SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

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OMB No. 1210-0110

2001

This Form is Open to Public Inspection.

	calendar plan year 2001 plan year beginning	MM / DD / YYYY	and ending			
Nam	e of plan		В	Three-digit plan number		
Plan	sponsor's name as shown on	line 2a of Form 5500	D	Employer Identi	fication Number	
Part I	Asset and Liability S	Statement				
trust. the v plan	Report the value of the plan's alue is reportable on lines 1c(9 year, to pay a specific dollar be	abilities at the beginning and end of the plan year. Consistences in a commingled fund containing the asset by through 1c(14). Do not enter the value of that portion at a future date. Round off amounts to the n aster trust investment accounts, also do not complete.	s of more than tion of an insura	one plan on a line-b nce contract which DFEs do not comple	y-line basis unless guarantees, during	s g this
	Assets	(a) Beginning of Year		(b) End of Ye	ar	
	al noninterest- ring cash					
dou	ceivables (less allowance for btful accounts): Employer contributions					
(2)	Participant contributions					
(3) c Ger (1)	Other neral investments: Interest-bearing cash (including accounts and certificates of deposit)	ng money market				
(2)	U.S. Government securities					
(3)	Corporate debt instruments (demployer securities):	other than				
	(A) Preferred					
	(B) All other					
(4)	Corporate stocks (other than employer securities):					
	(A) Preferred					
	(B) Common					
	(2) 33					



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(6) Real estate (other than employer real property) (7) Loans (other than to participants) (8) Participant loans. (9) Value of interest in common/ collective trusts (10) Value of interest in pooled separate accounts (11) Value of interest in master trust	
to participants) (8) Participant loans. (9) Value of interest in common/ collective trusts (10) Value of interest in pooled separate accounts (11) Value of interest in master trust	
(9) Value of interest in common/ collective trusts (10) Value of interest in pooled separate accounts (11) Value of interest in master trust	
collective trusts (10) Value of interest in pooled sepa- rate accounts (11) Value of interest in master trust	
(11) Value of interest in master trust	
investment	
accounts	
(13) Value of interest in registered investment	
companies (e.g., mutual funds)	
(14) Value of funds held in insurance company general account (unallo- cated contracts)	
(15) Other d Employer-related investments:	
(1) Employer securities	
(2) Employer real property e Buildings and other	
property used in plan operation	
(add all amounts in lines 1a through 1e)	
Liabilities g Benefit claims payable	
h Operating payables	
i Acquisition indebtedness	
j Other liabilities	
(add all amounts in lines 1g through 1j)	
Net Assets	
I Net assets (subtract line 1k from line 1f)	



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Part II	Income and	Expenses	Statement
Part II	Income and	Expenses	Statemen

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		Income	(a) Amount			
а	Cont	ributions:	(a) Amount			
	(1) F	eceived or receivable in cash from:				
	(4	A) Employers				
		N. Doublein auto				
	(1	3) Participants				
	(C) Others (including rollovers)				
	`	,				
	(2) N	oncash contributions				
				(b) Tota	al	
	(3) T	otal contributions. Add lines 2a(1)(A), (B), (C),	and line 2a(2)			
b	Earn	ngs on investments: (1) Interest:				
	(4	Interest-bearing cash (including money market accounts)				
		and certificates of deposit)				
	(1	3) U.S. Government securities				
	,,	Corporate debt instruments				
	((C) Corporate debt instruments				
	(1	D) Loans (other than to participants)				
	`	, , ,				
	(1	Participant loans				
	(1	Other				
	(G) Total interest. Add lines 2b(1)(A) through (F	=)			
	`	, , , , , , , , , , , , , , , , , , , ,				
		ividends:				
	(4	A) Preferred stock				
	/	2) Common stock				
	(1	3) Common stock				
	(C) Total dividends. Add lines 2b(2)(A) and (B)				
	·					
	(3) F	ents				
		et gain (loss) on sale of assets:				
	(4	A) Aggregate proceeds				
	(I	Aggregate carrying amount				
		(see instructions)				
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) ar	nd enter result			
	•	, , , , , , , , , , , , , , , , , , , ,				



