| SCHEDUEE 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.

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 | BThree-digit <br> plan number <br> C Plan sponsor's name as shown on line 2a of Form 5500 | D Employer Identification Number |
| :--- | :--- | :--- | :--- |

## Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.
1 Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities

1 \$
2 Enter the $\operatorname{EIN}(s)$ 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).
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue

 Code or ERISA section 302, skip this Part) If the plan is a defined benefit 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, and enter the date of the ruling letter granting the waiver .............. Month Day $\qquad$ Year If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.
6a Enter the minimum required contribution for this plan year

| $\mathbf{6 a}$ | $\$$ |
| :---: | :---: |
| $\mathbf{6 b}$ | $\$$ |
| $\mathbf{6 c}$ | $\$$ |

C Subtract the amount in line 6 b from the amount in line 6 a. Enter the result (enter a minus sign to the left of a negative amount)
If you completed line $\mathbf{6 c}$, do not complete the remainder of this schedule.
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? .......... $\square$ Yes $\square$ No $\square$ 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


## Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $\square$ Yes $\square$ No

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[^0]:    For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

