## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security 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

2004

This Form is Open to Public Inspection.

|   |   |                  |      |         | i doile        | inapection. |  |
|---|---|------------------|------|---------|----------------|-------------|--|
| For   | calendar year 2004 or fiscal plan year beginning ,  | and ending       |      |         |                | ,           |  |
| Α   | Name of plan  |                  | В    | Three-  | -digit         |             |  |
|   |   |                  |      | plan ni | umber 🕨        |             |  |
| С   | Plan sponsor's name as shown on line 2a of Form 5500  |                  | D    | Emplo   | yer Identifica | tion Number |  |
|   |   |                  |      |         |                |             |  |
| P   | art I Distributions   |                  |      |         |                |             |  |
|   | All references to distributions relate only to payments of benefits during the plan y                   | ear.             |      | i       | 1              |             |  |
| 1   | Total value of distributions paid in property other than in cash or the forms of property sp            | pecified         |      |         |                |             |  |
|   | in the instructions   |                  |      | 1       | \$             |             |  |
| 2   | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or be              |                  |      |         |                |             |  |
|   | during the year (if more than two, enter EINs of the two payors who paid the greatest do                | ollar 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 s               | sum, during      |      |         |                |             |  |
| _   | the plan year   |                  |      | 3       |                |             |  |
| 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)  |                  |      |         |                |             |  |
| 4   | Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 412(c)(8).   | tion 302(c)(8)?. |      |         | Yes            | ∐ No ∐ N/A  |  |
|   | 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 Year |                  |      |         |                |             |  |
|   | If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not comp                      | olete the remain | ıder | of this | schedule.      |             |  |
|   | Enter the minimum required contribution for this plan year  |                  |      | 6a      | + -            |             |  |
| b   | Enter the amount contributed by the employer to the plan for this plan year                             |                  |      | 6b      | \$             |             |  |
| С   | Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus              | •                |      |         |                |             |  |
|   | of a negative amount)   |                  |      | 6c      | \$             |             |  |
| If you completed line 6c, 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 or a class ruling letter, does the plan sponsor or plan administrator agree with the change?   Yes   No   N/A |   |                  |      |         |                |             |  |
| _   | art III Amendments  |                  |      |         |                |             |  |
| 8   | If this is a defined benefit pension plan, were any amendments adopted during this plan                 |                  |      |         |                |             |  |
|   | increased the value of benefits? (See instructions)   |                  |      |         |                | No          |  |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v7.2 Schedule R (Form 5500) 2004      |   |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   | U3E FL  | .115             |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |
|   |   | _                |      |         |                |             |  |
|   | FILING  |                  |      |         |                |             |  |
|   |   |                  |      |         |                |             |  |

