

Principal Trust Company

A member of



Mailing Address:
P.O. Box 8963
Wilmington, DE 19899-8963
800-209-9010 Fax: 302-999-9554

**Compliance Administration
Package – Individual 401k Plans**

Plan Sponsor:	Plan Year End:
Completed by:	Six Digit Business Code:
Employer ID Number:	
Three Digit Plan #:	Plan #:
Current Plan Mailing Address:	
<input type="checkbox"/> Check here is this is a new address	
Phone Number:	E-mail Address:
Have you filed for an extension (IRS Form 5558)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: Complete this section only if Principal Trust Company is NOT preparing your Form 5500.

Please provide the following amounts to assist in the preparation of your Annual Trust Statement:

*Beginning of Year Plan Balance: _____

Transfers: _____

**Contributions: _____

Forfeitures: _____

Investment Change for the Period: _____

Expenses: _____

Disbursements: _____

*Include any accrued contributions made this plan year for prior plan year.
**Include only contributions made for this plan year.

STOP: If Principal Trust Company is NOT preparing your Form 5500, please skip pages 2-5 and complete pages 6-7.

1. Did the plan sponsor maintain any other pension, profit sharing, 401(k) plan(s) during the plan year?..... Yes No
 If yes, please check all that apply: Money Purchase Pension
 Profit Sharing
 Individual 401(k)
 Do the total assets of all plans exceed \$250,000? Yes No
2. Was the plan insured by a fidelity bond? Yes No
 If yes, name of the surety company: _____
 Amount: _____
3. Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond that was caused by fraud or dishonesty? Yes No
4. Did the plan engage in any nonexempt transaction with any party-in-interest? Yes No
5. Did the plan hold at any time during the plan year any non-publicly traded securities? Yes No
 If yes, forward a copy of an appraisal by an independent third party.
6. Were there any non-cash contributions made to the plan whose value was set without an appraisal by an independent third party? Yes No
7. Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? (Disregard participant loans secured by the participant's account balance.) Yes No
 If yes, provide explanation: _____
8. Were any leases to which the plan was a party in default or classified as uncollectible? Yes No
 If yes, provide explanation: _____
9. Has a resolution to terminate the plan been adopted during the plan year? Yes No
 If yes, forward a copy of the corporate resolution terminating the plan.
10. Were there any transfers to other plans? Yes No
 If yes, provide amount: _____
11. Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the prior plan year? Yes No
 If yes, provide the name of the other plan(s), employer ID number(s) and plan number(s):
- | <u>Plan Name</u> | <u>Employer ID</u> | <u>Plan Number</u> |
|------------------|--------------------|--------------------|
| | | |
| | | |
| | | |
12. Please provide the total amount of any plan expenses other than distributions to participants: _____
13. Does the plan hold any assets, including employer securities, limited partnerships, stocks, bonds, debentures, notes, certificates, or interests in a publicly traded partnership that have a fair market value that is not readily determinable on an established market? Yes No

14. Does the plan hold more than 5% of plan assets in non-qualifying plan assets?..... Yes No

If yes,

a. Question 2, on previous page, must be yes.

b. Provide the name of the institution holding the non-qualifying plan asset: _____

c. Provide the name and address of the IQPA providing the plan audit:

Name: _____

Address: _____

15. Do all participants in the plan exercise control over their own accounts? Yes No

If yes, do the participants receive a statement directly from the regulated financial institution where their assets are held?..... Yes No

16. Does any financial institution other than the brokerage firm of record for your plan hold assets? Yes No

If yes, please list the institutions(s), asset, and account number of all assets other than the brokerage firm of record:

Institution	Asset Name	Year End Asset Value	Account Number

***IMPORTANT NOTICE:** Obtaining a third party appraisal is the sole responsibility of the Plan Administrator. We do not perform appraisals of plan assets.

17. Did you make any plan contributions for this plan year? Yes No Amount Not Determined

If amount not determined. – Target Date of Contributions: _____

If yes, complete the following:

	Amount Contributed During Plan Year	+ Amount Contributed After Plan Year	= Total Plan Year Contribution
401(k) Deferrals			
Catch-Up Contributions			
Profit Sharing			
Money Purchase			
Transfer In / Rollover			

18. Total plan asset value at the end of this plan year: _____

19. Do any participants have loans? Yes No

If yes, complete the following:

Name	Plan Year loan was taken	Beginning of Plan Year Loan Balance (Principal Only)	End of Plan Year Loan Balance (Principal Only)	In Default
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

20. List all owner/employer, partners, and spouses that participated in the plan:

Name	Relationship to Owner	Annual Compensation	Number of Hours Worked this Plan Year	Deposit Date	Contribution Amount

21. Are there any new employees who are eligible to participate in the Plan?..... Yes No

If yes, PLEASE NOTE: for new participants, list compensation earned after the plan entry date only.

