Form **14146** (April 2010)	Department of the Treasury — **Internal Revenue Service** **Guide to Completion of the 401(k) Compliance Check Questionnaire**	OMB No. 1545-2071

Instructions

This is the paper copy of the online 401(k) Compliance Check Questionnaire. This is not the questionnaire; it is intended to assist in completion of the questionnaire.

Do not return this paper copy. If you are unable to complete the questionnaire online because of a disability, contact the person listed on the letter you received.

It is necessary to answer all questions, unless you are instructed otherwise. Please note, however, that this paper copy will include all possible questions, some of which may not apply to your plan. You will be instructed not to answer these questions. When you enter the data online, these questions will not be displayed.

Unless otherwise indicated, provide responses for the Plan's 2008 plan year. When completing questions which ask for dollar amounts or percentages round the amounts to the nearest dollar or percentage unless instructed differently in the question.

Section I: Demographics

Enter your password.

Enter your Source ID.

Provide the name, title, and telephone number of a contact person in the event that we have questions related to your responses:

***Contact person:**	
Title:	
***Telephone number:**	___-___-____

***Check the boxes if the Plan was in existence for the following plan years:**

- ☐ **2006**
- ☐ **2007**
- ☐ **2008**

***1a. Is this a defined contribution plan?**

☐ **Yes** ☐ **No**

If you selected "Yes," skip to Question 1b. If you selected "No," complete the follow-up question.

***You have selected "No." Is this correct? This selection will end the questionnaire.**

☐ **Yes** ☐ **No**

If you selected "Yes," you have finished the Questionnaire. Do not answer any additional questions. If you selected "No," return to Question 1a and change your response.

***1b. Which of the following best describe this Plan?**

- ☐ **Profit-sharing plan**
- ☐ **Money purchase pension plan**
- ☐ **Target benefit plan**
- ☐ **Stock bonus plan**
- ☐ **Employee stock ownership plan**
- ☐ **Other (specify):** _____

***1c. What is the current status of this Plan? Choose the best answer:**

- ☐ **The Plan is ongoing.**
- ☐ **The Plan is frozen.**
- ☐ **The Plan has been terminated.**

If you selected "The Plan is frozen," complete the frozen plan follow-up question. If you selected "The Plan has been terminated," complete the terminated plan follow-up question. Otherwise, skip to Question 2.

***If frozen, provide the year the Plan was frozen (yyyy):**

***If terminated, provide the year of termination (yyyy):**

***2. Is this a 401(k) plan that permitted elective deferrals in 2008?**

☐ **Yes** ☐ **No**

If you selected "Yes," skip to Question 3a. If you selected "No," complete the follow-up question.

***You have selected "No," Is this correct? This selection will end the questionnaire.**

☐ **Yes** ☐ **No**

If you selected "Yes," you have finished the questionnaire. Do not answer any additional questions. If you answered "No," return to Question 2 and change your response.

***3a. How many other qualified and nonqualified retirement plans does the employer sponsor? If the answer is zero, enter "0":**

If more than "0," proceed to 3b. If "0," skip to Question 4.

3b. Write the number of each type of retirement plan listed below, other than this Plan, that the employer sponsors. If the answer is zero, insert "0":

*Other 401(k) plan	
*Defined benefit plan, not cash balance	
*Cash balance plan	
*Money purchase pension plan that is not a 401(k) plan	
*Other defined contribution plan that is not a 401(k) plan	
*Nonqualified excess benefit plan	
*Other nonqualified deferred compensation arrangement	

***4. Has the Plan sponsor terminated or frozen a defined benefit plan between 1995 and the present?**

☐ Yes ☐ No

***5a. Has the Plan sponsor ever requested a determination letter for the Plan?**

☐ Yes ☐ No

If "Yes," proceed to 5b. Otherwise, skip to Question 6a.

***5b. What is the date of the Plan's most recent determination letter?**

Month	Day	Year

***5c. What was the determination letter request for?**

☐ Initial determination ☐ Ongoing determination ☐ Termination

*6a. Is the Plan a pre-approved plan?

☐ Yes ☐ No

If "Yes," proceed to 6b. Otherwise, skip to Question 7.

*6b. Indicate the type of pre-approved plan:

☐ Standardized master/prototype

☐ Nonstandardized master/prototype

☐ Volume submitter

*6c. What is the date of the latest opinion letter or advisory letter for the pre-approved plan?

