CONTRIBUTION REPORT

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

For Contributions: 01/01/2011 - 12/31/2011

SSN	Employee Name	EE Accrued	EE Actual	ER Accrued	ER Actual	Total Accrued	Total Actual	Difference
333-33-3333	**Ach-Zambrano, Carlc**	**1,700.00**	**1,700.00**	**400.00**	**400.00**	**2,100.00**	**2,100.00**	**0.00**
	HDHP	800.00	800.00	400.00	400.00	1,200.00	1,200.00	0.00
	Ins. Total:	**800.00**	**800.00**	**400.00**	**400.00**	**1,200.00**	**1,200.00**	**0.00**
	DCAP	500.00	500.00	0.00	0.00	500.00	500.00	0.00
	MFSA	400.00	400.00	0.00	0.00	400.00	400.00	0.00
	Reimb. Total:	**900.00**	**900.00**	**0.00**	**0.00**	**900.00**	**900.00**	**0.00**
123-45-6789	**Allen, Carl**	**520.00**	**520.00**	**200.00**	**200.00**	**720.00**	**720.00**	**0.00**
	HDHP	480.00	480.00	200.00	200.00	680.00	680.00	0.00
	Ins. Total:	**480.00**	**480.00**	**200.00**	**200.00**	**680.00**	**680.00**	**0.00**
	MFSA	40.00	40.00	0.00	0.00	40.00	40.00	0.00
	Reimb. Total:	**40.00**	**40.00**	**0.00**	**0.00**	**40.00**	**40.00**	**0.00**
234-21-2456	**Debit, Joan**	**1,568.00**	**1,568.00**	**300.00**	**300.00**	**1,868.00**	**1,868.00**	**0.00**
	HDHP	600.00	600.00	300.00	300.00	900.00	900.00	0.00
	Ins. Total:	**600.00**	**600.00**	**300.00**	**300.00**	**900.00**	**900.00**	**0.00**
	DCAP	800.00	800.00	0.00	0.00	800.00	800.00	0.00
	MFSA	168.00	168.00	0.00	0.00	168.00	168.00	0.00
	Reimb. Total:	**968.00**	**968.00**	**0.00**	**0.00**	**968.00**	**968.00**	**0.00**
246-47-1200	**Fine, Larry**	**1,020.00**	**1,020.00**	**0.00**	**0.00**	**1,020.00**	**1,020.00**	**0.00**
	DCAP	700.00	700.00	0.00	0.00	700.00	700.00	0.00
	MFSA	320.00	320.00	0.00	0.00	320.00	320.00	0.00
	Reimb. Total:	**1,020.00**	**1,020.00**	**0.00**	**0.00**	**1,020.00**	**1,020.00**	**0.00**
Grand Totals:		**4,808.00**	**4,808.00**	**900.00**	**900.00**	**5,708.00**	**5,708.00**	**0.00**

Contribution Totals By Benefit:

Premium Benefits:		EE Accrued	EE Actual	ER Accrued	ER Actual	Total Accrued	Total Actual	Difference
HDHP	High Deductible Health Plan	1,880.00	1,880.00	900.00	900.00	2,780.00	2,780.00	0.00
	Totals:	**1,880.00**	**1,880.00**	**900.00**	**900.00**	**2,780.00**	**2,780.00**	**0.00**

Reimbursement Benefits:		EE Accrued	EE Actual	ER Accrued	ER Actual	Total Accrued	Total Actual	Difference
DCAP	Dependent Care	2,000.00	2,000.00	0.00	0.00	2,000.00	2,000.00	0.00
MFSA	Medical Reimbursement	928.00	928.00	0.00	0.00	928.00	928.00	0.00
	Totals:	**2,928.00**	**2,928.00**	**0.00**	**0.00**	**2,928.00**	**2,928.00**	**0.00**
	Grand Totals:	**4,808.00**	**4,808.00**	**900.00**	**900.00**	**5,708.00**	**5,708.00**	**0.00**

