SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2003

This Form is Open to Public Inspection.

	al plan year beginning	MM/DD/YY	and end	ling	MM / D	D/YY	YY
Nar	ne of plan				hree-digit lan number		
Plai	n sponsor's name as shown on	line 2a of Form 5500		D E	mployer Identif	ication Numb	er
Part	Asset and Liability S	tatement					
trust the this	Report the value of the plan's ivalue is reportable on lines 1c(9) plan year, to pay a specific dolla	bilities at the beginning and end of interest in a commingled fund cont) through 1c(14). Do not enter the ar benefit at a future date. Round o Ic(8), 1g, 1h, and 1i. CCTs, PSAs,	taining the assets of more value of that portion of a off amounts to the near	e than one p n insurance est dollar. N	olan on a line-by contract which MTIAs, CCTs, PS	-line basis unle guarantees, du SAs, and 103-1	ess Iring 12 IEs
	Assets	(a) Beginning of Year			(b) End of Yea	ır	
	al noninterest- aring cash		_00				
	ceivables (less allowance for ubtful accounts): Employer contributions		.00				
(2)	Participant contributions		.00				
(3)	Other		.00				_(
c Ge (1)	neral investments: Interest-bearing cash (includin accounts and certificates of deposit)	ng money market					
(2)							
(3)	Corporate debt instruments (or employer securities):	other than					
	(A) Preferred		_00				.0
	(B) All other		_00				
(4)	Corporate stocks (other than employer securities):						
	(A) Preferred		.00				
	(B) Common		_00				_0
(5)	Partnership/joint venture interests.		_00				0

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		(a) Beginning of Year	(b) End of Year
1c (6)	Real estate (other than employer real property)	_00	.00
(7)	Loans (other than to participants)	_00	.00
(8)	Participant loans.	00	00
(9)	Value of interest in common/ collective trusts		
(10	Value of interest in pooled sepa- rate accounts	.00	.00
(11	Value of interest in master trust investment accounts		
(12	Value of interest in 103-12 invest- ment entities	.00	
(13	Value of interest in registered investment companies (e.g.,		
(14	mutual funds) Value of funds	.00	.00
(held in insurance company general account (unallo- cated contracts)		
) Other	.00	.00
	ployer-related estments: Employer		
(2)	securities Employer real	00	00
pro	propertyldings and other perty used in operation	00	00
f Tota (ad	al assets d all amounts in s 1a through 1e)	.00	.00
ı	_iabilities		
g Ber	nefit claims payable	00	.00
h Op	erating payables	_00	_00
	quisition ebtedness	.00	.00
j Oth	er liabilities	_00	.00
(ad	al liabilities d all amounts in s 1g through 1j)	.00	.00
	et Assets		
I Net line	assets (subtract 1k from line 1f)	_00	.00



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Part II	Income an	d Expenses	Statement
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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) A	_1				
а	Cor	ntribu	utions:		(a) Amour	11				
	(1)	Rece	eived or receivable in cash from:							
		(A)	Employers				.00			
		(B)	Participants							
		(C)	Others (including rellevers)							
		(C)	Others (including rollovers)							
	(2)	None	cash contributions							
	(-,						- (h) Tota		
							۷,) Iola		
	(3)	Tota	I contributions. Add lines 2a(1)(A), (B), (C), ar	d line 2a(2)						_00
	_									
b			s on investments: (1) Interest: Interest-bearing cash							
		(,,	(including money market accounts							
			and certificates of deposit)							
		/B\	U.S. Government securities							
		(B)	U.S. Government securities							
		(C)	Corporate debt instruments							
		(-)								
		(D)	Loans (other than to participants)				00			
		(E)	Participant loans				.00			
		(F)	Other				=			
		(G)	Total interest. Add lines 2b(1)(A) through (F)							
		(0)	25(1)(1) all edgil (1)							
	(2)	Divid	dends:							
		(A)	Preferred stock				.00			
		(B)	Common stock				.00			
		رم،								
		(C)	Total dividends. Add lines 2b(2)(A) and (B)							
	(3)	Roni	ts							
			gain (loss) on sale of assets:							
	٠,		Aggregate proceeds							
			Aggregate carrying amount							
		ν,	(see instructions)				.00			
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and	enter result						00

