## Year-End Questionnaire Reference Guide

Please note: This form is for reference only. Use it to gather the information needed for your Year-End Questionnaire. Do not submit this document—your responses must be entered directly in your online portal.

Section 1 - Employer and Plan
<b>Business Changes:</b> Did your company have any major business changes this year (such as a merger, acquisition, sale, spin-off, EIN change or name change)?
☐ Yes ☐ No
If yes, please describe what changed and when:
Owner Family Interests: Do any owners or their family members have ownership in other businesses?
If yes, please list those businesses in Step 5 – Businesses and include each company's ownership percentage, whether it has other employees, and whether it offers a retirement plan.
☐ Yes ☐ No
<b>Related Companies or Affiliates:</b> Is your company connected to any other businesses through shared ownership or operations that have not been not been reported on the 'Businesses' tab as part of this submission.
☐ Yes ☐ No
Other Retirement Plans: Does your company sponsor any other retirement plans (either managed in-house or with another provider)?
☐ Yes ☐ No
<b>Plan Changes:</b> Were there any changes to the plan this year? For example, adding or removing a trustee, adopting an amendment, or making other updates not prepared or previously reported to our team.
If the change involved an amendment not prepared by our team, please upload a copy of the executed amendment using the Documents option on the Approval tab of this submission.
☐ Yes ☐ No
If yes, please describe:
<b>Excluded Employees:</b> Were any employees excluded from participating in the plan because of their job type (such as union members, students, part-time workers, or independent contractors)?
Note: Any employees excluded from the plan should be listed on the census provided to our team, with their exclusion classified under the job classification column.
☐ Yes ☐ No
If yes, please describe:

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## Section 1 - Employer and Plan (continued) Union Employees: Did your company employ any union employees at any point during the plan year? ☐ Yes ☐ No If yes, identify these individuals in the Union Employee column of the census file provided to our team. Union Status Transfer: Did you have any employees that shifted between union and non-union throughout the year? ☐ Yes ☐ No Please note that our team will require additional information regarding these employees and will reach out separately. Military Employees: Did any employee get called to active-duty military service during the plan year? ☐ Yes ☐ No If yes, identify these individuals in the Military column of the census file provided to our team. Outside Assets: Did the plan hold any investments outside of a daily valuation recordkeeper (such as brokerage accounts, real estate, insurance, or limited partnerships)? ☐ Yes ☐ No **Section 2 - Company Contributions & Calculations** Tax Filing: When does your company plan to file its tax return? If you are filing an extension, indicate the extended filing date: Self-Employed Income Calculation (if applicable): If your company is a Sole Proprietorship, Partnership, or LLC taxed as a partnership, would you like DWC to calculate your self-employed income for plan purposes? ☐ Yes ☐ No If yes, upload a copy of your K-1 or Schedule C in the Documents section of the Approval tab of this submission. A draft version is acceptable if your accountant has not yet finalized the tax return at the time you complete this questionnaire. If no, the compensation amount reported to DWC on the census will be assumed to be the earned income used for testing and contribution calculation purposes. Safe Harbor Contributions: If your plan has safe harbor nonelective or safe harbor match provisions, were these amounts deposited each pay period (pre-funded)? ☐ Yes ☐ No If yes, include those contributions by participant on your census file. Employer Nonelective Contribution (Profit Sharing): Would you like our team to calculate a discretionary nonelective employer contribution (also known as a profit-sharing contribution) for this plan year? ☐ Yes ☐ No

please include details such as: total budget, allocation method, targeted employees, excluded employees, and/or owner maximization.

If yes, you may request up to three different contribution scenarios for comparison. For each scenario you'd like modeled,

contributions according to your instructions, adjustments may be necessary to satisfy IRS testing requirements.

Important: Some allocation scenarios may require additional compliance testing. While DWC will make every effort to allocate

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Contribution Scenario Request #1 (Example: "5% of eligible compensation to all employees")
Contribution Scenario Request #2 (Example:"\$100,000 total budget allocated to maximize owner contributions (including safe harbor match in total budget)")
Contribution Scenario Request #3 (Example: "Maximize owners in the most cost-effective way possible")
<b>Discretionary Match (Pre-Funded):</b> Did you make any discretionary match contributions this year (in addition to, or outside of any required, safe harbor matching contributions)?
☐ Yes ☐ No
If yes, provide the matching formula used and include the contribution amounts by participant on your census file.
<b>Discretionary Match (Calculation Request):</b> Would you like DWC to calculate a discretionary match contribution? This would be in addition to any safe harbor match, if applicable.
☐ Yes ☐ No
If yes, provide your preferred formula — for example, "50% of deferrals up to 6% of pay" or "100% of deferrals up to 3% of pay."
Section 3 - 5500 Questionnaire  5500 Signor: If your plan is required to file a Form 5500, who will be the authorized company representative to sign the filing? Please provide the individual's full name and e-mail address.
Full Name:
Email Address:
Fidelity Bond Amount: What is the current coverage amount of the plan's fidelity bond?
The required minimum fidelity bond coverage is 10% of plan assets at the start of the plan year, up to a maximum of \$500,000. Exclusions: Owner-only plans and adopters of Pooled Employer Plans (PEPs) are not required to maintain a fidelity bond. If this applies to your plan, please enter \$0.
<b>Fidelity Bond – 'Inflation Guard':</b> Did the plan's fidelity bond policy for the plan year include an "inflation guard" provision that automatically increases coverage as plan assets grow?
☐ Yes ☐ No
<b>Timing of Employee Contributions:</b> Did the employer fail to transmit to the plan any participant contributions (salary deferrals or loan payments) timely during the plan year?
☐ Yes ☐ No
The Department of Labor (DOL) outlines that for plans with fewer than 100 eligible participants, contributions made within 7 business days are considered timely. For larger plans (100+ participants), deposits must be made as quickly as the fastest deposit made during the year, generally within 3 business days.
☐ Yes ☐ No
If yes, have you already self-corrected these late deposits for the plan year, or engaged our team to assist you in correcting late deposits?

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market nor set by an independent third party appraiser? For example, but not limited to, real estate, gold coins, partnerships, privately held stock, etc.
☐ Yes ☐ No
<b>Non-Cash Contributions:</b> Did the plan receive any noncash contributions whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
☐ Yes ☐ No
<b>Transactions with Plan or Fiduciaries:</b> Were there any transactions, such as a sale of assets, purchase of assets or loan between the Plan and a fiduciary of the Plan or Employer?
☐ Yes ☐ No
<b>Fiduciary Financial Interests:</b> Has any fiduciary of the Plan had a financial interest in excess of 10% in any service-providers to the Plan, or received compensation or value from any such party?
☐ Yes ☐ No
<b>Losses Due to Fraud or Dishonesty:</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
☐ Yes ☐ No
<b>Defaulted Loans or Investments:</b> Did the Plan have any loans, other than participant loans, or fixed income obligations that were in default as of the end of the plan year or classified as uncollectible during the year?
☐ Yes ☐ No
<b>Lease Defaults:</b> Did the Plan default on any leases to which it was a party, or were any leases classified as uncollectible during the year?
☐ Yes ☐ No
<b>Large Concentrations of Assets:</b> At any point during the plan year, did the Plan hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?
☐ Yes ☐ No

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