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.

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OMB No. 1210-0110

1999

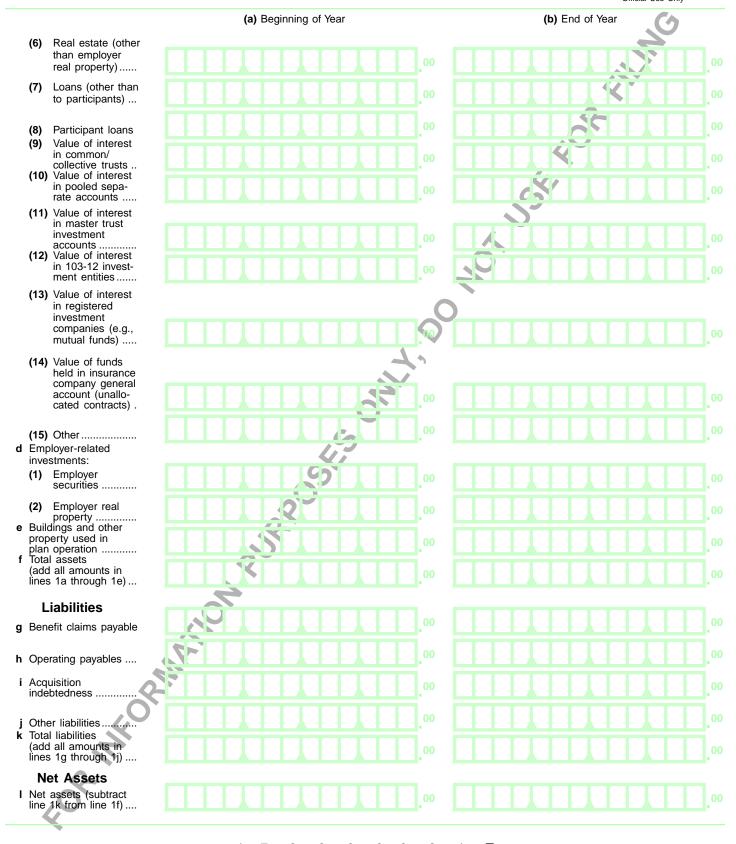
This Form is Open to Public Inspection.

	r the calendar year 1999 fiscal plan year beginnir		, and en	ding	MM / DD / YYYY
Α	Name of plan			В	Three-digit plan number ▶
С	Plan sponsor's name as sho	own on line 2a of Form 5500		D	Employer Identification Number
F	Part I Asset and Liab	ility Statement			
1	trust. Report the value of the the value is reportable on lin plan year, to pay a specific d	and liabilities at the beginning and end of the plate plan's interest in a commingled fund containing es c(9) through c(14). Do not enter the value of tollar benefit at a future date. Round off amount to for master trust investment accounts, also do not	the assets of months to the nearest	ore than insurand dollar.	one plan on a line-by-line basis unless be contract which guarantees, during this DFEs do not complete lines 1b(1), 1b(2),
	Assets	(a) Beginning of Year	10		(b) End of Year
á	Total noninterest- bearing cash		00		.00
k	Receivables (less allowand	ee for			
	doubtful accounts): (1) Employer contributions		_00		.00
	(2) Participant contributions	<u> </u>	_00		.00
	(3) Other		00		_00
(General investments:				
	(1) Interest-bearing cash accounts and	(including money market			
	certificates of deposit)		_00		.00
	(2) U.S. Government securities		00		_00
	(3) Corporate debt instrur	ments (other than			
	employer securities): (A) Preferred				
			00		00
	(B) All other(4) Corporate stocks (oth	er than			
	employer securities):				
	(A) Preferred		.00		.00
	(B) Common		00		.00
	(5) Partnership/joint venture interests		00		.00

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Part II	Income and	Expenses	Statement
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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	(2) Amount	
а	Con	trib	utions:	(a) Amount	
	(1)	Rec	eived or receivable in cash from:		0-
			Employers		00
		` '	, ,		
		(B)	Participants		36
		(-,	. a. i.o.pa. i.o.		
		(C)	Others (including rollovers)		00
		(0)	Others (mordaling rollovers)		
	(2)	Non	cash contributions		
	(2)	INOII	Casir Contributions		(h) Total
					(b) Total
	(2)	Toto	I contributions Add lines 20(4)(A) (B) (C) or	d line 20(2)	
	(3)	iola	Il contributions. Add lines 2a(1)(A), (B), (C), ar	d line 2a(2)	
b	Ear	nina	s on investments: (1) Interest:	·	
			Interest-bearing cash		
			(including money market accounts		
			and certificates of deposit)		
		. _\		42,5	
		(B)	U.S. Government securities		
				45	
		(C)	Corporate debt instruments		1.00
		(D)	Loans (other than to participants)		1.00
				W.F.	
		(E)	Participant loans].00
		(F)	Other		1.00
				,	
		(G)	Total interest. Add lines 2b(1)(A) through (F)		.00
			dends:		
		(A)	Preferred stock		1.00
		(B)	Common stock		1.00
		(C)	Total dividends. Add lines 2b(2)(A) and (B)		.00
			ts		.00
			gain (loss) on sale of assets:		
		(A)	Aggregate proceeds		.00
		(B)	Aggregate carrying amount		
			(see instructions)		.00
			0-		
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and e	enter result	.00
			_		

