Attention:

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that are mailed each spring to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web site at **www.efast.dol.gov** for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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

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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) Amount

a Contributions:

(1) Received or receivable in cash from:

(A) Employers .....

(B) Participants .....

(C) Others (including rollovers) .....

(2) Noncash contributions .....

(b) Total

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

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 .....

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

(2) Dividends:

(A) Preferred stock .....

(B) Common stock .....

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

(3) Rents .....

(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 .....

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		(a) Amount	(b) Total
(5)	Unrealized appreciation (depreciation) of assets:		
	(A) Real estate		
	(B) Other		
	(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)		
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		
(2)	To insurance carriers for the provision of benefits		
(3)	Other		
(4)	Total benefit payments. Add lines **2e(1)** through **(3)**		
f	Corrective distributions (see instructions)		
g	Certain deemed distributions of participant loans (see instructions)		
h	Interest expense		
i	Administrative expenses:		
(1)	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	Total expenses. Add all **expense** amounts in column (b) and enter total		

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Net Income and Reconciliation

(b) Total

2k Net income (loss) (subtract line 2j from line 2d) .....

l Transfers of assets

(1) To this plan .....

(2) From this plan .....

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

▶

EIN

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? (see instructions)			
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? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)			
c 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 Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)			
e Was this plan covered by a fidelity bond?			

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	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?	☐	☐	.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?	☐	☐	.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	☐	☐	.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

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