

**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

1999

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

**For the calendar year 1999
or fiscal plan year beginning**

/ /

, and ending

/ /

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 c(9) through c(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.

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



(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
d Employer-related investments:		
(1) Employer securities	00	00
(2) Employer real property	00	00
e Buildings and other property used in plan operation	00	00
f Total assets (add all amounts in lines 1a through 1e) ...	00	00
Liabilities		
g Benefit claims payable	00	00
h Operating payables	00	00
i Acquisition indebtedness	00	00
j Other liabilities	00	00
k Total liabilities (add all amounts in lines 1g through 1j)	00	00
Net Assets		
l Net assets (subtract line 1k from line 1f)	00	00

1 7 9 9 0 0 0 2 1 T



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

Grid for (1)(A) amount: 00

(B) Participants

Grid for (1)(B) amount: 00

(C) Others (including rollovers)

Grid for (1)(C) amount: 00

(2) Noncash contributions

Grid for (2) amount: 00

(b) Total

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

Grid for (3) total amount: 00

b Earnings on investments: (1) Interest:

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

Grid for (1)(A) amount: 00

(B) U.S. Government securities

Grid for (1)(B) amount: 00

(C) Corporate debt instruments

Grid for (1)(C) amount: 00

(D) Loans (other than to participants)

Grid for (1)(D) amount: 00

(E) Participant loans

Grid for (1)(E) amount: 00

(F) Other

Grid for (1)(F) amount: 00

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

Grid for (1)(G) total amount: 00

(2) Dividends:

(A) Preferred stock

Grid for (2)(A) amount: 00

(B) Common stock

Grid for (2)(B) amount: 00

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

Grid for (2)(C) total amount: 00

(3) Rents

Grid for (3) amount: 00

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

(A) Aggregate proceeds

Grid for (4)(A) amount: 00

(B) Aggregate carrying amount (see instructions)

Grid for (4)(B) amount: 00

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

Grid for (4)(C) result amount: 00

1 7 9 9 0 0 0 3 1 U



(5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate

Grid for (A) Real estate amount

(B) Other

Grid for (B) Other amount

(b) Total

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

Grid for (C) Total unrealized appreciation

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

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

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

Grid for (7) Net investment gain (loss) from pooled separate accounts

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

Grid for (8) Net investment gain (loss) from master trust investment accounts

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

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

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

Grid for (10) Net investment gain (loss) from registered investment companies

c Other income

Grid for c Other income

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

Grid for d Total income

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (1) Directly to participants or beneficiaries

(2) To insurance carriers for the provision of benefits

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

(3) Other

Grid for (3) Other

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

Grid for (4) Total benefit payments

f Corrective distributions (see instructions)

Grid for f Corrective distributions

g Certain deemed distributions of participant loans (see instructions)

Grid for g Certain deemed distributions of participant loans

h Interest expense

Grid for h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (1) Professional fees

(2) Contract administrator fees

Grid for (2) Contract administrator fees

(3) Investment advisory and management fees

Grid for (3) Investment advisory and management fees

(4) Other

Grid for (4) Other

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

Grid for (5) Total administrative expenses

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

Grid for j Total expenses

1 7 9 9 0 0 0 4 1 V



Net Income and Reconciliation

(b) Total

2k Net income (loss) (subtract line 2j from line 2d)	<input type="text"/>	.00
l Transfers of assets		
(1) To this plan	<input type="text"/>	.00
(2) From this plan	<input type="text"/>	.00

Part III Accountant's Opinion

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

a Attached to this Form 5500 and the opinion is: **(1)** Unqualified **(3)** Disclaimer
(2) Qualified **(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 pursuant to 29 CFR 2520.104-50.

c Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d)

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)

Name

EIN -

Part 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. 103-12 IEs also do not complete 4j.

During the plan year:	Yes	No	Amount
a 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
c 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
e Was this plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00



	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> .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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> .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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> .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)	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> .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

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

1 7 9 9 0 0 0 6 1 X