Month	Day	Year
--	--	--

*7. Is the Plan sponsor part of (Check all that apply):

☐ An affiliated service group

☐ A controlled group

☐ A multiple employer plan

☐ A multiemployer plan

☐ None of the above

Section II: 401(k) Plan Participation

8a. Enter the total number of employees on the last day of each plan year listed below. If the answer is zero, insert "0":

*2006	
*2007	
*2008	

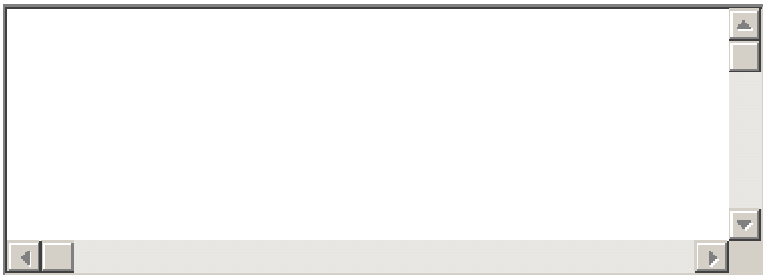
8b. Enter the number of employees excluded from participation because of age and service requirements for each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8c. Enter the number of employees excluded from participation because they were covered by a collective bargaining agreement for each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8d. Enter the number of employees excluded because they are nonresident aliens with no U.S. income for each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8e. Enter the number of other exclusions for each plan year listed below. If the answer is zero, insert “0”:	
*2006	
*2007	
*2008	

8e1. Explanation of "other exclusions." Only complete if there were any excluded employees listed in 8e:



8f. Enter the total number of participants on the last day of each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8g. Enter the number of participants who made elective deferrals for each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8h. Enter the number of participants in the Plan who are covered by a collective bargaining agreement for each plan year listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

8i. Enter the number of participants who are highly compensated employees for each plan year listed below (only if not a safe harbor 401(k) plan). If a safe harbor plan, insert "NA." If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

*9a. Check the appropriate box below for the eligibility requirement for age for **elective deferrals:**
☐ Age requirement
☐ No age requirement

If “Age requirement,” complete the follow-up question. Otherwise, skip to Question 9b.

*Insert age requirement in years:

*9b. Check the appropriate box below for the eligibility requirement for service for elective deferrals:
☐ No service requirement
☐ 30 days / 1 month
☐ 6 months
☐ 1 year
☐ Other service requirement (specify):

*9c. Check the appropriate box below for the eligibility requirement for age for matching contributions:
☐ Age requirement
☐ No age requirement
☐ No matching contributions

If “Age requirement,” complete the follow-up question. If “No matching contributions,” skip to Question 9e. Otherwise, skip to Question 9d.

*Insert age requirement in years:

***9d. Check the appropriate box below for the eligibility requirement for service for matching contributions:**

- ☐ No service requirement
- ☐ 30 days / 1 month
- ☐ 6 months
- ☐ 1 year
- ☐ Other service requirement (specify):

***9e. Check the appropriate box below for the eligibility requirement for age for nonelective contributions:**

- ☐ Age requirement
- ☐ No age requirement
- ☐ No nonelective contributions

If “Age requirement,” complete the follow-up question. If “No nonelective contributions,” skip to Question 10. Otherwise, skip to Question 9f.

***Insert age requirement in years:**

***9f. Check the appropriate box below for the eligibility requirement for service for nonelective contributions:**

- ☐ No service requirement
- ☐ 30 days / 1 month
- ☐ 6 months
- ☐ 1 year
- ☐ Other service requirement (specify):

10. In your opinion, how much impact does each factor have on participation levels in the 401(k) Plan? Using the scale below, enter the number corresponding to the level of importance on the line next to each factor listed below:

(0 = No Opinion, 1 = No Impact, 3 = Moderate Impact, 5 = Great Impact)

	0	1	2	3	4	5
*Age of employee	☐	☐	☐	☐	☐	☐
*Compensation level of employee	☐	☐	☐	☐	☐	☐
*Matching contribution	☐	☐	☐	☐	☐	☐
*Communication of the Plan terms and options	☐	☐	☐	☐	☐	☐
*Business conditions	☐	☐	☐	☐	☐	☐
*Lack of employee control over investments	☐	☐	☐	☐	☐	☐
*Access to funds during employment (e.g., loans, hardship distributions, in-service distributions)	☐	☐	☐	☐	☐	☐

Section III: Employer and Employee Contributions

11a. Provide the amount of compensation and elective deferrals made to the Plan for the plan years shown in the table below. If the answer is zero, insert "0":

	2006	2007	2008
* Total compensation for all participants			
* Total compensation for all participants making elective deferrals			
* Total elective deferrals			

***11b. Was the Plan subject to the ADP test in any of the plan years (2006, 2007, 2008)?**

☐ Yes ☐ No

If "Yes," proceed to 11c. Otherwise, skip to Question 12.

11c. Provide the amount of elective deferrals made to the Plan for the plan years shown in the table below. If the answer is zero, insert "0":

	2006	2007	2008
* Total elective deferrals for highly compensated employees			
* Total elective deferrals for nonhighly compensated employees			

***12. How frequently are participants allowed to change their deferral elections?**

- ☐ At any time
- ☐ Once a payroll period
- ☐ Once a month
- ☐ Once a quarter
- ☐ Once a year
- ☐ Other (specify): _____

***13a. Does the Plan allow participants who are age 50 or older to make catch-up contributions?**

☐ Yes ☐ No

If "Yes," proceed to 13b. Otherwise, skip to Question 14a.

