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|--|---|------------|----------------------------|--|--|
| SCHEDULE H | Financial Infor | mation | _ | Official Use Only OMB No. 1210-0110 | |
| · · · · · | orm 5500) This schedule is required to be filed under Section 104 of the Employee | | | | |
| Department of the Treasury Internal Revenue Service | Retirement Income Security Act of 1974 (ERIS Internal Revenue Code (t | 2002 | | | |
| Department of Labor Pension and Welfare Benefits Administration | | | This Form is Open to | | |
| Pension Benefit Guaranty Corporation | File as an attachment to I | Form 5500. | | Public Inspection. | |
| For the calendar plan year 2002 or fiscal plan year beginning | | and ending | | | |
| A Name of plan | | В | Three-digit plan number | ► []] | |
| C Plan sponsor's name as shown of | on line 2a of Form 5500 | D | Employer Id | entification Number | |

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | Assets | (a) Beginning of Year | (b) End of Year | |
|---|--|-----------------------|-----------------|--|
| а | Total noninterest- bearing cash | | | |
| b | Receivables (less allowance for doubtful accounts): (1) Employer contributions | | | |
| | (2) Participant contributions | | | |
| | (3) Other | | | |
| C | General investments: (1) Interest-bearing cash (includ accounts and certificates of deposit) | ding money market | | |
| | (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) Common | | | |
| | (5) Partnership/joint venture interests . | | | |

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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 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 (unallocated contracts)...
- (15) Other
- d Employer-related investments:
 - (1) Employer securities
 - (2) Employer real
- e Buildings and other property used in plan operation
- f Total assets (add all amounts in lines 1a through 1e) ...

Liabilities

- g Benefit claims payable
- h Operating payables
- i Acquisition indebtedness
- j Other liabilities
 k Total liabilities (add all amounts in lines 1g through 1j)

Net Assets

I Net assets (subtract line 1k from line 1f)

| | | | | | | Official Use Onl | ly |
|----------------|---------------|-----|--|-------|-------------|------------------|----|
| (a) Beg | ginning of Ye | ear | | (b) E | End of Year | | |
| | | | | | | | |
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Part II Income and Expenses Statement

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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | | | |
|------|--|-------------------------|-----|-------|--|
| a Co | ontributions: | (a) Amount | | | |
| (1) | Received or receivable in cash from: | | | | |
| | (A) Employers | | | | |
| | (D) Dortionanto | | | | |
| | (B) Participants | | | | |
| | (C) Others (including rollovers) | | | | |
| | | | | | |
| (2 | Noncash contributions | | | | |
| | | | (b) | Total | |
| (2) | Total contributions Add lines 20(4)(A) (B) (C | and line 20(2) | | | |
| (3 | Total contributions. Add lines 2a(1)(A), (B), (C | , and line 2a(2) | | | |
| b Ea | rnings 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 | | | | |
| | (F) Other | | | | |
| | | | | | |
| | (G) Total interest. Add lines 2b(1)(A) through | (F) | | | |
| | | | | | |
| (2 | Dividends: | | | | |
| | (A) Preferred stock | · | | | |
| | (B) Common stock | | | | |
| | | | | | |
| | (C) Total dividends. Add lines 2b(2)(A) and (| В) | | | |
| | | | | | |
| | Rents | | | | |
| (4 | Net gain (loss) on sale of assets: | | | | |
| | (A) Aggregate proceeds | | | | |
| | (B) Aggregate carrying amount (see instructions) | | | | |
| | ······································ | | | | |
| | (C) Subtract line 2b(4)(B) from line 2b(4)(A) | and enter result | | | |
| | | | | | |
| | | | | | |



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|---|-------------------|--|---------------|-----------------|-------------------|--|
| | (5) | Unrealized appreciation (depreciation) of assets: | (a) Amount | | | |
| | | (A) Real estate | | | | |
| | | (B) Other | | | | |
| | | | | (b) Tota | al | |
| | | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | | | | |
| | (6) | Net investment gain (loss) from common/collective trusts | | | | |
| | (7) | Net investment gain (loss) from pooled separate accounts | | | | |
| | (8) | Net investment gain (loss) from master trust investment accounts | | | | |
| | (9) | Net investment gain (loss) from 103-12 investment entities | | | | |
| | (10) | Net investment gain (loss) from registered investment companies (e.g., mutual funds) | | | | |
| с | Othe | r income | | | | |
| d | Tota | l income. Add all income amounts in column (b) and enter total | | | | |
| е | Ben | Expenses 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 instructions) | | | | |
| h | Inter | est expense | | | | |
| i | Adm (1) | inistrative expenses: Professional fees | | | | |
| | (2) | Contract administrator fees | | | | |
| | (3) | Investment advisory and management fees | | | | |
| | (4) | Other | | | | |
| | (5) | Total administrative expenses. Add lines 2i(1) through (4) | | | | |
| j | Tota | expenses. Add all expense amounts in column (b) and enter total | | | | |



