Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit

Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210-0110 / 1210-0089

This Form is Open to Public Inspection.

Part I Annual Repo	ort Identif	ication Information							
For the calendar plan ye or fiscal plan year begin			an	d ending					
A This return/report is for:	(1)	a multiemployer plan;	(3)	a multip	multiple-employer plan; or				
	(2)	a single-employer plan (other than a multiple-employer plan);	(4)	a DFE (specify)				
B This return/report is:	(1)	the first return/report filed for the plan;	(3)	the final	return/repo	ort filed for	the pl	an;	
	(2)	an amended return/report;	(4)		t plan year return/report nan 12 months).				
C If the plan is a collectively	y-bargained	plan, check here		`		,		▶	
D. If filling and an an automaia		the DEVO recovery should have and attack		:f		·:\			
		the DFVC program, check box and attach	•	information. (s	see instruc	ions)	•••••		
	ntormatio	on enter all requested informatio	n.						
1a Name of plan									
1b Three-digit plan number	er (PN) ▶	1c Ef	fective da	te of plan					
Caution: A penalty for the l	late or inco	mplete filing of this return/report will be a	assessed	d unless reas	onable ca	use is est	ablish	ed.	
Under penalties of perjury	and other p	enalties set forth in the instructions, I decla	re that I I	have examine	d this retur	n/report, i	ncludin	g accor	npanyin
schedules, statements and a knowledge and belief, it is tru		as well as the electronic version of this re	eturn/repo	ort if it is bein	g filed ele	ctronically,	and to	the be	st of m
Signature of plan administra		and complete.							
SIGN HERE				Date					
_	lividual aignina	a o plan administrator		Date					
Type or print name of ind	iividuai signing	g as pian administrator							
a									
Signature of employer/plan	sponsor/DI	FE .							
SIGN HERE				Date					
Type or print name of ind	lividual signinç	g as employer, plan sponsor or DFE							
b									
	ot Notice o	nd OMP Control Numbers, see the instru	uationa fe	or Form FEOO	Cat	No. 13500	F F0	rm 550	n (200
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C St Ci St Fo	me / ree y rei	O Zip Gode	number		Identification Numb	er (EIN
C St St Fo	/ ree y ate rei		number		Identification Numb	er (EIN
		Zip Gode Zip Gode 2c 2c 2n Country	number		Identification Numb	er (EIN
		zip dode gn Routing Code 2c gn Country	number		Identification Numb	er (EIN
		zip dode 2cgn Routing Code 2cgn Country	number		definition (value	Jer (Eliv
		gn Routing Code 2c	number			
				Business code		
				(see instructions)		
lan a	adm	ninistrator's name and address (If same as plan sponsor, e	nter "Same")			
С	/	0				
				Ob. Advisionated 5		
				3b Administrator's E	:IN	
				3c Administrator's te	elephone number	
the umb	nar er f	me and/or EIN of the plan sponsor has changed since the from the last return/report below:	last return/report filed for th	is plan, enter the na	ame, EIN and the p	di
INI		a DM				
	Na C St St Fq the	Name Name Name C / State City State Forei the nar Imber fronsor's	Name Continued C / O Street City State Zip Gode Foreign Routing Code Foreign Country the name and/or EIN of the plan sponsor has changed since the umber from the last return/report below: consor's name	Name Continued C / O Stree City State Zip Code Foreign Routing Code Foreign Country the name and/or EIN of the plan sponsor has changed since the last return/report filed for thumber from the last return/report below: ponsor's name	Name Continued C / O Stree City State Zip Gode Foreign Routing Code The name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name amber from the last return/report below: consor's name	Name Continued C / O Street City State Zib Code Foreign Routing Code 3c Administrator's telephone number Foreign Courtry the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the pumber from the last return/report below: sonsor's name



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-	Form 5500 (2002)	Page 3	Official Use Only					
5	Preparer information (optional)							
а	Name (including firm name, if applicable) and address							
1)								
2)								
3)		b EIN						
4)								
5)		c Telephone number	number					
6)								
7	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 7a)							
а	Active participants							
b	Retired or separated participants receiving benefits							
С	Other retired or separated participants entitled to future benefits							
d	Subtotal. Add lines 7a , 7b , and 7c	<u></u>						
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits							
f	Total. Add lines 7d and 7e							
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)							



h Number of participants that terminated employment during the plan year with accrued benefits that

i If any participant(s) separated from service with a deferred vested benefit, enter the number of

were less than 100% vested

separated participants required to be reported on a Schedule SSA (Form 5500).....

Form 5500 (2002) Page 4 Official Use Only Benefits provided under the plan (complete 8a and 8b, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): Welfare benefits (check this box if the plan provides welfare benefits and enter below the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): 9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(i) insurance contracts Code section 412(i) insurance contracts (2) (3) Trust (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) **Pension Benefit Schedules b** Financial Schedules (Retirement Plan Information) 1) (Financial Information) 1) (Qualified Pension Plan (Financial Information--Small Plan) 2) Coverage Information) (Insurance Information) If a Schedule T is not attached because the plan is relying on (Service Provider Information) coverage testing information for a prior year, enter the year (DFE/Participating Plan 5) Information) 3) (Actuarial Information) (Financial Transaction Schedules) (ESOP Annual Information) (Trust Fiduciary Information) 5) SSA (Separated Vested Participant Information)

