

Form 4564 (Rev. September 2006)	Department of the Treasury -- Internal Revenue Service Information Document Request	Request Number 1a
To: (Name of Taxpayer and Company Division or Branch)		Subject 7) Plan &
..... listed documents to the requestor identified below		Dates of Previous Requests (mm/dd/yy) N/A

Description of documents requested

Please mail the following documents to the address listed below no later than April 05, 2019:

Each of the items listed below is important in the audit process. Please provide copies of the requested documents, **not originals**. Providing this information before the scheduled audit will allow me time to review it and will help make the actual on-site examination as brief as possible.

1. The plan and trust documents in effect for the year under examination, and all amendments that have been made to that document. If you are using a prototype plan, please include both the adoption agreement and the full basic plan document that corresponds with that adoption agreement.

Note: For plan documents, adoption agreements, and amendments to be considered executed, they must have a signature and the date of adoption. Without these the documents will not be considered timely adopted.

2. If you are using a prototype or a volume submitter plan: A copy of the IRS opinion letter or advisory letter issued to the sponsor of the prototype or volume submitter plan.
3. If you are using an individually designed base plan: The most recent IRS determination letter that applies to the year(s) under examination and all special demonstrations submitted with your determination letter application.
4. The summary plan description (SPD) in effect for the year under examination, and summaries of material modifications (SMMs), if any, since the summary plan description was prepared.
5. The summary annual report (SAR) for the 2017 plan year ended December 31, 2017.
6. Form 5500 series returns, *Annual Return/Report of Employee Benefit Plan*, along with all schedules and attachments required to be filed for the plan years 2016 & 2017.
 - a. If applicable, include Form 5500 series returns for all other qualified retirement plan sponsored by the employer for the plan years 2015, 2016, and 2017.
7. A copy of the employee census for plan years 2016 and 2017.* Please ensure that the census includes the following information:
 - all employees employed during the year under examination (including non-participants);
 - all plan participants for the year under examination (including terminated participants);
 - the reason each excluded employee is not eligible to participate; and
 - the date of plan entry for each participant.

Information due by:	April 05, 2019	At next appointment	<input type="checkbox"/>	Mail in	<input checked="" type="checkbox"/>
From:	Name and title of requester	Employee ID number	Date (mm/dd/yy)		
	David E. Jefferies, Revenue Agent	1000247489	03/21/19		
	Office Location	Telephone Number			
	450 Golden Gate Ave., Stop 7401, San Francisco, CA 94102-3477	415-837-6649			

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8. The testing packet (usually prepared by a third-party administrator), for the plan year under audit, showing that your plan is in compliance with various Internal Revenue Code sections (IRC §). The packet usually includes:
 - a. A demonstration outlining how the plan satisfied the minimum coverage requirements of IRC § 410(b).
 - b. A demonstration of how the plan satisfies either a Safe Harbor (Income Tax Regulations § 1.401(a)(4)-2(b)) or the General Test (Income Tax Regulations § 1.401(a)(4)-2(c)).
 - c. The top-heavy ratio calculation, as defined in IRC § 416(g), for the last determination date before the year under examination.
 - d. A demonstration of how the plan satisfies the limits on annual additions under IRC § 415.
9. If you have a stand-alone participant loan policy (not provided with the plan or trust documents), please provide me a copy.
10. If you have a stand-alone investment policy (not provided with the plan or trust documents), please provide me a copy.
11. If your plan's trust has its own Employer Identification Number, please provide the EIN along with the name of the trust.
12. Complete actuarial reports for the year under examination, the prior year and the year subsequent to the examination year.
13. Provide the Adjusted Funding Target Attainment Percentage (AFTAP) certification for the year under examination, the prior year and the year subsequent to the examination year.

Note: Additional information may be required during the course of the audit. If requested information or document presents a problem for you, please contact me to discuss possible alternatives. If requested information or documents are available in electronic form, you can put the information on CD or flash drive and mail it to me. You can also fax information to 855-766-1519. Please make sure my name, David Jefferies, is on the cover letter, as it is a group fax. Thank you.

