

VastSolutionsGroup.com

Annual Plan Administration Worksheet

Plan Year 2022

January 1, 2022 through December 31, 2022

PLEASE COMPLETE BY MARCH 1, 2023!!

Reply to:

VSadmin@VastSolutionsGroup.com

Your Annual Plan Administration Worksheet needs to be returned to VastSolutionsGroup.com as soon as possible in order to meet required deadlines and to optimize consultation in the future. If we do not receive this form by March 1st along with ALL requested materials, we cannot guarantee any filings (if required) will be completed on time and/or you may be charged an additional administrative fee of as much as \$1,000 or more.

This worksheet is to help us gather information about your retirement plan. Please fill this out leaving no questions unattended - if so, VastSolutionsGroup.com will not be held responsible for any delays or costs associated as a result. Further charges may apply. If you have any questions, please refer to your plan document.

PLAN INFORMATION

Business Name: _____

Plan Name: _____

Business Type: C-Corp S-Corp LLC Sole Prop

Business Entity EIN: _____

Address: _____

Telephone: _____

Plan Adoption Date: _____

Plan EIN if different than Business EIN: _____

Name of Trustee completing form: _____

Trustee's cell phone number: _____

Do you own any other businesses in which you are employed? Yes No

If Yes,

Is the business related? Yes No

Name of Business: _____

Number of Full Time Employees: _____

How many retirement plans has this or any other business sponsored? _____

Did any participants terminate employment during the plan year? Yes No

Has the plan paid out any participants from the plan?

Yes No

If yes, please fill out below

Employee	SSN	Amount paid to participant	Date Paid

Were there any distributions to any participants during the plan year?

Yes No

Did the plan trustee trade on margin in the plan during the plan year?

Yes No

Did the plan use more than one custodial account for plan assets during the plan year?

Yes No

If Yes, Please list below:

Account Name	Account Number	Account balance at end of Plan Year	Notes

Was any purchase of non-publically traded securities/real estate by the plan made without an appraisal by an independent third party?

Yes No

Does the plan hold any **employer** stock or real property?

Yes No

If Yes, Amount: \$ _____

Has the company made any contributions to the plan?

Yes No

If yes, please fill out below

Account Name	Account Number	Amount of Contribution	Date of Contribution

Has the plan had any rollover contributions made to the plan? Yes No
 If yes, please fill out below

Employee	SSN	Amount rolled in to plan	Date of Rollover

Were there any plan loans or fixed income obligations due the plan classified as uncollectable or in default at the end of the Plan Year? Yes No
 If Yes, Amount: \$ _____

Were there any loans or extension of credit by the plan to the employer, any trustee, any of the five most highly compensated employees of the employer, any owner of 10% or more of the employer's stock, or their relatives? Yes No
 If Yes, Amount: \$ _____

Were there any loans with account balances at the end of the year? Yes No
 If yes, please fill out below

Employee	SSN	Account balance at end of Plan Year	Amount of funds distributed

Was the plan a party in any leases resulting in default or an uncollectable status during the Plan Year? Yes No
 If Yes, Amount: \$ _____

Was there any loss caused to the plan due to dishonesty or fraud? Yes No

Was the plan covered by a fidelity bond during the plan year? Yes No

If Yes

Amount of Bond: _____ Expiration of Bond: _____

Was there any sale, exchange of lease of any property between the plan and the employer, any trustee, any of the five most highly compensated employees of the employer, any owner of 10% or more of the employer's stock, or their relatives? Yes No

If Yes, Amount: \$ _____

Has the plan trustee had a financial interest of 10% or more in any party providing services to the plan or received anything of value from such party? Yes No

If Yes, Amount: \$ _____

Has the plan reduced or failed to provide any benefit due under the plan because of insufficient assets? Yes No

If Yes, Amount: \$ _____

Does the plan hold any assets that have a value that is not readily determined on an established market, such as real estate, crypto, limited partnership units, etc.? Yes No

If Yes, were the assets valued by an independent appraiser? Yes No

What is/are the value of the asset(s)?

