

**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

2002

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

For the calendar plan year 2002
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.** 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
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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1 7 0 2 0 0 0 1 0 B



(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

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1 7 0 2 0 0 0 2 0 C



(5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate

Grid for (a) Amount with 10 columns and 2 rows.

(B) Other

(b) Total

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

Grid for (b) Total with 10 columns and 10 rows.

(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)

c Other income

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

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (1) with 10 columns and 2 rows.

(2) To insurance carriers for the provision of benefits

Grid for (2) with 10 columns and 2 rows.

(3) Other

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

Grid for (4) with 10 columns and 3 rows.

f Corrective distributions (see instructions)

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (1) with 10 columns and 2 rows.

(2) Contract administrator fees

Grid for (2) with 10 columns and 2 rows.

(3) Investment advisory and management fees ...

Grid for (3) with 10 columns and 2 rows.

(4) Other

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

Grid for (5) with 10 columns and 2 rows.

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

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1 7 0 2 0 0 0 4 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?
- 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?

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

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

5b(2) EIN

____-____

5b(3) PN

5b(1) Name of plan

5b(2) EIN

____-____

5b(3) PN

5b(1) Name of plan

5b(2) EIN

____-____

5b(3) PN

5b(1) Name of plan

5b(2) EIN

____-____

5b(3) PN

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1 7 0 2 0 0 0 6 0 G