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1b

To: (Name of Taxpayer and Company Division or Branch)

Subject

Dates of Previous Requests (mm/dd/yy)

N/A

Please return a copy of this form with listed documents to the requestor identified below

Description of documents requested

Please have the following items available during the examination on May 07, 2019:

Please understand that the review will be more efficient if the requested information is complete and well organized. For example, it will be helpful during the audit process if the documents are indexed to correspond to the numbered items below. Also, it is not necessary for you to make copies of every document. If I need copies of items for my file, I will inform you.

1. Form **1040** - Tax return of the plan sponsor & members of a controlled group (include all schedules), for tax year ending 12/31/2016 and 12/31/2017. * a,d,f
*Note: If the plan-related deductions on the employer's income tax return do not equal the contribution amounts shown on the Form 5500 and other plan records, please be prepared to reconcile the amounts. If necessary, be prepared to demonstrate deductions that are included in "cost of goods sold", "compensation of officers", "salaries and wages", "Self-employed SEP, SIMPLE, and qualified plans", or other line items on the return.
2. Forms **5330**, *Return of Excise Taxes Related to Employee Benefit Plans*, filed for the year(s) under examination. *
*Note: If you have not yet filed any required Forms 5330 do not file them during the audit to the Service Center. The forms should be filed with the Internal Revenue Agent performing the audit.
3. Form **990-T**, *Exempt Organization Business Income Tax Return*, filed for the year(s) under examination.
NOTE: This return is only applicable if the plan trust had unrelated business taxable income. *
4. Form **940**, *Employer's Annual Federal Unemployment Tax Return*, filed for calendar year 2017. *
5. Forms **941**, *Employer's Quarterly Federal Tax Return*, filed for calendar year 2017. *
6. Forms **W-2**, *Wage and Tax Statement*, filed for calendar years 2016 and 2017. * a,b,d,f
7. Forms **W-3**, *Transmittal of Income and Tax Statements*, filed for calendar years 2016 and 2017. * a,b,d,f
8. Form(s) **1099-R**, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, (or a transmittal document*) for each distribution from the plan for calendar year 2017. a,f,h
*Only if a 3rd party provider issues the Form 1099-R. The document must include: Name, distribution amount, taxes withheld, and type of distribution.
9. Form **945**, *Annual Return of Withheld Federal Income Tax*, if filed by the employer, for all distributions from the plan for calendar year 2017. a,f,h
10. Form **8955-SSA**, *Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits*, if filed by the plan sponsor and plan administrator, for terminated participant who has a vested balance for plan year 2017. a,f,h

Information due by: May 07, 2019		At next appointment <input checked="" type="checkbox"/>	Mail in <input type="checkbox"/>
From:	Name and title of requester	Employee ID number	Date (mm/dd/yy)
	David E. Jefferies, Revenue Agent	1000247489	03/21/19
	Office Location	450 Golden Gate Ave., Stop 7401, San Francisco, CA 94102-3477	Telephone Number
			415-837-6649

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11. A list of employees related to owners during the year(s) under examination and the prior year*. ^{b,f}
12. A list of related employers, affiliated employers, or controlled group members and a detailed explanation of their relationship to the employer whose plan is under examination. ^{b,f}
13. Personnel files for each of the employees. These files should include evidence of each employee's date of hire, date of birth, date of termination, date of rehire, and beneficiary or other election forms relating to the plan. ^{b,c,d,f}
14. Payroll records for the year(s) under examination and the prior year*. ^{b,c,d,e,g,h}
15. Other records or documents that the employer used to determine eligibility for an employee(s) who was not permitted to participate in a portion of the plan during the year under examination. ^{b,f}
16. If the employer (or related employer) used independent contractors for the plan year under audit, please provide the following information: ^{b,f}
 - A list of all independent contractors used during the 2017 plan year.
 - The duties performed by each independent contractor.
 - Forms 1099 filed for the independent contractors used during the 2017 plan year.
17. If the employer (or related employer) used leased employees for the plan year under audit, please provide the following information: ^{b,f}
 - A list of all leased employees used during the 2017 plan year.
 - The duties performed by each leased employee.
 - The contract between the employer and leasing organization.
 - Proof fees were paid to the leasing organization (such as a bill or statement and front/back copy of canceled checks).
18. Calculation of the maximum deductible limitation for plan contributions if this calculation is not covered in the actuarial reports. ^d
19. Please furnish a demonstration of how the plan benefit formula was calculated for each plan participant. ^{b,f}
20. Please furnish a detailed description of how the plan's actuary determines the accrued benefit, normal retirement benefit, target normal cost and funding target for each plan participant, and those benefit amounts satisfy Code section 415(b). ^{b,f,g}
21. Please furnish a demonstration of how the plan provides meaningful benefits as required by Code section 401(a)(26). ^{b,f}
22. If you provided a lump sum distribution during the plan year under audit, please provide a demonstration on how the distribution met the requirements of Code section 417(e). ^h
23. Distribution reports or other trust records which show all the distributions made during the year under examination and the prior year. ^{c,e,h}
24. Evidence of each distribution that occurred during the year under examination. Examples of such records include cancelled checks, participant statements from the custodian, or third-party confirmations of receipt. The records should clearly show the date and amount of each distribution. ^{c,e,h}
25. If a distribution was made for a Required Minimum Distribution (RMD), please provide the calculations for the RMD. ^{c,e,h}
26. Participant statements, vesting reports, or other records that show the "years of vesting service" and non-forfeitable (vested) account balances of each participant during the year under examination and the prior year. ^{c,e,h}
27. Other records that the employer used to determine the vesting length of service for every participant who was not fully vested, received a distribution, or forfeited part of their account balance during the year under examination. ^{c,e,h}

