

# 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) _____	_____	_____
<b>Total Assets</b>	<b>\$ -</b>	<b>\$ -</b>
 <b>LIABILITIES</b>		
Benefits Payable (including tax withheld)	_____	_____
Premiums Payable	_____	_____
Policy Loans	_____	_____
Other (Specify) _____	_____	_____
<b>Total Liabilities</b>	<b>\$ -</b>	<b>\$ -</b>
<b>NET ASSETS (Total Assets minus Total Liabilities)</b>	<b>\$ -</b>	<b>\$ -</b>

\* 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 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 _____