

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: a Sponsor's name	b EIN
	c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EIN
	c Telephone no.

6 Total number of participants at the beginning of the plan year	6
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)	
a Active participants	7a
b Retired or separated participants receiving benefits	7b
c Other retired or separated participants entitled to future benefits	7c
d Subtotal. Add lines 7a , 7b , and 7c	7d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e
f Total. Add lines 7d and 7e	7f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i

8 Benefits provided under the plan (complete **8a** through **8c**, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

c Fringe benefits (check this box if the plan provides fringe benefits)

9a Plan funding arrangement (check all that apply)

(1) Insurance

(2) Section 412(i) insurance contracts

(3) Trust

(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) Insurance

(2) Section 412(i) insurance contracts

(3) Trust

(4) General assets of the sponsor

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10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
- (2) T (Qualified Pension Plan Coverage Information)
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year ▶ _____
- (3) B (Actuarial Information)
- (4) E (ESOP Annual Information)
- (5) SSA (Separated Vested Participant Information)

b Financial Schedules

- (1) H (Financial Information)
- (2) I (Financial Information -- Small Plan)
- (3) A (Insurance Information)
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)
- (7) P (Trust Fiduciary Information)

c Fringe Benefit Schedule

- F (Fringe Benefit Plan Annual Information)

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**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**
▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

1999

This Form is Open to Public Inspection (except when attached to Form 5500-EZ)

For calendar plan year 1999 or fiscal plan year beginning _____, and ending _____,

▶ **If an item does not apply, enter "N/A."** ▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number . . . ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	D Employer Identification Number
E Type of plan: (1) <input type="checkbox"/> Single-employer (2) <input type="checkbox"/> Multiemployer (3) <input type="checkbox"/> Multiple-employer	F <input type="checkbox"/> 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month _____ Day _____ Year _____

b Assets:

(1) Current value of assets	b(1)	
(2) Actuarial value of assets for funding standard account	b(2)	

c (1) Accrued liability for plans using immediate gain methods **c(1)**

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary	Date
Print or type name of actuary	G Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-EZ v2.3 Schedule B (Form 5500) 1999

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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) "OBRA '87" information:		
(a) Current liability	d(3)(a)	
(b) Expected increase in current liability due to benefits accruing during the plan year	d(3)(b)	
(c) Expected release from "OBRA '87" current liability for the plan year	d(3)(c)	
(4) Expected plan disbursements for the plan year	d(4)	

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a		
b "RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments			
(2) For terminated vested participants			
(3) For active participants			
(4) Total			
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage	2c		%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
3 Totals ▶			(b)	(c)	

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	%
--	-----------	---

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year							
(1)	1st	(2)	2nd	(3)	3rd	(4)	4th

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit)
d Aggregate **e** Frozen initial liability **f** Individual level premium
g Individual aggregate **h** Other (specify) ▶ _____

i Has a change been made in funding method for this plan year? Yes No
j If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10? Yes No
k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rates for:					
(1) "RPA '94" current liability	a(1)		%	<input type="checkbox"/>	N/A
(2) "OBRA '87" current liability	a(2)		%	<input type="checkbox"/>	N/A
b Weighted average retirement age	6b			<input type="checkbox"/>	N/A
c Rates specified in insurance or annuity contracts	6c	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d Mortality table code for valuation purposes:					
(1) Males	d(1)				
(2) Females	d(2)				
e Valuation liability interest rate	6e		%		%
f Expense loading	6f		%		%
g Annual withdrawal rates:					
(1) Age 25	g(1)		%		%
(2) Age 40	g(2)		%		%
(3) Age 55	g(3)		%		%
h Salary scale	6h		%		%
i Estimated investment return on actuarial value of assets for the year ending on the valuation date	6i				%

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions

c Is the plan required to provide a Schedule of Active Participant Data? If "Yes," attach schedule. (see instructions) Yes No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any. 9a
b Employer's normal cost for plan year as of valuation date. 9b
c Amortization charges as of valuation date: Outstanding Balance
(1) All bases except funding waivers. c(1)
(2) Funding waivers. c(2)
d Interest as applicable on lines 9a, 9b, and 9c. 9d
e Additional interest charge due to late quarterly contributions, if applicable. 9e
f Additional funding charge from Part II, line 12u, if applicable. N/A 9f
g Total charges. Add lines 9a through 9f. 9g

