

**SCHEDULE F  
(Form 5500)**

**Fringe Benefit Plan Annual Information Return**

**Under Section 6039D of the Internal Revenue Code**

▶ **File as an attachment to Form 5500.**

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

**2000**

**This Form is NOT Open  
to Public Inspection.**

For the calendar plan year 2000  
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

**1** Check the Internal Revenue Code section that describes this fringe benefit plan:

- (a)**  125 (Cafeteria plan)
- (b)**  127 (Educational assistance program)
- (c)**  137 (Adoption assistance program)

**2** Enter the total number of employees of the employer .....

Input field for question 2

**3** Enter the total number of employees eligible to participate in the plan .....

Input field for question 3

**4** Enter the total number of employees participating in the plan. (See instructions.) .....

Input field for question 4

**5** Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) ..

Input field for question 5 with .00

**6** Did the fringe benefit plan terminate in this plan year? (See instructions.) .....

Yes  No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 14687J Schedule F (Form 5500) 2000

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

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