SCHEDULE F (Form 5500)

Department of the Treasury
Internal Revenue Service

Fringe Benefit Plan Annual Information Return

Under Section 6039D of the Internal Revenue Code

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

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 .....

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

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

5 Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) .. .00

6 Did the fringe benefit plan terminate in this plan year? (See instructions.) ..... ☐ Yes ☐ No

1 5 0 0 0 0 0 1 0 7

v3.2