13b. Complete the table below. If the answer is zero, insert "0":

	2006	2007	2008
* Number of participants age 50 or older			
* Number of participants age 50 or older making catch-up contributions			
* Total amount of catch-up contribution			

***14a. Does the Plan permit employee after-tax contributions other than Roth contributions?**

☐ Yes ☐ No

If "Yes," proceed to 14b. Otherwise, skip to Question 15a.

14b. Complete the table below. If the answer is zero, insert "0":

	2006	2007	2008
* Total employee after-tax contributions other than Roth contributions			
* Number of participants making employee after-tax contributions other than Roth contributions			

***15a. Does the Plan provide for employer matching contributions on elective deferrals?**

☐ Yes ☐ No

If "Yes," proceed to 15b. Otherwise, skip to Question 16a.

15b. Complete the table below for matching contributions. If the answer is zero, insert "0":

	2006	2007	2008
* Total dollar amount of discretionary match made to the Plan			
* Total dollar amount of elective deferrals discretionary match was made on			
* Total dollar amount of compensation of participants who received a discretionary match			
* Total number of participants who received a discretionary match			
* Total dollar amount of fixed match made to the Plan			
* Total dollar amount of elective deferrals fixed match was made on			
* Total dollar amount of compensation of participants who received a fixed match			
* Total number of participants who received a fixed match			

***15c. What are the requirements described in the plan document for receiving a matching contribution? Select all that apply:**

☐ Employee must be employed on the last day of the plan year to receive a matching contribution

☐ Employee must complete a minimum number of hours of service to receive a matching contribution

☐ No requirements; all employees making elective deferrals receive a matching contribution

☐ Other (specify):

*15d. Are matching contributions based on a percentage of compensation or dollar amount deferred?
☐ Percentage of compensation deferred
☐ Dollar amount deferred

If you answered, “Percentage of compensation deferred,” complete Question 15f. If you answered, “Dollar amount deferred,” complete Question 15e.

15e. What is the maximum dollar amount for which any match is available?	
*2006	
*2007	
*2008	

If you answered Question 15e, skip to Question 15g.

15f. What is the maximum percentage, to the nearest hundredth of a percentage point, of compensation for which any match is available?	
*2006	
*2007	
*2008	

15g. Provide the percentage of plan participants, rounded to the nearest whole percent, that deferred compensation in excess of the amount in Question 15e or 15f for the plan years listed:	
*2006	
*2007	
*2008	

*16a. Does the Plan provide for nonelective contributions?
☐ Yes ☐ No

If “Yes,” proceed to 16b. Otherwise, skip to Question 17a.

16b. Enter the total number of participants who received nonelective contributions for the plan years listed below. If the answer is zero, insert “0”:	
*2006	
*2007	
*2008	

16c. Enter the number of highly compensated employees who received nonelective contributions for the plan years listed below (only if not a safe harbor 401(k) plan). If the answer is zero, insert "0." Enter "NA" if a safe harbor plan:	
*2006	
*2007	
*2008	

16d. Enter the total nonelective contributions made to the Plan for the years listed below. If the answer is zero, insert "0":	
*2006	
*2007	
*2008	

*17a. Have you suspended, reduced or discontinued any nonelective contributions or matching contributions in the last 4 years?
☐ Yes ☐ No

If “Yes,” proceed to 17b. Otherwise, skip to Question 18a.

17b. Check the "Yes" or "No" boxes to indicate whether the Plan had any suspension or discontinuation of matching contributions with respect to each of the years listed:		
	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

17c. Check the "Yes" or "No" boxes to indicate whether the Plan had any reduction of matching contributions with respect to each of the years listed:

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

17d. Check the "Yes" or "No" boxes to indicate whether the Plan had any suspension or discontinuation of basic or enhanced matching contributions with respect to each of the years listed:

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

17e. Check the "Yes" or "No" boxes to indicate whether the Plan had any reduction of basic or enhanced matching contributions with respect to each of the years listed:

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

17f. Check the "Yes" or "No" box to indicate whether the Plan had any suspension of safe harbor nonelective contributions with respect to the year listed:

	Yes	No
*2009	☐	☐

17g. Check the "Yes" or "No" boxes to indicate whether the Plan had any suspension or discontinuation of nonelective contributions with respect to each of the years listed:

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

17h. Check the "Yes" or "No" boxes to indicate whether the Plan had any reduction of nonelective contributions with respect to each of the years listed:

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐
*2009	☐	☐

Section IV: Top-Heavy and Nondiscrimination Rules

Top-Heavy:
When more than 60% of the value of the accounts of all employees under a 401(k) plan belong to key employees, the plan is a "top-heavy plan." A top-heavy plan is required to provide minimum contributions to non-key employees and to meet certain vesting requirements. Safe harbor 401(k) plans, SIMPLE 401(k) plans and qualified automatic contribution arrangements (QACA) generally are not subject to the top-heavy rules.

