

**SCHEDULE A
ASSET INVENTORY AS OF PLAN YEAR END**

PLAN NAME:

PLAN TYPE:

PLAN YEAR:

Over 100 Participants: Yes

No

IMPORTANT Indicate name and Market Value of each institution where the assets are held.	Name of Institution	Market Value
a) CASH ACCOUNTS (checking, savings, cds, money market brokerage cash, etc.) <i>For plans with 100 or more participants, itemize below:</i>		\$ _____
1) Non-interest bearing accounts	\$ _____	_____
2) Savings accounts/money market funds	\$ _____	_____
3) Certificates of Deposit	\$ _____	_____
4) Other (Specify: _____)	\$ _____	_____
b) U.S. GOVERNMENT SECURITIES		\$ _____
c) CORPORATE DEBT & EQUITY (stocks, bonds and mutual funds) <i>For plans with 100 or more participants, itemize below:</i>		\$ _____
1) Common bonds	\$ _____	_____
2) Preferred bonds	\$ _____	_____
3) Common stocks	\$ _____	_____
4) Preferred stocks	\$ _____	_____
5) Mutual funds	\$ _____	_____
d) PARTNERSHIP / JOINT VENTURE INVESTMENTS		\$ _____
e) LOANS TO PARTICIPANTS		\$ _____
f) OTHER LOANS (Including trust deeds)		\$ _____
g) INDIVIDUAL LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS (Also complete Schedule H)		\$ _____
h) TANGIBLE PROPERTY (art, coins, jewelry, etc.)		\$ _____
i) ACCRUED INCOME		\$ _____
j) ALL OTHER INVESTMENTS		\$ _____
<i>All Plans itemize below:</i>		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL TRUST ASSETS		\$ _____

I certify that the assets listed above and the information on the schedules that follow are correct as of the dates shown.

CERTIFIED BY: _____ DATE: _____

SCHEDULE C

1. **EMPLOYER CONTRIBUTIONS**

Include all contributions paid during the plan year, indicating the plan year they apply towards. Be sure to include any premiums paid by the corporation for the plan and indicate "premium" next to the date paid.

<u>FOR PLAN YEAR ENDING</u>	<u>DATE PAID</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL EMPLOYER CONTRIBUTIONS		\$ _____

2. **EMPLOYEE CONTRIBUTIONS (Show Totals)**

<u>FOR PLAN YEAR ENDING</u>	<u>DATE PAID</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL EMPLOYEE CONTRIBUTIONS		\$ _____

SCHEDULE D

1. EARNINGS FROM INVESTMENTS

Include interest, dividends, reinvested dividends, rental income, trust deed interest payments, etc. Please include a **total** of loan repayments, if applicable, and attach a Schedule D-1 for *each* loan. Schedule D-1 may be found at the end of this form.

<u>DATE</u>	<u>DESCRIPTION</u>		<u>AMOUNT</u>
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
	TOTAL EARNINGS FROM INVESTMENTS	\$	=====

2. OTHER INCOME

Include any income not reported above, i.e. cash surrender value from life insurance policies, etc.

<u>DATE</u>	<u>DESCRIPTION</u>		<u>AMOUNT</u>
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
	TOTAL EARNINGS FROM INVESTMENTS	\$	=====

SCHEDULE E

1. **ADMINISTRATIVE EXPENSES**

Administrative fees, investment fees, contract administrator fees, attorney's fees, etc.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL ADMINISTRATIVE EXPENSES	\$ _____

2. **OTHER EXPENSES**

Identify by nature, such as: surety bond, PBGC-1, checking account charges, early withdrawal penalties, trustee fees, foreign taxes, etc.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL OTHER EXPENSES	\$ _____

**SCHEDULE F
DISBURSEMENTS**

1. **BENEFIT PAYMENTS TO PARTICIPANTS (including Federal and State taxes withheld)**

<u>DATE</u>	<u>NAME OF PARTICIPANT</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL BENEFITS PAID TO PARTICIPANTS	\$ _____

2. **PREMIUM PAYMENTS TO INSURANCE COMPANIES**

Please attach copies of billing statements and face pages of policies. Include premiums paid by the Corporation for the Plan here and on the Schedule C – “Employer Contribution” summary.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL PREMIUM PAYMENTS	\$ _____

SCHEDULE G

PLAN NAME:
 PLAN TYPE:
 PLAN YEAR END:

DESCRIPTION	ASSETS HELD AT BEGINNING OF PLAN YEAR		PURCHASES		SALES		*REALIZED GAIN / LOSS	*UNREALIZED GAIN / LOSS	ASSETS HELD AT END OF PLAN YEAR	
	NO. OF SHARES	(1) FAIR MARKET VALUE AT B.O.Y.	NO. OF SHARES	(2) AMOUNT	NO. OF SHARES	(3) AMOUNT	(4) (3) MINUS [(1) PLUS (2)]	(5) (6) MINUS [(1) PLUS (2)]	NO. OF SHARES	(6) FAIR MARKET VALUE AT E.O.Y.
PAGE_TOTALS										

**SCHEDULE B
SUMMARY OF TRUST INCOME AND ASSETS**

PLAN NAME:
PLAN TYPE:
PLAN YEAR END:

1. **MARKET VALUE** of Assets at End of Prior Year \$ _____

INCOME

2. Employer Contributions SEE SCHEDULE C \$ _____

3. Employee Contributions SEE SCHEDULE C \$ _____

4. Earnings from Investments (Interest & Dividends) SEE SCHEDULE D \$ _____

5. Net Realized Gain/(Loss) on Sale of Assets SEE SCHEDULE G \$ _____

6. Other Income (Specify) SEE SCHEDULE D \$ _____

7. Unrealized Gain/(Loss) on Investments Not Sold During Year SEE SCHEDULE G \$ _____

8. **TOTAL INCOME** (2 through 7) \$ _____

EXPENSE

9. Payments to Participants SEE SCHEDULE F \$ _____

10. Payments to Insurance Carriers SEE SCHEDULE F \$ _____

11. Administrative Expense SEE SCHEDULE E \$ _____

12. Other Expense (Specify) SEE SCHEDULE E \$ _____

13. **TOTAL EXPENSES** (9 through 12) \$ _____

14. **MARKET VALUE AT THE END OF THE YEAR**** \$ _____
(Lines 1 + 8 - 13)

**This total should match the total asset Market Value at the end of the year from Schedule A, Summary Statement of Assets

**SCHEDULE D-1
LOAN SCHEDULE**
(complete for each Loan)

Name of Borrower: _____

Is Borrower a Plan Participant? YES or NO

Plan Name: _____

Interest Rate: _____ Date of Loan: _____

List Collateral: _____

Payments Are Due: MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

Please attach amortization schedule.

Please List Each Payment

1	2	3	4	
BALANCE AT BEGINNING OF PLAN YEAR	DATE PAID	INTEREST PAYMENT	PRINCIPAL PAYMENT	LOAN BALANCE
	TOTALS	\$	\$	

THIS NUMBER
SHOULD EQUAL
DIFFERENCE
BETWEEN 1 & 4.

TOTAL LOAN BALANCE
SHOULD BE BALANCE
AT END OF THE PLAN
YEAR LISTED ON
SCHEDULE A SUMMARY.