

Annual Report of Trust Assets

FFIEC 001
Reporting Year 1985

This report is authorized by law:
12 U.S.C. 1817-Federal Deposit Insurance Corporation
12 U.S.C. 248(a) and 1844(a)-Federal Reserve System
12 U.S.C. 1484, 1725, 1730-Federal Home Loan Bank Board
12 U.S.C. 161 and 1817-Office of the Comptroller of the Currency

Place label here.

** SAMPLE **

Name of financial institution

City

State

Please check all of the statements which apply to your institution and follow the instructions applicable to each checked statement:

1. Fiduciary powers granted but *not* exercised:

(Sign and return this page. *Do not complete Schedules A through D.*)

2. Fiduciary powers granted and exercised:

a. No dollar values to report:

(Sign and return this page—*do not complete Schedules A through D*)

b. Personal and employee benefit trusts, estates, and employee benefit and other agencies:

(*Complete and return Schedule A*)

c. Collective Investment Fund(s):

(*Complete and return Schedule B*)

d. Corporate Trusts:

(*Complete and return Schedule C*)

e. Affiliated or subsidiary investment advisor(s) used by reporting institution:

(*Please send Schedule D to the investment advisor(s) for completion*)

	1.
	2.a.
	2.b.
	2.c.
	2.d.
	2.e.

Name(s) of affiliated or subsidiary investment
advisor(s) to which Schedule D was sent:

Signature of officer authorized to sign this report

Name of authorized officer (please print or type)

Title of authorized officer (please print or type)

Area Code/Telephone Number

Date signed

** SAMPLE **

Name of financial institution

City

State

Schedule A—Annual Report of Trust Assets

SAMPLE

[illegible]

Name of person to whom inquiries may be directed

Area Code/Telephone Number 

Schedule B—Collective Investment Funds

	Name of Fund'	Classification		Type of Fund	Total Assets of Fund (thousands of dollars)			Number of Participating Accounts in Fund
		Code	Code		Bill	Mill	Thou	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.			** S A M P L E **					
11.								
12.								
13.								
14.								
15.								

Classification
(Enter only one code for each fund)

01 Personal Trust
02 Employee Benefit
03 Keogh (HR 10)
04 Charitable Trust
05 Other

Type of Fund
(Enter one code for each fund)

01 Equity
02 Diversified or Balanced
03 Fixed Income
04 Municipal Bond
05 Real Estate Equity
06 Short Term Investment

07 Mortgage
08 Foreign Equity
09 Foreign Fixed Income
10 Index Equity
11 Index Fixed Income
12 Other

1. Please type or print. Do not use more than one line per fund. Do not repeat your bank's name if it is included in the name of the fund.

Name and title of person to whom inquiries may be directed _____ Area Code/Telephone Number _____

Name of financial institution

City

State

Schedule C—Corporate Trusts

**** SAMPLE ****

Type of Account	Column A Number of Issues	Column B Principal Amount of Outstanding Securities (000)s			
		Bl	Mill	Thou	
1. Corporate Securities Trusteeships					1.
2. Tax Exempt Securities Trusteeships					2.
3. Stock/Bond Transfer Agent/Registrar					3.
4. Mutual Fund Transfer Agent					4.
5. Separate Dividend and Interest/Coupon Paying Agent					5.
6. All Other Corporate Agencies					6.
7. Totals					7.

Name and title of person to whom inquiries may be directed

Area Code/Telephone Number

Schedule D—Affiliated Investment Advisor

Investment Advisor:

1. _____
Name

2. _____
Location

Affiliates Advised:

Use additional pages if more than one affiliate is advised.

5. _____
Name(s)

6. _____
Location

Parent Organization:

3. _____
Name

4. _____
Location:

**** S A M P L E ****

**Description of Investment
Advisor Activities**

Description of Investment Advisor Activities	Category I									Category II			Totals			
	Assets Advised for Affiliated Institutions									All Other Assets Advised						
	Column A			Column B			Column C			Column D			Column E			
	Personal Trust Accounts			Employee Benefit Accounts			All Other Accounts			All Accounts			Sum of A through D			
Dollar Amount in Thousands	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	Bil	Mil	Thou	
7. Total Assets (Market Value) . . .																7.
8. Total Number of Accounts																8.

NOTE: If this schedule is received by an advisor from more than one affiliated bank or savings and loan association, assets serviced for all affiliated banks and savings and loan associations should be totaled and reported on one Schedule D (refer to Specific Instructions for Schedule D printed on the back of this form).

Return the completed schedule to:

Federal Financial Institutions Examination Council
1776 G Street, N.W., Suite 701
Washington, D.C. 20006

Signature of officer authorized to sign this report

Title of authorized officer (please print or type)

Date signed

Name of authorized officer (please print or type)

Area Code/Telephone Number

**** S A M P L E ****

Schedule D—Affiliated Investment Advisor

SPECIFIC INSTRUCTIONS

SCOPE

This schedule should be completed by each registered investment advisor subsidiary or affiliate that furnish advice with respect to the trust assets of one or more trust departments of affiliated institutions. Please duplicate this form as necessary.

WHERE TO FILE

The completed Schedule D should be filed with:
Federal Financial Institutions Examination Council
1776 G Street, N.W.
Suite 701
Washington, D.C. 20006

WHAT TO REPORT

The total market value of assets advised by the registered investment advisor should be reported. These assets should be reported in two overall categories: (I) those assets of affiliated trust institutions for which advice is provided, and (II) all other assets for which advice is provided. If advice is provided for more than one affiliated institution, the assets of all such affiliates should be totaled and reported in the aggregate on one Schedule D.

Items 1 and 2. Report the name and location of the registered investment advisor.

Items 3 and 4. Report the name and location of the investment advisor's parent organization.

Items 5 and 6. Report the name and location of each affiliate for which advice is provided by the investment advisor.

CATEGORY I—ASSETS ADVISED FOR AFFILIATED INSTITUTIONS

Items 7 and 8 (Column A). Personal Trust Accounts: Report the total assets and number of personal trust accounts advised. Include all testamentary, inter-vivos, and other private trusts. (If categories of accounts are not available, include all assets advised under "All Other Accounts"—Column C.)

Items 7 and 8 (Column B). Employee Benefit Accounts: Report the total assets and number of employee benefit trust accounts advised, including IRA and Keogh accounts. (If categories of accounts are not available, include all assets advised under "All Other Accounts"—Column C.)

Items 7 and 8 (Column C). All Other Accounts: Report the total assets and number of any other accounts, for example, escrow, or managing agency accounts.

CATEGORY II—ALL OTHER ASSETS ADVISED

Items 7 and 8 (Column D). All Accounts: Report the total assets and number of accounts advised for which an affiliated bank is not named in a fiduciary capacity.

Items 7 and 8 (Column E). Totals: Report the total of assets and number of accounts in each of the four account categories (Columns A through D).