

**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  
 ▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
 OMB Nos. 1210 - 0110  
 1210 - 0089  
**2001**  
 This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

For the calendar plan year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information (see instructions)

**Part II Basic Plan Information -- enter all requested information.**

<b>1a</b> Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan (mo., day, yr.)	07/01/1966
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BECHTEL BWXT IDAHO, LLC  PO BOX 1625  IDAHO FALLS ID 83415-3200	<b>2b</b> Employer Identification Number (EIN)	94-3323797
	<b>2c</b> Sponsor's telephone number	208-526-0066
	<b>2d</b> Business code (see instructions)	541990

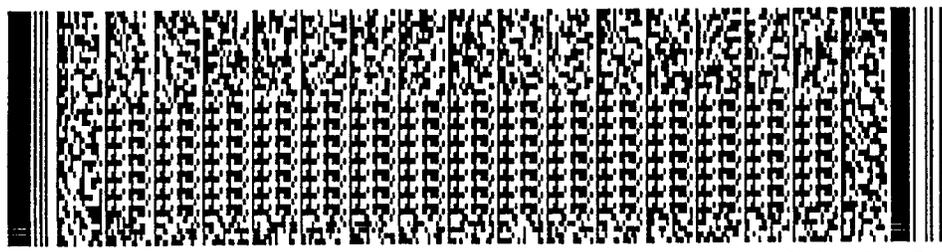
**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Candace Wilkinson 6-30-03 CANDACE WILKINSON  
 Signature of plan administrator Date Typed or printed name of individual signing as plan administrator

Candace Wilkinson 6-30-03 CANDACE WILKINSON  
 Signature of employer/plan sponsor/DFE Date Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Form 5500 (2001)



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Form **5500**

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210 - 0110  
1210 - 0089

**2001**

This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

For the calendar plan year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information (see instructions)

**Part II Basic Plan Information -- enter all requested information.**

<b>1a</b> Name of plan IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan (mo., day, yr.)	07/01/1966
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BECHTEL BWXT IDAHO, LLC  PO BOX 1625  IDAHO FALLS ID 83415-3200	<b>2b</b> Employer Identification Number (EIN)	94-3323797
	<b>2c</b> Sponsor's telephone number	208-526-0066
	<b>2d</b> Business code (see instructions)	541990

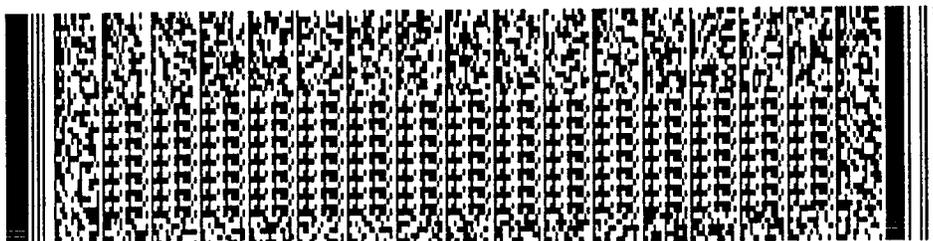
**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Signature of plan administrator      Date      CANDACE WILKINSON  
Typed or printed name of individual signing as plan administrator

\_\_\_\_\_  
Signature of employer/plan sponsor/DFE      Date      CANDACE WILKINSON  
Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Form **5500** (2001)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	6458
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	4819
b Retired or separated participants receiving benefits	7b	150
c Other retired or separated participants entitled to future benefits	7c	1218
d Subtotal. Add lines 7a, 7b, and 7c	7d	6187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	2
f Total. Add lines 7d and 7e	7f	6189
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	6151
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	41
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	217

8 Benefits provided under the plan (complete 8a through 8c, as applicable)

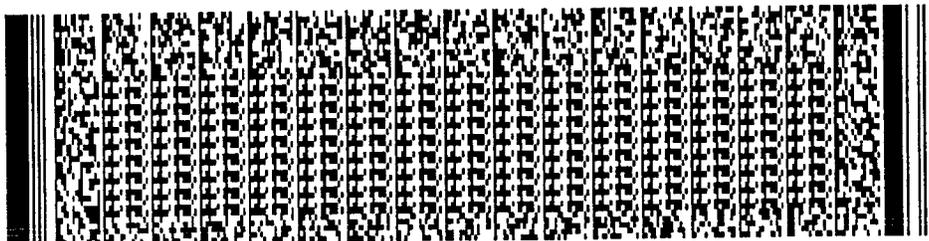
- a  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K
- b  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):
- c  Fringe benefits (check this box if the plan provides fringe benefits)

9a Plan funding arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor



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10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

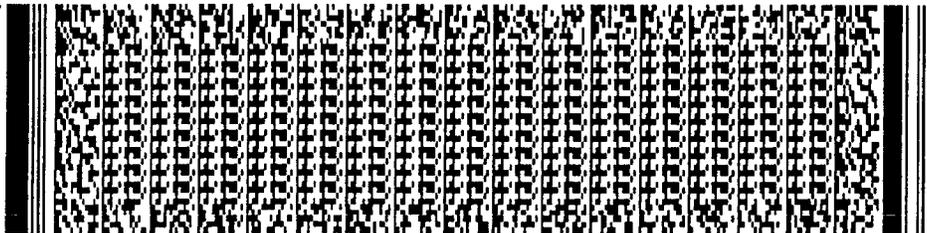
- (1)  R (Retirement Plan Information)
- (2)  1 T (Qualified Pension Plan Coverage Information)  
 If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year ..... ▶ \_\_\_\_\_
- (3)  B (Actuarial Information)
- (4)  E (ESOP Annual Information)
- (5)  SSA (Separated Vested Participant Information)

b Financial Schedules

- (1)  H (Financial Information)
- (2)  I (Financial Information -- Small Plan)
- (3)  22 A (Insurance Information)
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)
- (7)  1 P (Trust Fiduciary Information)

c Fringe Benefit Schedule

- F (Fringe Benefit Plan Annual Information)



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only  
OMB No. 1210-0110  
**2001**  
**This Form is Open to Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

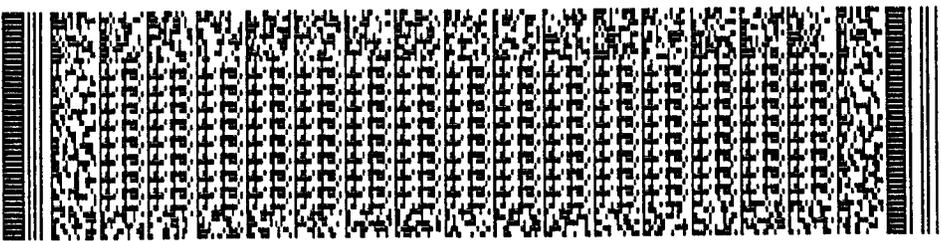
AIG FINANCIAL PRODUCTS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3389410	00000	336915 (1)	3439	10/01/2001	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

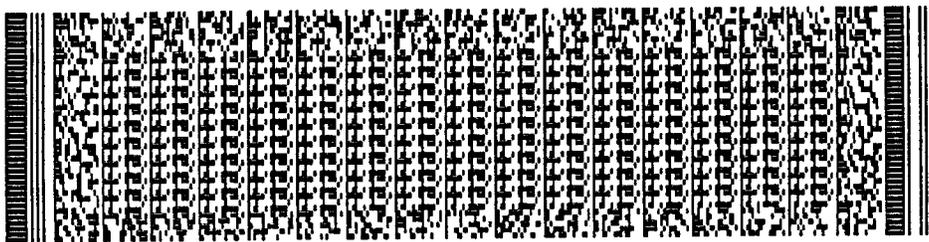
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



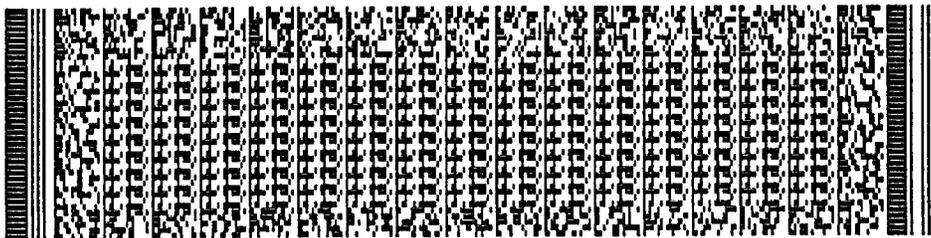
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**Part III Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	16,040,065
<b>c</b>	Additions: (1) Contributions deposited during the year .....	7,500,000
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	1,097,011
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	▶ .....	
	(6) Total additions .....	8,597,011
<b>d</b>	Total of balance and additions (add b and c (6)) .....	24,637,076
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	24,637,076



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**Part II Welfare Benefit Contract Information**

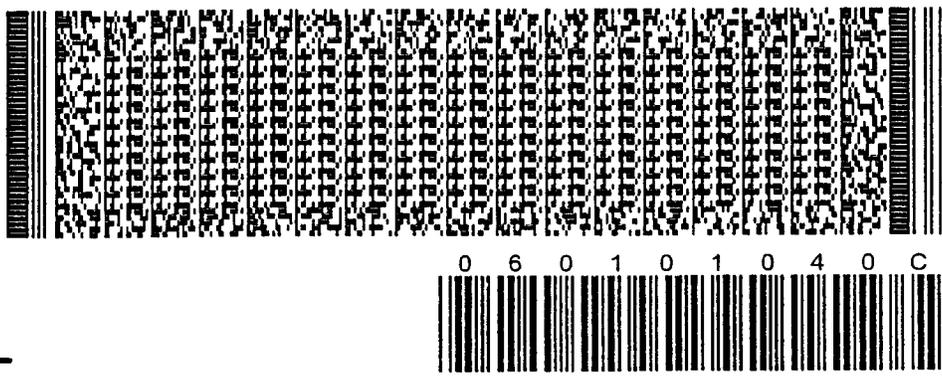
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7 Benefit and contract type (check all applicable boxes)
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> a Health (other than dental or vision)         | <input type="checkbox"/> b Dental               | <input type="checkbox"/> c Vision                    | <input type="checkbox"/> d Life Insurance     |
| <input type="checkbox"/> e Temporary disability (accident and sickness) | <input type="checkbox"/> f Long-term disability | <input type="checkbox"/> g Supplemental unemployment | <input type="checkbox"/> h Prescription drug  |
| <input type="checkbox"/> i Stop loss (large deductible)                 | <input type="checkbox"/> j HMO contract         | <input type="checkbox"/> k PPO contract              | <input type="checkbox"/> l Indemnity contract |
| <input type="checkbox"/> m Other (specify) ▶                            |   |  |   |

