# Data Transmittal Memorandum Discrimination Testing IRC Sections 125 and 129 Safe Harbor Test

## **Addressees**

| <u>Adaresse</u>                         | <u>e Number i</u>                    |                 |                                       |  |  |
|---|--------------------------------------|-----------------|---------------------------------------|--|--|
| Engager I                               | NameJohn Smith Enterprises           | ID              | P0001                                 |  |  |
| .,                                      | PO Box 987                           |                 | · · · · · · · · · · · · · · · · · · · |  |  |
| * · · · · · · · · · · · · · · · · · · · | Winston-SalemState                   | NC ZIP_         | 27103                                 |  |  |
|   | 888-999-9999Fax                      |                 |                                       |  |  |
|   |                                      | ct <u>Jon</u> S |                                       |  |  |
| Addressee Number 2                      |                                      |                 |                                       |  |  |
| User Nam                                | Self-Fnding Actuarial Services, Inc. | ID_             | E0001                                 |  |  |
| Address                                 | 8025 North Point Suite 207W          |                 |                                       |  |  |
|   |                                      | NC ZIP          | 27106                                 |  |  |
|   | 336-759-3035 FaxSa6                  | -896-0392       |                                       |  |  |
| <del></del>                             | Harker2@earthlink.netContact_        | Carlton         | Harker                                |  |  |
| Addresse                                | ee Number 3                          |                 | ·                                     |  |  |
| Employe                                 | r NameBlack and White Consultants    | ID_             | R0001                                 |  |  |

| Addressee      | 1841 Downtown A                       | venue                                    |  |
|----------------|---------------------------------------|--|--|
| CityCov        |                                       |  | LA _Z)P_57108  |
| Tel            |                                       | Fax888-                                  | 797-1079   |
|                | lack@earthlink.net                    | Contact_                                 | Bill Black   |
| Employe        | er Data                               |  |  |
| Employer mea   | ns the following:                     |  |  |
|                | erService Provid                      | lers, Inc.                               |  |
|                | rolled/Affiliated) E                  |  | IA   |
|                | e e e e e e e e e e e e e e e e e e e |  | · · · · · · · · · · · · · · · · · · ·  |
| Valuatio       |                                       | en e | and a second |
| Valuation Date | 11/01/2011                            | Test Y                                   | 'ear   |
| Plan Dat       | ta                                    |  |  |
| Plan Name      | FSA Plan of Service                   | Providers                                | DOL No. 620  |
| Plan Descripti |                                       |  |  |
|                |                                       |  |  |

# **Test Data**

### **Eligibility Test Data**

|   | <u>Total</u> | <u>Excludible</u> | Non-Excludible |
|---|--------------|-------------------|----------------|
| Employees                               | 20           | 3                 | 17             |
| Employees<br>Eligible to<br>Participate | 15           | 2                 | 13             |

### Benefits per se Test Data

Did the Plan discriminate in favor of the prohibited class with respect to any of the following during the Plan Year?

| Eligibility (probationary periods, e.g.)? | No |  |
|---|----|--|
| Benefits (includes optional benefits)?    | No |  |
| Contributions (Employer of Participant)?  | No |  |
| Tenure or compensation?                   | No |  |

### **Potential for Discrimination**

Were there any instances during the Test Year when the Plan Offered to any employee grouping any benefits or contributions that were different from those that were offered to another employee grouping where the potential of discrimination in favor of the highly compensated was present?

| No | į |  |
|----|---|--|
|    |   |  |

# Benefits and Contributions Test Data (Not Needed for FSA or POP)

Employees who are potentially in the highly compensated group Include the (a) officers, (b) shareholders or (c) employees whose annual compensation exceeds \$110,00

| Employee<br>ID_ | Officer   | Share-<br>Owner<br>Percent | Annual<br>Compensation | Qualified<br>Benefits | Participant<br>Contributions |
|-----------------|-----------|----------------------------|------------------------|-----------------------|------------------------------|
| NA              | NA        | NA                         | NA " .                 | NA                    | NA                           |
| NA              | NA<br>    | NA                         | NA                     | NA                    | NA                           |
| ÑA              | .NA       | NA .                       | NA                     | NA                    | NA                           |
|                 | <u></u> . |                            |                        |                       |                              |
| Total           |           |                            |                        | - NA                  | N A                          |
| Paid Plan       | Qualifie  | ed Benefits                | and Participant        | Contribut             | ions for the                 |
| Plan Peri       | od        | NAto                       | )NA                    | are as fo             | llows:                       |
| Qualified       | Plan Be   | nefits <u>.</u>            | <u>A</u> Participant   | Contributi            | ionsNA                       |