

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor Pension and
Welfare Benefits 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.**

Official Use Only

OMB No. 1210-0110

2001

**This Form is Open to
Public Inspection.**

For the calendar plan year 2001
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ►

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification 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.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	00	00
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	00	00
(2) Participant contributions	00	00
(3) Other	00	00
c General investments:		
(1) Interest-bearing cash (including money market accounts and certificates of deposit)	00	00
(2) U.S. Government securities	00	00
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	00	00
(B) All other	00	00
(4) Corporate stocks (other than employer securities):		
(A) Preferred	00	00
(B) Common	00	00
(5) Partnership/joint venture interests .	00	00

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(a) Beginning of Year

(b) End of Year

(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 ...	00	00
(10) Value of interest in pooled separate accounts	00	00
(11) Value of interest in master trust investment accounts	00	00
(12) Value of interest in 103-12 investment entities	00	00
(13) Value of interest in registered investment companies (e.g., mutual funds)	00	00
(14) Value of funds held in insurance company general account (unallocated contracts) ..	00	00
(15) Other	00	00
d Employer-related investments:		
(1) Employer securities	00	00
(2) Employer real property	00	00
e Buildings and other property used in plan operation	00	00
f Total assets (add all amounts in lines 1a through 1e) ...	00	00
Liabilities		
g Benefit claims payable	00	00
h Operating payables	00	00
i Acquisition indebtedness	00	00
j Other liabilities	00	00
k Total liabilities (add all amounts in lines 1g through 1j)	00	00
Net Assets		
l Net assets (subtract line 1k from line 1f)	00	00

1 7 0 1 0 0 0 2 0 B



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. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:

(a) Amount

(1) Received or receivable in cash from:

(A) Employers

(B) Participants

(C) Others (including rollovers)

(2) Noncash contributions

Grid for entering amounts for lines 2a(1)(A), (B), (C), and 2a(2). Each row has 10 columns and ends with a '00' column.

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

Grid for entering total amount for line 2a(3).

b Earnings 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

Grid for entering amounts for lines 2b(1)(A) through (F). Each row has 10 columns and ends with a '00' column.

(G) Total interest. Add lines 2b(1)(A) through (F)

Grid for entering total amount for line 2b(1)(G).

(2) Dividends:

(A) Preferred stock

(B) Common stock

(C) Total dividends. Add lines 2b(2)(A) and (B)

Grid for entering amounts for lines 2b(2)(A) and (B). Each row has 10 columns and ends with a '00' column.

Grid for entering total amount for line 2b(2)(C).

(3) Rents

Grid for entering amount for line 2b(3).

(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

Grid for entering amounts for lines 2b(4)(A) and (B). Each row has 10 columns and ends with a '00' column.

Grid for entering result for line 2b(4)(C).

1 7 0 1 0 0 0 3 0 C



(5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate

Grid for (A) Real estate amount

(B) Other

Grid for (B) Other amount

(b) Total

(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)

Grid for (C) Total unrealized appreciation

(6) Net investment gain (loss) from common/collective trusts

Grid for (6) Net investment gain (loss) from common/collective trusts

(7) Net investment gain (loss) from pooled separate accounts

Grid for (7) Net investment gain (loss) from pooled separate accounts

(8) Net investment gain (loss) from master trust investment accounts

Grid for (8) Net investment gain (loss) from master trust investment accounts

(9) Net investment gain (loss) from 103-12 investment entities

Grid for (9) Net investment gain (loss) from 103-12 investment entities

(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)

Grid for (10) Net investment gain (loss) from registered investment companies

c Other income

Grid for c Other income

d Total income. Add all income amounts in column (b) and enter total

Grid for d Total income

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers

Grid for (1) Directly to participants or beneficiaries

(2) To insurance carriers for the provision of benefits

Grid for (2) To insurance carriers for the provision of benefits

(3) Other

Grid for (3) Other

(4) Total benefit payments. Add lines 2e(1) through (3)

Grid for (4) Total benefit payments

f Corrective distributions (see instructions)

Grid for f Corrective distributions

g Certain deemed distributions of participant loans (see instructions)

Grid for g Certain deemed distributions of participant loans

h Interest expense

Grid for h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (1) Professional fees

(2) Contract administrator fees

Grid for (2) Contract administrator fees

(3) Investment advisory and management fees ...

Grid for (3) Investment advisory and management fees

(4) Other

Grid for (4) Other

(5) Total administrative expenses. Add lines 2i(1) through (4)

Grid for (5) Total administrative expenses

j Total expenses. Add all expense amounts in column (b) and enter total

Grid for j Total expenses

1 7 0 1 0 0 0 4 0 D



Net Income and Reconciliation

(b) Total

- 2k Net income (loss) (subtract line 2j from line 2d)
I Transfers of assets
(1) To this plan
(2) From this plan

Grid for entering net income and reconciliation values.

Part III Accountant's Opinion

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

- a Attached to this Form 5500 and the opinion is: (1) Unqualified (3) Disclaimer (2) Qualified (4) Adverse
b Not attached because: (1) the Form 5500 is filed for a CCT, PSA or MTIA. (2) the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

c Also check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d)

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)

Name

Grid for entering the name of the accountant.

EIN

Grid for entering the EIN of the accountant.

Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

Yes No Amount

- a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102?
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?
d Did the plan engage in any nonexempt transaction with any party-in-interest?
e Was this plan covered by a fidelity bond?

Grid for answering questions a-e regarding transactions during the plan year.

1 7 0 1 0 0 0 5 0 E



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 dishonesty? [Amount grid] 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? [Amount grid] 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? [Amount grid] 00
- 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?

5a 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 [Amount grid] 00

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan

[Name of plan grid]

5b(2) EIN

[EIN grid]

5b(3) PN

[PN grid]

5b(1) Name of plan

[Name of plan grid]

5b(2) EIN

[EIN grid]

5b(3) PN

[PN grid]

5b(1) Name of plan

[Name of plan grid]

5b(2) EIN

[EIN grid]

5b(3) PN

[PN grid]

5b(1) Name of plan

[Name of plan grid]

5b(2) EIN

[EIN grid]

5b(3) PN

[PN grid]

1 7 0 1 0 0 0 6 0 F