8 Experience-rated contracts

<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

- 9 Nonexperience-rated contracts:
- a** Total premiums or subscription charges paid to carrier
- b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A Name of plan</b> INEEL EMPLOYEE INVESTMENT PLAN	<b>B Three-digit plan number</b>	▶ 001
<b>C Plan sponsor's name as shown on line 2a of Form 5500</b> BECHTEL BWXT IDAHO, LLC	<b>D Employer Identification Number</b> 94-3323797	

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

AIG LIFE GIC

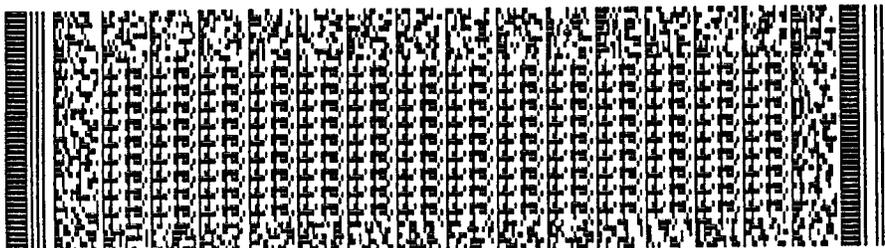
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867050	00000	18325	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

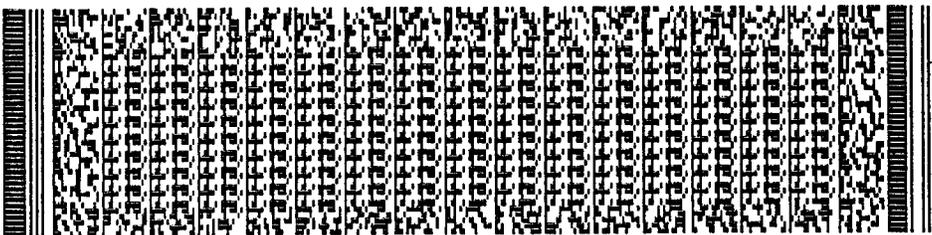
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

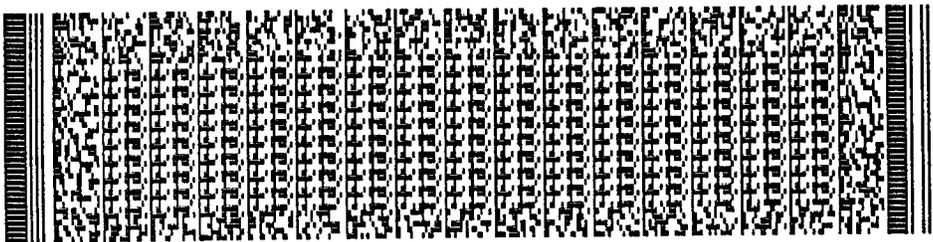
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) .....	
<b>b</b>	Balance at the end of the previous year .....	7,965,242
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	559956
<b>d</b>	Total of balance and additions (add b and c 6)) .....	8,525,198
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	8,525,198



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

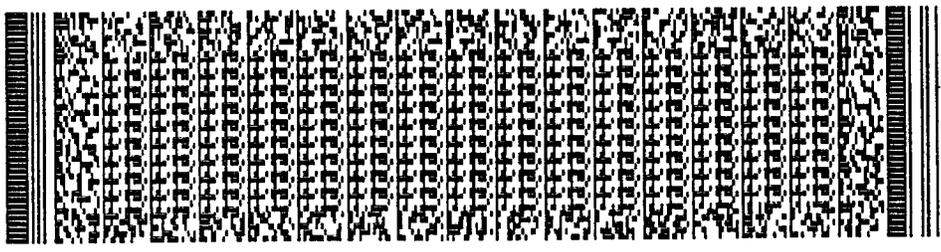
- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8 Experience-rated contracts**

<b>a</b>	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
<b>b</b>	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) –		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

<b>a</b>	Total premiums or subscription charges paid to carrier	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs ▶	



0 6 0 1 0 1 0 4 0 C

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form Is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

BAYERISCHE LANDESBANK

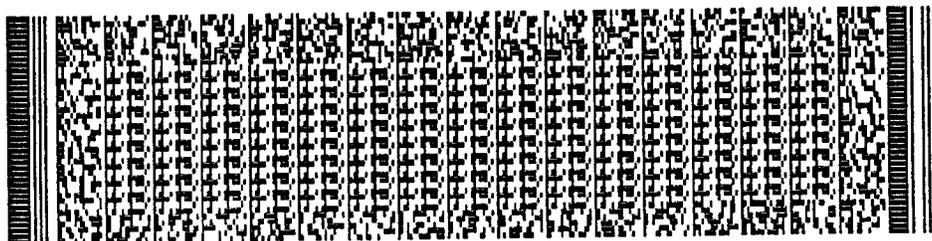
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3029393	00000	99020A	3439	10/01/2001	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

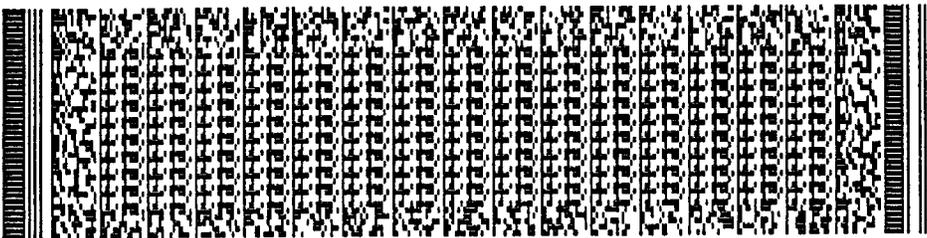
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

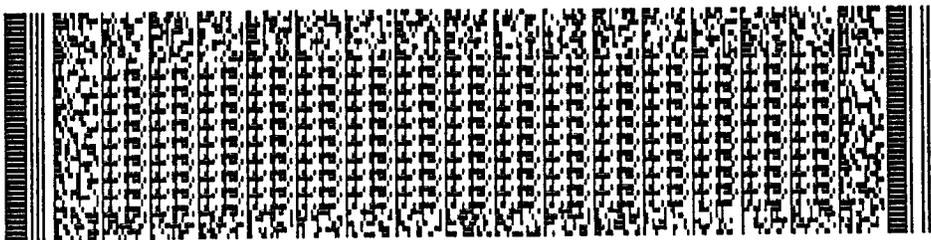
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	5,734,423
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	▶ .....	
	(6) Total additions .....	391885
<b>d</b>	Total of balance and additions (add b and c )6) .....	6,126,308
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	6,126,308



**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>a</b> Health (other than dental or vision)         | <input type="checkbox"/> <b>b</b> Dental               | <input type="checkbox"/> <b>c</b> Vision                    | <input type="checkbox"/> <b>d</b> Life Insurance     |
| <input type="checkbox"/> <b>e</b> Temporary disability (accident and sickness) | <input type="checkbox"/> <b>f</b> Long-term disability | <input type="checkbox"/> <b>g</b> Supplemental unemployment | <input type="checkbox"/> <b>h</b> Prescription drug  |
| <input type="checkbox"/> <b>i</b> Stop loss (large deductible)                 | <input type="checkbox"/> <b>j</b> HMO contract         | <input type="checkbox"/> <b>k</b> PPO contract              | <input type="checkbox"/> <b>l</b> Indemnity contract |
| <input type="checkbox"/> <b>m</b> Other (specify) ▶                            |  |   |  |

**8** Experience-rated contracts

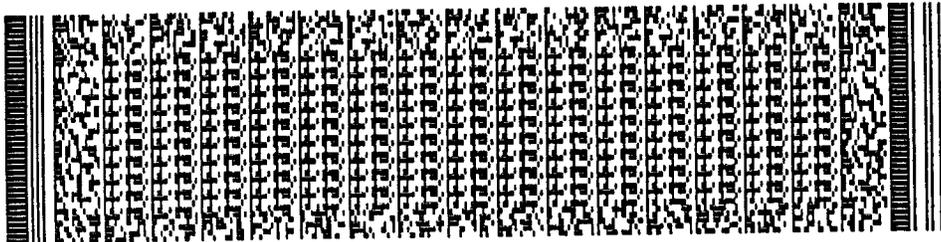
<b>a</b> Premiums: (1) Amount received	_____	
(2) Increase (decrease) in amount due but unpaid	_____	
(3) Increase (decrease) in unearned premium reserve	_____	
(4) Earned ((1) + (2) - (3))	_____	
<b>b</b> Benefit charges: (1) Claims paid	_____	
(2) Increase (decrease) in claim reserves	_____	
(3) Incurred claims (add (1) and (2))	_____	
(4) Claims charged	_____	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	_____	
(B) Administrative service or other fees	_____	
(C) Other specific acquisition costs	_____	
(D) Other expenses	_____	
(E) Taxes	_____	
(F) Charges for risks or other contingencies	_____	
(G) Other retention charges	_____	
(H) Total retention	_____	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	_____	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	_____	
(2) Claim reserves	_____	
(3) Other reserves	_____	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	_____	

