## SCHEDULE R (Form 5500)

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

## **Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement 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.

F	ension benefit dualanty corporation					Public	c inspection	л.
Fo	r calendar year 1999 or fiscal pl	an year beginning	, and ending				,	
A	Name of plan		В	Three-d	igit			
					plan nur	nber 🕨 🕨		
С	Plan sponsor's name as show	n on line 2a of Form 5500		D	Employe	er Identifica	tion Numbe	ər
F	Part I Distributions							
AI	I references to distributions re	elate only to payments of benefits duri	ng the plan year.					
1	Total value of distributions pai	d in property other than in cash, annuity	contracts, or publicly traded					
	employer securities				1 \$	;		
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries							
	during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts							
	of benefits).							
Pr	ofit-sharing plans, ESOPs, and	d stock bonus plans, skip line 3.						
3	Number of participants (living	or deceased) whose benefits were distri	buted in a single sum, during					
_	the plan year		<u></u>		3			
F	Part II Funding Inform	nation (If the plan is not subject to the i	ninimum funding requirements of	fsec	tion 412 (	of the Intern	al Revenue	
_	Code or ERISA sect	tion 302, skip this Part)						
4	Is the plan administrator maki	ng an election under Code section 412(c	)(8) or ERISA section 302(c)(8)?.			. Yes	No	N/A
	If the plan is a defined bene	fit plan, go to line 7.						
5	If a waiver of the minimum funding standard for a prior year is being amortized in this							
	plan year, see instructions, an	d enter the date of the ruling letter granti	ng the waiver		Month_	Day_	Year	
	If you completed line 5, com	plete lines 3, 9, and 10 of Schedule B	and do not complete the remain	nder	of this s	chedule.		
6	a Enter the minimum required c	ontribution for this plan year			6a \$	;		
ł	D Enter the amount contributed	by the employer to the plan for this plan	year		6b \$	;		
(	Subtract the amount in line 6b	from the amount in line 6a. Enter the re	sult (enter a minus sign to the left					
	of a negative amount)				6C \$	;		
_		not complete the remainder of this sc	hedule.					
7	If a change in actuarial cost m	nethod was made for this plan year pursu	ant to a revenue procedure provi	iding	3	_		_
	automatic approval for the change, does the plan sponsor or plan administrator agree with the change? 🛛 Yes 🗌 No 🗌 N/A							
	Do not complete line 8, if the plan is a multiemployer plan or a plan with 100 or fewer participants during the prior plan year (see inst.).							
8	Is the employer electing to compute minimum funding for this plan year using the transitional rule							
_	provided in Code section 412	(I)(11) and ERISA section 302(d)(11)?	<u></u>			. Yes	No	N/A
F	Part III Amendments							
9	If this is a defined benefit pen	sion plan, were any amendments adopte	d during this plan year that			_	_	
	increased the value of benefits	s? (see instructions)			<u></u>	. Yes	No	
Fc	or Paperwork Reduction Act No	otice and OMB Control Numbers, see t	he instructions for Form 5500.	١	/2.3 <b>S</b>	chedule R (	(Form 5500)	1999