***18a. Was the Plan top-heavy in the 2008 plan year?**

☐ Yes ☐ No ☐ Not applicable

If "Yes," proceed to 18b. Otherwise, skip to Question 19a.

***18b. Are non-key employees provided with a minimum contribution? Select only one:**

☐ Yes ☐ No ☐ Yes, but provided by another plan

If either "Yes" box was checked, proceed to 18c. Otherwise, skip to Question 19a.

***18c. What was the amount of the minimum contribution for 2008?**

- ☐ Less than 3% of compensation
- ☐ 3% of compensation
- ☐ 5% of compensation
- ☐ Any combination of the above choices
- ☐ Other contribution amount

Nondiscrimination requirements and ADP/ACP testing:
The amount of contributions or benefits under a 401(k) plan must not discriminate in favor of highly compensated employees. The amount of elective deferrals under a 401(k) plan is not considered discriminatory if the plan satisfies the actual deferral percentage (ADP) test. Similarly, any employer matching contributions and employee after-tax contributions are not discriminatory in amount if the plan meets the actual contribution percentage (ACP) test.

19a. Provide the average deferral percentage to the nearest hundredth of a percentage point for the highly and nonhighly compensated employees for the plan years shown in the table below. If the Plan was not subject to the ADP test in one or more of the years listed, insert "NA" for those years:

	2006	2007	2008
* Highly compensated employee average deferral percentage			
* Nonhighly compensated employee average deferral percentage			

***19b. Did the ADP test produce a result that required correction in 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," proceed to 19c. Otherwise, skip to Question 20a.

***19c. Check the correction method used for the 2006 plan year:**

- ☐ Elective deferrals were distributed to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Elective deferrals were recharacterized
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 19d.

***Specify the correction methods that were used:**

***19d. Check the correction method used for the 2007 plan year:**

- ☐ Elective deferrals were distributed to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Elective deferrals were recharacterized
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 19e.

***Specify the correction methods that were used:**

***19e. Check the correction method used for the 2008 plan year:**

- ☐ Elective deferrals were distributed to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Elective deferrals were recharacterized
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 19f.

***Specify the correction methods that were used:**

19f. For each of the plan years listed, were corrective distributions for a failed ADP test made within two and one half months after the last day of the plan year in which the failure occurred?

	Yes	No	Not Applicable
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

19g. For each of the plan years listed, were corrective distributions for a failed ADP test made by the twelfth month of the year following the year of the failure?

	Yes	No	Not Applicable
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

20a. Was the Plan subject to the ACP test in any of the plan years (2006, 2007, 2008)?

☐ Yes ☐ No

If "Yes," proceed to 20b. Otherwise, skip to Question 21a.

20b. Provide the average contribution percentage to the nearest hundredth of a percentage point for the highly and nonhighly compensated employees for the years shown in the table below. If the Plan was not subject to the ACP test in one or more of the years listed, insert "NA" for those years:

	2006	2007	2008
* Highly compensated employee average contribution percentage			
* Nonhighly compensated employee average contribution percentage			

***20c. Did the ACP test produce a result that required correction in 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," proceed to 20d. Otherwise, skip to Question 21.

***20d. Check the correction method used for the 2006 plan year:**

- ☐ Contributions were returned to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ The Plan did not need to run the ACP test
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 20e.

***Specify the correction methods that were used:**

***20e. Check the correction method used for the 2007 plan year:**

- ☐ Contributions were returned to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ The Plan did not need to run the ACP test
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 20f.

***Specify the correction methods that were used:**

***20f. Check the correction method used for the 2008 plan year:**

- ☐ Contributions were returned to highly compensated employees
- ☐ Qualified nonelective contributions were made
- ☐ Qualified matching contributions were made
- ☐ Used more than one correction method
- ☐ No correction was necessary in this year
- ☐ The Plan did not need to run the ACP test
- ☐ Other (specify):

If "Used more than one correction method," complete the follow-up question. Otherwise, skip to Question 20g.

***Specify the correction methods that were used:**

20g. For each of the plan years listed, were corrective distributions for a failed ACP test made within two and one half months after the last day of the plan year in which the failure occurred?

	Yes	No	Not Applicable
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

20h. For each of the plan years listed, were corrective distributions for a failed ACP test made by the twelfth month of the year following the year of the failure?

	Yes	No	Not Applicable
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

***21a. Did the Plan sponsor use the current year testing method or the prior year testing method for the ADP test in 2008?**

☐ Current year testing method

☐ Prior year testing method

☐ Not subject to ADP test

***21b. Did the Plan sponsor use the current year testing method or the prior year testing method for the ACP test in 2008?**

☐ Current year testing method

☐ Prior year testing method

☐ Not subject to ACP test

***22a. Is the Plan a SIMPLE 401(k) plan?**

☐ Yes ☐ No

If "Yes," proceed to 22b. Otherwise, skip to Question 23a.