**9** Nonexperience-rated contracts:

**a** Total premiums or subscription charges paid to carrier \_\_\_\_\_

**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount \_\_\_\_\_

Specify nature of costs ▶ \_\_\_\_\_



0 6 0 1 0 1 0 4 0 C

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

CDC CAPITAL

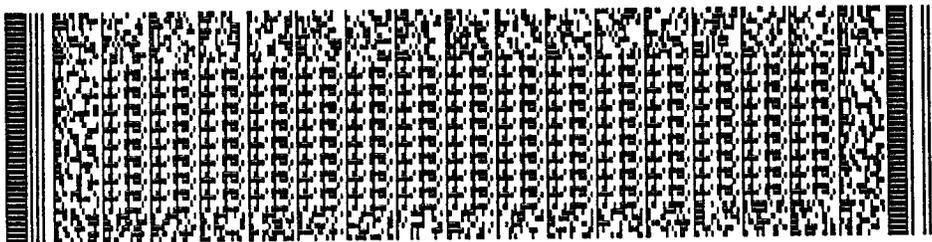
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3995170	00000	1400-01(2)	3439	05/30/2002	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



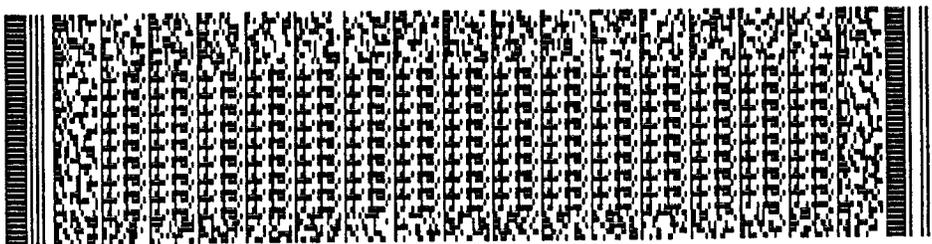
0 6 0 1 0 1 0 2 0 A



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b> Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b> Contracts With Allocated Funds		
<b>a</b> State the basis of premium rates ▶ .....		
<b>b</b> Premiums paid to carrier .....		
<b>c</b> Premiums due but unpaid at the end of the year .....		
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
Specify nature of costs ▶ .....		
<b>e</b> Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity		
(3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....		<input type="checkbox"/>
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee		
(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) .....		
<b>b</b> Balance at the end of the previous year .....		0
<b>c</b> Additions: (1) Contributions deposited during the year .....		10,500,000
(2) Dividends and credits .....		
(3) Interest credited during the year .....		146,462
(4) Transferred from separate account .....		
(5) Other (specify below) .....		5,000,000
▶ INITIAL FUNDING .....		
(6) Total additions .....		15,646,462
<b>d</b> Total of balance and additions (add b and c (6)) .....		15,646,462
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier .....		
(3) Transferred to separate account .....		
(4) Other (specify below) .....		
▶ .....		
(5) Total deductions .....		0
<b>f</b> Balance at the end of the current year (subtract e (5) from d) .....		15,646,462



0 6 0 1 0 1 0 3 0 B



**Part III** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



0 6 0 1 0 1 0 4 0 C

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

CDC CAPITAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3995170	00000	400-01	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



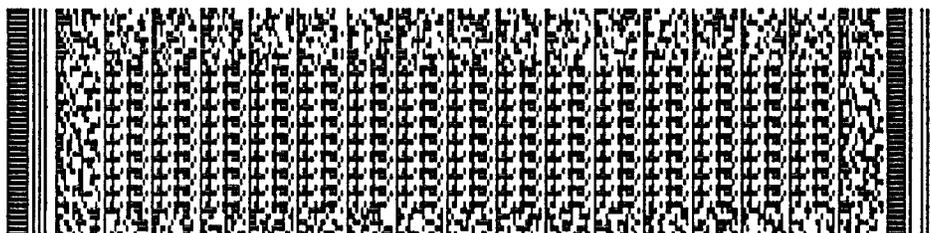
0 6 0 1 0 1 0 2 0 A



**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	7,064,146
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) ▶ .....	
	(6) Total additions .....	336589
<b>d</b>	Total of balance and additions (add b and c) (6) .....	7,400,735
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ INTEREST AND PRINCIPAL PAYMENT .....	
	(5) Total deductions .....	3,868,662
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	3,532,073



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/>	Health (other than dental or vision)	b <input type="checkbox"/>	Dental	c <input type="checkbox"/>	Vision	d <input type="checkbox"/>	Life Insurance
e <input type="checkbox"/>	Temporary disability (accident and sickness)	f <input type="checkbox"/>	Long-term disability	g <input type="checkbox"/>	Supplemental unemployment	h <input type="checkbox"/>	Prescription drug
i <input type="checkbox"/>	Stop loss (large deductible)	j <input type="checkbox"/>	HMO contract	k <input type="checkbox"/>	PPO contract	l <input type="checkbox"/>	Indemnity contract
m <input type="checkbox"/>	Other (specify) ▶						

8 Experience-rated contracts

a	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
b	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9	Nonexperience-rated contracts:		
a	Total premiums or subscription charges paid to carrier		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
	Specify nature of costs ▶		



0 6 0 1 0 1 0 4 0 C



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

CDC CAPITAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3995170	00000	400-02	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

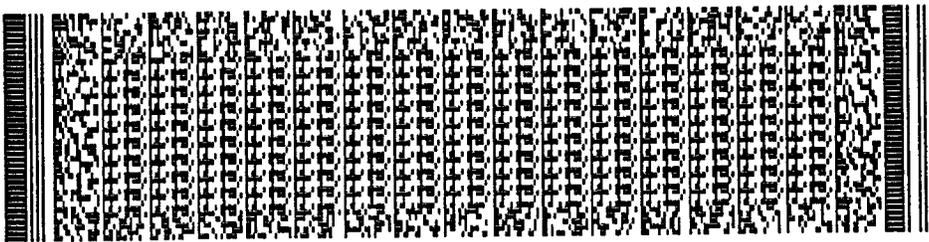
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

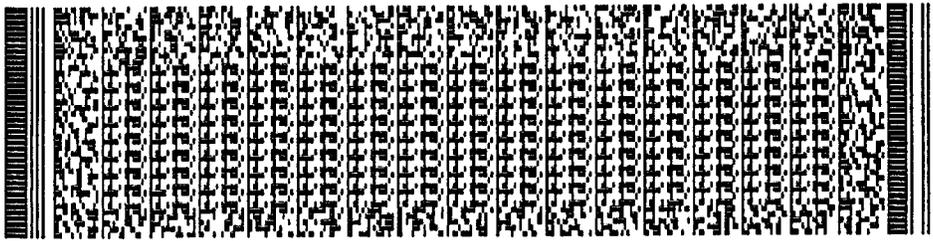
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b>	<b>Contracts With Allocated Funds</b>		
<b>a</b>	State the basis of premium rates ▶ .....		
<b>b</b>	Premiums paid to carrier .....		
<b>c</b>	Premiums due but unpaid at the end of the year .....		
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
	Specify nature of costs ▶ .....		
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>	
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>		
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....		
<b>b</b>	Balance at the end of the previous year .....	5,042,638	
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....		
	(3) Interest credited during the year .....		339745
	(4) Transferred from separate account .....		
	(5) Other (specify below) .....		
	(6) Total additions .....	339745	
<b>d</b>	Total of balance and additions (add b and c (6)) .....	5,382,383	
<b>e</b>	<b>Deductions:</b>		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
	(2) Administration charge made by carrier .....		
	(3) Transferred to separate account .....		
	(4) Other (specify below) .....		339744
	▶ INTEREST PAYMENT .....		
	(5) Total deductions .....	339744	
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	5,042,639	



**Part II** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

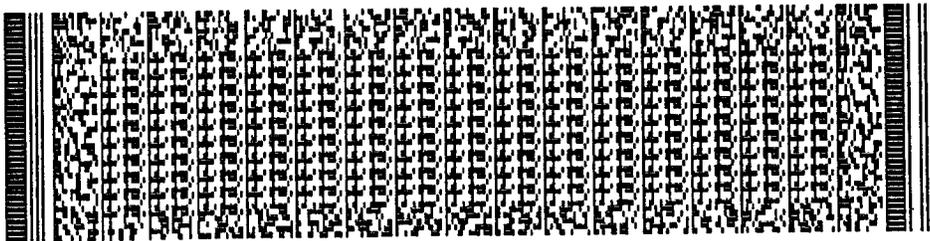
- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life Insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received .....		
(2) Increase (decrease) in amount due but unpaid .....		
(3) Increase (decrease) in unearned premium reserve .....		
(4) Earned ((1) + (2) - (3)) .....		
<b>b</b> Benefit charges: (1) Claims paid .....		
(2) Increase (decrease) in claim reserves .....		
(3) Incurred claims (add (1) and (2)) .....		
(4) Claims charged .....		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....		
(B) Administrative service or other fees .....		
(C) Other specific acquisition costs .....		
(D) Other expenses .....		
(E) Taxes .....		
(F) Charges for risks or other contingencies .....		
(G) Other retention charges .....		
(H) Total retention .....		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		
(2) Claim reserves .....		
(3) Other reserves .....		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier .....
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....
- Specify nature of costs ▶ \_\_\_\_\_



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

GE LIFE AND ANNUITY ASSURANCE

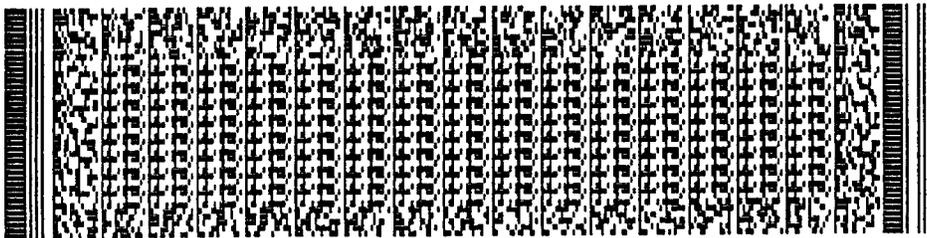
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0283385	65536	GS-3312	3439	10/01/2001	04/15/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

