

TRUST INFORMATION FORM

Plan Name _____

Plan Year-End _____

PART I - STATEMENT OF ASSETS AT FAIR MARKET VALUE

ASSETS	Beginning of Plan Year	End of Plan Year
Receivable Contributions	_____	_____
Cash	_____	_____
U.S. Government Securities	_____	_____
Mutual Funds	_____	_____
Corporate Debt Instruments	_____	_____
Preferred	_____	_____
All Other	_____	_____
Corporate Stocks	_____	_____
Preferred	_____	_____
Common	_____	_____
Partnerships / Joint Ventures *	_____	_____
Collectibles (Coins, Art, Etc.) *	_____	_____
Real Estate *	_____	_____
Trust Deeds	_____	_____
Loans (other than to Participants)**	_____	_____
Participant Loans (complete Summary of Loans)	_____	_____
Life Insurance / Annuities ("Fair Market Value") ***	_____	_____
Other (Specify) _____	_____	_____
 Total Assets	 \$ -	 \$ -
 LIABILITIES		
Benefits Payable (including tax withheld)	_____	_____
Premiums Payable	_____	_____
Policy Loans	_____	_____
Other (Specify) _____	_____	_____
 Total Liabilities	 \$ -	 \$ -
 NET ASSETS (Total Assets minus Total Liabilities)	 \$ -	 \$ -

* Non-publicly-traded assets must be appraised each year in order to determine their market value. Please identify any of these assets and provide a copy of the year end independent appraisal report. Please note that the IRS has stated that K-1s are not acceptable as a determination of market value.

** Provide copies of promissory notes and amortization schedules and explain relationship, if any, between the holder of the note and the plan sponsor or any related parties.

*** If the Plan maintains life insurance or annuities, please provide Schedule A information for each contract. This information may be required to be reported on the IRS Form 5500. The "Fair Market Value" may be different than the Cash Surrender Value or Accumulation Value.

PART II - SUMMARY OF TRUST INCOME AND EXPENSES

MARKET VALUE OF ASSETS AT BEGINNING OF PLAN YEAR \$ _____ -

INCOME

Employer Contributions _____
 Employee Contributions _____
 Rollovers/Transfers _____
 Interest from all Sources (Except Participant Loans) _____
 Interest from Participant Loans (From Participant Loan Schedule) _____
 Dividends _____
 Realized Gain (Loss) on Investments Sold During the Year _____
 Unrealized Gain (Loss) in the Market Value _____
 Other (Specify) _____ _____

TOTAL INCOME \$ _____ -

EXPENSES

Benefits Paid Including Tax Withheld (Specify below) _____
 Administrative Expenses (Specify below) _____
 Investment Expenses _____
 Premiums Paid _____
 Other (Specify) _____ _____

TOTAL EXPENSES \$ _____ -

MARKET VALUE OF ASSETS AT END OF PLAN YEAR \$ _____ -

OUT OF BALANCE AMOUNT* \$ _____ -

* The market value at the end of year listed in the line above must agree with the net assets at the end of the year from Statement of Assets at Fair Market Value.

In the space below, or on additional pages if necessary, please provide:

- The date, plan year ending and amount of each contribution or rollover/transfer made to the Trust
- The date, amount and recipient of any benefit payment paid by the Trust (including tax withheld).
- The date and amount of non-investment related administrative expenses paid by the Trust.
- The date and amount of any premium paid by the Trust or the Employer on behalf of the Trust. If the premiums were paid by the Employer, include these amounts as both employer contributions and paid in the Statement of Trust Income and Expenses. All premiums paid directly by the Trust are only listed under premiums paid in the Expenses section.

Date	Plan Year End	Transaction Type	Description	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Transaction Type: Employer = ER Employee = EE Benefit Paid = BP Rollover/Transfer = RO
 Administrative Expense = AE Premium = PR*

PART III - FINANCIAL INSTITUTION INFORMATION

If the Plan covers employees other than 100% owners or partners of a partnership, or their spouses, the Plan is required to provide a list indicating where the Plan's trust assets are held. List below the financial institutions in which the Plan's assets are invested and the market value at the end of the plan year. In addition, please attach the investment statements as of the end of the plan year.

Financial Institution	Amount
_____	_____
_____	_____
_____	_____
_____	_____
	<u>\$ -</u>

PART IV - SUMMARY OF PARTICIPANT LOANS

(Complete if applicable and attach additional pages if necessary)

Date of Loan	Original Loan Amount	Participant	Beginning of Plan Year Balance	Principal Paid During Plan Year	Interest Paid During Plan Year	End of Plan Year Balance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
			\$ -	\$ -	\$ -	\$ -

PART V - PREPARER ACKNOWLEDGEMENT

I hereby certify that I have completed this form in its entirety, and to the best of my knowledge the information contained in this form is true and correct:

Name

Title

Signature

Date

Email

Phone