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28. Records to verify that contributions were timely made to the plan. Examples of such records include cancelled checks, participant statements, or confirmations of receipt by the plan custodian. Such records should include the amount of the contribution and the date of the contribution. ^d
29. If the employer has made one or more of the following elections, please furnish the written election(s) ^j:
- Election of or change to actuarial assumptions.
 - Waiver of Credit Balances.
 - Creation of Prefunding Balance.
 - Election to use Credit Balance for quarterly and/or final contributions.
30. If benefits were restricted as mandated by IRC section 436 for any plan year, please furnish the notices provided to plan participants informing them of the restrictions. ^j
31. If a Range Certification Report was issued, please furnish a copy. ^j
32. If the plan was amended to increase benefits, please provide the AFTAP calculated after the amendment. ^j
33. If shut down payments are made, please provide the AFTAP calculated after the payments. ^j
34. If the plan sponsor is in bankruptcy, please furnish the date of the filing. ^j
35. A list of all in-service distributions made during the previous five plan years. ^e
36. Documents that the employer used to determine employee eligibility for in-service distributions that took place during the year under examination. ^h
37. Written notice of eligibility to receive a distribution for each participant who terminated during the plan year or received a distribution during the plan year. This is the notice that explains the optional forms of benefit, the right to delay distribution until retirement age, and the "402(f) notice" explaining rollover and the tax consequences of the distribution. The notice itself or some other record should indicate the date that the notice was provided to employee. ^h
38. Distribution election form, signed by the participant, authorizing each distribution that occurred during the year under examination. This is the form that the participant would have provided indicating the type of distribution they requested. ^h
39. Spousal consent forms, signed by participant and spouse, to waive the Qualified Joint & Survivor Annuity form of benefit, for distributions during the plan year that were not paid in the form of a Qualified Joint & Survivor Annuity. Only applicable to plans where QJSA is the primary form of benefit. ^h
40. Qualified Domestic Relations Order (QDRO) requests received for QDRO distributions made during the plan year under examination. ^h
41. A detailed Income and Balance Sheet for the trust. ^j
42. Evidence of proper title and fair market valuation of all the plan assets and liabilities held in the trust during the period of January 01, 2017 through December 31, 2017. Examples of such items include brokerage statements, bank statements*, insurance contracts, loan notes, deeds, receipts, or third-party valuations. ⁱ
- a. If plan assets are held by a brokerage firm, bank, savings & loan, credit union or trust company, please provide annual, quarterly, or monthly statements (monthly statements preferred). ⁱ
 - b. If the plan assets include life insurance products, provide the following ⁱ:
 - i. A copy of all insurance policies.
 - ii. A copy of the annual, quarterly, or monthly statement that contains the plan year under audit for all insurance policies.
 - c. If the plan assets include employer / non-employer stock or other employer / non-employer securities, provide the following ⁱ:

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- i. Stock or securities certificate showing that the plan is the owner.
 - ii. A copy of the third-party appraisal of the value of the stock or other securities for the year under audit.
 - iii. If there is no third-party appraisal, provide supporting documents verifying the value assigned to the stock or other securities for the current year.
 - iv. If non-publicly traded securities were sold in the year under audit or subsequent year(s), please provide proof that a written appraisal was made by an unrelated third party within three months prior to the sale (ERISA section 103 & 408(e)).
- d. If the plan assets include non-participant loans, provide the following¹:
- i. Loan documents.
 - ii. Deeds or titles securing the loan.
 - iii. Amortization schedule.
 - iv. Evidence of timely payments.
 - v. If loan is in default, please explain the steps taken to recoup the assets and provide proof.
 - vi. Information regarding the borrower's relationship (if any) to the employer or plan participants.
- e. If the plan assets include real estate, provide the following¹:
- i. Deed of trust or title listing the owner of the real estate as the plan.
 - ii. Sales contract showing the plan purchased the real estate.
 - iii. Fair market valuation report for the year under audit.
 - iv. Rental contracts (if renting the property).
 - v. Proof of sale of any raw goods extracted from the real estate.
 - vi. If the real estate was sold in the year under audit or subsequent year(s), please provide proof that a written appraisal was made by an unrelated third party within three months prior to the sale (ERISA section 103 & 408(e)).

Note: Revenue Agent may need to visit the real estate to verify its existence and use.

- f. If the plan assets include real property, commodities, or other type of assets (i.e. artwork, gold, diamonds, machinery, livestock, etc.), provide the following¹:
- i. Sales contract, showing the plan is the owner of the property.
 - ii. Fair market valuation report for the year under audit.
 - iii. If the property is being rented or used in a business, please provide rental or business agreements.
 - iv. Proof of proper storage.

Note: Revenue Agent may need to view the property to verify its existence and use.

43. For all expenses (such as administrator or broker's fees), provide evidence of the expense (such as an invoice) and proof of payment (such as the front and back copy of a canceled check with a withdrawal slip or account statement).¹
44. Evidence of all the transactions that took place within the trust during the plan year under examination (such as deposit/withdrawal slips with front and back copies of corresponding checks). Transactions which were accrued during the plan year under examination but occurred after the end of the plan year should also be included.¹
45. Evidence of a fidelity bond covering all persons handling trust assets as required by ERISA § 412.¹
46. Trustee reports, administrator reports, ledgers, journals, committee meeting minutes, and certified audit report(s) for the trust.¹
47. For each outstanding participant loan*: Please provide copies of the loan document, spousal consent forms (if applicable), amortization schedule, and evidence of timely payments.¹

*Note: If the repayment period is greater than 5 years, please provide evidence of the participant's purchase of a residence.

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Note: Additional information may be required during the course of the audit. If requested information or document presents a problem for you, please contact me to discuss possible alternatives. If requested information or documents are available in electronic form, you can put the information on CD or flash drive and mail it to me. You can also fax information to 855-765-1519. Thank you.

- ^a To verify the accuracy of related items and as a reference during the examination.
- ^b To determine if the plan satisfies the eligibility and coverage requirements of IRC § 410.
- ^c To determine if the plan is in compliance with the vesting requirements of IRC § 411.
- ^d To verify allocations and determine if the plan satisfies the deductible limits on plan contributions under IRC § 404.
- ^e To demonstrate that the plan is in compliance with the top-heavy requirements of IRC § 416.
- ^f To demonstrate that the plan is in compliance with the nondiscrimination requirements of IRC § 401(a)(4).
- ^g To demonstrate that the plan is in compliance with the limits on annual additions under of IRC § 415.
- ^h To determine if the plan is in compliance with the distribution requirements of IRC §§ 401(a)(9), 401(a)(31), 401(a)(11), & 417.
- ⁱ To determine the trust assets, verify their fair market value, and ensure they are in compliance with the provisions of IRC §§ 72, 401(a)(2), 513, 514, & 4975.
- ^j To demonstrate the plan is in compliance with the minimum funding requirements of IRC §§ 401(a)(29), 430 and 436.
- ^k To demonstrate the plan is in compliance with the cash-out restrictions of IRC § 417(e).