

Plan Name: \_\_\_\_\_ Plan Year End: \_\_\_\_\_

### **Assets**

1. Cash Accounts (Checking, Savings, CDs, Money Market)

	Name	Account #	Year-End Value
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

*Total Cash Accounts:* \_\_\_\_\_

2. Contributions Receivable (contributions made after plan year): \_\_\_\_\_

3. Other Receivables

a.	_____	_____	_____
b.	_____	_____	_____

*Total Receivables:* \_\_\_\_\_

4. Corporate Debt and Equity \_\_\_\_\_

5. U.S. Government Securities (see attachment) \_\_\_\_\_

6. Mutual Funds (see attachment) \_\_\_\_\_

7. Real Estate and Mortgages

a.	_____	_____	_____
b.	_____	_____	_____

*Total Real Estate:* \_\_\_\_\_

8. Other Assets

a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

*Total Other Assets:* \_\_\_\_\_

**Total Trust Assets** \_\_\_\_\_

**Total Trust Assets (from previous page)** .....

**Liabilities**

9. Payables

	Name	Account #	Year-End Value
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
		<i>Total Payables:</i>	_____

10. Other Liabilities

a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
		<i>Total Other Liabilities:</i>	_____

**Total Trust Liabilities** .....

**Net Assets (Assets less Liabilities)** .....

## **Income and Expenses**

### Income Incurred During the Plan Year

#### 1. Total Employer Contributions for Current Plan Year

*(list all deposits made during and after the Plan Year that pertain to this Plan Year)*

	Name of Account	Deposit Date	Deposit Amount
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

*Total Cash Deposits:* \_\_\_\_\_

#### 2. Earnings from Interest

	Name of Asset	Amount
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

*Total Interest Income:* \_\_\_\_\_

#### 3. Earnings from Dividends

	Name of Asset	Amount
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

*Total Dividend Income:* \_\_\_\_\_

- 4. Realized Gain (Loss) on Sale of Assets \_\_\_\_\_
- 5. Unrealized Gain (Loss) \_\_\_\_\_
- 6. Increase / Decrease of Cash Surrender Value of Insurance \_\_\_\_\_
- 7. Other Income (Please Identify) \_\_\_\_\_

	Source of Income	Amount
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

*Total Other Income:* \_\_\_\_\_

**Total Trust Income** \_\_\_\_\_

Expenses Incurred During the Plan Year

8. Distributions of Benefits to Participants and Beneficiaries

	Name of Recipient	Distribution Date	Distribution Amount
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

*Total Distributions:* \_\_\_\_\_

9. Insurance Premiums

	Name	Date	Amount
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

*Total Premiums:* \_\_\_\_\_

10. Other Expenses

	Description of Expense	Amount	
a.	_____	_____	
b.	_____	_____	
c.	_____	_____	
		<i>Total Other Expenses:</i>	_____

**Total Trust Expenses** \_\_\_\_\_

**Trust Balancing**

11. Change in Net Assets (Total Income – Total Expenses) \_\_\_\_\_

12. Net Assets at Beginning of Plan Year, \_\_\_\_\_

13. Net Assets at End of Plan Year (add lines 11 and 12)  
*Amount must agree with "Net Assets" above.* \_\_\_\_\_