

# Instructions for completing data spreadsheet (NDT Data List) For Control Group Employers

If you have multiple 403(b) plan documents, data should reflect **all** 403(b) plans.

Data should be password protected. After the file is sent, please follow with a phone call indicating the password. Files should be emailed to [GSCompliance@GuideStone.org](mailto:GSCompliance@GuideStone.org). Please call the Nondiscrimination Testing Information line (214) 720-4730 with the password.

## **Employees Included in the Data**

Nonexcludable employees of all employers in the Control Group are generally the only employees included in the data. With certain exceptions, non-excludable employees are all employees in the Control Group who met all requirements for participation specifically stated in your retirement plan so you will want to review the eligibility requirement section in your Plan. If your Plan states that employees who normally work less than 20 hours a week, or union employees, or non-resident aliens, or student employees are not eligible to participate, **do not** include these employees in your data. In addition, if your Plan provides that employees must meet certain service and/or age requirements, **do not** include employees who have not satisfied those requirements as of the end of the 2024 Plan Year. Also, **do not** include employees who satisfied the age and service requirements by the end of the 2024 Plan Year, but did not satisfy the **entry date** requirements (such as the month following the month in which such requirements are satisfied).

If your Plan excludes any categories of employees other than those identified in the preceding paragraph (such as probationary employees, PRN employees, Flex employees, etc.), these employees are ineligible but are not excludable for test purposes. **Do** include these "non-excludable ineligible" employees.

## **Organizational Information:**

1. (A) Plan number or Adoption Agreement number of employer being tested.
2. (B) Place a "4" in this field.
3. (C) Identification Code of employer for whom data applies (from General Information Questionnaire). (A, B, C, D, etc.)

## **Employee Identification Information: (for diskette, format as a "label")**

4. (D) Employee Social Security number.
5. (E) Employee birth date. (MM/DD/YY)
6. (F) Employee was employed during the Current Plan Year by another employer included in the Control Group. (Y, N -- If employee is in data more than once, each record should be answered "Y.")

## **Highly Compensated Employee:**

7. (G) Employee is classified as an HCE based on the Worksheet for Determining HCEs Under the Statutory HCE Definition Control Group rules (Form 2B) (Y, N).
8. (H) Employee received a Minister's Housing Allowance (Y,N).

- 9. (I) Place an "N" in this field.
- 10. (J) Place an "N" in this field.
- 11. (K) Place an "N" in this field.
- 12. (L) Place an "N" in this field.

**Employee Compensation Information:**

- 13. (M) Employee compensation from your organization for the Current Plan Year. Use "Compensation" defined as Standard Compensation (**DO NOT** include any salary reduction contributions to your 403(b) retirement pPlan, 132(f) qualified transportation fringe benefits, Section 125 or Cafeteria Plan or 457(b) plans). **DO** include any Roth elective deferrals.
- 14. (N) Employee compensation from your organization for the Current Plan Year only for the period the employee was eligible to participate in the retirement plan. Use "Compensation" defined as Standard Compensation and include only Standard Compensation (**DO NOT** include any salary reduction contributions to your 403(b) retirement plan, 132(f) qualified transportation fringe benefits, Section 125 or Cafeteria Plan or 457(b) plans). This compensation is the same as column 13 but only for the eligibility period during the year. **DO** include any Roth elective deferrals.
- 15. (O) Same as Item 13.
- 16. (P) Same as Item 14.
- 17. (Q) Employee compensation from your organization for the Current Plan Year. Use "Compensation" defined as Contributions Compensation, regardless of whether the employee was eligible to participate in the retirement plan during the entire Plan Year. (Answer will be greater than "0.")
- 18. (R) Employee compensation from your organization for the Current Plan Year. Use "Compensation" defined as Contributions Compensation and include only Contributions Compensation for the period the employee was eligible to participate in the retirement plan. (May be "0" if employees is in a "nonexcludable ineligible" category.)

**Contributions: (If any contribution field is greater than "0" then the corresponding eligibility field must be "Y.")**

- 19. (S) Employee Salary Reduction Contributions made to your 403(b) retirement plan for the Current Plan Year. **Do NOT** include any Roth elective deferrals.
- 20. (T) Employee Salary Reduction Contributions made for the Current Plan Year to ALL plans of your organization, except such contributions to your 403(b) retirement plan. Other plans include: 132(f) qualified transportation fringe benefits, Section 125 or Cafeteria Plan and 457(b) plans. Also include salary reduction contributions to 401(k) plans only if the 401(k) plan is sponsored by your tax-exempt organization. See Item 35 if your 401(k) plan is sponsored by a taxable organization in the Control Group. **Do NOT** include any Roth elective deferrals.
- 21. (U) Employee Tax Paid Contributions made to ALL 403(b) retirement plans for the Current Plan Year. These are **NOT** Roth elective deferral contributions.

