## SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

For the calendar plan year 2000

## **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

2000

This Form is Open to Public Inspection.

	Name	e of plan							
					В	Three-o	•		
	Plan	sponsor's name as shown o	n line 2a of Form 5500		D	Employ	er Identifi	cation Numb	er
2	art I	Asset and Liability	Statement						
	trust. the va plan y	Report the value of the planalue is reportable on lines 1co rear, to pay a specific dollar by	abilities at the beginning and end of the pla 's interest in a commingled fund containing (9) through 1c(14). Do not enter the value obenefit at a future date. <b>Round off amounts</b> laster trust investment accounts, also do no	the assets of methat portion of to the neares	ore than an insura t <b>dollar.</b> [	one plan o ance contra DFEs do n	on a line-by act which g ot complete	-line basis ur uarantees, du	nless uring this
		Assets	(a) Beginning of Year			(b)	End of Year	•	
а		I noninterest- ring cash							
b	doul	eivables (less allowance for otful accounts): Employer contributions							
	(2)	Participant contributions							
	(3)	Other							
С		eral investments: Interest-bearing cash (includ	ling money market						
	( )	accounts and certificates of deposit)							
	(2)	U.S. Government securities							
	(3)	Corporate debt instruments employer securities):	(other than						
		(A) Preferred							
		(B) All other							
	(4)	Corporate stocks (other than employer securities):	1						
		(A) Preferred							
		<b>(B)</b> Common							
	(5)	Partnership/joint venture interests.							

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		(a) Beginning of Year	(b) End of Year
(	(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 investment		
(	accounts(12) Value of interest in 103-12 investment entities		
(	(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)		
d l	(15) Other Employer-related investments:		
(	(1) Employer securities		
	(2) Employer real propertyBuildings and other		
ļ	property used in plan operation		
(	(add all amounts in lines 1a through 1e)		
	Liabilities		
g l	Benefit claims payable		
h (	Operating payables		
i /	Acquisition indebtedness		
	Other liabilities		
(	Total liabilities (add all amounts in lines 1g through 1j)		
	Net Assets		
I I	Net assets (subtract line 1k from line 1f)		



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Part II	Income and	Expenses	Statement
raitii	income and	Expenses	Statemer

2 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) Amo	·m+				
а	Cor	ntrib	utions:		<b>(a)</b> Αποι	ırıı				
	٠,		eived or receivable in cash from: Employers							
		(B)	Participants							
		(C)	Others (including rollovers)							
	(2)	Non	cash contributions				_00	Total		
							(D)	Total		
	(3)	Tota	I contributions. Add lines 2a(1)(A), (B), (C),	and line <b>2a(2)</b>						
b	Ear	ning	s on investments: (1) Interest:							
		(A)	Interest-bearing cash (including money market accounts and certificates of deposit)							
		(B)	U.S. Government securities							
		(C)	Corporate debt instruments							
		(D)	Loans (other than to participants)							
		(E)	Participant loans							
		(F)	Other							
		(G)	Total interest. Add lines 2b(1)(A) through (	F)						
	(2)	Divid	dends:							
			Preferred stock							
		(B)	Common stock							
		(C)	Total dividends. Add lines 2b(2)(A) and (B)	)						
	(3)	Ren	ts							
	(4)	Net	gain (loss) on sale of assets: Aggregate proceeds							
		(B)	Aggregate carrying amount (see instructions)							
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) a	nd enter result						



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	(5)	Unrealized appreciation (depreciation) of assets:		(a) Amount				
		(A) Real estate						
		(B) Other						
		(b) Office			(b)	Total		
		(C) Total unrealized appreciation of accets Add lines	Dh/EV(A) and (B)					
		(C) Total unrealized appreciation of assets. Add lines 2	20(9)(A) and (B)					
	(6)	Net investment gain (loss) from common/collective trus	sts					
	(7)	Net investment gain (loss) from pooled separate account	unts					
	(8)	Net investment gain (loss) from master trust investmen	nt accounts					
	(9)	Net investment gain (loss) from 103-12 investment ent	ities					
	(10)	Net investment gain (loss) from registered investment (e.g., mutual funds)	•					
С	Othe	r income						
4	Tota	income. Add all <b>income</b> amounts in column (b) and el	ntor total					
u	iota	Expenses	nier total					
е	Bene	efit payment and payments to provide benefits:						
	(1)	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)						
f	Corr	ective distributions (see instructions)						
g	Cert	ain deemed distributions of participant loans (see instru	uctions)					
h	Inter	est expense						
	Adm	inistrative expenses:						
	(1)	Professional fees						
	(2)	Contract administrator fees						
	(3)	Investment advisory and management fees						
	(4)	Other						
	(5)	Total administrative expenses. Add lines 2i(1) through	(4)					
	(0)	Total darininolitative expenses. And miles Entry tillough	\ · <i>y</i> ·······					
j	Tota	expenses. Add all expense amounts in column (b) an	d enter total					

