SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service	Financial Information This schedule is required to be filed under Section 104 Retirement Income Security Act of 1974 (ERISA) and sec	of the Em		Official Use Only OMB No. 1210-0110
Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	Internal Revenue Code (the Code).File as an attachment to Form 5500.			This Form is Open to Public Inspection.
For the calendar plan year 2001 or fiscal plan year beginning	MM / DD / YYYY and en	nding	MM /	DD/YYYY
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 lo	Ientification Number
Part I Asset and Liability	Statement	Ó		

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	40	(b) End of Ye	ar	
	al noninterest- aring cash					
b Red dou (1)	ceivables (less allowance for ubtful accounts): Employer contributions		.00			
(2)	Participant contributions					
(3) c Ge (1)	Other neral investments: Interest-bearing cash (incl	uding money market				
	accounts and certificates of deposit)					
(2)	U.S. Government securities					
(3)	Corporate debt instrument employer securities):	s (other than				
	(A) Preferred					
(4)	(B) All other Corporate stocks (other th employer securities):	an				
	(A) Preferred					
	(B) Common					
(5)	Partnership/joint venture interests.					
For Pape	erwork Reduction Act Notice	e and OMB Control Numbers, see the ins	tructions for Form	5500. Cat. No. 24420C Sche	dule H (Form 5	500) 200



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(6)

(7)

(8)

(9)

investments:

Total assets

i Acquisition

(1)

(2)

f

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Official Use Only (a) Beginning of Year (b) End of Year Real estate (other than employer real property) Loans (other than to participants) ... Participant loans. Value of interest in common/ collective trusts ... (10) Value of interest Ŷ 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) 4 (14) Value of funds held in insurance æ company general account (unallocated contracts) .. (15) Other d Employer-related 25 Employer securities Employer real property e Buildings and other property used in plan operation R (add all amounts in lines 1a through 1e) ... Liabilities g Benefit claims payable h Operating payables 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)



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Part	II	Incom	e and Expenses Stateme	nt			CA	
se	eparat	tely main		ets for the year. Include all income s/receipts to/from insurance carriers				ot
			Income	(a)	Amount			
		butions:	reachable in each from	(~),				
()			receivable in cash from: /ers			00		
	(B)) Particip	pants					
	(C)) Others	(including rollovers)			00		
(0								
(2	.) NO	ncasn co	ntributions		~	(b) Total		
						(2) ! • • •		
(3) Tot	tal contrib	outions. Add lines 2a(1)(A), (B),	C), and line 2a(2)				
b Ea		-	vestments: (1) Interest:		0			
	(A)	(includi	t-bearing cash ing money market accounts					
		and ce	rtificates of deposit)					
	(B)) U.S. Go	overnment securities					
	(C)) Corpor	ate debt instruments					
	(0)	, 001001						
	(D)) Loans	(other than to participants)					
	(E)) Particip	oant loans					
		•		$\mathbf{O}^{\mathbf{I}}$				
	(F)	Other.						
				R.				
	(G)) Total in	terest. Add lines 2b(1)(A) throu	gh (F)				
(2) Div	vidends:						
	(A)) Preferr	ed stock					
	(B)) Commo	on stock					
	. ,							
	(C)) Total di	ividends. Add lines 2b(2)(A) and	(B)				
(3) Re	ents						
(4			ss) on sale of assets:					
			pate proceeds pate carrying amount					
	(0)		structions)					
	(0)	Subtra	ct line 2b(4)(B) from line 2b(4)(A) and enter result				
	(0)							
	X							
			1	7 0 1 0 0 0	3 0 C			
Ι								I
	-							

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5)	Unrealized appreciation (depreciation) of assets:	(a) Amount	Ð.
	(A) Real estate		
	(B) Other		
		(b) Total
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		
	Net investment gain (loss) from common/collective trusts		
	Net investment gain (loss) from pooled separate accounts		
	Net investment gain (loss) from master trust investment accounts		
	Net investment gain (loss) from 103-12 investment entities		
	Net investment gain (loss) from registered investment companies (e.g., mutual funds)		
the	er income		
	I income. Add all income amounts in column (b) and enter total		
)	efit payment and payments to provide benefits: Directly to participants or beneficiaries, including direct rollovers		
)	To insurance carriers for the provision of benefits		
)	Other		
)	Total benefit payments. Add lines 2e(1) through (3)		
ori	rective distributions (see instructions)		
ert	ain deemed distributions of participant loans (see instructions)		
te	rest expense		
'n	inistrative expenses:		
)	Professional fees		
)	Contract administrator fees		
)	Investment advisory and management fees		
)	Other		
)	Total administrative expenses. Add lines 2i(1) through (4)		



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Net Income and Dece							(b) Total		/rity
Net Income and Reco									
Transfers of assets									
(1) To this plan									
(2) From this plan									
art III Accountant's Opinion							.0		
The opinion of an independent qualified public a	accountai	nt for	this plan is (se	e instructio	ns):		Ý		
Attached to this Form 5500 and the opinion is:	(1)		Unqualified		(3)	Disc	claimer		
	(2)		Qualified		(4)	Adv	erse		
Not attached because:	(1)		the Form 550	0 is filed fo	r a CCT, P	SA or MTI	۹.		
	(2)		the opinion w pursuant to 2			next Form	5500		
Also check this box if the accountant performed	a limited	d scop	•			3-8 and/or	2520.103-12	(d)	
I If an accountant's opinion is attached, enter the								()	
Name			4	10					
			2.						
EIN Int IV Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTI/ 103-12 IEs also do not complete 4j.	As, 103-1	12 IEs	, and GIAs do	not comple	ete 4a, 4e,	4f, 4g, 4h,	4k, or 5.		
ing the plan year:	S		Yes	No			Amount		
Did the employer fail to transmit to the plan any contributions within the maximum time period de 29 CFR 2510.3-102? (see instructions)	escribed	in							
Were any loans by the plan or fixed income obli the plan in default as of the close of the plan ye during the year as uncollectible? Disregard part secured by the participant's account balance. (A	ear or cla icipant lo	ssified	ł						
Schedule G (Form 5500) Part I if "Yes" is check									
Were any leases to which the plan was a party classified during the year as uncollectible? (Atta (Form 5500) Part II if "Yes" is checked)	ich Schee	dule G							
Did the plan engage in any nonexempt transacti party-in-interest? (Attach Schedule G (Form 550 "Yes" is checked)	00) Part I	III if							
S.									
Was this plan covered by a fidelity bond?									
1	7_0	1	0 0	0 5	0 E				

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		Yes	No	Amo	Official Use Only
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				
-	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)			SH	
-	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)			SOL	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Ę	0	
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				
	If, during this plan year, any assets or liabilities were transferred fro liabilities were transferred. (See instructions). 5b(1) Name of plan	om this pla	an to an	nother plan(s), identify the plan(s	s) to which assets or
	5b(2) EIN 5b(1) Name of plan			5b(3) PN	
	5b(2) EIN 5b(1) Name of plan			5b(3) PN	
	5b(1) Name of plan			5b(3) PN	
	5b(2) EIN			5b(3) PN	
		D 0	0	6 0 F	