***22b. Did you employ 100 or fewer employees who make at least $5,000 per year in 2008?**

☐ Yes ☐ No

22c. The maximum elective deferral for any participant in a SIMPLE 401(k) plan was limited to $10,000 for 2006; $10,500 for 2007 and $10,500 for 2008 (excluding catch-up contributions). For any of these years, was an amount in excess of this limit allocated to any participant?

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐

***22d. Which of the following employer contributions was made to the Plan? Select only one:**

☐ A matching contribution equal to the employee's elective deferrals that do not exceed 3% of compensation

☐ A nonelective contribution for all participants equal to 2% of each participant's compensation for the year

***23a. Has the Plan ever been a safe harbor 401(k) plan?**

☐ Yes ☐ No

If "Yes," proceed to 23b. Otherwise, skip to Question 24.

***23b. Was the Plan a safe harbor 401(k) plan in 2008?**

☐ Yes ☐ No

If "Yes," proceed to 23c. Otherwise, skip to Question 24.

***23c. When did the Plan become a safe harbor 401(k) plan? (enter year yyyy)**

***23d. What type of contribution formula does the safe harbor use?**

- ☐ Basic matching contribution
- ☐ Enhanced matching contribution
- ☐ Safe harbor nonelective contribution

***23e. How is the safe harbor notice distributed to participants? Check all that apply:**

- ☐ E-mail
- ☐ Regular mail
- ☐ Distributed individually at work
- ☐ Posted in workplace
- ☐ Posted on website
- ☐ Other (specify): _____

Section V: Distribution and Plan Loans

***24. What distribution options are available for participants to receive their benefits under the Plan? Select all that apply:**

- ☐ Lump sum
- ☐ Qualified joint and survivor annuity
- ☐ Purchase of life annuity
- ☐ Installment payments
- ☐ Direct rollover
- ☐ Other (specify): _____

***25a. Does the Plan permit participants to take loans?**

☐ Yes ☐ No

If "Yes," proceed to 25b. Otherwise, skip to Question 28a.

***25b. Are loans available to all plan participants?**

☐ Yes ☐ No

If "No," complete the follow-up question. Otherwise, skip to Question 25c.

***Specify who may not borrow from the Plan**:

***25c. Does the Plan allow participants to use a debit card to take loans from their account?**

☐ Yes ☐ No

***25d. Are loans to participants required to be repaid using payroll deductions during current employment?**

☐ Yes ☐ No

25e. Complete with the dollar amount of the largest outstanding participant loan balance, the largest participant loan made by the Plan during the year, and the participant's account balance for each year. If multiple loans were made or outstanding for the same dollar amount in the same period, enter the smallest account balance associated with the loan. For example, if two participants each borrowed $50,000, the smaller of their account balances should be listed in the response. If the answer is zero, insert "0":

	2006	2007	2008
* Largest outstanding loan balance at any time during the year			
* Account balance of the participant with the largest outstanding loan balance			
* Largest loan made during the year			
* Account balance of the participant with largest loan made during the year			

25f. For each year, indicate the number of participants who originated loans for the dollar amounts shown in the table. If the answer is zero, insert "0":

	2006	2007	2008
* Less than $10,000			
* $10,000 or more, but less than $20,000			
* $20,000 or more, but less than $30,000			
* $30,000 or more, but less than $40,000			
* $40,000 or more, but less than $50,000			
* $50,000			
* More than $50,000			

***25g. What is the maximum period of time permitted for a participant to repay a primary residence loan?**

- ☐ 1 year
- ☐ 5 years
- ☐ 15 years
- ☐ 30 years
- ☐ No limit
- ☐ Other limit (specify): _____

***25h. What is the maximum period of time permitted for a participant to repay any other loan?**

- ☐ 1 year
- ☐ 5 years
- ☐ Other limit (specify): _____

***25i. How frequently is a participant required to make a payment to pay off the loan? Select the best answer:**

- ☐ Every pay period
- ☐ Monthly
- ☐ Quarterly
- ☐ Other (specify): _____

***25j. If a participant terminates employment with the Plan sponsor, how are any outstanding participant loans handled? Select the best answer:**

- ☐ Participant must repay immediately, or loan is treated as a cash distribution
- ☐ Participant is allowed to continue making loan payments

***25k. How is the interest rate charged on participant loans determined? Select only one:**

- ☐ Prime interest rate
- ☐ Prime interest rate plus 1 %
- ☐ Prime interest rate plus 2 %
- ☐ Prime interest rate plus 3 %
- ☐ Local bank rate
- ☐ Other (specify): ☐

26. List the number of outstanding loans, loans in default and participants to whom loans were made in each of the following years. If the answer is zero, insert "0":

	2006	2007	2008
* Number of outstanding participant loans at year end			
* Number of defaulted participant loans			
* Number of participants to whom loans were made			

27. When a loan goes into default, is a Form 1099-R issued to the participant to reflect the amount of the default?

☐ Yes ☐ No

***28a. Does the Plan allow hardship distributions?**

☐ Yes ☐ No

If “Yes,” proceed to 28b. Otherwise, skip to Question 29.