Asset / Property	Last Valuation Date	Value	Notes

Please note, as of January 1, 2023 there are updated requirements:

- 1) There is a \$500 fee for every plan having investments such as these;
- 2) For each such investment holding there is an additional \$100 fee; and
- 3) Please supply the independent appraisal.

Does the plan hold 20% or more of any assets in a single security, debit, mortgage, parcel of real estate, or partnership/joint venture interest? Yes No

If Yes, Amount: \$ _____

Did any participants die during the plan year? Yes No

GENERAL PLAN ASSET INFORMATION

Enter Asset and Liability information as the END of your Plan Year - which probably is December 31, 2022. Your plan year will be listed in your Summary Plan Description if you are not sure.

	End of Plan Year (12/31/2022)
1) Plan contributions deposited for the 2022 Plan Year (1/1/2022-if extended, 9/15/2023)	_____
2) Outstanding loan balance to plan participants	_____
3) Investments in stocks/bonds (excluding mutual funds.)	_____
4) Investments in mutual funds	_____
5) Investments in real estate	_____
6) Other assets (cash, etc..)	_____
TOTAL	_____
EXPENSES AND DISTRIBUTIONS	
1) Distribution of benefits to participants or beneficiaries	_____
2) Expenses paid from the plan (i.e. fees, commissions, insurance premiums paid from plan assets.) Do not include expenses paid separately by the employer, such as admin service costs.	_____
3) Margin interest expense	_____
4) Other expenses (specify)_____	_____
	TOTAL _____
ASSETS RECEIVED OR RECEIVABLE FROM THE FOLLOWING	
1) Employees (rollovers into the plan)	_____
2) Employers (current year contributions)	_____
3) Earnings from investments (interest and dividend payments)	_____
4) Net realized gain/loss on sale of plan assets	_____
5) Other income (such as unrealized gains/loss, investment positions that have increased or decreased in value, but not sold)	_____
	TOTAL _____

REQUIRED DOCUMENTS

Please include all copies of END OF PLAN YEAR ACCOUNT STATEMENTS for all accounts in the plan (including notes, real estate appraisals, brokerage accounts, etc.) when returning this Annual Worksheet. VastSolutionsGroup.com now is unable to contact your advisors for this information.

EMPLOYER'S SIGNATURE

I have reviewed the information provided in this Annual Worksheet and can verify to the best of my ability that the information provided is true and correct. VastSolutionsGroup.com is authorized to assist in the preparation of necessary forms for the plan and can rely on the accuracy and completeness of this information. VastSolutionsGroup.com is under no obligation to investigate or inquire into the accuracy of the information or into the authority of the person signing this form and I accept responsibility for any mistakes herein. Additionally, should there be any additional costs incurred by VastSolutionsGroup.com due to inaccuracies I will pay an appropriate fee for rectifying the situation.

Authorized Signature: _____ Date: _____

Printed Name: _____

By checking this box I, as the authorized signatory, am acknowledging it is my request for VastSolutionsGroup.com to transmit the data to internal systems for an additional \$500 fee (valid credit card must be one file).

Census

To provide successful consultation and government filings, VastSolutionsGroup.com needs a census (which is information about the employees that make up the company). For each employee, fill out the following information:

Employee Number One

Name (First)	Name (Last)	Gender	Date of birth	Date of hire

Annual compensation	Number of hours worked	Date of separation	Title

Employee Number Two

Name (First)	Name (Last)	Gender	Date of birth	Date of hire

Annual compensation	Number of hours worked	Date of separation	Title

Employee Number Three

Name (First)	Name (Last)	Gender	Date of birth	Date of hire

Annual compensation	Number of hours worked	Date of separation	Title

Plan Sponsor Resources

A 401(k) Resource Guide

<https://vastsolutionsgroup.com/wp-content/uploads/2021/12/401K-Resource-Guide.pdf>

A Defined Benefit Resource Guide

https://vastsolutionsgroup.com/wp-content/uploads/2021/12/A-Detailed-Defined-Benefit-Resource-Guide-2022-web_documents.pdf

Video Resource Center

Responsibilities of Plan Sponsors

<https://vimeo.com/471004810/5c49aa350a>

Plan Maintenance Tips

<https://vimeo.com/470848669/a1d5b2588b>