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	(5)	Unrealized appreciation (depreciation) of assets:			(a	a) Am	ount							•	G	
		(A) Real estate								Ш.				Ś		
		(B) Other									00			\		
											(b)	Tota	ıl			
		(C) Total unrealized appreciation of assets. Add line	es 2b(5) (A) and ((B)											00
	(6)	Net investment gain (loss) from common/collective	trusts								Υ.					_00
	(7)	Net investment gain (loss) from pooled separate ac	counts						0	N						_00
	(8)	Net investment gain (loss) from master trust investr	ment acco	ounts				Щ	10							_00
	(9)	Net investment gain (loss) from 103-12 investment	entities													00
	(10)	Net investment gain (loss) from registered investment (e.g., mutual funds)														00
С	Othe	er income														_00
4	Tota	I income. Add all income amounts in column (b) an	d enter to	stal	4											
u	iota	Expenses	a criter to	, tai		-										ш.
е	Ben	efit payment and payments to provide benefits:		-												
	(1)	Directly to participants or beneficiaries, including direct rollovers								Ш.						
	(2)	To insurance carriers for the provision of benefits		2						□.						
	(3)	Other	95							□.						
	(4)	Total benefit payments. Add lines 2e(1) through (3)														_00
f	Corr	ective distributions (see instructions)														_00
g	Cert	ain deemed distributions of participant loans (see in	structions	s)												_00
h	Inte	rest expense														00
i	Adm	ninistrative expenses:														
	(1)	Professional fees								屵						
	(2)	Contract administrator fees								ᆜ						
	(3)	Investment advisory and management fees								Ц						
	(4)	Other								Ц						
	(5)	Total administrative expenses. Add lines 2i(1) throu	gh (4)													_00
j	Tota	expenses. Add all expense amounts in column (b)	and ente	er total .												_00
	•	K														



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Not be a second of the second				(b) Total	Ch	
Net Income and Reconciliation					121	
k Net income (loss) (subtract line 2j from line 2d)						╡.,
(1) To this plan					M	0
(2) From this plan				12		
rt III Accountant's Opinion				,0)		
The opinion of an independent qualified public accountant for this	plan is (s	ee instructio	ns):	<		
Attached to this Form 5500 and the opinion is: (1) Unq	qualified		(3) Discla	aimer		
(2) Qua	alified		(4) Adver	se		
Not attached because: (1) the	Form 550	0 is filed for	a CCT, PSA, or MTI	٨.		
	•	ill be attach 9 CFR 2520	ed to the next Form 5 0.104-50.	500		
Check this box if the accountant performed a limited scope audit p		4)		ı.103-12(d)		
If an accountant's opinion is attached, enter the name and EIN of	the acco	untant (or ac	counting firm)			
Name	4					
	7-2	<u> </u>				
EIN	0					
C						
art IV Transactions During Plan Year						
CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, an	d GIAs d	not comple	ete 4a 4e 4f 4a 4h	4k or 5		
103-12 IEs also do not complete 4j.	.a		,,,,	, 0. 0.		
ring the plan year:	Yes	No		Amount		
Did the employer fail to transmit to the plan any participant	.00					
contributions within the maximum time period described in						٦
29 CFR 2510.3-102? (see instructions)						٠٠`
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)						<u>]</u> .º
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)].
Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)						٦.٥
2						
Was this plan covered by a fidelity bond?].
4 7 0 0	2 2	0 5	4 107			
1 7 9 9 (O IIIII IIIII	0 5 	1 VV I III II III III III III III III III			
					_	
						_

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		Yes	No		Amount		G	
f	f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							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?							
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?				O'			00
i	i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)			55				
j	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)			يم				
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			9				
5а	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		W W					_00
5b	If, during this plan year, any assets or liabilities were transferred fro liabilities were transferred. (See instructions).	om this p	olan to a	another plan(s), identify t	he plan(s) to	which as	sets or	
	5b(1) Name of plan							
	5b(2) EIN			5b(3) PN				
	5b(1) Name of plan							
	5b(2) EIN 5b(1) Name of plan			5b(3) PN				
	5b(2) EIN			5b(3) PN				
	5b(1) Name of plan							



5b(3) PN

5b(2) EIN