

**SCHEDULE I
(Form 5500)**

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

Financial Information -- Small Plan

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**

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

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Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:	(a) Beginning of Year	(b) End of Year
a Total plan assets	<input type="text"/> .00	<input type="text"/> .00
b Total plan liabilities	<input type="text"/> .00	<input type="text"/> .00
c Net plan assets (subtract line 1b from line 1a)	<input type="text"/> .00	<input type="text"/> .00

2 Income, Expenses, and Transfers for this Plan Year:	(a) Amount	(b) Total
a Contributions received or receivable		
(1) Employers	<input type="text"/> .00	
(2) Participants	<input type="text"/> .00	
(3) Others (including rollovers)	<input type="text"/> .00	
b Noncash contributions	<input type="text"/> .00	
c Other income	<input type="text"/> .00	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)		<input type="text"/> .00

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(a) Amount

2e Benefits paid (including direct rollovers)

Grid for amount entry: 11 columns, 2 rows, ending in .00

f Corrective distributions (see instructions)

Grid for amount entry: 11 columns, 2 rows, ending in .00

g Certain deemed distributions of participant loans (see instructions)

Grid for amount entry: 11 columns, 2 rows, ending in .00

h Other expenses

Grid for amount entry: 11 columns, 2 rows, ending in .00

(b) Total

i Total expenses (add lines 2e, 2f, 2g, and 2h)

Grid for total amount entry: 11 columns, 2 rows, ending in .00

j Net income (loss) (subtract line 2i from line 2d)

Grid for total amount entry: 11 columns, 2 rows, ending in .00

k Net transfers

Grid for total amount entry: 11 columns, 2 rows, ending in .00

3 Specific Assets: If the plan held any assets in one or more of the following specific categories, check yes and enter the current value as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

Yes No

Amount

a Partnership/joint venture interests

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

b Employer real property

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

c Real estate (other than employer real property)

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

d Employer securities

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

e Participant loans

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

f Loans (other than to participants)

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

g Tangible personal property

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

Part II Transactions During Plan Year

4 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)

Yes/No checkboxes and amount grid (11 columns, 2 rows, .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 participants' account balance

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible?

Yes/No checkboxes and amount grid (11 columns, 2 rows, .00)

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	Yes	No	Amount
d Did the plan engage in any nonexempt transaction with any party-in-interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
j 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"/>	

	Yes	No	Amount
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

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5b(3) PN

5b(1) Name of plan

5b(2) EIN

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5b(3) PN

5b(1) Name of plan

5b(2) EIN

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5b(3) PN

5b(1) Name of plan

5b(2) EIN

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5b(3) PN

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