

WINDES, INC.

ANNUAL PLAN QUESTIONNAIRE  
AND SERVICE ENGAGEMENT

Windes, Inc. cannot begin the annual administration of the Plan until this form is completed, signed by the plan sponsor (or authorized representative of the sponsor), and returned to our office.

Plan Name \_\_\_\_\_

Plan Year End \_\_\_\_\_

Plan contact email address \_\_\_\_\_

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signator \_\_\_\_\_

**Engagement**

We have enclosed for your files our current Schedule of Services and Fees for the preparation of the annual administration. Your signature (or the signature of a person authorized by the plan sponsor) on this form constitutes an engagement of Windes, Inc. to provide only the specific administrative services detailed on the enclosed Schedule. Our engagement cannot be relied upon to discover errors, fraud, or illegal acts that may exist; however, we will inform you of any irregularities that come to our attention during the preparation of the administration. We rely solely on the information we receive from either you or your advisors, and we are not responsible for the accuracy of the information we receive. Our engagement is limited to the ministerial functions of third party plan administration, and we shall not be considered the ERISA Plan Administrator or other fiduciary with respect to the plan as a result of providing these services. We will have no discretionary control or authority in making decisions about plan administration. Other administrative functions including trust investment selections and strategies and the identification of prohibited transactions are the responsibility of the plan sponsor and/or Trustee.

**Annual Information**

The following information is required to complete the Internal Revenue Service (IRS) and/or Department of Labor (DOL) forms and to update our records. **All questions must be answered.**

If you **do not** intend to make any contribution for this plan year and **do not** want a contribution calculated, please initial. \_\_\_\_\_

**During the above Plan Year:**

1. Were the Plan's fiduciaries covered by a surety bond?

**Important Note: Failure to adequately bond the fiduciaries could result in the requirement for an independent audit. See the enclosed *DEPARTMENT OF LABOR REQUIREMENTS* for information regarding eligibility for a waiver of a required audit for plans with fewer than 100 participants.**

Visit [http://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570\\_a-z.htm](http://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm) for a list of approved surety companies.

- Yes, a copy of the entire bond or policy reflecting ERISA Bonding Coverage is attached.
- No, a copy of the declaration page will be forwarded upon receipt.
- Not applicable. The fiduciaries are **not required** to be bonded because:
  - The plan covers only the owner (and his/her spouse) **and** the company is wholly owned by one individual (and his/her spouse), **or**
  - The plan covers one or more partners (or partners and spouses) of an **unincorporated** business partnership.

2. Does the trust hold any assets outside of a financial institution (bank, brokerage, etc.)?

- No. Continue to #3.
- Yes. Complete the following:

The IRS and DOL require annual appraisals for all non-publicly traded property such as real estate, collectibles, closely held stock and some limited partnerships. It is the fiduciaries' responsibility to obtain an independent third party appraisal of such assets.

The Financial Information schedule included with IRS/DOL Annual Report Form 5500 asks "Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?" The value of such assets will be reported to the IRS/DOL.

To assist us in completing your Annual Report, complete the following information for assets not publicly traded:

Investment	Fair Market Value as of end of Plan Year	Date of Appraisal* (Blank indicates an appraisal was not obtained.)

\* Attach copies of all available appraisal documentation.

3. Have there been any changes in the appointment of any trustee, accountant, insurance carrier, investment manager or custodian?

- No.
- Yes. Attached is the name, address and phone number of new provider(s).

4. Indicate the type of entity below:

- S Corporation       LLC       Sole Proprietorship
- C Corporation       LLP       Partnership

If an LLC, how has it elected to be taxed:     Corporation     Partnership

Did the form of business change during the Plan Year?     Yes     No

Business Officers and Ownership

5. List all officers of the company and their title:

Name	Title

6. Was there a change in ownership during the Plan Year?  Yes  No  
 If yes, provide details of change in ownership: \_\_\_\_\_

\_\_\_\_\_.

List **all** owners (whether or not employed) and their **highest percentage of ownership during the year**. Identify relationships to each other by marriage or lineal ascendant/descendant relationships (spouse, child, parent, grandparent, or grandchild). In addition, list all non-owner employees related to an owner and identify the relationship.

Owner	%	Related Person	Relationship (spouse, child, etc.)

Related Businesses

7. Do the owners listed in 6 above, **or their spouses**, have any ownership in any other businesses?  
 Yes, details are attached.  No
8. Is the sponsor affiliated with any other business or entity? Examples of affiliation include performance of management services, use of another entity's employees to perform services, etc.  
 Yes, details are attached.  No
9. Did the sponsor establish or maintain any Pension, Profit Sharing, 401(k), Welfare or Cafeteria Plans that Windes, Inc. does not administer?  
 Yes  No  
 If yes, provide details: \_\_\_\_\_
- \_\_\_\_\_.
10. Were there any amendments (changes) made to the plan or trust document during the Plan Year that were not prepared by Windes, Inc.?  
 Yes, copies are attached.  No
11. Did the plan or trust transact any business (other than receiving contributions) with an owner, employee or officer of the Plan Sponsor or with any other party-in-interest (related party)?

Yes, details are attached.  No

12. Were there any changes in beneficiary or marital status of any participant, including name change?

Yes, information is attached.  No

13. Were any employees re-hired during the year? If yes, please indicate on the census.

Yes  No

14. Did the company engage or contract with any Leased Employees or independent contractors who worked substantially full-time (1500 hours) for at least one year? If yes, please include these employees on the employee census form and mark them as leased employees or independent contractors.

Yes, information identified on employee data request.  No

15. How many union employees were employed? \_\_\_\_\_  
Only list union employees on census form if required to be covered under the plan.

16. Were any employees on a military leave of absence?

Yes, information identified on employee data request.  No

17. Were any participant contributions or loan payments deposited later than a reasonable period after payroll withholding? (**Note:** The DOL requires deposits to be transmitted as soon as possible after payroll, which could be as soon as 1 or 2 business days if such transmitted period has been accomplished previously. Plans with fewer than 100 participants are provided a 7 business day safe harbor to transmit payroll withholdings.)

Yes, details of each occurrence are attached.  No

18. Are any participant loan payments more than 3 months delinquent or has any participant loan been determined to be in default?

Yes, details are attached.  No

19. Did any terminated employee receive post-severance compensation?

Yes, it is reported in accordance with the enclosed compensation chart.  No

20. Does any employee past age 70 plan to retire during the next plan year? If yes, please contact us for determination of their required minimum distributions.

Yes  No