Credits to funding standard account:

h Prior year credit balance, if any. 9h
i Employer contributions. Total from column (b) of line 3. 9i
j Amortization credits as of valuation date. Outstanding Balance (\$) 9j
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j. 9k
l Full funding limitation (FFL) and credits
(1) ERISA FFL (accrued liability FFL). l(1)
(2) "OBRA '87" FFL (155% current liability FFL). l(2)
(3) "RPA '94" override (90% current liability FFL). l(3)
(4) FFL credit before reflecting "OBRA '87" FFL. l(4)
(5) Additional credit due to "OBRA '87" FFL. l(5)
m (1) Waived funding deficiency. m(1)
(2) Other credits. m(2)
n Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2). 9n
o Credit balance: If line 9n is greater than line 9g, enter the difference. 9o
p Funding deficiency: If line 9g is greater than line 9n, enter the difference. 9p

Reconciliation account:

q Current year's accumulated reconciliation account:
(1) Due to additional funding charges as of the beginning of the plan year. q(1)
(2) Due to additional interest charges as of the beginning of the plan year. q(2)
(3) Due to waived funding deficiencies:
(a) Reconciliation outstanding balance as of valuation date. q(3)(a)
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a). q(3)(b)
(4) Total as of valuation date. q(4)

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable. 10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions Yes No

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Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

- a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.
If line 12a is at least 90%, go to line 12u and enter -0-.
If line 12a is less than 80%, go to line 12b.
If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12u and enter -0-. Otherwise, go to line 12b.

- b** "RPA '94" current liability. Enter line 1d(2)(a)
- c** Adjusted value of assets (see instructions)
- d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100
- e** Unfunded current liability. Subtract line 12c from line 12b
- f** Liability attributable to any unpredictable contingent event benefit
- g** Outstanding balance of unfunded old liability
- h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative
- i** Unfunded new liability amount (_____ % of line 12h)
- j** Unfunded old liability amount
- k** Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b).
- l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero.

m Unpredictable contingent event amount:

- (1) Benefits paid during year attributable to unpredictable contingent event ... **m(1)**
- (2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% **m(2)** %
- (3) Transition percentage. **m(3)** 80.00%
- (4) Enter the product of lines 12m(1), 12m(2), and 12m(3) **m(4)**
- (5) Amortization of all unpredictable contingent event liabilities **m(5)**
- (6) "RPA '94" additional amount (see instructions). **m(6)**
- (7) Enter the greatest of lines 12m(4), 12m(5), or 12m(6). **m(7)**

Preliminary Calculation

- n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(7), adjusted to end of year with interest **12n**
- o** Contributions needed to increase current liability percentage to 100% (see instructions) **12o**
- p** Enter the lesser of line 12n or 12o. Also, enter the result on line 12t if the employer did not elect for 1995 to use the Optional rule under Code section 412(l)(3)(E) and does not elect for 1999 to use the Transition rule under Code section 412(l)(11) **12p**

Final Calculation (complete line 12q, 12r, or 12s, as applicable, and lines 12t and 12u)

- q** If the employer elects to use the Transition rule for 1999, but did not elect for 1995 to use the Optional rule, complete line 14 and enter the lesser of line 12p or 14e here and on line 12t **12q**

12a		%
12b		
12c		
12d		%
12e		
12f		
12g		
12h		
12i		
12j		
12k		
12l		
m(1)		
m(2)		%
m(3)	80.00	%
m(4)		
m(5)		
m(6)		
m(7)		
12n		
12o		
12p		
12q		