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	Net Income and Reco	nciliation					(	<b>b)</b> Total		
2k	Net income (loss) (subtract line 2j from line 2d).									
I	Transfers of assets									
	(1) To this plan									
	(2) From this plan									
Pa	rt III Accountant's Opinion									
3	The opinion of an independent qualified public a	ccountant for	this plan is (se	e instrud	ctions):					
а	Attached to this Form 5500 and the opinion is:	(1)	Unqualified		(3)		Disclaim	er		
		(2)	Qualified		(4)		Adverse			
b	Not attached because:	(1)	the Form 550	00 is filed	d for a CCT,	PSA or	MTIA.			
		(2)	the opinion w pursuant to 2			next F	orm 5500			
С	Also check this box if the accountant performed	a limited scop	oe audit pursua	int to 29	CFR 2520.1	03-8 a	nd/or 2520	0.103-12(	d)	
d	If an accountant's opinion is attached, enter the Name	name and Ell	N of the accou	ntant (or	accounting	firm)				
<b>•</b>										
	rt IV Transactions During Plan Year  CCTs and PSAs do not complete Part IV. MTIA	As, 103-12 IEs	s, and GIAs do	not com	nplete 4a, 4e	, 4f, 4g	, 4h, 4k, c	or 5.		
	103-12 IEs also do not complete 4j.									
Duri	ng the plan year:		Yes	No			Am	nount		
а	Did the employer fail to transmit to the plan any contributions within the maximum time period de 29 CFR 2510.3-102? (see instructions)	scribed in								
b	Were any loans by the plan or fixed income obline the plan in default as of the close of the plan ye during the year as uncollectible? Disregard particles secured by the participant's account balance. (A Schedule G (Form 5500) Part I if "Yes" is checked.	ar or classifie cipant loans ttach								
С	Were any leases to which the plan was a party classified during the year as uncollectible? (Attac (Form 5500) Part II if "Yes" is checked)	ch Schedule (								
d	Did the plan engage in any nonexempt transacti party-in-interest? (Attach Schedule G (Form 550 "Yes" is checked)	0) Part III if								
е	Was this plan covered by a fidelity bond?									



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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 dishones						
g	Did the plan hold any assets whose current value was ne readily determinable on an established market nor set by independent third party appraiser?	an					
h	Did the plan receive any noncash contributions whose va neither readily determinable on an established market no an independent third party appraiser?	r set by					
i	Did the plan have assets held for investment? (Attach sch of assets if "Yes" is checked, and see instructions for forn requirements)	nat					
j	Were any plan transactions or series of transactions in ex of 5% of the current value of plan assets? (Attach schedutransactions if "Yes" is checked and see instructions for for requirements)	ule of ormat					
k	Were all the plan assets either distributed to participants beneficiaries, transferred to another plan, or brought under control of the PBGC?	er the					
	Has a resolution to terminate the plan been adopted during plan year or any prior plan year? If yes, enter the amount plan assets that reverted to the employer this year	t of any	an to another	plan(s), identify the	e plan(s) to w	hich assets or	
	liabilities were transferred. (See instructions). <b>5b(1)</b> Name of plan						
	5b(2) EIN			<b>5b(3)</b> PN			
	5b(2) EIN 5b(1) Name of plan			<b>5b(3)</b> PN			
	5b(2) EIN 5b(1) Name of plan			<b>5b(3)</b> PN			
	5b(2) EIN			<b>5b(3)</b> PN			