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2b	(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount					
		(A) Real estate			.00			
		(B) Other						
		(b) Otter			(b) To	ıtal		
		40.7						
		(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)						H."
	(6)	Net investment gain (loss) from common/collective trusts						_00
	(7)	Net investment gain (loss) from pooled separate accounts						
	` ,							
	(8)	Net investment gain (loss) from master trust investment accounts						.00
	(9)	Net investment gain (loss) from 103-12 investment entities						_00
	(10)	Net investment gain (loss) from registered investment companies (e.g., mutual funds)						.00
С	Othe	er income						
d	Tota	I income. Add all income amounts in column (b) and enter total						-00
е	Ben	efit payment and payments to provide benefits:						
	(1)	Directly to participants or beneficiaries, including direct rollovers			.00			
	(2)	To insurance carriers for the provision of benefits			.00			
	(3)	Other			00			
	(4)	Total benefit payments. Add lines 2e(1) through (3)						_00
f	Corı	rective distributions (see instructions)						_00
g	Cert	ain deemed distributions of participant loans (see instructions)						_00
h	Inte	rest expense						
i	Adm	ninistrative expenses:						
	(1)	Professional fees			.00			
	(2)	Contract administrator fees			00			
	(3)	Investment advisory and management fees			.00			
	(4)	Others						
	(4)	Other						
	(5)	Total administrative expenses. Add lines 2i(1) through (4)						_00
i	Tota	I expenses. Add all expense amounts in column (b) and enter total						
,								

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	Net Income and Reconciliation				(b) Total		
2 k	Net income (loss) (subtract line 2j from line 2d)						
	Transfers of assets						
	(1) To this plan						.00
	(2) From this plan						
Dα	rt III Accountant's Opinion						
3	Complete lines 3a through 3c if the opinion of an independent qualif Complete line 3d if an opinion is not attached.	fied pub	lic accour	ntant is attached to this F	orm 5500.		
а	The attached opinion of an independent qualified public accountant	for this	plan is (se	ee instructions):			
	(1) Unqualified (2) Qualified (3)	Discl	aimer	(4) Adverse			
b	Did the accountant perform a limited scope audit pursuant to 29 CFF	R 2520.	103-8 and	d/or 103-12(d)?	Ye	es	No
С	Enter the name and EIN of the accountant (or accounting firm):						
	Name						
>							
	EIN						
d	The opinion of an independent qualified public accountant is not atta	ached b	ecause:				
	(4) this form is filed for a COT DCA or MTIA (2)	:a :11		ad to the most Farm 550	0	00 OFD 050	0.404.50
	this form is filed for a CCT, PSA or MTIA. (2)	II WIII	be attach	ed to the next Form 550	D pursuant to	29 CFR 252	0.104-50.
Pa	rt IV Transactions During Plan Year						
1	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j.	GIAs do	not com	plete 4a, 4e, 4f, 4g, 4h,	4k, or 5.		
uri	ing the plan year:	Yes	No		Amount		
а	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.)						-00
b	3 · · · · · · · · · · · · · · · · · · ·						
	the plan in default as of the close of the plan year or classified 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)						ш.
С	classified during the year as uncollectible? (Attach Schedule G						
	(Form 5500) Part II if "Yes" is checked)						-00
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.)						_00
е	Was this plan covered by a fidelity bond?						00
	•						
	1 7 0 3 A	A	0 5	5 0 -			
ı							ı

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		Yes	No	Amou	Official Use Only
4 f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				00
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?				.00
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?				oc
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?				
5а	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				.00
5b	If, during this plan year, any assets or liabilities were transferred from liabilities were transferred. (See instructions).	m this pla	an to and	other 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(3) PN	



5b(3) PN

5b(1) Name of plan

5b(2) EIN