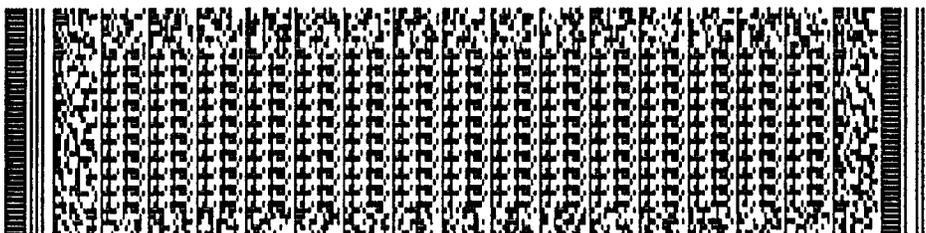
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



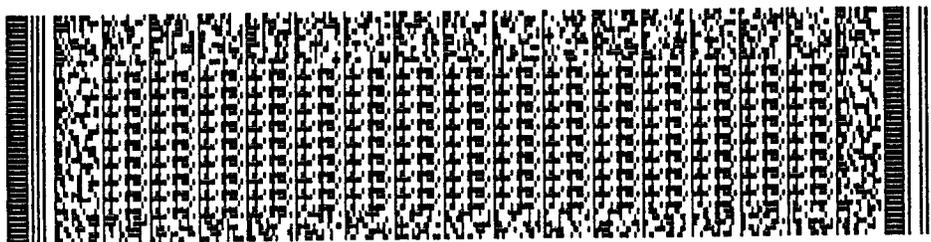
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**Part III Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	5,150,846
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	154,577
<b>d</b>	Total of balance and additions (add b and c 6)) .....	5,305,423
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ MATURITY PAYMENT .....	
	(5) Total deductions .....	5,305,423
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	0



**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8 Experience-rated contracts**

<b>a</b>	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
<b>b</b>	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

<b>a</b>	Total premiums or subscription charges paid to carrier		
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
	Specify nature of costs ▶		



0 6 0 1 0 1 0 4 0 C



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form Is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

GE LIFE AND ANNUITY ASSURANCE

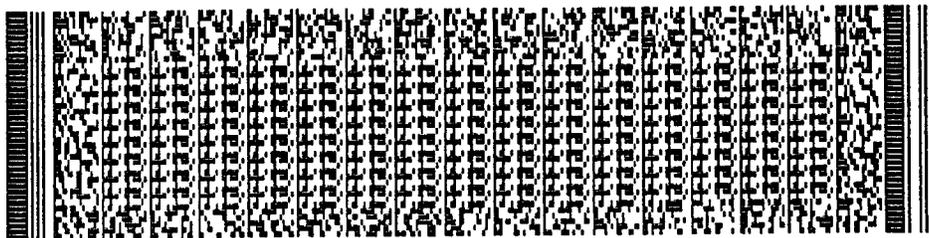
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0283385	65536	GS-3694	3439	01/31/2002	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

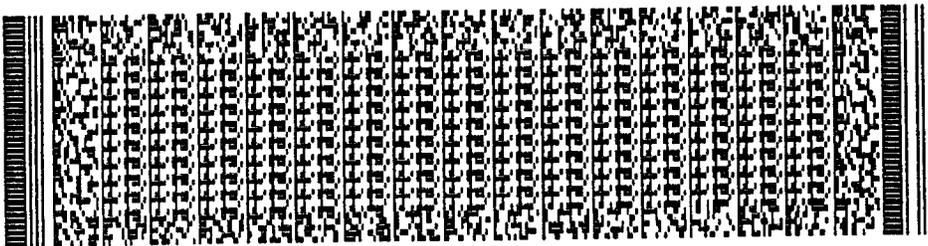
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



0 6 0 1 0 1 0 2 0 A



Part III Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end

4 Current value of plan's interest under this contract in separate accounts at year end

5 Contracts With Allocated Funds

a State the basis of premium rates

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount

Specify nature of costs

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify)

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)

b Balance at the end of the previous year

c Additions: (1) Contributions deposited during the year

(2) Dividends and credits

(3) Interest credited during the year

(4) Transferred from separate account

(5) Other (specify below)

INITIAL FUNDING

(6) Total additions

d Total of balance and additions (add b and c (6))

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

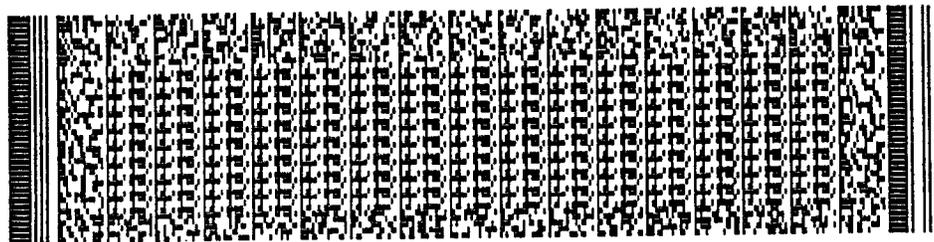
(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions

f Balance at the end of the current year (subtract e (5) from d)



0 6 0 1 0 1 0 3 0 B



**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

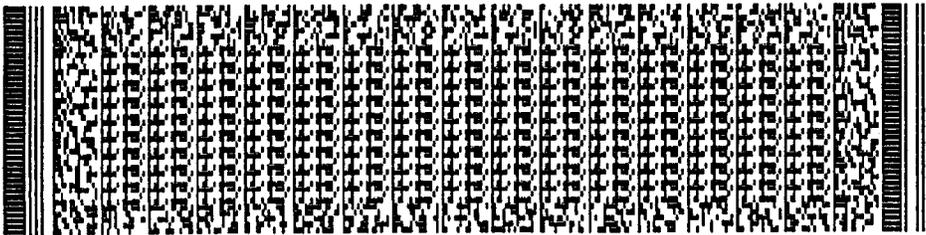
- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8 Experience-rated contracts**

<b>a</b>	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
<b>b</b>	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) –		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



0 6 0 1 0 1 0 4 0 C



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A Name of plan</b> INEEL EMPLOYEE INVESTMENT PLAN		<b>B Three-digit plan number</b>	001
<b>C Plan sponsor's name as shown on line 2a of Form 5500</b> BECHTEL BWXT IDAHO, LLC		<b>D Employer Identification Number</b> 94-3323797	

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	15174	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

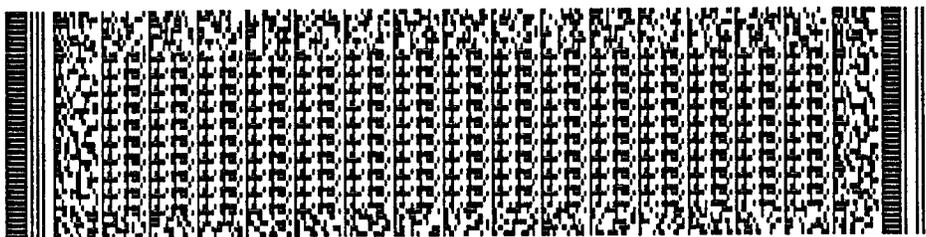
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



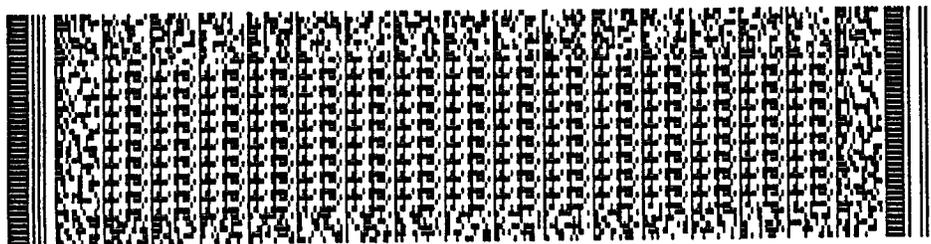
0 6 0 1 0 1 0 2 0 A



**Part III Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b>	<b>Contracts With Allocated Funds</b>		
<b>a</b>	State the basis of premium rates ▶ .....		
<b>b</b>	Premiums paid to carrier .....		
<b>c</b>	Premiums due but unpaid at the end of the year .....		
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
	Specify nature of costs ▶ .....		
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>	
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>		
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) .....		
<b>b</b>	Balance at the end of the previous year .....	5,143,217	
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....		
	(3) Interest credited during the year .....		294706
	(4) Transferred from separate account .....		
	(5) Other (specify below) .....		
	(6) Total additions .....	294706	
<b>d</b>	Total of balance and additions (add b and c 6)) .....	5,437,923	
<b>e</b>	<b>Deductions:</b>		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
	(2) Administration charge made by carrier .....		
	(3) Transferred to separate account .....		
	(4) Other (specify below) .....		
	(5) Total deductions .....	0	
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	5,437,923	



Part II

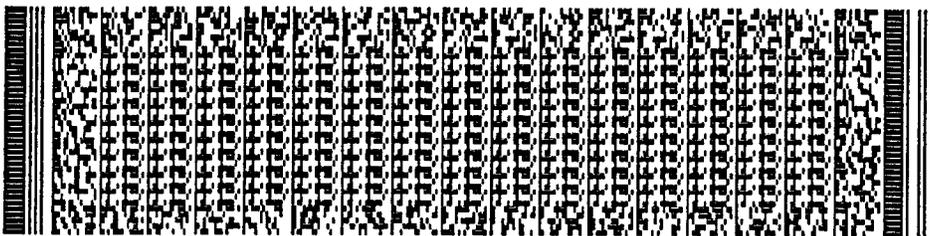
Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7 Benefit and contract type (check all applicable boxes)
a Health (other than dental or vision)
e Temporary disability (accident and sickness)
i Stop loss (large deductible)
m Other (specify)
b Dental
f Long-term disability
j HMO contract
c Vision
g Supplemental unemployment
k PPO contract
d Life Insurance
h Prescription drug
l Indemnity contract

Table with 3 columns: Description, Amount, and shaded area. Rows include: 8 Experience-rated contracts (a Premiums, b Benefit charges, c Remainder of premium), d Status of policyholder reserves, e Dividends or retroactive rate refunds due.

