## SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For the calendar plan year 2003

or fiscal plan year beginning

## **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).

and ending

▶ File as an attachment to Form 5500.

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OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

Α	Name of plan							Three-dig plan numl			
С	Plan sponsor's name as shown on line 2a of Form 5500					D	Employe	r Identific	ation Numbe	r	
F	Part I	Asset and Lia	ability Statement								
1	trust. the va this p	Report the value of the lalue is reportable on lillian year, to pay a spe	ts and liabilities at the bene plan's interest in a coines 1c(9) through 1c(1-ccific dollar benefit at a formula (1, 1b(2), 1c(8), 1g, 1h, a	ommingled fund co 4). Do not enter the future date. <b>Roun</b>	ontaining the as ne value of that d off amounts	ssets of more portion of a to the near	e than or an insurar rest dolla	ne plan on a nce contract <b>ar.</b> MTIAs, C	a line-by-li t which gu CCTs, PSA	ine basis unle Jarantees, dur As, and 103-1	ss ing 2 IEs
		Assets	(a) E	Beginning of Year				<b>(b)</b> En	d of Year		
í		ll noninterest- ring cash									
ı	doul	eivables (less allowan btful accounts): Employer contributions	nce for								
	(2)	Participant contributions									
	(3)	Other									
(		eral investments: Interest-bearing cash accounts and certificates of deposit)	n (including money mark	<b>cet</b>							
	(2)	U.S. Government securities									
	(3)	Corporate debt instruemployer securities):									
		(A) Preferred									
		(B) All other									
	(4)	Corporate stocks (otherwise):									
		(A) Preferred									
		(B) Common									
	(5)	Partnership/joint venture interests.									

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		(a) Beginning of Year	(b) End of Year
1c (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 sepa- rate accounts		
(11	Value of interest in master trust investment accounts		
(12	Value of interest in 103-12 invest- ment entities		
(13	Value of interest in registered investment companies (e.g.,		
(14	mutual funds)  ) Value of funds held in insurance company general		
	account (unallo- cated contracts)		
<b>d</b> Em	Otherployer-related estments:		
(1)			
(2)	Employer real property		
pro plai	Idings and other perty used in operation		
(ad	al assets d all amounts in s 1a through 1e)		
ı	_iabilities		
<b>g</b> Ber	nefit claims payable		
h Op	erating payables		
i Acc	quisition ebtedness		
j Oth	er liabilities		
(ad	al liabilities d all amounts in s 1g through 1j)		
	let Assets		
I Net line	assets (subtract 1k from line 1f)		



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chedule	Н	(Form	5500)	2003	

Page 3

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Part II	Income	and	<b>Expenses</b>	Statement
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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) Amount				
а	Con	trib	utions:		(a) Amount				
(			eived or receivable in cash from: Employers						
		(B)	Participants						
		(C)	Others (including rollovers)						
(	(2)	Non	cash contributions			.00	Tatal		
						(a)	Total		
(	(3)	Tota	contributions. Add lines 2a(1)(A), (B), (C),	and line <b>2a(2)</b>					
b I			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	is						
(			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) are	d enter result					



Schedule H	(Form	5500)	2003

Page 4

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2b	(5)	Unrealized appreciation (depreciation) (a) Amount of assets:			
		(A) Real estate			
		(B) Other			
			(b) Tota	I	
		(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	er income			
d	Tota	Il income. Add all <b>income</b> 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	rective distributions (see instructions)			
g	Cert	tain deemed distributions of participant loans (see instructions)			
h	Inte	rest expense			
i	Adm (1)	ninistrative 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	Il expenses. Add all <b>expense</b> amounts in column (b) and enter total			

ı		
	Schedule H (Form 5500) 2003 Page <b>5</b>	Official Has Only
	Net Income and Reconciliation	Official Use Only <b>(b)</b> Total
	Net income (loss) (subtract line 2j from line 2d)  Transfers of assets  (1) To this plan	
	(2) From this plan	
Pa	rt III Accountant's Opinion	
3	Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Fo Complete line 3d if an opinion is not attached.	orm 5500.
а	The attached opinion of an independent qualified public accountant for this plan is (see instructions):  (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse	
	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?  Enter the name and EIN of the accountant (or accounting firm):  Name	Yes No
•	EIN EIN	

**d** The opinion of an independent qualified public accountant is **not attached** because:

Pal 4	Transactions During Plan Year  CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j.	GIAs do	not com	plete 4a, 4e,	4f, 4g, 4h,	4k, or 5.		
Duri	ng the plan year:	Yes	No			Amoun	i	
a b	Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)							
	during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)							
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)							
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)							
е	Was this plan covered by a fidelity bond?							



	Schedule H (Form 5500) 2003			P	age <b>6</b>			Official	Use Onl	V	
		Yes	No			Amo	unt	Official	OSC OIII	у	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
ı	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?										
-	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?										
(	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)										
1	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)										
1	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
1	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 fro liabilities were transferred. (See instructions).	m this pl	an to ano	ther plan(s), id	dentify th	e plan(s	s) to wh	ich ass	sets or		
	5b(1) Name of plan										
	5b(2) EIN 5b(1) Name of plan			5b(3)	PN						



**5b(3)** PN

**5b(3)** PN

**5b(2)** EIN

**5b(2)** EIN

5b(1) Name of plan