***28b. What categories of hardship distributions does the Plan permit? Select all that apply:**

- ☐ Medical expenses
- ☐ Purchase of principal residence
- ☐ Educational expenses
- ☐ Prevention of eviction or foreclosure
- ☐ Funeral and burial expenses
- ☐ Repairs to principal residence
- ☐ Other (specify): _____

***28c. Are hardship distributions available to all participants?**

☐ Yes ☐ No

If "No," complete the follow-up question. Otherwise, skip to Question 28d.

***Specify who may not take hardship distributions:**

_____

28d. If hardship distributions were made to participants from the Plan, indicate the number of such distributions for each of the years listed below. If the answer is zero, insert "0":

*2006	
*2007	
*2008	

***28e. Is a participant required to obtain the maximum amount of participant loans available from the Plan before he/she may apply for a hardship distribution?**

☐ Yes ☐ No

***28f. For how many months after taking a hardship distribution is a participant prohibited from making elective deferrals to the Plan and all other plans of the employer? If no restriction, enter "0" for the number of months:**

***29. Does the Plan permit in-service distributions other than for hardship?**

☐ Yes ☐ No

***30a. Does the Plan provide for involuntary cash-outs?**

☐ Yes ☐ No

If "Yes," proceed to 30b. Otherwise, skip to Question 31a.

***30b. What is the maximum dollar amount (excluding rollovers) at which a terminated/retired participant's account will be involuntarily cashed-out?**

☐ $1,000

☐ $1,750

☐ $3,500

☐ $5,000

☐ Other (specify): $

31a. For any of the following calendar years, did the Plan need to make a corrective distribution because a participant exceeded the §402(g) limit (not taking into account catch-up contributions under Internal Revenue Code §414(v))?

	Yes	No
*2006	☐	☐
*2007	☐	☐
*2008	☐	☐

***31b. Does the Plan have procedures in place to ensure that elective deferrals are limited to the §402(g) amount for the calendar year?**

☐ Yes ☐ No

31c. For each of the following calendar years, were §402(g) corrective distributions made to the participant(s) by April 15th?

	Yes	No	Correction not needed
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

32. Under Internal Revenue Code §415, a participant cannot receive annual additions in excess of $44,000 in 2006, $45,000 in 2007 and $46,000 in 2008. When taking into account all of your defined contribution plans, did any participant have total contributions in excess of these amounts?

	Yes	Yes, but corrected	No
*2006	☐	☐	☐
*2007	☐	☐	☐
*2008	☐	☐	☐

***33. When a participant receives a distribution from the Plan, does the participant receive a Form 1099-R for the year of distribution?**

☐ Yes ☐ No

Section VI: Other Plan Operations

***34. In your opinion, did recent financial conditions result in any of the following? Check all that apply:**

- ☐ Increased number of loans
- ☐ Increased number of hardship distributions
- ☐ Reduced or suspended employer matching or nonelective contributions
- ☐ Reduced or suspended elective deferrals
- ☐ Reduced participation in the Plan
- ☐ A Plan investment has become more difficult to sell on an open market
- ☐ Partial termination of the Plan
- ☐ Termination of the Plan
- ☐ Other effect
- ☐ No effect

***35a. Since 2006, has the Plan experienced any losses due to fraud or theft?**

☐ Yes ☐ No

If "Yes," proceed to 35b. Otherwise, skip to Question 36a.

35b. Indicate how many participants had account losses due to the fraud or theft for each plan year shown below. If the answer is zero, insert "0":

*2006	
*2007	
*2008	

***36a. Was any money invested in employer stock in 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," proceed to 36b. Otherwise, skip to Question 37.

36b. Indicate the total fair market value of employer stock held by the Plan for each of the plan years listed below. If the answer is zero, insert "0":

***2006**	
***2007**	
***2008**	

***36c. Has a diversification notice been provided to employees?**

☐ Yes ☐ No

***36d. How often is a participant allowed to sell employer stock from elective deferral accounts?**

☐ Quarterly
☐ Monthly
☐ Weekly
☐ Daily
☐ Other (specify):

***36e. How often is a participant allowed to sell employer stock from employee after-tax contribution accounts?**

☐ Quarterly
☐ Monthly
☐ Weekly
☐ Daily
☐ Other (specify):

***36f. After what period of service are participants permitted to sell employer stock from nonelective contribution accounts?**

- ☐ May diversify immediately
- ☐ 3 months
- ☐ 6 months
- ☐ 1 year
- ☐ 1 1/2 year
- ☐ 2 years
- ☐ 3 years
- ☐ Other (specify):

***36g. After what period of service are participants permitted to sell employer stock from matching contribution accounts?**

- ☐ May diversify immediately
- ☐ 3 months
- ☐ 6 months
- ☐ 1 year
- ☐ 1 1/2 year
- ☐ 2 years
- ☐ 3 years
- ☐ Other (specify):

***37. Were any of the Plan's assets held in direct foreign investments (regardless of size of the investment and whether filing of Form TD F 90-22.1, *Report of Foreign Bank and Financial Accounts* was required) in 2006, 2007 or 2008?**

☐ Yes ☐ No

***38. Has the Plan earned unrelated business income in 2006, 2007 or 2008?**

☐ Yes ☐ No

***39. Has the Plan ever filed Form 990-T, *Exempt Organization Business Income Tax Return*?**

☐ Yes ☐ No ☐ Cannot determine

***40. Did any participant receive an in-kind distribution in any of the following years: 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," complete the follow-up question. Otherwise, skip to Question 41.