- 9 Nonexperience-rated contracts:
a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount



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[Barcode]

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Pension and Welfare Benefits Administration  
  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE

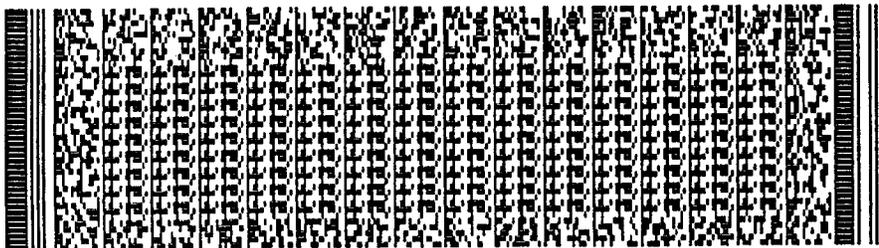
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	20277	3439	10/01/2001	01/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



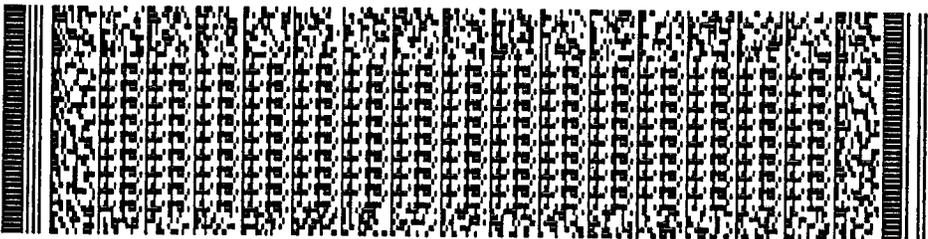
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**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b> Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b> Contracts With Allocated Funds	
<b>a</b> State the basis of premium rates ▶ .....	
<b>b</b> Premiums paid to carrier .....	
<b>c</b> Premiums due but unpaid at the end of the year .....	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
Specify nature of costs ▶ .....	
<b>e</b> Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b> Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b> Balance at the end of the previous year .....	6,021,654
<b>c</b> Additions: (1) Contributions deposited during the year .....	
(2) Dividends and credits .....	
(3) Interest credited during the year .....	82753
(4) Transferred from separate account .....	
(5) Other (specify below) .....	
▶ .....	
(6) Total additions .....	82753
<b>d</b> Total of balance and additions (add b and c (6)) .....	6,104,407
<b>e</b> Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
(2) Administration charge made by carrier .....	
(3) Transferred to separate account .....	
(4) Other (specify below) .....	6,104,407
▶ MATURITY PAYMENT .....	
(5) Total deductions .....	6,104,407
<b>f</b> Balance at the end of the current year (subtract e (5) from d) .....	0



Welfare Benefit Contract Information

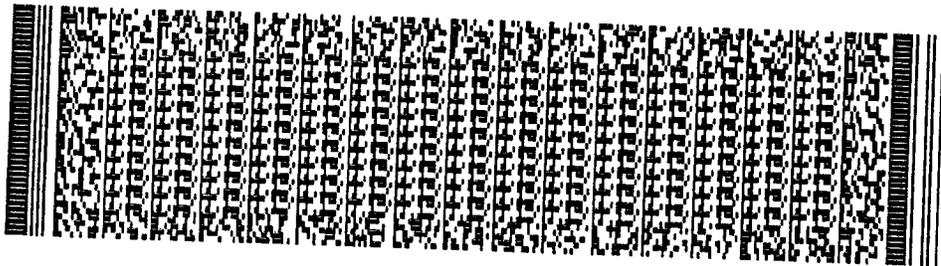
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

<input type="checkbox"/> a Health (other than dental or vision)	<input type="checkbox"/> b Dental	<input type="checkbox"/> c Vision	<input type="checkbox"/> d Life Insurance
<input type="checkbox"/> e Temporary disability (accident and sickness)	<input type="checkbox"/> f Long-term disability	<input type="checkbox"/> g Supplemental unemployment	<input type="checkbox"/> h Prescription drug
<input type="checkbox"/> i Stop loss (large deductible)	<input type="checkbox"/> j HMO contract	<input type="checkbox"/> k PPO contract	<input type="checkbox"/> l Indemnity contract
<input type="checkbox"/> m Other (specify) ▶			

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
Specify nature of costs ▶		



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25354	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

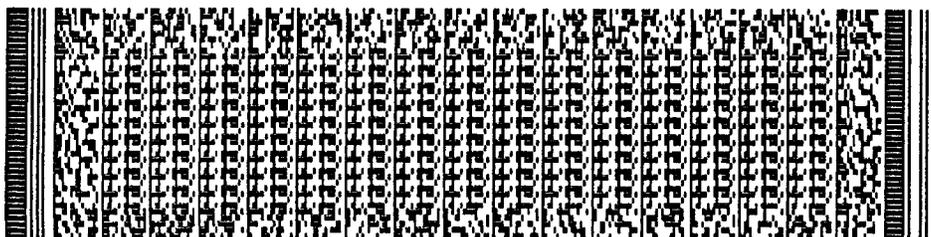
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b> Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b> Contracts With Allocated Funds	
<b>a</b> State the basis of premium rates ▶ .....	
<b>b</b> Premiums paid to carrier .....	
<b>c</b> Premiums due but unpaid at the end of the year .....	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
Specify nature of costs ▶ .....	
<b>e</b> Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b> Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b> Balance at the end of the previous year .....	18,531,042
<b>c</b> Additions: (1) Contributions deposited during the year .....	
(2) Dividends and credits .....	
(3) Interest credited during the year .....	1,306,439
(4) Transferred from separate account .....	
(5) Other (specify below) .....	
(6) Total additions .....	1,306,439
<b>d</b> Total of balance and additions (add b and c (6)) .....	19,837,481
<b>e</b> Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
(2) Administration charge made by carrier .....	
(3) Transferred to separate account .....	
(4) Other (specify below) .....	
(5) Total deductions .....	0
<b>f</b> Balance at the end of the current year (subtract e (5) from d) .....	19,837,481



**Part III** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- e**  Temporary disability (accident and sickness)
- i**  Stop loss (large deductible)
- m**  Other (specify) ▶
- b**  Dental
- f**  Long-term disability
- j**  HMO contract
- c**  Vision
- g**  Supplemental unemployment
- k**  PPO contract
- d**  Life Insurance
- h**  Prescription drug
- l**  Indemnity contract

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only  
OMB No. 1210-0110  
**2001**  
This Form is Open to Public Inspection

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

MORGAN GUARANTY

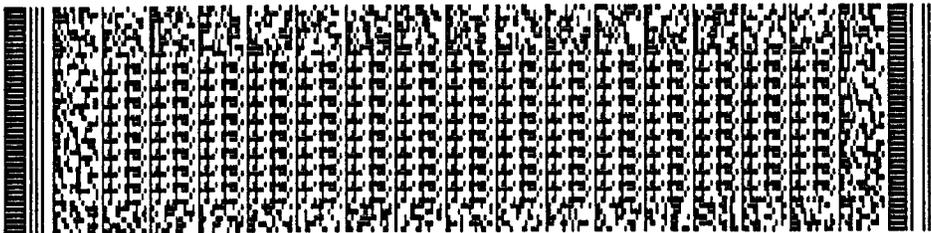
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3224016	00000	01(2)	3439	11/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b>	<b>Contracts With Allocated Funds</b>		
<b>a</b>	State the basis of premium rates ▶ .....		
<b>b</b>	Premiums paid to carrier .....		
<b>c</b>	Premiums due but unpaid at the end of the year .....		
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
	Specify nature of costs ▶ .....		
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>	
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>		
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....		
<b>b</b>	Balance at the end of the previous year .....	0	
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....		
	(3) Interest credited during the year .....		199785
	(4) Transferred from separate account .....		
	(5) Other (specify below) .....		5,000,000
	▶ INITIAL FUNDING .....		
	(6) Total additions .....	5,199,785	
<b>d</b>	Total of balance and additions (add b and c 6)) .....	5,199,785	
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
	(2) Administration charge made by carrier .....		
	(3) Transferred to separate account .....		
	(4) Other (specify below) .....		
	▶ .....		
	(5) Total deductions .....	0	
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	5,199,785	



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**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- i** Indemnity contract

**8 Experience-rated contracts**

<b>a</b> Premiums: (1) Amount received .....		
(2) Increase (decrease) in amount due but unpaid .....		
(3) Increase (decrease) in unearned premium reserve .....		
(4) Earned ((1) + (2) - (3)) .....		
<b>b</b> Benefit charges: (1) Claims paid .....		
(2) Increase (decrease) in claim reserves .....		
(3) Incurred claims (add (1) and (2)) .....		
(4) Claims charged .....		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....		
(B) Administrative service or other fees .....		
(C) Other specific acquisition costs .....		
(D) Other expenses .....		
(E) Taxes .....		
(F) Charges for risks or other contingencies .....		
(G) Other retention charges .....		
(H) Total retention .....		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		
(2) Claim reserves .....		
(3) Other reserves .....		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....		

**9 Nonexperience-rated contracts:**

- a** Total premiums or subscription charges paid to carrier .....
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....
- Specify nature of costs ▶ \_\_\_\_\_



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A standard 1D barcode below the alphanumeric string.

