

SCHEDULE F
(Form 5500)

Fringe Benefit Plan Annual Information Return

Under Section 6039D of the Internal Revenue Code

► File as an attachment to Form 5500.

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

1999

**This Form is NOT
Open to Public
Inspection**

For the calendar plan 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	

- 1** Check the Internal Revenue Code section that describes this fringe benefit plan:
(a) 125 (Cafeteria plan) **(b)** 127 (Educational assistance program) **(c)** 137 (Adoption assistance program)
- 2** Enter the total number of employees of the employer.
- 3** Enter the total number of employees eligible to participate in the plan.
- 4** Enter the total number of employees participating in the plan. (See instructions.)
- 5** Enter the total cost of the fringe benefit plan for the plan year. (See instructions.)
- 6** Did the fringe benefit plan terminate in this plan year? (See instructions.) Yes No

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

DO NOT
USE FOR
FILING

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