

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

PLAN NAME:

PLAN TYPE:

PLAN YEAR:

***IMPORTANT*** Indicate name and Market Value of each institution where the assets are held.	Name of Institution	Market Value
a) <b>CASH ACCOUNTS</b> (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) <b>U.S. GOVERNMENT SECURITIES</b>	_____	\$ _____
c) <b>CORPORATE DEBT &amp; EQUITY</b> (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) <b>PARTNERSHIP / JOINT VENTURE INVESTMENTS</b>	_____	\$ _____
e) <b>LOANS TO PARTICIPANTS</b>	_____	\$ _____
f) <b>OTHER LOANS</b> (Including trust deeds)	_____	\$ _____
g) <b>INDIVIDUAL LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS</b> (Also complete Schedule H)	_____	\$ _____
h) <b>TANGIBLE PROPERTY</b> (art, coins, jewelry, etc.)	_____	\$ _____
i) <b>ACCRUED INCOME</b>	_____	\$ _____
j) <b>ALL OTHER INVESTMENTS</b>	_____	\$ _____
<i>All Plans itemize below:</i>		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL TRUST ASSETS</b>		\$ _____

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 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 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 amount.

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

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

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

**SCHEDULE D**

**1. EARNINGS FROM INVESTMENTS**

Include interest, dividends, reinvested dividends, rental income, loan interest payments (from Schedule D-1), trust deed interest payments, etc.

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

**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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<b>TOTAL EARNINGS FROM INVESTMENTS</b>	<b>\$ _____</b>

**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
	<b>TOTALS</b>	\$	\$	\$

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.

**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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<b>TOTAL ADMINISTRATIVE EXPENSES</b>	\$ _____

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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<b>TOTAL OTHER EXPENSES</b>	\$ _____

**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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL BENEFITS PAID TO PARTICIPANTS</b>		<b>\$ _____</b>

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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL PREMIUM PAYMENTS</b>		<b>\$ _____</b>