ENROLLMENT REPORT

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

As Of: 02/24/2011

Benefit Code	Start Date	End Date	Last Payroll	Status	EE Pre	EE Post	ER Pre	ER Post	Election
Ach-Zambrano, Carlos		**333-33-3333**			**425.00**	**0.00**	**100.00**	**0.00**	
DCAP	01/01/11	12/31/11	12/31/11	Active	125.00	0.00	0.00	0.00	3,000.00
HDHP	01/01/11	12/31/11	12/31/11	Active	200.00	0.00	100.00	0.00	N/A
MFSA	01/01/11	12/31/11	12/31/11	Active	100.00	0.00	0.00	0.00	2,400.00
Allen, Carl		**123-45-6789**	**20**		**130.00**	**0.00**	**50.00**	**0.00**	
HDHP	01/01/11	12/31/11	12/31/11	Active	120.00	0.00	50.00	0.00	N/A
MFSA	01/01/11	12/31/11	12/31/11	Active	10.00	0.00	0.00	0.00	240.00
Debit, Joan		**234-21-2456**	**18**		**392.00**	**0.00**	**75.00**	**0.00**	
DCAP	01/01/11	12/31/11	12/31/11	Active	200.00	0.00	0.00	0.00	4,800.00
HDHP	01/01/11	12/31/11	12/31/11	Active	150.00	0.00	75.00	0.00	N/A
MFSA	01/01/11	12/31/11	12/31/11	Active	42.00	0.00	0.00	0.00	1,008.00
Fine, Larry		**246-47-1200**			**255.00**	**0.00**	**0.00**	**0.00**	
DCAP	01/01/11	12/31/11	12/31/11	Active	175.00	0.00	0.00	0.00	4,200.00
MFSA	01/01/11	12/31/11	12/31/11	Active	80.00	0.00	0.00	0.00	1,920.00

Enrollment Totals by Benefit:

Premium Benefits:

Benefit	Description	Participant Count	Employee Contribution	Employer Contribution		
HDHP	High Deductible Health Plan	3	470.00	225.00		
	Premium Totals:		470.00	225.00	=	695.00

Reimbursement Benefits:

Benefit	Description	Participant Count	Employee Contribution	Employer Contribution		
DCAP	Dependent Care	3	500.00	0.00		
MFSA	Medical Reimbursement	4	232.00	0.00		
	Reimbursement Totals:		732.00	0.00	=	732.00
	Totals:		1,202.00	225.00	**Grand Total:**	1,427.00

PLAN AND PARTICIPATION REPORT

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

For Dates: 01/01/2011 - 12/31/2011

	Eligible	Enrolled	Contributions Before Tax	Contributions After Tax	Contributions Total	Claims	Payments
Any Premium Benefit:	**12**	**3**	**2,780.00**	**0.00**	**2,780.00**		**0.00**
Any Health Benefit:			**2,780.00**	**0.00**	**2,780.00**		**0.00**
High Deductible Health Plan	12	3	2,780.00	0.00	2,780.00		0.00
Any Reimbursement Benefit:	**12**	**4**	**2,928.00**	**0.00**	**2,928.00**	**865.00**	**865.00**
Any Dependent Care Benefit:			**2,000.00**	**0.00**	**2,000.00**	**600.00**	**600.00**
Dependent Care	12	3	2,000.00	0.00	2,000.00	600.00	600.00
Any Medical Reimbursement Benefit:			**928.00**	**0.00**	**928.00**	**265.00**	**265.00**
Medical Reimbursement	12	4	928.00	0.00	928.00	265.00	265.00
Any Benefit:	**12**	**4**	**5,708.00**	**0.00**	**5,708.00**	**865.00**	**865.00**

Total Number of Employees:	12
Number of Reimbursement Claims:	4
Number of Reimbursement Claim Items:	6

Checkbook Activity Summary:	Number	Amount
Payment Transactions	**4**	**865.00**
Check	4	865.00
Reimbursement	4	865.00