***Specify all in-kind distributions:**

***41. Were any amounts rolled over into this Plan used to purchase employer stock or a franchise in 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," complete the follow-up question. Otherwise, skip to Question 42.

***Specify transaction:**

***42. Were discounts taken on any distributions from the Plan for lack of marketability or minority interest in 2006, 2007 or 2008?**

☐ Yes ☐ No

If "Yes," complete the follow-up question. Otherwise, skip to Question 43a.

***Specify transaction:**

Section VII: Automatic Contribution Arrangement

***43a. Does the Plan include an automatic contribution arrangement?**

☐ Yes ☐ No

If "Yes," proceed to 43b. Otherwise, skip to Question 51.

***43b. Is the automatic contribution arrangement any of the following? Select only one:**

- ☐ Qualified automatic contribution arrangement (QACA)
- ☐ Eligible automatic contribution arrangement (EACA)
- ☐ An automatic contribution arrangement that is both a QACA and an EACA
- ☐ An automatic contribution arrangement that is neither a QACA nor an EACA

***44. When did the Plan start using the automatic contribution arrangement? Enter year provisions effective:**

***45a. What is the starting default deferral rate? Enter percentage below:**

***45b. Does the default deferral rate increase over time?**

☐ Yes ☐ No

If "Yes," proceed to 45c. Otherwise, skip to Question 46.

***45c. What is the maximum default deferral rate? Enter percentage below:**

46. Indicate in the table below the number of participants subject to the automatic contribution arrangement who met any criterion for any year listed. If the answer is zero, insert "0":

	2006	2007	2008
* Affirmatively elected not to make elective deferrals			
* Did nothing (stayed at the default deferral rate)			
* Affirmatively elected a lesser elective deferral amount than the default deferral rate			
* Affirmatively elected a greater elective deferral amount than the default deferral rate			

***47. How often are participants given the opportunity to change their deferral election to a rate other than the default deferral rate under the automatic contribution arrangement?**

- ☐ At any time
- ☐ Every pay period
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (specify):

***48. When the automatic contribution arrangement was adopted, to whom did it apply? Check the one best answer:**

- ☐ All employees who were participants on the effective date of the automatic contribution arrangement
- ☐ Only employees who become participants after the automatic contribution arrangement was effective
- ☐ Only highly compensated employees
- ☐ Only nonhighly compensated employees
- ☐ Only participants with no affirmative deferral election in place
- ☐ Other (specify): _____

***49a. Is a timely notice of each employee's rights and obligations under the Plan provided to each participant?**

☐ Yes ☐ No

If "Yes," proceed to 49b. Otherwise, skip to Question 50a.

***49b. How is the automatic contribution arrangement notice provided to participants? Check all that apply:**

- ☐ E-mail
- ☐ Regular mail
- ☐ Distributed individually at work
- ☐ Posted in the workplace
- ☐ Posted on website
- ☐ Other (specify): _____

***49c. If the Plan provides two or more investment options, does the notice explain the manner in which elective deferrals will be invested in the absence of any investment election?**

☐ Yes ☐ No ☐ N/A

***49d. Is the participant provided an opportunity to make an election to change the elective deferral rate after receiving the notice?**

☐ Yes ☐ No

***50a. Did you use the sample notice provided by the Internal Revenue Service on its website for automatic contribution arrangements?**

☐ Yes ☐ No

50b. Use the space below to describe any suggested modifications to the sample notice:

Section VIII: Designated Roth Features

***51. Does the Plan permit designated Roth contributions?**

☐ Yes ☐ No

If "Yes," skip to Question 53. Otherwise, proceed to Question 52.

***52. If the Plan does not permit designated Roth contributions, select all of the reasons the feature has not been added:**

- ☐ Participants are not interested
- ☐ Administrative burden
- ☐ Rules are too complicated
- ☐ Too expensive
- ☐ Option is not available through current service provider
- ☐ Other (specify):

Go to Question 56a.

***53. When did the Plan provide for designated Roth contributions (plan year provisions were first effective)?**

	2006	2007	2008
* Total number of participants who made designated Roth contributions			
* Total number of highly compensated employees who made designated Roth contributions			
* Total number of nonhighly compensated employees who made designated Roth contributions			
* Total dollar amount of designated Roth contributions			

54. Complete the following table. If the answer is zero, insert "0":

***55. Has the Plan initiated an eligible rollover distribution from a designated Roth account?**

☐ Yes ☐ No

Section IX: Internal Revenue Service Voluntary Compliance Programs

This section asks questions about awareness and use of IRS correction programs. We are interested in any comments related to improvement of these programs.

