Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

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 6039D, 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

2001

This Form is Open to Public Inspection.

Pension Benefit Guaranty Corpora	ation	the instructions to th	e Form 5500.	Public Inspe	ction.
Part I Annual Re	port Identification Info	rmation		<u>.</u>	
For the calendar plan year	2001 or fiscal plan year begi	nning	, and ending	,	
A This return/report is for:	(1) a multiemployer plan (2) a single-employer plan multiple-employer plan	an (other than a	(3) a multiple-em (4) a DFE (specif	pployer plan; or y)	
B This return/report is:	(1) the first return/report (2) an amended return/re	eport;	(4) 🗌 a short plan y	n/report filed for the plan; ear return/report (less than t	I2 months).
-	y-bargained plan, check here				▶ _
			ch required information. (see in	structions)	▶
Part II Basic Plar 1a Name of plan	n Information enter all	requested information	1b	Three-digit plan number (PN)	day, yr.)
2a Plan sponsor's name ar	nd address (employer, if for a	single-employer plan)	2b	Employer Identification Num	ber (EIN)
(Address should include	e room or suite no.)				
		PR 10-11 1	2c	Sponsor's telephone numbe	r
		шпи	2d	Business code (see instruction	ons)
Under penalties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have	essed unless reasonable cause examined this return/report, includin , and to the best of my knowledge ar	ng accompanying schedules, state	
Signature of plan a	administrator	Date	Typed or printed name of indiv	idual signing as plan adminid	strator
Signature of employer/p	plan sponsor/DFE	Date Typed	or printed name of individual signing	as employer, plan sponsor or DFE	as applicable
	Act Notice and OMB Control	21 ***			500 (2001)





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•	Form 5500 (2001) Page 2		
	1 490 =		Official Use Only
3a	Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's	ator's	EIN
	3c Administr	ator's	telephone number
4	If 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 plan number from the last return/report below:	ie,	b EIN
а	Sponsor's name		C PN
5	Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN
			C Telephone number
	DUBBBBB		C releptione number
6	Total number of participants at the beginning of the plan year	6	
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)		
_	Active participants	7a	
_	Retired or separated participants receiving benefits	7b	
	Other retired or separated participants entitled to future benefits	7c	
	Subtotal. Add lines 7a , 7b , and 7c	7d	
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	
	Total. Add lines 7d and 7e	7f	
	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than	, 9	
	100% vested	7h	
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separated		
	participants required to be reported on a Schedule SSA (Form 5500)	7i	
8	Benefits provided under the plan (complete 8a through 8c, as applicable)		
а	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature co	des fr	om the List of Plan
	Characteristics Codes printed in the instructions):		
b	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature cod	es fron	the List of Plan
_	Characteristics Codes printed in the instructions):		
С			
9a	Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)	hat ap	ply)
	(1) Insurance (1) Insurance		
	(2) Code section 412(i) insurance contracts (2) Code section 412(i) insurance	e cont	racts
	(3) Trust		
	(4) General assets of the sponsor (4) General assets of the sponsor	r	

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-	Forr	n 5500 (200	1)				Page 3			
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10	Schedule	s attached (Check all applicable boxes and, where indicated	, enter th	ne nur	nber attache	d. See instructions	s.)		
а	Pension Benefit Schedules			b F	inanc	ial Schedul	es			
	(1)	R	(Retirement Plan Information)	(1)	н	(Financial Info	rmation)		
	(2)	Т	(Qualified Pension Plan Coverage Information)	(:	2)	ı	(Financial Info	rmation Small Plan)		
	If a Schedule T is not attached because the plan			(:	3)	A	(Insurance Inf	(Insurance Information)		
	is relying on coverage testing information for a			(4	4)	С	(Service Provi	(Service Provider Information)		
	prio	r year, enter	the year ▶	(!	5)	D	(DFE/Participa	ating Plan Information)		
	(3)	В	(Actuarial Information)		6)	G	(Financial Trai	nsaction Schedules)		
	(4)	E	(ESOP Annual Information)	(7)	P	(Trust Fiducia	ry Information)		
	(5)	SSA	(Separated Vested Participant Information)							

PURPOSES

C Fringe Benefit Schedule

(Fringe Benefit Plan Annual Information)





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