*** NOTE: The above participation totals are based on enrollments as-of 12/31/2011**

ACCOUNT STATUS REPORT

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

For Transactions: 01/01/2011 - 12/31/2011

SSN	Employee Name	Annual Election	Begin Balance	Contributions Employee	Contributions Employer	Claims Received	Claims Approved	Claims Denied	Payments	Account Balance	Effective Balance
333-33-3333	**Ach-Zambrano, Carlos**		**0.00**	**1,700.00**	**400.00**	**315.00**	**315.00**	**0.00**	**315.00**	**1,785.00**	**6,285.00**
	DCAP	3,000.00	0.00	500.00	0.00	200.00	200.00	0.00	200.00	300.00	2,800.00
	HDHP		0.00	800.00	400.00	0.00	0.00	0.00	0.00	1,200.00	1,200.00
	MFSA	2,400.00	0.00	400.00	0.00	115.00	115.00	0.00	115.00	285.00	2,285.00
123-45-6789	**Allen, Carl**		**0.00**	**520.00**	**200.00**	**0.00**	**0.00**	**0.00**	**0.00**	**720.00**	**920.00**
	HDHP		0.00	480.00	200.00	0.00	0.00	0.00	0.00	680.00	680.00
	MFSA	240.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	40.00	240.00
234-21-2456	**Debit, Joan**		**0.00**	**1,568.00**	**300.00**	**550.00**	**550.00**	**0.00**	**550.00**	**1,318.00**	**6,158.00**
	DCAP	4,800.00	0.00	800.00	0.00	400.00	400.00	0.00	400.00	400.00	4,400.00
	HDHP		0.00	600.00	300.00	0.00	0.00	0.00	0.00	900.00	900.00
	MFSA	1,008.00	0.00	168.00	0.00	150.00	150.00	0.00	150.00	18.00	858.00
246-47-1200	**Fine, Larry**		**0.00**	**1,020.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,020.00**	**6,120.00**
	DCAP	4,200.00	0.00	700.00	0.00	0.00	0.00	0.00	0.00	700.00	4,200.00
	MFSA	1,920.00	0.00	320.00	0.00	0.00	0.00	0.00	0.00	320.00	1,920.00
Grand Totals:			**0.00**		**900.00**		**865.00**		**865.00**		**19,483.00**
				4,808.00		**865.00**		**0.00**		**4,843.00**	

Note: Date range for claims are as of the submission date.

Account Totals By Benefit:

Premium Benefits:

Benefit	Description	Begin Balance	Contributions Employee	Contributions Employer	Claims Received	Claims Approved	Claims Denied	Payments	Account Balance	Effective Balance
HDHP	High Deductible Health Plai		1,880.00		0.00		0.00		2,780.00	
		0.00		900.00		0.00		0.00		2,780.00
	Totals:	**0.00**		**900.00**		**0.00**		**0.00**		**2,780.00**
			1,880.00		**0.00**		**0.00**		**2,780.00**	

Reimbursement Benefits:

Benefit	Description	Begin Balance	Contributions Employee	Contributions Employer	Claims Received	Claims Approved	Claims Denied	Payments	Account Balance	Effective Balance
DCAP	Dependent Care		2,000.00		600.00		0.00		1,400.00	
		0.00		0.00		600.00		600.00		11,400.00
MFSA	Medical Reimbursement		928.00		265.00		0.00		663.00	
		0.00		0.00		265.00		265.00		5,303.00
	Totals:	**0.00**		**0.00**		**865.00**		**865.00**		**16,703.00**
			2,928.00		**865.00**		**0.00**		**2,063.00**	
	Grand Totals:	**0.00**		**900.00**		**865.00**		**865.00**		**19,483.00**
			4,808.00		**865.00**		**0.00**		**4,843.00**	

