				L		Offici	ial Use Only	у
	SCHEDULE R	Re	tirement Plan In	formation				
	(Form 5500)	This schedule	This schedule is required to be filed under sections 104 and 4065 of the		OMB No	o. 1210–0)110	
Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits		Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).		2000				
				2000				
Administration			▶ File as an Attachment to Form 5500.			This Form is Open to		
	ension Benefit Guaranty Corporation					Public	Inspecti	on.
-	, , ,	alendar year 2000 or fiscal plan year beginning , and ending ame of plan B Three-dig						
~			10 M O T I F		plan num			
C	Plan sponsor's name as shown	n on line 2a of Form 5	500			er Identificati	ion Num'	her
Ŭ	r lan openeer e hame as shown				Employe	i identinouti	on Num	
Ρ	art I Distributions							
	references to distributions re	late only to payment	s of benefits during the plan	vear.				
1	Total value of distributions paid		• •	-				
	in the instructions				1 \$			
2	Enter the EIN(s) of payor(s) where the end of the end o	no paid benefits on be	half of the plan to participants	or beneficiaries				
	during the year (if more than the	wo, enter EINs of the t	wo payors who paid the greate	est dollar amounts				
	of benefits).							
Pro	ofit-sharing plans, ESOPs, and	stock bonus plans,	skip line 3.					
3	Number of participants (living	or deceased) whose t	penefits were distributed in a sin	ngle sum, during				
	the plan year	<u></u>			3			
Ρ	art II Funding Inform	ation (If the plan is r	not subject to the minimum fun	ding requirements of s	section 412 c	of the Internal	Revenue	е
	Code or ERISA sect	ion 302, skip this Part)						
4	Is the plan administrator makir	ng an election under C	Code section 412(c)(8) or ERIS/	A section 302(c)(8)?		Yes	No	N/A
	If the plan is a defined benef	it plan, go to line 7.	LI PILL'					
5	plan year, see instructions, and enter the date of the ruling letter granting the waiver MonthDayYear							
								.r
_			10 of Schedule B and do not of			chedule.		
-	Enter the minimum required co	•	•					
	Enter the amount contributed				6b \$			
С	Subtract the amount in line 6b		,	9				
				• • • • • • • • • • • • • • • • • • • •	6C \$			
_	If you completed line 6c, do not complete the remainder of this schedule. If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing							
7	•			• •	0		٦	
	automatic approval for the change, does the plan sponsor or plan administrator agree with the change? Yes Yes No N// 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.).							
•	-				uring the pr	lor plan yea	r (see ins	st.).
8	1, 2, 0,	•	ng for this plan year using the ti					
D		(11) and ERISA sect	ion 302(d)(11)?	<u></u>		Yes	No	N/A
-	art III Amendments		nondmonto adopted during this	plan your that				
9	If this is a defined benefit pens							
Ear	r Paperwork Reduction Act No		Numbers, see the instruction			. Yes	No	0) 2000
FO	r Paperwork Reduction Act No	Alice and ONIB Contro	or numbers, see the instruction	UIS IOF FORII 5500.	v3.2 S	chedule R (F	0111 550	0) 2000



