

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. 181 and 1817-Office of the Comptroller of the Currency

Place label here.

** S A M P L E **

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:

Name of authorized officer (please print or type)

Signature of officer authorized to sign this report

Title of authorized officer (please print or type)

Area Code/Telephone Number

Date signed

* S A M P L E *

City _____

State _____

Schedule A—Annual Report of Trust Assets

** S A M P L E **

Assets	Market Value (Dollar amounts in thousands)												Column D Employee Benefit Agencies	Column E All Other Agencies	Column F Total
	Column A Employee Benefit Trusts Bil	Column B Personal Trusts Thou	Column C Estates Bil	Column C Estates Thou	Column C Estates Bil	Column C Estates Thou	Column D Employee Benefit Agencies Bil	Column D Employee Benefit Agencies Thou	Column E All Other Agencies Bil	Column E All Other Agencies Thou	Column F Total Bil	Column F Total Thou			
1. NonInterest-Bearing Deposits— Own													1.		
2. NonInterest-Bearing Deposits— Other													2.		
3. Interest Bearing Deposits—Own													3.		
4. Interest-Bearing Deposits—Other													4.		
5. U.S. Government and Agency Obligations													5.		
6. State, County and Municipal Obligations													6.		
7. Money Market Mutual Funds													7.		
8. Other Short Term Obligations													8.		
9. Other Notes and Bonds													9.		
10. Common and Preferred Stocks													10.		
11. Real Estate Mortgages													11.		
12. Real Estate													12.		
13. Miscellaneous Assets													13.		
14. Total Discretionary Assets (sum of Items 1 through 13)													14.		
15. Total Number of Discretionary Accounts													15.		
16. Total Non-Discretionary Assets													16.		
17. Total Number of Non- Discretionary Accounts													17.		
18. Total Assets (sum of Items 14 and 16)													18.		
19. Total Number of Accounts (sum of Items 15 and 17)													19.		

Schedule B—Collective Investment Funds

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

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)

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

Classification

(Enter only 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

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

Schedule C—Corporate Trusts

* SAMPLE *

Type of Account

1. Corporate Securities Trusteeships
2. Tax Exempt Securities Trusteeships
3. Stock/Bond Transfer Agent/Registrar
4. Mutual Fund Transfer Agent
5. Separate Dividend and Interest/Coupon Paying Agent
6. All Other Corporate Agencies
7. Totals

Column A Number of Issues	Column B Principal Amount of Outstanding Securities (000)s		
	Bil	Mil	Thou

Schedule D—Affiliated Investment Advisor**Investment Advisor:**1. _____
Name2. _____
Location**Affiliates Advised:**

Use additional pages if more than one affiliate is advised.

5. _____
Name(s)6. _____
Location**Parent Organization:**3. _____
Name4. _____
Location:**** S A M P L E ****

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)....															
8. Total Number of Accounts....															

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
1778 G Street, N.W., Suite 701
Washington, D.C. 20006

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

* * * 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).