

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor Pension and  
Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2000**

**This Form is Open to  
Public Inspection.**

For the calendar plan year 2000  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ►

□□□

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number

□□-□□□□□□

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	00	00
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	00	00
<b>(2)</b> Participant contributions .....	00	00
<b>(3)</b> Other .....	00	00
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	00	00
<b>(2)</b> U.S. Government securities .....	00	00
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	00	00
<b>(B)</b> All other .....	00	00
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	00	00
<b>(B)</b> Common .....	00	00
<b>(5)</b> Partnership/joint venture interests .	00	00

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(a) Beginning of Year

(b) End of Year

(6) Real estate (other than employer real property) .....	00	00
(7) Loans (other than to participants) ...	00	00
(8) Participant loans.	00	00
(9) Value of interest in common/collective trusts ...	00	00
(10) Value of interest in pooled separate accounts .....	00	00
(11) Value of interest in master trust investment accounts .....	00	00
(12) Value of interest in 103-12 investment entities .....	00	00
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	00	00
(14) Value of funds held in insurance company general account (unallocated contracts) ..	00	00
(15) Other .....	00	00
<b>d Employer-related investments:</b>		
(1) Employer securities .....	00	00
(2) Employer real property .....	00	00
<b>e Buildings and other property used in plan operation .....</b>	00	00
<b>f Total assets (add all amounts in lines 1a through 1e) ...</b>	00	00
<b>Liabilities</b>		
<b>g Benefit claims payable</b>	00	00
<b>h Operating payables ....</b>	00	00
<b>i Acquisition indebtedness .....</b>	00	00
<b>j Other liabilities .....</b>	00	00
<b>k Total liabilities (add all amounts in lines 1g through 1j) ....</b>	00	00
<b>Net Assets</b>		
<b>l Net assets (subtract line 1k from line 1f) ....</b>	00	00

1 7 0 0 0 0 0 2 0 A



**Part II Income and Expenses Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

**a Contributions:**

(a) Amount

(1) Received or receivable in cash from:

(A) Employers .....

(B) Participants .....

(C) Others (including rollovers) .....

(2) Noncash contributions .....

Grid for entering amounts for lines 2a(1)(A), (B), (C), and 2a(2). Each row has 10 columns for digits and a .00 column.

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....

Grid for entering total amount for line 2a(3).

**b Earnings on investments: (1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....

(B) U.S. Government securities .....

(C) Corporate debt instruments .....

(D) Loans (other than to participants) .....

(E) Participant loans .....

(F) Other .....

Grid for entering amounts for lines 2b(1)(A) through (F).

(G) Total interest. Add lines 2b(1)(A) through (F) .....

Grid for entering total amount for line 2b(1)(G).

(2) Dividends:

(A) Preferred stock .....

(B) Common stock .....

(C) Total dividends. Add lines 2b(2)(A) and (B) .....

Grid for entering amounts for lines 2b(2)(A) and (B).

Grid for entering total amount for line 2b(2)(C).

(3) Rents .....

Grid for entering amount for line 2b(3).

(4) Net gain (loss) on sale of assets:

(A) Aggregate proceeds .....

(B) Aggregate carrying amount (see instructions) .....

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....

Grid for entering amounts for lines 2b(4)(A) and (B).

Grid for entering result for line 2b(4)(C).

1 7 0 0 0 0 0 3 0 B



(5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate .....

Grid for (a) Amount with 10 columns and 2 rows.

(B) Other .....

(b) Total

(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....

Grid for (b) Total with 10 columns and 10 rows.

(6) Net investment gain (loss) from common/collective trusts .....

(7) Net investment gain (loss) from pooled separate accounts .....

(8) Net investment gain (loss) from master trust investment accounts .....

(9) Net investment gain (loss) from 103-12 investment entities .....

(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....

c Other income .....

d Total income. Add all income amounts in column (b) and enter total .....

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers .....

Grid for (1) with 10 columns and 2 rows.

(2) To insurance carriers for the provision of benefits .....

Grid for (2) with 10 columns and 2 rows.

(3) Other .....

Grid for (3) with 10 columns and 2 rows.

(4) Total benefit payments. Add lines 2e(1) through (3) .....

Grid for (b) Total (continued) with 10 columns and 4 rows.

f Corrective distributions (see instructions) .....

g Certain deemed distributions of participant loans (see instructions) .....

h Interest expense .....

i Administrative expenses:

(1) Professional fees .....

Grid for (1) with 10 columns and 2 rows.

(2) Contract administrator fees .....

Grid for (2) with 10 columns and 2 rows.

(3) Investment advisory and management fees ...

Grid for (3) with 10 columns and 2 rows.

(4) Other .....

Grid for (4) with 10 columns and 2 rows.

(5) Total administrative expenses. Add lines 2i(1) through (4) .....

Grid for (b) Total (continued) with 10 columns and 2 rows.

j Total expenses. Add all expense amounts in column (b) and enter total .....

1 7 0 0 0 0 0 4 0 C





Yes No Amount

- f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   [Amount field] 00
- g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....   [Amount field] 00
- h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....   [Amount field] 00
- i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements) .....
- j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements) .....
- k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year .....   [Amount field] 00

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan

[Name of plan input field]

5b(2) EIN

[EIN input field]

5b(3) PN

[PN input field]

5b(1) Name of plan

[Name of plan input field]

5b(2) EIN

[EIN input field]

5b(3) PN

[PN input field]

5b(1) Name of plan

[Name of plan input field]

5b(2) EIN

[EIN input field]

5b(3) PN

[PN input field]

5b(1) Name of plan

[Name of plan input field]

5b(2) EIN

[EIN input field]

5b(3) PN

[PN input field]

1 7 0 0 0 0 0 6 0 E