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r	If the employer elected for 1995 to use the Optional rule, but does not elect for 1999 to use the Transition rule, complete line 13 and enter the greater of line 12p or 13q here and on line 12t	12r	
s	If the employer elected for 1995 to use the Optional rule and elects to use the Transition rule for 1999, enter the lesser of (1) the greater of line 12p or 13q, or (2) line 14e. Also, enter on line 12t	12s	
t	Additional funding charge prior to adjustment	12t	
u	Adjusted additional funding charge. (_____ .0 % of line 12t)	12u	
13	Additional funding charge under prior law (see instructions):		
a	"OBRA '87" current liability. Enter line 1d(3)(a)	13a	
b	Adjusted value of assets (see instructions)	13b	
c	Funded current liability percentage. Divide line 13b by line 13a and multiply by 100	13c	%
d	Unfunded current liability. Subtract line 13b from line 13a	13d	
e	Outstanding balance of unfunded old liability	13e	
f	Liability attributable to any unpredictable contingent event benefit	13f	
g	Unfunded new liability. Subtract the total of lines 13e and 13f from line 13d	13g	
h	Unfunded new liability amount (_____ % of line 13g)	13h	
i	Unfunded old liability amount	13i	
j	Deficit reduction contribution. Add lines 13h and 13i	13j	
k	Net amortization charge for certain bases	13k	
l	Unpredictable contingent event amount:		
	(1) Benefits paid during year attributable to unpredictable contingent event	l(1)	
	(2) Unfunded current liability percentage. Subtract the percentage on line 13c from 100%	l(2)	%
	(3) Transition percentage	l(3)	80.00%
	(4) Enter the product of lines 13l(1), 13l(2), and 13l(3)	l(4)	
	(5) Amortization of all unpredictable contingent event liabilities	l(5)	
	(6) Enter the greater of line 13l(4) or line 13l(5)	l(6)	
m	Additional funding charge (excess of line 13j over line 13k (if any), plus line 13l(6))	13m	
n	Assets needed to increase current liability percentage to 100% (line 13d)	13n	
o	Smaller of line 13m or line 13n	13o	
p	Interest adjustment	13p	
q	Additional funding charge. Add lines 13o and 13p	13q	
14	Transition rule:		
a	Initial funded current liability percentage. Enter the percentage from line 12d of the 1995 Schedule B here	14a	%
b	Target percentage for transition rule (see instructions)	14b	%
c	Target amount (see instructions)	14c	
d	Enter the amount from line 13q here (additional funding charge under prior law)	14d	
e	Additional funding charge under transition rule of Code section 412(l)(11): Enter the greater of line 14c or 14d	14e	

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**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 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	a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	b(1)	
(2) Participant contributions	b(2)	
(3) Other	b(3)	
c General 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)	

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

Part II Income and Expense 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) Amount	(b) Total
a Contributions:			
(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 Earnings 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)		
c Other income	c		
d Total income. Add all income amounts in column (b) and enter total	d		
Expenses			
e 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		
l Transfers of assets			
(1) To this plan	l(1)		
(2) From this plan	l(2)		

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 (2) Qualified (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 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) ► _____

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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.

Table with columns: Question (a-k), Yes, No, Amount. Rows include questions about participant contributions, loans, leases, nonexempt transactions, fidelity bonds, and asset valuations.

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. [] Yes [] No Amount

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).

Table with 3 columns: 5b(1) Name of plan(s), 5b(2) EIN(s), 5b(3) PN(s). Includes horizontal lines for data entry.

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**SCHEDULE T
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under 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 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	

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer	1b Employer identification number
--	--

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

- a** The number of QSLOBs that the employer operates is _____.
- b** The number of such QSLOBs that have employees benefiting under this plan is _____.
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? . . . **Yes** **No**
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.
►

3 Exceptions -- Check the box before each statement that describes the plan or the employer.

If you check any box, do not complete the rest of this Schedule.

- a** The employer employs only highly compensated employees (HCEs).
- b** No HCEs benefited under the plan at anytime during the plan year.
- c** The plan benefits only collectively bargained employees.
- d** The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e** The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule T (Form 5500) 1999

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2 8 9 9 0 0 0 1 1 U



4 Enter the date the plan year began for which coverage data is being submitted. Month ____ Day ____ Year ____

a Did any leased employees perform services for the employer at any time during the plan year? Yes No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? Yes No

c Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals	c(1)	_____
(2) Number of excludable employees as defined in IRS regulations (see instructions)	c(2)	_____
(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))	c(3)	_____
(4) Number of nonexcludable employees (line 4c(3)) who are HCEs	c(4)	_____
(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan	c(5)	_____
(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs	c(6)	_____

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ _____ **d** _____ %

e Identify any disaggregated part of the plan and enter its ratio percentage:

(1) Disaggregated part: _____	Ratio Percentage: _____	e(1)	_____ %
(2) Disaggregated part: _____	Ratio Percentage: _____	e(2)	_____ %
(3) Disaggregated part: _____	Ratio Percentage: _____	e(3)	_____ %

f This plan satisfies the coverage requirements on the basis of (check one): the ratio percentage test average benefit test

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