

(a) Beginning of Year

(b) End of Year

1c (6) Real estate (other than employer real property)	00	00
(7) Loans (other than to participants) ...	00	00
(8) Participant loans.	00	00
(9) Value of interest in common/collective trusts ...	00	00
(10) Value of interest in pooled separate accounts	00	00
(11) Value of interest in master trust investment accounts	00	00
(12) Value of interest in 103-12 investment entities	00	00
(13) Value of interest in registered investment companies (e.g., mutual funds)	00	00
(14) Value of funds held in insurance company general account (unallocated contracts) ..	00	00
(15) Other	00	00
d Employer-related investments:		
(1) Employer securities	00	00
(2) Employer real property	00	00
e Buildings and other property used in plan operation	00	00
f Total assets (add all amounts in lines 1a through 1e) ...	00	00
Liabilities		
g Benefit claims payable	00	00
h Operating payables	00	00
i Acquisition indebtedness	00	00
j Other liabilities	00	00
k Total liabilities (add all amounts in lines 1g through 1j)	00	00
Net Assets		
l Net assets (subtract line 1k from line 1f)	00	00

1 7 0 3 0 0 0 2 0 D



Part II Income and Expenses Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:

(a) Amount

(1) Received or receivable in cash from:

(A) Employers

(B) Participants

(C) Others (including rollovers)

(2) Noncash contributions

Grid for entering amounts for lines 2a(1)(A), (B), (C), and 2a(2). Each row has 10 columns for digits and a .00 column.

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

Grid for entering total amount for line 2a(3).

b Earnings on investments: (1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit)

(B) U.S. Government securities

(C) Corporate debt instruments

(D) Loans (other than to participants)

(E) Participant loans

(F) Other

Grid for entering amounts for lines 2b(1)(A) through (F).

(G) Total interest. Add lines 2b(1)(A) through (F)

Grid for entering total amount for line 2b(1)(G).

(2) Dividends:

(A) Preferred stock

(B) Common stock

(C) Total dividends. Add lines 2b(2)(A) and (B)

Grid for entering amounts for lines 2b(2)(A) and (B).

Grid for entering total amount for line 2b(2)(C).

(3) Rents

Grid for entering amount for line 2b(3).

(4) Net gain (loss) on sale of assets:

(A) Aggregate proceeds

(B) Aggregate carrying amount (see instructions)

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result

Grid for entering amounts for lines 2b(4)(A) and (B).

Grid for entering result for line 2b(4)(C).

1 7 0 3 0 0 0 3 0 E



2b (5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate

Grid for (A) Real estate amount

(B) Other

Grid for (B) Other amount

(b) Total

(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)

Grid for (C) Total unrealized appreciation

(6) Net investment gain (loss) from common/collective trusts

Grid for (6) Net investment gain (loss) from common/collective trusts

(7) Net investment gain (loss) from pooled separate accounts

Grid for (7) Net investment gain (loss) from pooled separate accounts

(8) Net investment gain (loss) from master trust investment accounts

Grid for (8) Net investment gain (loss) from master trust investment accounts

(9) Net investment gain (loss) from 103-12 investment entities

Grid for (9) Net investment gain (loss) from 103-12 investment entities

(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)

Grid for (10) Net investment gain (loss) from registered investment companies

c Other income

Grid for c Other income

d Total income. Add all income amounts in column (b) and enter total

Grid for d Total income

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers

Grid for (1) Directly to participants or beneficiaries

(2) To insurance carriers for the provision of benefits

Grid for (2) To insurance carriers for the provision of benefits

(3) Other

Grid for (3) Other

(4) Total benefit payments. Add lines 2e(1) through (3)

Grid for (4) Total benefit payments

f Corrective distributions (see instructions)

Grid for f Corrective distributions

g Certain deemed distributions of participant loans (see instructions)

Grid for g Certain deemed distributions of participant loans

h Interest expense

Grid for h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (1) Professional fees

(2) Contract administrator fees

Grid for (2) Contract administrator fees

(3) Investment advisory and management fees ...

Grid for (3) Investment advisory and management fees

(4) Other

Grid for (4) Other

(5) Total administrative expenses. Add lines 2i(1) through (4)

Grid for (5) Total administrative expenses

j Total expenses. Add all expense amounts in column (b) and enter total

Grid for j Total expenses

1 7 0 3 0 0 0 4 0 F



	Yes	No	Amount
4 f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	

5 a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year

.00

5 b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