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE

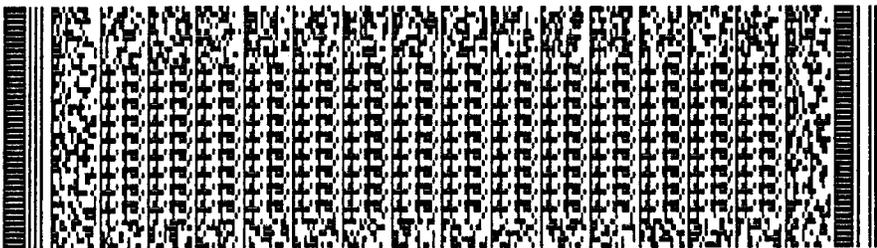
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	27017	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

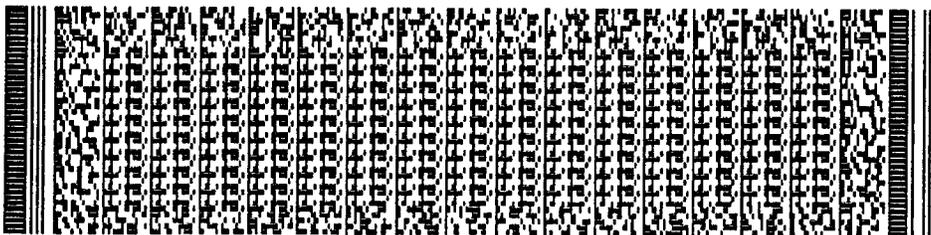
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	5,171,084
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	302508
	(4) Transferred from separate account .....	
	(5) Other (specify below) ▶ .....	
	(6) Total additions .....	302508
<b>d</b>	Total of balance and additions (add b and c) (6) .....	5,473,592
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) ▶ .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	5,473,592



**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

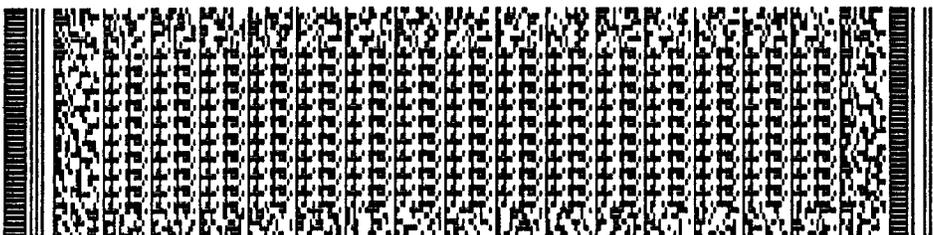
- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8 Experience-rated contracts**

<b>a</b>	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
<b>b</b>	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) -		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

**A** Name of plan  
INEEL EMPLOYEE INVESTMENT PLAN

**B** Three-digit plan number 001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
BECHTEL BWXT IDAHO, LLC

**D** Employer Identification Number  
94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE

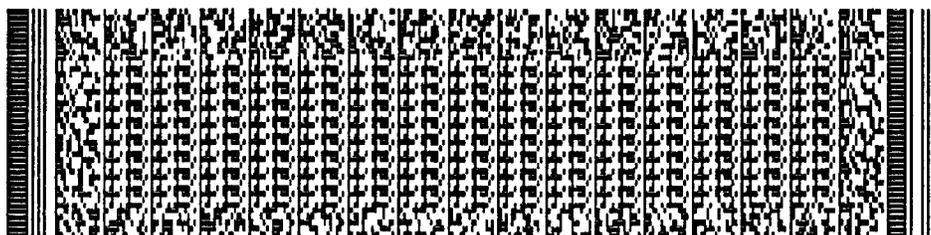
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA-31288	3439	10/01/2001	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

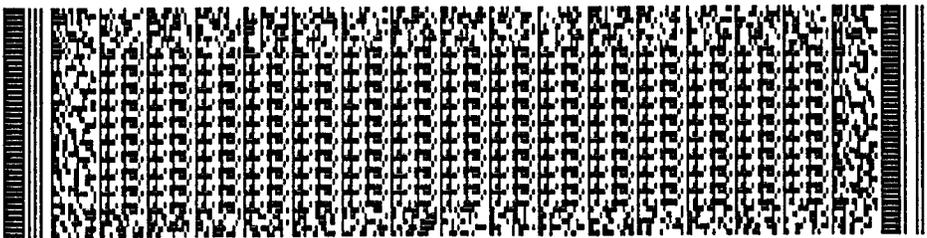
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning <u>10/01/2001</u> and ending <u>09/30/2002</u>	
<b>A Name of plan</b> INEEL EMPLOYEE INVESTMENT PLAN	<b>B Three-digit plan number</b> ▶ <u>001</u>
<b>C Plan sponsor's name as shown on line 2a of Form 5500</b> BECHTEL BWXT IDAHO, LLC	<b>D Employer Identification Number</b> <u>94-3323797</u>

**Part II Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

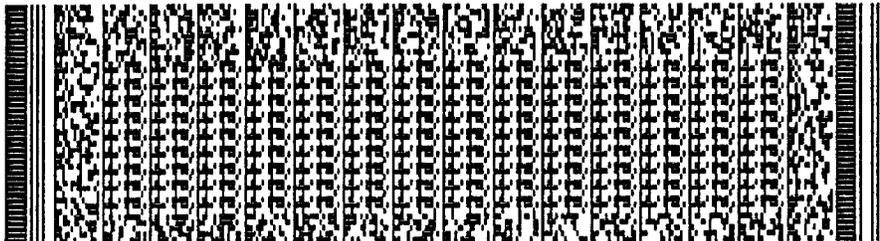
JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	14631	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons.** Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



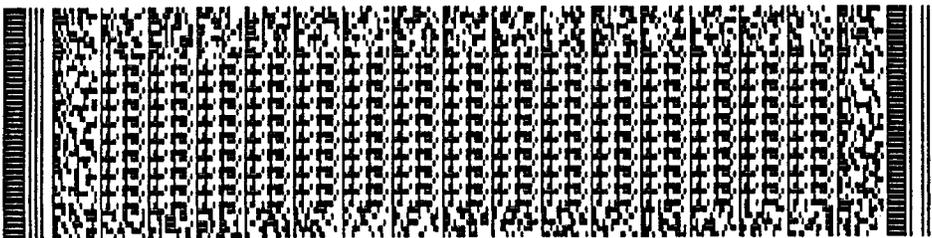
0 6 0 1 0 1 0 1 0 9



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b>	<b>Contracts With Allocated Funds</b>		
<b>a</b>	State the basis of premium rates ▶ .....		
<b>b</b>	Premiums paid to carrier .....		
<b>c</b>	Premiums due but unpaid at the end of the year .....		
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
	Specify nature of costs ▶ .....		
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>	
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>		
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....		
<b>b</b>	Balance at the end of the previous year .....	5,091,842	
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....		
	(3) Interest credited during the year .....		298052
	(4) Transferred from separate account .....		
	(5) Other (specify below) .....		
	▶ .....		
	(6) Total additions .....	298052	
<b>d</b>	Total of balance and additions (add b and c (6)) .....	5,389,894	
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
	(2) Administration charge made by carrier .....		
	(3) Transferred to separate account .....		
	(4) Other (specify below) .....		
	▶ .....		
	(5) Total deductions .....	0	
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	5,389,894	



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**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

<input type="checkbox"/> <b>a</b> Health (other than dental or vision)	<input type="checkbox"/> <b>b</b> Dental	<input type="checkbox"/> <b>c</b> Vision	<input type="checkbox"/> <b>d</b> Life Insurance
<input type="checkbox"/> <b>e</b> Temporary disability (accident and sickness)	<input type="checkbox"/> <b>f</b> Long-term disability	<input type="checkbox"/> <b>g</b> Supplemental unemployment	<input type="checkbox"/> <b>h</b> Prescription drug
<input type="checkbox"/> <b>i</b> Stop loss (large deductible)	<input type="checkbox"/> <b>j</b> HMO contract	<input type="checkbox"/> <b>k</b> PPO contract	<input type="checkbox"/> <b>l</b> Indemnity contract
<input type="checkbox"/> <b>m</b> Other (specify) ▶			

**8** Experience-rated contracts

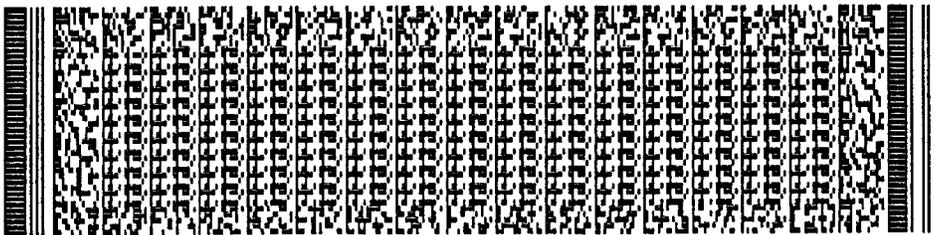
<b>a</b> Premiums: (1) Amount received	_____	[Shaded Box]
(2) Increase (decrease) in amount due but unpaid	_____	
(3) Increase (decrease) in unearned premium reserve	_____	
(4) Earned ((1) + (2) - (3))	_____	
<b>b</b> Benefit charges: (1) Claims paid	_____	[Shaded Box]
(2) Increase (decrease) in claim reserves	_____	
(3) Incurred claims (add (1) and (2))	_____	
(4) Claims charged	_____	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) –		[Shaded Box]
(A) Commissions	_____	
(B) Administrative service or other fees	_____	
(C) Other specific acquisition costs	_____	
(D) Other expenses	_____	
(E) Taxes	_____	
(F) Charges for risks or other contingencies	_____	
(G) Other retention charges	_____	
(H) Total retention	_____	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	_____	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	_____	
(2) Claim reserves	_____	
(3) Other reserves	_____	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	_____	