Name	Date of Birth	Date of Hire	Social Security Number	Number of Hours Worked this Plan Year	Annual Compensation	Deposit Date	Contribution Amount

22. Did any participants terminate service during this year? Yes No

If yes, PLEASE NOTE: Any participant who worked over 500 hours is entitled to a contribution if one is made.

Name	Date of Termination	Vested %	Distribution Amount Paid	Number of Hours Worked this Plan Year	Deposit Date	Contribution Amount

23. Are there any other plan participants?

If yes, complete the following:

Name	Relationship to Owner	Annual Compensation	Number of Hours Worked this Plan Year	Deposit Date	Contribution Amount

24. Total number of employees at plan year end: _____

25. ****FORWARD YEAR-END COPY OF BROKERAGE STATEMENTS FOR EACH PLAN PARTICIPANT**

VIA: Mail Fax

Would you like us to perform the 402(g) and 415 test? Yes No

Section 415 (415) of the Internal Revenue Code (IRC) limits the amount of contributions that can be credited to any participant's account. For 2006, the limit is 100% of compensation, up to \$44,000. We perform a 415 contribution limits test to verify that your plan stays within these guidelines. If your plan requires a 415 correction, the refund should be made as soon as possible. Refunds of the amounts in excess of the 415 limits are taxable in the year distributed. Please note, that catch-up contributions (if applicable) are not included in 415 limits testing.

In addition, section 402(g) (402(g)) of the IRC limits the amount of elective deferrals that a participant can make to 100% of compensation, up to \$15,000 for 2006. We also perform a test to make sure your plan stays within this guideline. If your plan requires a 402(g) correction, the refund must be made before **April 15, 2007**. The excess deferral is taxed in the year to which it relates. The interest on the amount (if any) is taxable in the year it is distributed. Please note, that catch-up contributions (if applicable) are not included in these limits.

Compensation for a self-employed individual is defined as earned income. If your spouse is a participant in your plan and is not considered self-employed, you must report your spouse's compensation as selected in Section S2 of your Adoption Agreement. **PLEASE NOTE THAT THE COMPENSATION YOU PROVIDE MUST INCLUDE ANY ELECTIVE CONTRIBUTIONS.** Some examples of elective contributions include salary reduction contributions to:

- 401(k) plans
- Section 125 plans
- 403(b)(7) tax-sheltered annuity plans
- Simplified employee pension plans
- Code section 457 plans
- Qualified transportation fringe benefits

Participant Name	Relationship to Owner	Gross Compensation	Amount of Deferrals	Total Profit Sharing Contribution*	Catch-up Amount (If any)	Termination Date (If applicable)

*Please include any contributions made after the end of year that relate to this plan year. Your profit sharing contribution does not include any elective deferral or catch-up deferral amounts.

Reminder: The Principal Trust Company individual 401(k) plan does not support accounts for common-law employees. If you have common-law employees or plan to add common-law employees, please call our Client Contact Center at 800-209-9010 about a product that is right for you.

****REMINDER: IF ANOTHER FIRM HELPED YOU WITH FORM 5500 PREPARATION FOR THIS PLAN IN THE PREVIOUS PLAN YEAR, PLEASE SEND US A COPY OF THAT FORM. ALSO, INCLUDE A BREAKDOWN OF YEAR-END VALUES FOR EACH PLAN PARTICIPANT.****

***IF YOU NEED TO FORWARD COPIES OF ANY DOCUMENTS TO US, SEND THEM TO:**

GENERAL REGULAR:

PRINCIPAL TRUST COMPANY
P.O. BOX 8963
WILMINGTON, DE 19899-8963
FAX: 302-999-9554

GENERAL OVERNIGHT:

PRINCIPAL TRUST COMPANY
1013 CENTRE ROAD
WILMINGTON, DE 19805

I certify that all of the information contained herein is complete and accurate to the best of my knowledge. I understand that this information will be the basis for preparation of the annual report for the plan. I further understand that if information is inaccurate, incorrect, or missing and results in erroneous reporting or disclosures, I will accept full responsibility and hold Principal Trust Company harmless for liabilities arising from preparing corrected forms and the cost arising thereof.

Authorized Signor Name: _____

Authorized Signor Initials: _____