SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

A Name of plan

For calendar year 1999 or fiscal plan year beginning

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

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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.

and ending

B Three-digit plan number

D Employer Identification Number

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OMB No. 1210-0110

1999

This Form is Open to Public Inspection.

ra	I L I	Asset and Liability Statement			
	trus vali yea	rrent value of plan assets and liabilities at the beginning and end of the plan year. st. Report the value of the plan's interest in a commingled fund containing the asseue is reportable on lines c(9) through c(14). Do not enter the value of that portion our, to pay a specific dollar benefit at a future date. Round off amounts to the near 1h, 1i, and, except for master trust investment accounts, also do not complete lines.	ets of more of an insur est dollar	e than one plan on a line- rance contract which guar r. DFEs do not complete li	by-line basis unless the antees, during this plan
		Assets		(a) Beginning of Year	(b) End of Year
а	Tot	al noninterest-bearing cash	а		
		ceivables (less allowance for doubtful accounts):			
	(1)	Employer contributions	b(1)		
	(2)	Participant contributions	b(2)		
	(3)	Other	b(3)		
С	Ge	neral investments:			
	(1)	Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)		
	(2)	U.S. Government securities	c(2)		
	(3)	Corporate debt instruments (other than employer securities):			
		(A) Preferred	c(3)(A)		
		(B) All other	c(3)(B)		
	(4)	Corporate stocks (other than employer securities):			
		(A) Preferred	c(4)(A)		
		(B) Common	c(4)(B)		
	(5)	Partnership/joint venture interests	c(5)		
	(6)	Real estate (other than employer real property)	c(6)		
	(7)	Loans (other than to participants)	c(7)	_	
	(8)	Participant loans	c(8)		
	(9)	Value of interest in common/collective trusts	c(9)		
(10)	Value of interest in pooled separate accounts	c(10)		
(11)	Value of interest in master trust investment accounts	c(11)		
(12)	Value of interest in 103–12 investment entities	c(12)		
(13)	Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14)	Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15)	Other	c(15)		
or	Dan	erwork Reduction Act Notice and OMB Control Numbers see the instructions	for Form	5500 V23 Sch	edule H (Form 5500) 1000

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(1) Employer securities.....

Operating payables.....

Net Assets

d Employer-related investments:

i

(a) Beginning of Year

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(b) End of Year				
·				

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.

d(1)

d(2)

g

h

i j

k

		Income		(a) Amount	(b) Total
а	Con	tributions:			
	(1)	Received or receivable in cash from: (A) Employers	a(1)(A)		
		(B) Participants	a(1)(B)		
		(C) Others (including rollovers)	a(1)(C)		
	(2)	Noncash contributions	a(2)		
	(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		
b	Earr	nings on investments:			
	(1)	Interest:			
		(A) Interest-bearing cash (including money market			
		accounts and certificates of deposit)	b(1)(A)		
		(B) U.S. Government securities	b(1)(B)		
		(C) Corporate debt instruments:	(1)(C)		
		(D) Loans (other than to participants)	b(1)(D)		
		(E) Participant loans	b(1)(E)		
		(F) Other	b(1)(F)		
		(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		
	(2)	Dividends: (A) Preferred stock	b(2)(A)		
		(B) Common stock	b(2)(B)		
		(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		
	(3)	Rents	b(3)		
	(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)		
		(B) Aggregate carrying amount (see instructions)	b(4)(B)		
		(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.	b(4)(C)		

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			(a) Amount	(b) Total
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)		
	(B) Other	b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	b(8)		
	(9) Net investment gain (loss) from 103–12 investment entities	b(9)		
	(10) Net investment gain (loss) from registered investment companies	, ,		
	(e.g., mutual funds)	b(10)		
С	Other income	C		
d	Total income. Add all income amounts in column (b) and enter total	d		
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	e(1)		
	(2) To insurance carriers for the provision of benefits	e(2)		
	(3) Other	e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		
f	Corrective distributions (see instructions)	f		
g	Certain deemed distributions of participant loans (see instructions)	g		
h	Interest expense	h		
i	Administrative expenses: (1) Professional fees	i(1)		
	(2) Contract administrator fees	i(2)		
	(3) Investment advisory and management fees	i(3)		
	(4) Other	i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)		
j	Total expenses. Add all expense amounts in column (b) and enter total	j		
	Net Income and Reconciliation			
k	Net income (loss) (subtract line 2j from line 2d)	k		
ı	Transfers of assets			
	(1) To this plan	I(1)		
	(2) From this plan	I(2)		
Pa	art III Accountant's Opinion			
3	The opinion of an independent qualified public accountant for this plan is (see insti	•		
_		ualified (3) Disclaimer (4)	Adverse
b	Not attached because: (1) the Form 5500 is filed for a CCT, PSA or MTIA.			
	(2) the opinion will be attached to the next Form 5500	•		_
	Check this box if the accountant performed a limited scope audit pursuant to 29 Cl			(d)
d	If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting	firm) ▶	

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P	art IV	Transactions During Plan Year
4	CCTs	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5.
	103-1	PIEs also do not complete 4i.

	During the plan year:		Yes	No	Amount
а	Did the employer fail to transmit to the plan any participant contributions within the maximum				
	time period described in 29 CFR 2510.3-102? (see instructions)	а			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close				
	of plan year or classified during the year as uncollectible? Disregard participant loans secured				
	by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	b			
С	Were any leases to which the plan was a party in default or classified during the year as				
	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	С			
d	Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach				
	Schedule G (Form 5500) Part III if "Yes" is checked)	d			
е	Was this plan covered by a fidelity bond?	е			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was				
	caused by fraud or dishonesty?	f			
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?	g			
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?	h			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is				
	checked, and see instructions for format requirements)	i			
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)	j			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another				
	plan or brought under the control of the PBGC?	k			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If	yes	, enter	the a	mount of any plan assets that
	reverted to the employer this year	No	A	moun	t
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in	dent	ify the	plan(s	s) to which assets or liabilities
	were transferred. (See instructions).				
	5b(1) Name of plan(s) 5b(2) EIN(s)				5b(3) PN(s)

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