**9** Nonexperience-rated contracts:

**a** Total premiums or subscription charges paid to carrier \_\_\_\_\_

**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount \_\_\_\_\_

Specify nature of costs ▶ \_\_\_\_\_



0 6 0 1 0 1 0 4 0 C

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form Is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning **10/01/2001** and ending **09/30/2002**

**A** Name of plan  
**INEEL EMPLOYEE INVESTMENT PLAN**

**B** Three-digit plan number ▶ **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**BECHTEL BWXT IDAHO, LLC**

**D** Employer Identification Number  
**94-3323797**

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

**(a)** Name of insurance carrier

**PACIFIC MUTUAL LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	26651	3439	10/01/2001	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

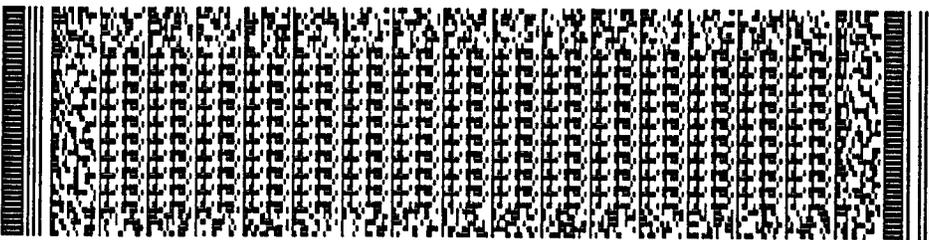
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



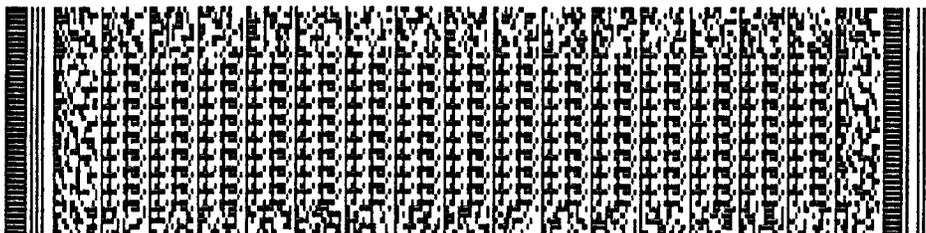
0 6 0 1 0 1 0 2 0 A



**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	7,578,093
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	▶ .....	
	(6) Total additions .....	598685
<b>d</b>	Total of balance and additions (add b and c (6)) .....	8,176,778
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	8,176,778



**Part II Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

- a**  Health (other than dental or vision)
- e**  Temporary disability (accident and sickness)
- i**  Stop loss (large deductible)
- m**  Other (specify) ▶
- b**  Dental
- f**  Long-term disability
- j**  HMO contract
- c**  Vision
- g**  Supplemental unemployment
- k**  PPO contract
- d**  Life Insurance
- h**  Prescription drug
- l**  Indemnity contract

**8 Experience-rated contracts**

<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



0 6 0 1 0 1 0 4 0 C

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form Is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797	

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4368421	3439	10/01/2001	09/30/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



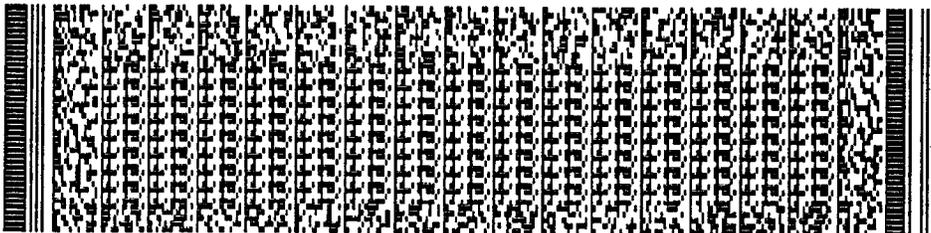
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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b> Current value of plan's interest under this contract in the general account at year end .....				
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....				
<b>5</b> Contracts With Allocated Funds				
a State the basis of premium rates ▶ .....				
b Premiums paid to carrier .....				
c Premiums due but unpaid at the end of the year .....				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....				
Specify nature of costs ▶ .....				
e Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....		<input type="checkbox"/>		
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)				
a Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....				
b	Balance at the end of the previous year .....	6,105,899		
c	Additions: (1) Contributions deposited during the year .....			
	(2) Dividends and credits .....			
	(3) Interest credited during the year .....		249,242	
	(4) Transferred from separate account .....			
	(5) Other (specify below) .....			
(6)	Total additions .....	249,242		
d	Total of balance and additions (add b and c (6)) .....	6,355,141		
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	(2) Administration charge made by carrier .....	(3) Transferred to separate account .....		
			(4) Other (specify below) .....	4,189,800
			(5)	Total deductions .....
f	Balance at the end of the current year (subtract e (5) from d) .....	2,165,341		



**Part III Welfare Benefit Contract Information**

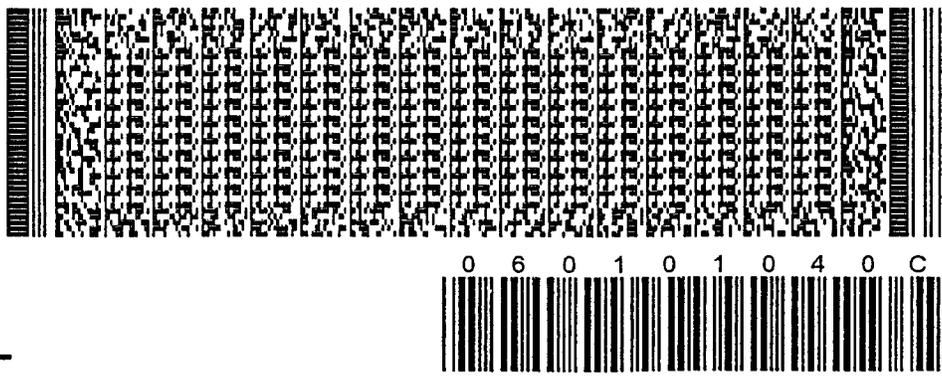
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>a</b> Health (other than dental or vision)         | <input type="checkbox"/> <b>b</b> Dental               | <input type="checkbox"/> <b>c</b> Vision                    | <input type="checkbox"/> <b>d</b> Life Insurance     |
| <input type="checkbox"/> <b>e</b> Temporary disability (accident and sickness) | <input type="checkbox"/> <b>f</b> Long-term disability | <input type="checkbox"/> <b>g</b> Supplemental unemployment | <input type="checkbox"/> <b>h</b> Prescription drug  |
| <input type="checkbox"/> <b>i</b> Stop loss (large deductible)                 | <input type="checkbox"/> <b>j</b> HMO contract         | <input type="checkbox"/> <b>k</b> PPO contract              | <input type="checkbox"/> <b>l</b> Indemnity contract |
| <input type="checkbox"/> <b>m</b> Other (specify) ▶ _____                      |  |   |  |

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received	_____	[Shaded Area]
(2) Increase (decrease) in amount due but unpaid	_____	
(3) Increase (decrease) in unearned premium reserve	_____	
(4) Earned ((1) + (2) - (3))	_____	
<b>b</b> Benefit charges: (1) Claims paid	_____	[Shaded Area]
(2) Increase (decrease) in claim reserves	_____	
(3) Incurred claims (add (1) and (2))	_____	
(4) Claims charged	_____	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) -		[Shaded Area]
(A) Commissions	_____	
(B) Administrative service or other fees	_____	
(C) Other specific acquisition costs	_____	
(D) Other expenses	_____	
(E) Taxes	_____	
(F) Charges for risks or other contingencies	_____	
(G) Other retention charges	_____	
(H) Total retention	_____	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	_____	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	_____	[Shaded Area]
(2) Claim reserves	_____	
(3) Other reserves	_____	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	_____	[Shaded Area]

- 9** Nonexperience-rated contracts:
- a** Total premiums or subscription charges paid to carrier \_\_\_\_\_
- b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount \_\_\_\_\_
- Specify nature of costs ▶ \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN		<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC		<b>D</b> Employer Identification Number 94-3323797	

**Part III Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

RABOBANK NEDERLAND

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3036591	00000	129901	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	19,845,986
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	▶ .....	
	(6) Total additions .....	1,136,176
<b>d</b>	Total of balance and additions (add b and c )6)) .....	20,982,162
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	▶ .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	20,982,162



**Part III** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

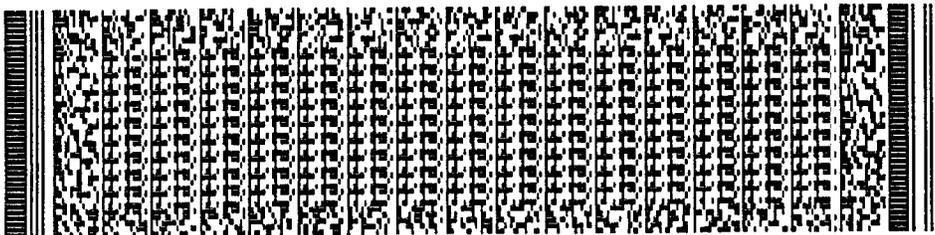
- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797	

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

STATE STREET BANK & TRUST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867445	00000	101041(2)	3439	10/01/2001	06/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

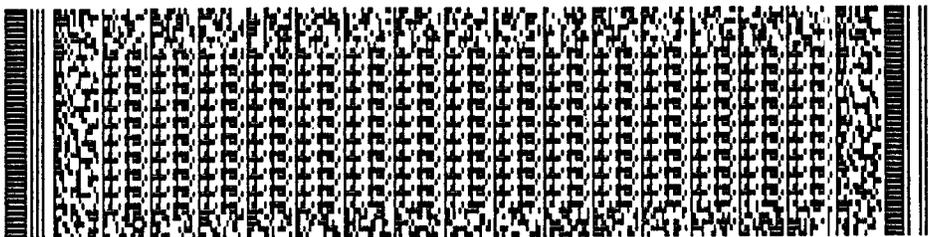
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



