5) Monthly Payments |
| (2) Annual Required Age 70½ Minimum | (6) Rollover |
| (3) Partial Distribution | (7) Corrective |
| (4) Hardship Withdrawal | |

Date	Participant Name	Amount	Type
TOTAL			

Please make additional copies if more space is needed

LOAN INFORMATION FOR NEW AND EXISTING LOANS

NEW LOANS

N/A or loans not permitted in plan

Please provide the following information for **New Loans** made during the Allocation Period. Also, provide a copy of the Amortization Schedule if not prepared by MMR.

Participant Name	Loan Date	Loan Amount	Payment Frequency
TOTAL			

EXISTING LOANS

N/A or no existing loans in plan

This should include payments made on new loans listed above

Participant Name	Payment Amount	Payment Frequency	Total Payments for Plan Year
TOTAL			

Please make additional copies if more space is needed

LIFE INSURANCE INFORMATION

N/A- Life Insurance is not provided

If Life Insurance Policies are maintained within this Plan, please provide the following information for the Allocation Period. **NOTE: Schedule "A" information, provided by the Insurance Company, must be forwarded to us to complete reporting and disclosure Form 5500 Series return/report. Please contact your investment manager, life insurance agent, or broker to obtain this information.**

Participant Name	Policy Number	Face Value	Surrender Value	Premiums Paid
TOTAL				

Please make additional copies if more space is needed

**MARTIN, MARTIN, RANDALL & ASSOCIATES, INC.
CERTIFICATION**

To the best of my knowledge the information requested in this package has been provided completely and accurately and should be utilized by Martin, Martin, Randall & Associates, Inc. in the performance of their requested services. My signature below authorizes Martin, Martin, Randall & Associates, Inc. to perform the administration services in accordance with the signed fee agreement on file.

Please print Name and Title

Authorized Signature

Date

Contact E-Mail Address

FORM 5500 FILING INFORMATION

Name of Credentialed Signer: _____

Email address of Signer: _____

Notification email should also be sent to the following email addresses:

PLEASE RETURN WORKSHEET PACKAGE IN ITS ENTIRETY TO:

**Martin, Martin, Randall & Associates, Inc.
4 River Bend Place, Suite 125
Jackson MS 39232**

**Phone: 601-932-8500
Fax: 601-939-9636**

REHIRE QUESTIONNAIRE

N/A –No Rehires

Employee Name:	
Social Security Number:	
Date of Birth:	
Date Rehired:	

Indicate if previously employed under another name: _____

Was this employee ever a participant in the plan: YES NO

If “YES”, was the participant vested at the time of termination? YES NO

If “YES”, what was the vested percentage for employer contributions: _____%

Please list date(s) and amounts of prior distributions (if any) by source (Deferral, Match, Profit Sharing, etc.):

DATE	AMOUNT	SOURCE

Below, provide ALL dates of employment, termination, and rehire beginning with the original hire date for this employee and hours worked in each year.

Date Employed/Rehired	Date Terminated	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please make additional copies and complete a separate Rehire Questionnaire for each rehired employee.