

**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.**

**For the calendar year 1999
or fiscal plan year beginning**

MM / DD / YYYY

, and ending

MM / DD / YYYY

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

□□-□□□□□□

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

□□□□□□□□□□□□□□.00

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).

□□-□□□□□□
□□-□□□□□□

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)

4 Is the plan administrator making an election under Code section 412(c)(8) or
ERISA section 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.

MM / DD / YYYY

**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

□□□□□□□□□□□□□□.00

b Enter the amount contributed by the employer to the plan for this plan year

□□□□□□□□□□□□□□.00

c Subtract the amount in line 6b from the amount in line 6a. Enter the result
(enter a minus sign to the left of a negative amount.)

□□□□□□□□□□□□□□.00

If you completed line 6c, do not complete the remainder of this schedule.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24419B Schedule R (Form 5500) 1999

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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? 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 instructions).

8 Is the employer electing to compute minimum funding for this plan year using the transitional rule provided in Code section 412(l)(11) and ERISA section 302(d)(11)? Yes No N/A

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) Yes No

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

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