| | | | | | | | | | | | | 0 | | se Only | |
|-------------------------------|---|--|--|---|--|----------------|--------------|-----------|---------|-----------|------------------|---------|-------|---------|------|
| | | | | | _ | | | | | | (b) | Total | | | |
| | | | | onciliation | | | | | | | | | | | |
| | Net income (loss) (subtract lir Transfers of assets | ie zj irom | ine zu) | | | | | | | | | | | | |
| | (1) To this plan | | | | | | | | | | | | | | |
| | (2) From this plan | | | | | | | | | | | | | | |
| ar | t III Accountant's Op | pinion | | | | | | | | | | | | | |
| | The opinion of an independer Attached to this Form 5500 | nt qualified | d public a | accountant f | for this p | lan is (se | ee instructi | ons): | | | | | | | |
| a | and the opinion is: | (1) | Un | nqualified | (2) | | Qualified | (3) | | Discla | aimer | (4) | | Adv | erse |
| b | Not attached because: | (1) | the | e Form 5500 | 0 is filed | for a CC | CT, PSA or | MTIA. | | | | | | | |
| | | (2) | the | e opinion wi | ll be atta | ched to | the next Fo | orm 5500 |) pursi | uant to 2 | 29 CFR | 2520.10 | 4-50. | | |
| | | | | | | | | | | | | | | | |
| | EIN | | | | | | | | | | | | | | |
| ar | EIN | ring Plan | n Year | | | | | | | | | | | | |
| 4 | t IV Transactions Dur | olete Part l' | | As, 103-12 | IEs, and | GIAs do | o not compl | ete 4a, 4 | łe, 4f, | 4g, 4h, | 4k, or 5 | | | | |
| 4 | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl | olete Part l' | | As, 103-12 | IEs, and | | | ete 4a, 4 | le, 4f, | 4g, 4h, | | | | | |
| 4 | t IV Transactions Dur | olete Part l' | | As, 103-12 | IEs, and | GIAs do Yes | o not compl | ete 4a, 4 | le, 4f, | 4g, 4h, | 4k, or 5 Amou | | | | |
| 4 urii a | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr | blete Part l' lete 4j. mit to the p | IV. MTI <i>i</i> plan any | | IEs, and | | | ete 4a, 4 | ↓e, 4f, | 4g, 4h, | | | | | |
| 4 urii a | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- | blete Part I' lete 4j. mit to the p n the time 102? (See | IV. MTI plan any period | ions | | | | ete 4a, 4 | ↓e, 4f, | 4g, 4h, | | | | | |
| 4 urii a | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- and DOL's Voluntary Fiduciar | blete Part I' lete 4j. mit to the p n the time 102? (See y Correction | IV. MTI plan any period e instructi on Progra | , iions iam.) | | | | ete 4a, 4 | le, 4f, | 4g, 4h, | | | | | |
| 4 urii a | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- and DOL's Voluntary Fiduciar Were any loans by the plan of the plan in default as of the complete the plan in default as of the complete the the c | blete Part I' lete 4j. mit to the p n the time 102? (See y Correction or fixed incolose of the | IV. MTI plan any period e instructi on Progra come ob e plan ye | ions am.) ligations du ear or class | e ified | | | ete 4a, 4 | le, 4f, | 4g, 4h, | | | | | |
| 4 urii a | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- and DOL's Voluntary Fiduciary Were any loans by the plan of the plan in default as of the of during the year as uncollectit secured by the participant's a | blete Part I' lete 4j. mit to the p n the time 102? (See y Correction or fixed inco close of the ble? Disreg account ba | IV. MTI/ plan any period e instructi on Progra come ob e plan ye gard part alance. (<i>I</i> | ions am.) ligations du ear or class ticipant loar Attach | e ified 1s | | | ete 4a, 4 | łe, 4f, | 4g, 4h, | | | | | |
| 4 urii a b | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- and DOL's Voluntary Fiduciar Were any loans by the plan of the plan in default as of the of during the year as uncollectit secured by the participant's a Schedule G (Form 5500) Par | mit to the p n the time 102? (See y Correction or fixed ind close of the ble? Disreg account ba rt I if "Yes" | IV. MTI/ plan any period instruction Progra come ob e plan ye gard part alance. (<i>F</i> is check | ions am.) ligations du ear or class ticipant loar Attach ked) | e ified 15 | | | ete 4a, 4 | le, 4f, | 4g, 4h, | | | | | |
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| 4 urii a b c d | t IV Transactions Dur CCTs and PSAs do not comp 103-12 IEs also do not compl ng the plan year: Did the employer fail to transr participant contributions within described in 29 CFR 2510.3- and DOL's Voluntary Fiduciar Were any loans by the plan of the plan in default as of the of during the year as uncollectif secured by the participant's a Schedule G (Form 5500) Par Were any leases to which the classified during the year as (Form 5500) Part II if "Yes" is Did the plan engage in any r party-in-interest? (Attach Sch "Yes" is checked) | blete Part I' lete 4j. mit to the p n the time 102? (See y Correctic or fixed inc close of the ble? Disreg account ba rt I if "Yes" e plan was uncollectib s checked) nonexempt hedule G (f | IV. MTI/ plan any period a instructi on Progra- come ob e plan ye gard pari- alance. (<i>I</i> ' is check s a party ble? (Atta t transac Form 55 | ions am.) ligations du ear or class ticipant loar Attach ked) / in default o ach Schedu etion with an i00) Part III | e ified ns or le G wy if | | | ete 4a, 4 | le, 4f, | 4g, 4h, | | | | | |

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|---|---|-----|-----------|------------------------------------|-----------------------|
| | | Yes | No | Amo | ount |
| 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? | | | | |
| | 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 If, during this plan year, any assets or liabilities were transferred liabilities were transferred. (See instructions). | | an to and | Differ plan(s), identify the plan(| s) to which assets or |
| | 5b(1) Name of plan | | | | |
| | 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 | |