CHECK PAYMENT LIST

ABC Company Cafeteria Plan

All Plan Years

Check/ACH #	Type	Benefit Code	Date	SSN	Name	Amount
Check Payments:						
1	Check	**Check Payee:**	**Carlos Ach-Zambrano**			**200.00**
		DCAP	02/24/11	333-33-3333		200.00
2	Check	**Check Payee:**	**Carlos Ach-Zambrano**			**115.00**
		MFSA	02/24/11	333-33-3333		35.00
		MFSA	02/24/11	333-33-3333		50.00
		MFSA	02/24/11	333-33-3333		30.00
3	Check	**Check Payee:**	**Joan Debit**			**400.00**
		DCAP	02/24/11	234-21-2456		400.00
4	Check	**Check Payee:**	**Joan Debit**			**150.00**
		MFSA	02/24/11	234-21-2456		150.00

CHECK PAYMENT LIST

ABC Company Cafeteria Plan

All Plan Years

Check/ACH #	Type	Benefit Code	Date	SSN	Name	Amount

Summary By Payment Type:

Payment Type	Count	Payments
Total Checks:	4	-865.00
Total Amount:	4	-865.00

Summary By Benefit:

Reimbursement Benefits:

Benefit	Description	Payments
DCAP	Dependent Care	600.00
MFSA	Medical Reimbursement	265.00
	Reimbursement Payments:	865.00
	Total Payments:	865.00

Summary By Benefit Classification:

Reimbursement Benefits:

Classification	Payments
Dependent Care	600.00
Medical General	265.00
	865.00
Total Amount:	865.00

CHECK REGISTER REPORT

ABC Company Cafeteria Plan

All Plan Years

Status	Date	Type	Number	Payee	Memo	Payment	Deposit	Balance
							Beginning Balance: $	0.00
Printed	02/24/11	Check	1	Carlos Ach-Zambrano		200.00	0.00	-200.00
Printed	02/24/11	Check	2	Carlos Ach-Zambrano		115.00	0.00	-315.00
Printed	02/24/11	Check	3	Joan Debit		400.00	0.00	-715.00
Printed	02/24/11	Check	4	Joan Debit		150.00	0.00	-865.00

Summary By Payment Type:

Payment Type	Count	Payments
Total Checks:	4	-865.00
Total Amount:	4	-865.00

Summary By Benefit:

Reimbursement Benefits:

Benefit	Description	Payments
DCAP	Dependent Care	600.00
MFSA	Medical Reimbursement	265.00
	Reimbursement Payments:	865.00
	Total Payments:	865.00

Summary By Benefit Classification:

Reimbursement Benefits:

Classification	Payments
Dependent Care	600.00
Medical General	265.00
	865.00
Total Amount:	865.00

CLAIM REGISTER REPORT

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

For Claims Submitted: 01/01/2011 - 12/31/2011

Claim#	Name / Status	SSN / Provider/Notes	Submitted / Incurred	Benefit / Claim Code	Request	Approved	Denied	Paid	Pending
1	**Debit, Joan**	**234-21-2456**	**02/24/11**	**DCAP**	**400.00**	**400.00**	**0.00**	**400.00**	**0.00**
	Approved		01/31/11	Dependent Child	400.00	400.00	0.00	400.00	0.00
2	**Debit, Joan**	**234-21-2456**	**02/08/11**	**MFSA**	**150.00**	**150.00**	**0.00**	**150.00**	**0.00**
	Approved		01/15/11	Vision	150.00	150.00	0.00	150.00	0.00
3	**Ach-Zambrano, Carlos**	**333-33-3333**	**02/07/11**	**MFSA**	**115.00**	**115.00**	**0.00**	**115.00**	**0.00**
	Approved		02/05/11	Vision	35.00	35.00	0.00	35.00	0.00
	Approved		02/01/11	Prescription	50.00	50.00	0.00	50.00	0.00
	Approved		02/01/11	Physician	30.00	30.00	0.00	30.00	0.00
4	**Ach-Zambrano, Carlos**	**333-33-3333**	**02/21/11**	**DCAP**	**200.00**	**200.00**	**0.00**	**200.00**	**0.00**
	Approved		01/31/11	Dependent Child	200.00	200.00	0.00	200.00	0.00
5	**Ach-Zambrano, Carlos**	**333-33-3333**	**02/25/11**	**DCAP**	**500.00**	**500.00**	**0.00**	**0.00**	**500.00**
	Approved		01/12/11		500.00	500.00	0.00	0.00	500.00
6	**Ach-Zambrano, Carlos**	**333-33-3333**	**02/25/11**	**MFSA**	**222.00**	**222.00**	**0.00**	**0.00**	**222.00**
	Approved		02/02/11	Vision	222.00	222.00	0.00	0.00	222.00
7	**Debit, Joan**	**234-21-2456**	**02/25/11**	**MFSA**	**125.00**	**125.00**	**0.00**	**0.00**	**125.00**
	Approved		02/12/11	Prescription-Gen	125.00	125.00	0.00	0.00	125.00

