

ASSET INFORMATION

Summary of Plan Assets:

List the market value of each investment as of the last day of the plan year.

ASSETS	
Cash	\$
Money Market Funds	
CD's	
Government Securities	
Corporate Securities (Stock)	
Corporate Bonds	
Mutual Funds	
Mortgages and Loans	
Real Estate	
Cash Values of Insurance Products*	
Participant Loans (Please attach a schedule of loan payments, including interest and payments and outstanding balance for each loan.)	orincipal
Accrued Interest	
Other:	
TOTAL ASSETS	\$
LIABILITIES	
Payables	\$
Acquisition Indebtedness	
Other:	
TOTAL LIABILITIES	\$

^{*}Attach annual individual statements and Schedule A information for the year (as provided by insurer).



ASSET INFORMATION

Statement	of	Trust	Fund	Operation:
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1) Beginning Trust Value – As of beginning of plan year	ar \$	
2) Contributions deposited during the plan year:		
a) Employer	\$	
b) Employee	\$	
i. Salary Deferrals (only for defined contribut	ion plans) \$	
ii. Roth Salary Deferrals (only for defined cont	ribution plans) \$	
iii. Rollovers	\$	
3) Investment Gain/(Loss):		
a) Interest \$		
b) Dividends \$		
c) Realized Gain/(Loss) \$		
d) Unrealized Gain/(Loss) \$		
e) Change in Insurance Cash Values \$		
f) Other: \$		
Total Investment Gain/(Loss)	\$	
4) Distributions to Participants (including rollovers):	\$	
5) Expenses Paid by Plan Assets (if applicable)		
a) Fees and Commissions	\$	
b) Administrative Expense	\$	
c) PBGC Premiums (defined benefit plans only)	\$	
c) Insurance Premiums	\$	
d) Other	\$	
Total Expenses paid by Plan Assets	\$	
6) Ending Trust Value – As of end of plan year	\$	
(Should be equal to (1) + (2a) + (2b) + (3) - (4) - (5);	should also equal Total Assets on the	Summary of Plan
Assets.)		



ASSET INFORMATION

 Contributions made during th Employer 	Employee	Dates De	posited*	Applied to Prior/Curre
				plan year:*
\$	\$			
\$	\$			
\$	\$			
\$	\$			<u> </u>
\$	\$			<u> </u>
\$	\$			_
\$	\$			_
\$	\$			
\$	\$			
\$	\$			
\$	\$			_
\$	\$			_
1b. Receivable contributions mad	e after end of plan ye	ear:		
Employer		Employee		Dates Deposited*
\$	\$			
\$	\$		_	
\$	\$		_	
\$	\$		_	
\$	\$			
\$	\$			

2. Distributions to Participants – please complete this item if there were distributions (including rollovers) to participants during the plan year.

If Form(s) 1099-R were not prepared by IAI, please indicate who completed the forms. Include copies of the forms, if available.

Name of Participant (1)	Date of Distribution (2)	Net Amount To Participant (3)	State/ Federal Taxes Withheld (4)	Total Distribution (5)