Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500 series of forms and schedules is printed on special paper with green drop-out ink so it can be processed by the new computerized processing system “EFAST”. The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor’s Web Site at www.efast.dol.gov for additional information concerning the new processing system, electronic filing, software, and “non-standard” filings.

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**

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	.00	.00
b Total plan liabilities	.00	.00
c Net plan asssets (subtract line 1b from line 1a)	.00	.00

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

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		(a) Amount
2e	Benefits paid (including direct rollovers)	.00
f	Corrective distributions (see instructions)	.00
g	Certain deemed distributions of participant loans (see instructions)	.00
h	Other expenses	.00

		(b) Total
i	Total expenses (add lines 2e, 2f, 2g, and 2h)	.00
j	Net income (loss) (subtract line 2i from line 2d)	.00
k	Net transfers	.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			.00
b	Employer real property			.00
c	Real estate (other than employer real property)			.00
d	Employer securities			.00
e	Participant loans			.00
f	Loans (other than to participants)			.00
g	Tangible personal property			.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)			.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			.00
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?			.00

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	Yes	No	Amount
d Did the plan engage in any nonexempt transaction with any party-in-interest?			.00
e Was the plan covered by a fidelity bond?			.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?			.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?			.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?			.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?			.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?			

	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			.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

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