Summary By Benefit:

		Claims	Requested	Approved	Denied	Paid	Pending
DCAP	Dependent Care	3	1,100.00	1,100.00	0.00	600.00	500.00
MFSA	Medical Reimbursement	4	612.00	612.00	0.00	265.00	347.00
	Totals:	7	1,712.00	1,712.00	0.00	865.00	847.00

PAYMENT DETAIL REPORT

ABC Company Cafeteria Plan

All Plan Years

Payment Dates: 01/01/2011 - 12/31/2011

Reimbursement Benefits

Benefit	Date Paid	P.Y.E.	Claim #	Line #	Amount	Payment #	Type
Ach-Zambrano, Carlos		**333-33-3333**			**315.00**		
DCAP	02/24/2011	12/31/2011	4	1	200.00	1	Check
MFSA	02/24/2011	12/31/2011	3	1	35.00	2	Check
MFSA	02/24/2011	12/31/2011	3	2	50.00	2	Check
MFSA	02/24/2011	12/31/2011	3	3	30.00	2	Check
Debit, Joan		**234-21-2456**	**18**		**550.00**		
DCAP	02/24/2011	12/31/2011	1	1	400.00	3	Check
MFSA	02/24/2011	12/31/2011	2	1	150.00	4	Check

Total Reimbursement Payments:

Benefit		P.Y.E.	Amount
DCAP	Dependent Care	12/31/2011	600.00
MFSA	Medical Reimbursement	12/31/2011	265.00
Total:			865.00

Plan Year Ending	Amount
12/31/2011	865.00

ILLUSTRATION OF PROPOSED COST REDUCTIONS

ABC Company Cafeteria Plan

Plan Year: 01/01/2011 - 12/31/2011

As Of: 02/24/2011

Census Assumptions

Number of Eligible Employees: 12
Number of Participants: 3

For the average employee participating in the plan:

	Without Plan	With Plan
Gross (before tax) Annual Income	106,666.67	106,666.67
Average deduction for all returns	3,200.00	3,200.00
Benefits Purchased With Before-Tax Income	0.00	7,576.00
Taxable Income	103,466.67	95,890.67
ESTIMATED WITHHOLDING:		
Federal Income Tax	25,803.00	23,741.00
Social Security (FICA)	4,674.67	4,305.90
State Income Tax	3,044.00	2,816.72
Total	33,521.67	30,863.62
Net (after tax) Pay	69,945.00	65,027.04
Benefits Purchased With After Tax Income	7,576.00	0.00
Total Spendable Income	62,369.00	65,027.04
Net INCREASE in spendable income		**2,658.04**

Employer Summary:

Payroll Subject To Taxes	310,400.00	287,672.00
Employer FICA @ 7.65%	23,745.60	22,006.91
WC, FUT, SUT, Local @ 0%	0.00	0.00
Total Taxes	23,745.60	22,006.91
Gross Pay	320,000.00	320,000.00
Taxes	23,745.60	22,006.91
Payroll-Related Expenses	343,745.60	342,006.91
Employer Savings	0.00	1,738.69
Increased Take-Home Pay (EE tax savings)	0.00	7,974.13
Total Employer And Employee Savings	0.00	9,712.82

All figures used on this proposal are approximate and are for discussion purposes only.