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((5)	Unrealized appreciation (depreciation) of assets:	(a) Amount			
		(A) Real estate				
		(P) Other				
		(B) Other		(k) Total	
		(C) Total unrealized appreciation of accets Add lin	on 2h/E\(A\) and (P\			
		(C) Total unrealized appreciation of assets. Add line	es 20(3)(A) and (b)			
((6)	Net investment gain (loss) from common/collective	trusts			
((7)	Net investment gain (loss) from pooled separate ac	counts			
((8)	Net investment gain (loss) from master trust investi	ment accounts			
((9)	Net investment gain (loss) from 103-12 investment	entities			
((10)	Net investment gain (loss) from registered investment (e.g., mutual funds)	·			
		(e.g., mutual runus)				
c (Othe	r income				
d ⁻	Tota	income. Add all income amounts in column (b) an	d enter total			
	.	Expenses				
		ofit payment and payments to provide benefits: Directly to participants or beneficiaries,				
,	(•)	including direct rollovers				
((2)	To insurance carriers for the provision of benefits				
((3)	Other				
((4)	Total benefit payments. Add lines 2e(1) through (3)				
.	Corr	ective distributions (see instructions)				
	COII	ective distributions (see instructions)				
g (Cert	ain deemed distributions of participant loans (see in	nstructions)			
h I	Inter	est expense				
	Adm	inistrative expenses:				
((1)	Professional fees				
((2)	Contract administrator fees				
,	(3)	Investment advisory and management fees				
'	(3)	investment advisory and management lees				
((4)	Other				
((5)	Total administrative expenses. Add lines 2i(1) throu	ıgh (4)			
		,				
j ¯	Tota	expenses. Add all expense amounts in column (b)	and enter total			



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Net Income and Recon	ciliation					(b) T	otal	
2k Net income (loss) (subtract line 2j from line 2d) I Transfers of assets								
(1) To this plan								
(2) From this plan								
(2) From this plan								
Part III Accountant's Opinion								
3 The opinion of an independent qualified public ac	countant to	or this plan is (see i	nstructions)):				
a Attached to this Form 5500 and the opinion is:	(1)	Unqualified		(3)	Discl	aimer		
	(2)	Qualified		(4)	Adve	erse		
b Not attached because:	(1)	the Form 5500 i	s filed for a	CCT, PSA	or MTIA			
	(2)	the opinion will I pursuant to 29 (Form 5	500		
 c Also check this box if the accountant performed a d If an accountant's opinion is attached, enter the r Name 					and/or 2	2520.10	3-12(d)	
Part IV Transactions During Plan Year 4 CCTs and PSAs do not complete Part IV. MTIAs 103-12 IEs also do not complete 4j.	s, 103-12 II	Es, and GIAs do no	t complete	4a, 4e, 4f, 4	1g, 4h, 4	k, or 5.		
During the plan year:		Yes I	No			Amour	nt	
Did the employer fail to transmit to the plan any properties on tributions within the maximum time period des 29 CFR 2510.3-102? (see instructions)	cribed in	🛭 🖠						
b Were any loans by the plan or fixed income oblig the plan in default as of the close of the plan yea during the year as uncollectible? Disregard partic secured by the participant's account balance. (Att Schedule G (Form 5500) Part I if "Yes" is checked	r or classifi ipant loans ach	ied						
the plan in default as of the close of the plan yea during the year as uncollectible? Disregard partic secured by the participant's account balance. (Att	r or classifi ipant loans ach d) n default or h Schedule	e G						
the plan in default as of the close of the plan year during the year as uncollectible? Disregard partic secured by the participant's account balance. (Att Schedule G (Form 5500) Part I if "Yes" is checked. c Were any leases to which the plan was a party in classified during the year as uncollectible? (Attack	r or classifi ipant loans ach d) n default or h Schedule n with any e) Part III if	ed						



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		Yes	No	Amount
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
5а	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year			
5b	If, during this plan year, any assets or liabilities were transferred from liabilities were transferred. (See instructions). 5b(1) Name of plan	n this pla	n to and	other plan(s), identify the plan(s) to which assets or
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN			5b(3) PN

