

Financial Statement of Employees' Pension or Profit-Sharing Fund or Fiduciary Account

1971

(A separate form is required for each fund or fiduciary account)

For calendar year 1971 or fiscal year beginning _____, 19____, and ending _____, 19____

Name of employer as shown on Form 4848 (Leave blank if this form is filed by fiduciary with Form 990-P)	Employer identification number
Name of fiduciary	Fiduciary identification number

Part I Fund (Fiduciary Account) Identification Information

1 Name of fund or fiduciary account (if funded through payments by an employer directly to an insurance carrier, write "Employer Fiduciary Account")	2 Fund identification number
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3 Fund type of entity

(a) Trust described in section 401(a)

(b) Custodian account described in section 401(f)

(c) Private employer fiduciary account (non-trusteed)

(d) Fiduciary account (other than a trust or custodial account) for a tax exempt employer

4 Medium of funding (check each applicable box)

(a) <input type="checkbox"/> Individual annuity contracts (b) <input type="checkbox"/> Individual contracts containing life insurance (c) <input type="checkbox"/> Group deposit administration contracts (d) <input type="checkbox"/> Group deferred annuity contracts (e) <input type="checkbox"/> Group permanent contracts	(f) <input type="checkbox"/> Other group annuity contracts (g) <input type="checkbox"/> Stock of regulated investment companies (h) <input type="checkbox"/> U.S. retirement bonds (i) <input type="checkbox"/> Employer-corporation securities (j) <input type="checkbox"/> General investments (k) <input type="checkbox"/> Other (specify) ▶
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5 Is this fund

(a) Independent of any other fund

(b) A consolidated (pooled) fund involving two or more funds

6 Method of accounting (a) <input type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual	7 Number of plans financed through this fund (as identified on separate Schedule(s) A (Form 4848))
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8 Is fiduciary of this fund the same as last year? Yes No

(a) If "No," give name, fiduciary identification number and address of former fiduciary

Name ▶ _____ Fiduciary identification number ▶ _____

Address ▶ _____

Part II Statement of Assets and Liabilities

	Beginning of year	End of year
Assets		
1 Cash	[Hatched Box]	[Hatched Box]
2 Investments:		
(a) Employer-corporation securities	[Dashed Box]	[Dashed Box]
(b) U.S. retirement bonds	[Dashed Box]	[Dashed Box]
(c) Regulated investment companies' stock	[Dashed Box]	[Dashed Box]
(d) Loans to employer	[Dashed Box]	[Dashed Box]
(e) Other investments	[Dashed Box]	[Dashed Box]
3 Total investments	[Hatched Box]	[Hatched Box]
4 Buildings and other depreciable assets		
(a) Less accumulated depreciation	[Dashed Box]	[Dashed Box]
5 Other assets	[Hatched Box]	[Hatched Box]
6 Total assets	[Hatched Box]	[Hatched Box]
7 Memo: total assets at market value	[Hatched Box]	[Hatched Box]
Liabilities and Retained Earnings		
8 Acquisition indebtedness	[Hatched Box]	[Hatched Box]
9 Other liabilities	[Dashed Box]	[Dashed Box]
10 Total liabilities	[Hatched Box]	[Hatched Box]
11 Interest of participants	[Dashed Box]	[Dashed Box]
12 Total liabilities and participants' interest	[Hatched Box]	[Hatched Box]

Part III Statement of Receipts and Disbursements

Receipts

1 Contributions from: (a) Employer (including those on behalf of self-employed individuals) (b) Employees (c) Other
2 Total contributions (sum of lines 1(a) through 1(c))
3 Dividends and experience rating refunds from insurance companies
4 Earnings from investments
5 Receipts from the sale of assets
6 Other receipts
7 Total receipts (sum of lines 2 through 6)

Disbursements

8 Operating and administrative expenses
9 Payments to insurance carriers (state name and address of carriers): (a) (b) (c)
10 Total payments to carriers (sum of lines 9(a) through 9(c))
11 Investments: (a) Employer-corporation securities (b) U.S. retirement bonds (c) Regulated investment companies' stock (d) Other investments
12 Total investments (sum of lines 11(a) through 11(d))
13 Distributions to participants or their beneficiaries: (a) Distributions in cash (b) Distributions of employer-corporation stock (c) Distributions of U.S. retirement bonds (d) Distributions of regulated investment companies' stock (e) Distributions in other property (f) Other distributions
14 Total distributions (sum of lines 13(a) through 13(f))
15 Other disbursements
16 Total disbursements (sum of lines 8, 10, 12, 14, and 15)
17 Excess (decrease) of receipts over disbursements (line 7 less line 16)

General Instructions

Generally, all employers who are required to file Form 4848, Annual Employer's Return for Employees' Pension or Profit-Sharing Plans, are also required to file Form(s) 4849 and attach them to their Form 4848 unless a fiduciary has agreed in writing with the employer that he is filing Form(s) 4849 with his Form 990-P return.

A separate Form 4849 is required for each fund (trust, custodial or fiduciary account) through which one or more of the employer's plans are financed. The financial information furnished the employer by the trustee or custodian should be used as the basis for filing in the applicable summary figures in Parts II and III.

required should be reported on the basis of the accounting period of the trust or custodial account ending within or with the employer's annual accounting period or taxable year. In the case of a pooled trust or fund arrangement, a separate Form 4849 is required for both the consolidated fund and each of the participating trusts or funds.

Specific Instructions

Part I.—Enter in item 1 the name of the fund (trust or custodial account), and in item 2 the fund identification number (employer identification number of the trust or custodial account). In item 3, check the applicable block (a) or (b) for the type of fund entity.

If a plan is funded by payments of an

employer (or a committee or a group representing the employer) directly to an insurance carrier, write "Employer Fiduciary Account" as the name of the fund or fiduciary account and leave item 2 blank. In item 3, check the applicable block (c) or (d) for the type of fund entity.

Parts II and III.—These parts are to be completed for all fund entities consisting of trusts or custodial accounts. In the case of plans funded in whole or in part through individual or group annuity contracts (with or without life insurance), the value of such contracts need not be reflected in Part II. Other assets, if any, should be shown—e.g. for split funded plans.