

## FINANCIAL QUESTIONNAIRE

**PLAN SPONSOR:** \_\_\_\_\_

**NAME OF PLAN:** \_\_\_\_\_

**INCOME AND EXPENSES FOR THE PERIOD ENDING:** \_\_\_\_\_

	<u>AMOUNT</u>	<u>TOTAL</u>
<b>CASH CONTRIBUTIONS RECEIVED OR RECEIVABLE:</b>		
1. FROM EMPLOYER	\$ _____	
2. FROM OTHERS (Including transfers from other plans)	_____	
3. TOTAL CONTRIBUTIONS		\$ _____
4. EARNINGS FROM INVESTMENTS	_____	
5. NET REALIZED GAIN (LOSS) ON SALE OR EXCHANGE OF ASSETS	_____	
6. TOTAL INCOME (sum of 1 through 5)		\$ _____

**DISTRIBUTIONS FROM PLAN:**

7. DIRECTLY TO PARTICIPANTS OR THEIR BENEFICIARIES  
(Specify individual and amount)

NAME	AMOUNT	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL (#7) \_\_\_\_\_

8. TO INSURANCE CARRIER	_____	
9. INTEREST EXPENSE	_____	
10. ADMINISTRATIVE EXPENSE	_____	
11. OTHER EXPENSE	_____	
12. TOTAL EXPENSES (Sum of 7 through 11)		_____
13. NET INCOME (Loss) (6 minus 12)		_____

**CHANGE IN NET ASSETS:**

14. UNREALIZED APPRECIATION (Depreciation) OF ASSETS	_____	
15. OTHER CHANGES	_____	
16. TOTAL (Sum of 14 & 15)		_____
17. NET INCREASE (decrease) IN ASSETS FOR THE YEAR (13 plus 16)		_____
18. NET ASSETS AT BEGINNING OF YEAR (see balance sheet)		_____
19. NET ASSETS AT END OF YEAR (17 plus 18)		\$ _____

BALANCE SHEET

	<u>Beginning of Year</u>	<u>End of Year</u>
CASH:		
CHECKING ACCOUNT	\$ _____	\$ _____
SAVINGS ACCOUNT	_____	_____
MONEY MARKET ACCOUNT	_____	_____
RECEIVABLES:		
EMPLOYEE CONTRIBUTION	_____	_____
OTHER	_____	_____
INVESTMENTS:		
GOVERNMENT SECURITIES	_____	_____
POOLED FUNDS/MUTUAL FUNDS	_____	_____
REAL ESTATE & MORTGAGES	_____	_____
CORPORATE DEBT INSTRUMENTS	_____	_____
CORPORATE EQUITY INSTRUMENTS	_____	_____
CERTIFICATES OF DEPOSIT	_____	_____
PARTNERSHIP INTERESTS*	_____	_____
OTHER (Specify)	_____	_____
LOANS TO PARTICIPANTS	_____	_____
FOR MORTGAGES	_____	_____
OTHER	_____	_____
OTHER ASSETS	_____	_____
TOTAL ASSETS (market value)	\$ _____	\$ _____
PAYABLES:		
(Including claims not yet paid)	\$ _____	\$ _____
ACQUISITION INDEBTEDNESS	_____	_____
OTHER LIABILITIES	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____
NET ASSETS	\$ _____	\$ _____

(all assets shown at market value)

Note: ANY ASSETS LISTED AS "OTHER" MUST BE IDENTIFIED.

Please complete the Balance Statement and Income and Expense Statement (including totals) based on monies already in the pension account. We will later adjust for any receivable employee contributions. Assets are to be shown at market value.

CONTRIBUTIONS MADE BY EMPLOYER TO THE PLAN

MONTH/DAY/YEAR

AMOUNT PAID BY  
EMPLOYER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Indicate fiscal year of plan sponsor: \_\_\_\_\_
2. Indicate amount claimed as tax deduction for prior fiscal year: \_\_\_\_\_.
3. Are there any policy loans with respect to insurance used to fund for plan benefits? \_\_\_\_\_. If yes, please specify the details for the policies with loans (kindly attach supporting documentation).
4. Are any contribution (including insurance premiums) made by the employer during the plan for either the prior plan year or preceding plan year? \_\_\_\_\_. If yes, please specify.

\_\_\_\_\_.

5. If any assets included on the balance sheet are now or will in the future be required for participants who have terminated employment or who have retired, please list the individuals and the amounts in question:

<u>Individual</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____

6. Please specify amount of employee contributions included in the assets above at the beginning of the plan year and at the end of the plan year:

<u>Beginning of Plan Year</u>	<u>End of Plan Year</u>
\$ _____	\$ _____
\$ _____	\$ _____

NAME OF PLAN ADMINISTRATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDENDUM TO CENSUS ANNIVERSARY UPDATE

INFORMATION ABOUT EMPLOYEES AS OF \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Number
Number of employees listed on Census Form (not including employees who have terminated)	_____

Number of Union employees (if any)	_____
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Other employees not listed on Census:

Category	
_____	_____
_____	_____

TOTAL NUMBER OF EMPLOYEES:	=====
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Indicate below all shareholder and/or officers (if applicable) for the current plan year or during the four preceding plan years for this entity or any members of any affiliated or controlled entities. Please include all officers even if they do not have an ownership interest.

<u>Name</u>	<u>% of Ownership</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____