***56a. Is the Plan sponsor aware of the Employee Plans Compliance Resolution System (EPCRS) comprised of the Self-Correction Program, Voluntary Correction Program and Audit CAP?**

☐ Yes ☐ No

If “Yes,” proceed to 56b. If “No,” skip to Question 59a.

***56b. Has the Plan sponsor ever used the Employee Plans Compliance Resolution System?**

☐ Yes ☐ No

If “Yes,” proceed to 56c. If “No,” skip to Question 59a.

***56c. Which Employee Plans Compliance Resolution System program did the Plan sponsor use? Check all that apply:**

- ☐ Self-Correction Program
- ☐ Voluntary Correction Program
- ☐ Audit CAP

***56d. Did the Plan sponsor use one of the correction methods listed in Appendix A or B of the EPCRS Revenue Procedure?**

☐ Yes ☐ No

***56e. Did the Plan sponsor find the Employee Plans Compliance Resolution System helpful?**

☐ Yes ☐ No ☐ No opinion

57. Are there any corrections that you think should be added to the EPCRS Revenue Procedure in order to improve the program?

58. How can EPCRS be changed to make it easier to use?

***59a. Are you aware of the 401(k) Fix-It Guide on the Employee Plans web page (www.irs.gov/ep)?**

☐ Yes ☐ No

If "Yes," proceed to 59b. Otherwise, skip to Question 60.

***59b. Have you used the 401(k) Fix-It Guide?**

☐ Yes ☐ No

If "Yes," proceed to 59c. Otherwise, skip to Question 60.

***59c. Did you find the 401(k) Fix-It Guide useful?**

☐ Yes ☐ No ☐ No opinion

59d. How can the 401(k) Fix-It Guide be improved to be more helpful?

60. What specific 401(k) issues should the Internal Revenue Service address in future guidance?

Section X: Plan Administration

***61a. Does the Plan sponsor have policies and procedures that it uses to review the Plan's operation to determine that the Plan is operated in accordance with its terms?**

☐ Yes ☐ No

If "Yes," proceed to 61b. Otherwise, skip to Question 62.

***61b. How often does the Plan sponsor review Plan policies and procedures?**

☐ Once a year

☐ Once every two years

☐ Other (specify in years): _____

***62. Who is primarily responsible for Plan administration? Select only one:**

☐ Company financial staff

☐ Company human resources staff

☐ Company legal staff

☐ External accountant

☐ External legal

☐ Insurance company

☐ Third-party administrator

☐ Actuary

☐ Other external provider

☐ Other internal staff

***63. Who has the authority to amend the Plan? Select only one:**

☐ Board of directors

☐ Plan trustees

☐ Company officer

☐ Other (specify title): _____

***64. Who ensures that the Plan is timely amended? Select the one best answer:**

- ☐ Internal legal
- ☐ Internal administrator
- ☐ Third-party administrator
- ☐ Insurance company
- ☐ External legal
- ☐ Other (specify title): _____

***65. How many changes in administrators have there been in the last 3 years?**

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more

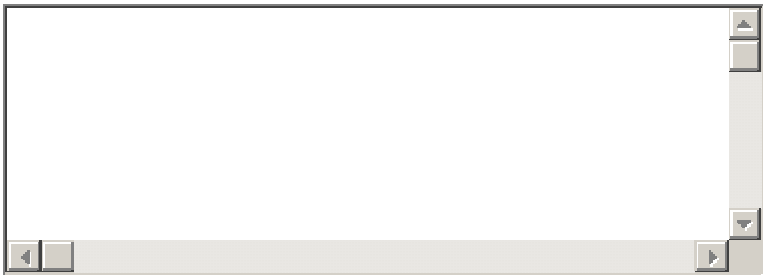
***66. Have you ever utilized any of the following IRS resources to gather information about 401(k) plans? Check all that apply:**

- ☐ Internal Revenue Service toll-free number
- ☐ Web site www.irs.gov/EP
- ☐ 401(k) Fix-It Guide
- ☐ Phone call to local Internal Revenue Service agent
- ☐ Other (specify): _____

***67. Who prepares Form 5500 for the Plan? Select the one best answer:**

- ☐ Company financial staff
- ☐ Company human resources staff
- ☐ External accountant
- ☐ Third-party administrator
- ☐ Other (specify title): _____

68. What difficulties does the Plan face when complying with the requirements of Internal Revenue Code §401(k) or §401(m)?



***69. Who completed this questionnaire? Check all that apply:**

- ☐ Company financial staff
- ☐ Company human resources staff
- ☐ Company legal staff
- ☐ External accountant
- ☐ External legal
- ☐ Insurance company
- ☐ Third-party administrator
- ☐ Actuary
- ☐ Other external provider
- ☐ Other internal staff

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