22. (V) Employer Matching Contributions made to ALL 403(b) retirement plans for the Current Plan Year. (If this field is greater than "0," Item 19 and/or 21 must be greater than "0" & Item 31 "Y.")
23. (W) Employer Non-Matching Contributions made to ALL 403(b)/401(k) retirement plans for the Current Plan Year.
24. (X) Place a 1 in this field.
25. (Y) Place a 1 in this field.
26. (Z) Total Employer Matching Contributions made to all 401 (k) retirement plans (this does not include 457(b) plans) of your organization for the Current Plan Year. **Do not include 403(b) retirement plan contributions.**
27. (AA) Place a "0" in this field.
28. (AB) Place a "0" in this field.
29. (AC) Total Employee Tax Paid Contributions made to all 401(k) retirement plans of your organization for the Current Plan Year. **Do not include 403 (b) retirement plan contributions.**

**Eligibility or Exclusion Status:**

30. (AD) Employee was eligible under the plan to make an Employee Tax Paid Contribution to the 403(b)/401(k) retirement plan. (Y, N)
31. (AE) Employee was eligible under the plan to make a contribution that the Employer matches based on 403(b)/401(k) retirement plan provisions. (Y, N)
32. (AF) Employee was entitled and received the Employer Non-Matching Contribution under 403(b)/401(k) retirement plan provisions. (Y, N)
33. (AG) Place an "N" in this field.
34. (AH) All employee elective deferrals to a Section 125, Cafeteria Plan or 132(f) qualified transportation fringe benefits maintained by any employer in the Control Group.
35. (AI) Employee Salary Reduction Contributions to a 401(k) plan maintained by a taxable organization in the Control Group.
36. (AJ) All employee elective deferrals to a 457(b) plan maintained by any employer in the Control Group.
37. (AK) All employee Roth elective deferrals made to all retirement plans of your organization for the Current Plan Year (including those made to GuideStone).

**Specific Plan Information:**

Provide information in Items 38-40 and/or Items 41-50 if you received a letter from GuideStone requesting specific additional data items.

38. (AL) Employee completed one year of Eligibility Service (earned with your organization) and attained age 21. (Y, N)
39. (AM) Employee became eligible in 2024 to participate in your 403(b)(9) Retirement Plan solely due to prior denominational service. (Y, N)
40. (AN) Employee became eligible in 2024 to participate in your 403(b)(9) Retirement Plan solely due to prior service other than denominational service. (Y, N)
- 41-50. Include in these columns the additional information requested. Each information column added should be "Y or N" OR numeric only as specified in your letter. If your organization did not receive a letter identifying these specific data requests and your practices include/or exclude provisions not specifically identified in your adoption agreement, provide such information here. **(You will also need to report in your cover letter any additional information you provided that is not noted in the letter requesting specific data items.)**

**Checklist for Control Groups (How to Ensure Speedy Processing of Your Data):**

Now that you have compiled your Nondiscrimination Testing Data, please take the time to check your responses before you submit the data to GuideStone. This will help to facilitate testing your Plan.

Are all answers either "Y" or "N" or numeric? (Do not use zeros or "N/A" in a YES or NO field, or "Y" or "N" in an amount field.)

- Do the number of records with "Y" in Item 7 correspond to the number of HCEs reported on the Worksheet for Determining HCEs Under the Statutory HCE Definition (Form 2B)? Do the nonexcludable HCEs on the Employee Census Report correspond to the number on the Worksheet?
- Has Contributions Compensation been provided in Items 17 and 18 for all employees; not just for the employees actually participating?
- If Item 32 is "Y," then Item 23 should be greater than zero.
- If Item 22 is greater than zero, then Item 31 should be "Y." Items 19, 21 and/or 37 should also be greater than zero if Item 22 is greater than zero.
- If Items 19, 21 and/or 37 are greater than zero and Item 31 is "Y", is the amount in Item 22 greater than zero? (If the employee must contribute a certain percentage to receive an Employer Matching Contribution, it is possible that Items 19, 21 and/or 37 could be greater than zero and Item 22 could be zero.)