

Coleman Consulting Corp.
PO Box 846
Plandome NY 11030

(212) 629-8940

RE: _____

Dear Client:

The above mentioned plan has come up for annual administration. In order for us to provide the required services, the following information is needed:

- o Statement of Plan Assets
for the period ending : ____/____/____
(complete the enclosed form)
- o Employee Census Data
for the period ending : ____/____/____
(complete the enclosed form)
- o Date(s) and Amount(s)
of Contributions
for the period ending : ____/____/____

If you have any questions or need any additional information, please feel free to contact us.

Sincerely,

COLEMAN CONSULTING CORP.
Systems Coordinator

TRUSTEE(S) STATEMENT OF PLAN ASSETS AND LIABILITIES

| | Year Ending | ____/____/____ |
|--|---|-------------------------------------|
| | Market Value Beginning of Plan Year | Market Value End of Plan Year |
| A. ASSETS | | |
| 1. Cash, Savings Accounts, Savings Certificates | \$_____ | \$_____ |
| 2. Bank Accounts | _____ | _____ |
| 3. Stock and Corporate Bonds | _____ | _____ |
| 4. Government Securities | _____ | _____ |
| 5. Mutual Funds | _____ | _____ |
| 6. Loans | _____ | _____ |
| 7. Contributions Receivable | _____ | _____ |
| 8. Other (please specify) | _____ | _____ |
| TOTAL ASSETS add 1 through 8 | \$===== | \$===== |
| B. LIABILITIES | | |
| 1. Policy Loans | \$_____ | \$_____ |
| 2. Payables | _____ | _____ |
| 3. Other Liabilities | _____ | _____ |
| TOTAL LIABILITIES (1+2+3) | \$===== | \$===== |
| C. NET ASSETS (Total Assets minus Total Liabilities) | \$===== | \$===== |

Trustee

Date Signed

INCOME

A. EMPLOYER CONTRIBUTIONS (Include premiums paid by employer)

| DATE | LIFE INSURANCE PREMIUMS | DEPOSITS TO FUND |
|--------|-------------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTALS | \$_____ | \$_____ |

B. EMPLOYEE CONTRIBUTIONS

| DATE | VOLUNTARY OR MANDATORY | AMOUNT |
|--------|------------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTALS | \$_____ | \$_____ |

C. EARNINGS FROM INVESTMENTS

INTEREST AND DIVIDENDS

| DATE | SOURCE | AMOUNT |
|-------|--------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | TOTAL | \$_____ |

GAIN OR (LOSS) ON SALE OF ASSETS

| DATE | ASSET | GAIN(LOSS) |
|-------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | TOTAL | \$_____ |

D. TOTAL INCOME (A+B+C)

\$=====

EXPENSES

A. INSURANCE PREMIUM PAYMENTS (Include premiums paid by Pension Trust)

| DATE | INSURANCE COMPANY | PREMIUM DUE DATE | AMOUNT |
|-------|-------------------|------------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL | | | \$ _____ |

B. PAYMENTS TO PARTICIPANTS OR THEIR BENEFICIARIES

| DATE | RECIPIENT | AMOUNT |
|-------|-----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL | | \$ _____ |

C. OTHER PAYMENTS FROM FUND

| DATE | REASON | AMOUNT |
|-------|--------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL | | \$ _____ |

D. TOTAL EXPENSES (A+B+C) \$=====

ADDITIONAL PLAN INFORMATION

(Use back of page, if needed)

YES

NO

1) Did the plan at any time during the plan year hold 20% or more of its assets in any single stock, bond, mortgage, parcel of real estate, partnership, or joint venture interest? If yes, please describe the value along with its market value at the end of the year.

2) Did the plan engage in any transaction during the plan year involving 20% or more of the value of the plan assets? If yes, describe the transaction and the amount involved. Transactions such as employer contributions to the plan and benefit payments from the plan are excluded for purposes of this question.

3) Are the trustees of this plan bonded by a fidelity bond? If yes, please indicate the name of the insurance company and the amount of the bond coverage.

4) Are there life insurance policies in this plan? If yes, please indicate the cash surrender value for each policy as of the end of the plan year.

5) Were there any loans or mortgages made by the plan to any stockholder of the employer or to any participant in the plan? If yes, please describe the amount of each loan; the interest rate, the repayment schedule, and whether all scheduled repayments have been made on a timely basis.

6) Does the employer have any individuals who performed services for more than 1,500 hours in the plan year, but who were employed by an "employee leasing organization"? If yes, please indicate the number of these "leased employees" and the date of employment for each of them.

7) Did the employer or any stockholder of the employer acquire a 10% or more interest in any related business or a 50% or more interest in any business during the plan year? If yes, please describe the relationship between the business and the ownership breakdown for each business.

ANNIVERSARY CENSUS

PLAN YEAR ENDING ____/____/____

| EMPLOYEE NAME | SEX | SOC.SEC.NO. | DATE OF BIRTH | DATE EMPLOYED | COMPENSATION |
|---------------|-----|----------------|----------------|----------------|--------------|
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |
| _____ | ___ | ____-____-____ | ____/____/____ | ____/____/____ | _____ |

- INSTRUCTIONS: (1) Please enter compensation for the Year ending ____/____/____
(2) Indicate who are company officers and/or Owners
(3) Provide the percent of ownership
(4) Provide complete information for all new employees hired.

This list includes all persons who were employees, as defined in the plan, during this plan year.
The information supplied here is complete and accurate to the best of my knowledge and may be
Relied upon for all purposes of this plan.

Trustee or Plan Administrator

Date Signed