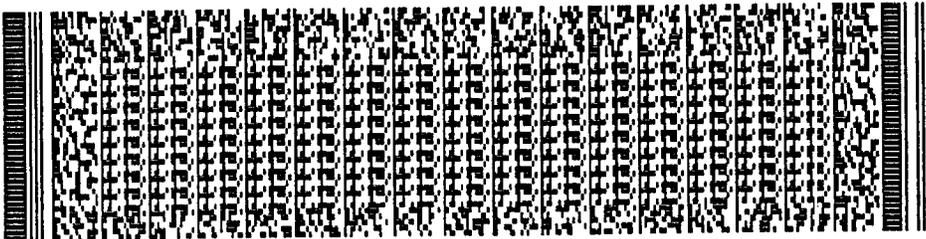
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**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	7,057,683
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	164887
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	164887
<b>d</b>	Total of balance and additions (add b and c 6)) .....	7,222,570
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	7,222,570
	▶ MATURITY PAYMENT .....	
	(5) Total deductions .....	7,222,570
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	0



Part III

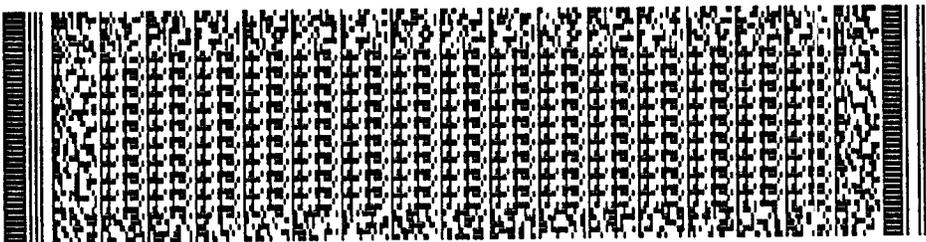
Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7 Benefit and contract type (check all applicable boxes)
a Health (other than dental or vision)
e Temporary disability (accident and sickness)
i Stop loss (large deductible)
m Other (specify)
b Dental
f Long-term disability
j HMO contract
c Vision
g Supplemental unemployment
k PPO contract
d Life Insurance
h Prescription drug
l Indemnity contract

Table with 3 columns: Description, Amount, and shaded area. Rows include: 8 Experience-rated contracts, a Premiums: (1) Amount received, (2) Increase (decrease) in amount due but unpaid, (3) Increase (decrease) in unearned premium reserve, (4) Earned ((1) + (2) - (3)), b Benefit charges: (1) Claims paid, (2) Increase (decrease) in claim reserves, (3) Incurred claims (add (1) and (2)), (4) Claims charged, c Remainder of premium: (1) Retention charges (on an accrual basis) -- (A) Commissions, (B) Administrative service or other fees, (C) Other specific acquisition costs, (D) Other expenses, (E) Taxes, (F) Charges for risks or other contingencies, (G) Other retention charges, (H) Total retention, (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.), d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement, (2) Claim reserves, (3) Other reserves, e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

- 9 Nonexperience-rated contracts:
a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Pension and Welfare Benefits Administration  
  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A Name of plan</b> INEEL EMPLOYEE INVESTMENT PLAN		<b>B Three-digit plan number</b> ► 001
<b>C Plan sponsor's name as shown on line 2a of Form 5500</b> BECHTEL BWXT IDAHO, LLC		<b>D Employer Identification Number</b> 94-3323797

**Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

STATE STREET BANK & TRUST

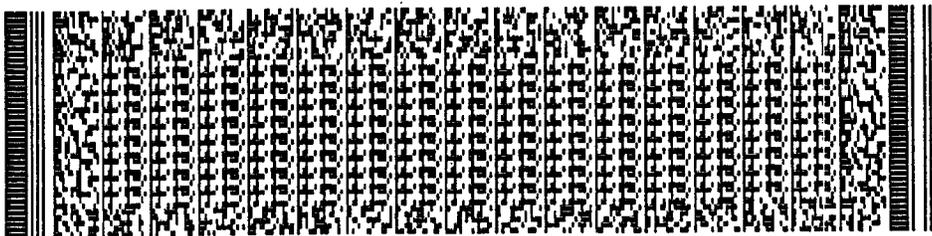
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867445	00000	102020(1)	3439	03/28/2002	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons.** Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

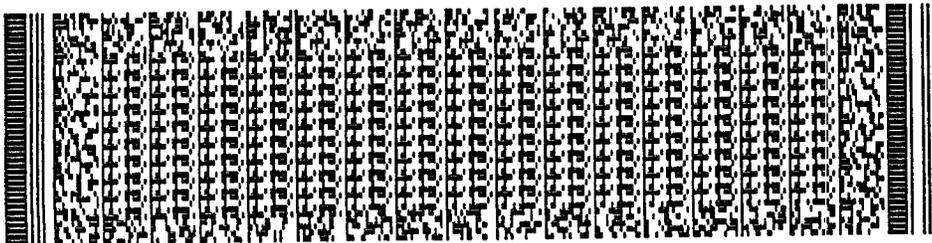
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



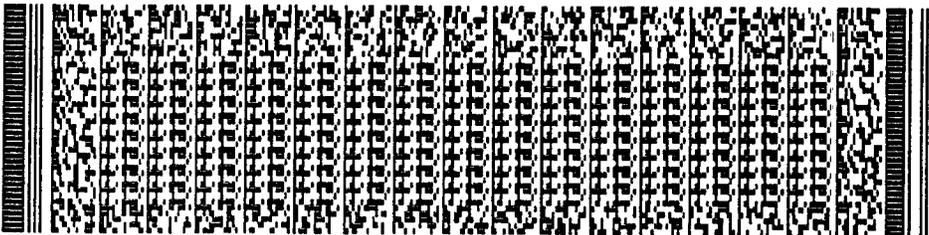
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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	0
<b>c</b>	Additions: (1) Contributions deposited during the year .....	6,500,000
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	155,251
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	3,000,000
	▶ INITIAL FUNDING .....	
(6)	Total additions .....	9,655,251
<b>d</b>	Total of balance and additions (add b and c 6)) .....	9,655,251
<b>e</b>	<b>Deductions:</b>	
(1)	Disbursed from fund to pay benefits or purchase annuities during year .....	
(2)	Administration charge made by carrier .....	
(3)	Transferred to separate account .....	
(4)	Other (specify below) .....	
	▶ .....	
(5)	Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	9,655,251



**Part III** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life Insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**8** Experience-rated contracts

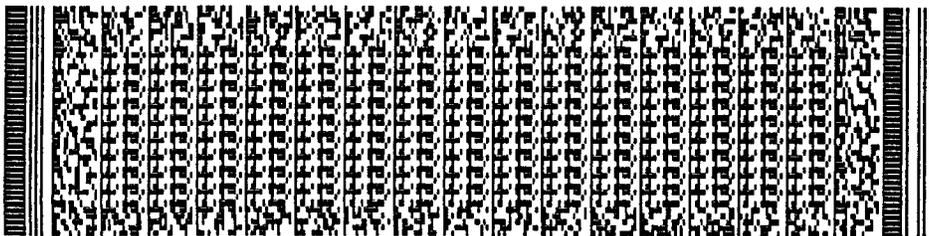
<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

**a** Total premiums or subscription charges paid to carrier

**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

STATE STREET BANK & TRUST

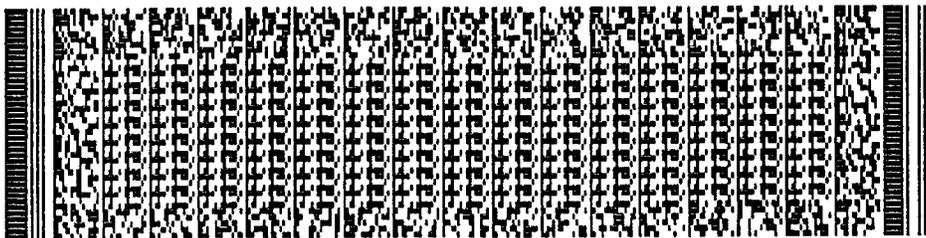
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867445	00000	98283	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

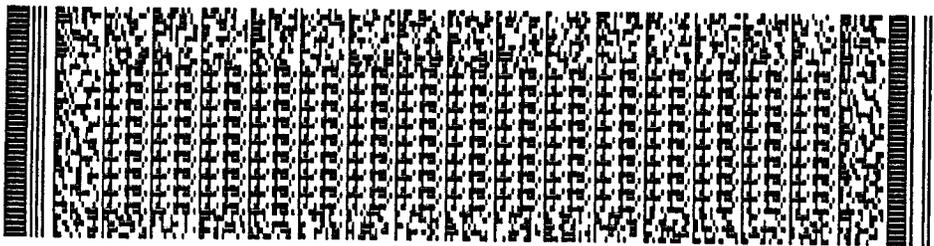


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**Part III Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	8,714,776
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	389,478
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	389,478
<b>d</b>	Total of balance and additions (add b and c )6) .....	9,104,254
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	2,980,006
	▶ <b>INTEREST AND PRINCIPAL PAYMENT</b> .....	
	(5) Total deductions .....	2,980,006
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	6,124,248



0 6 0 1 0 1 0 3 0 B



Part II Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
b Dental
c Vision
d Life Insurance
e Temporary disability (accident and sickness)
f Long-term disability
g Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with columns for description, amount, and shaded area. Rows include: a Premiums: (1) Amount received, (2) Increase (decrease) in amount due but unpaid, (3) Increase (decrease) in unearned premium reserve, (4) Earned ((1) + (2) - (3)), b Benefit charges: (1) Claims paid, (2) Increase (decrease) in claim reserves, (3) Incurred claims (add (1) and (2)), (4) Claims charged, c Remainder of premium: (1) Retention charges (on an accrual basis) -- (A) Commissions, (B) Administrative service or other fees, (C) Other specific acquisition costs, (D) Other expenses, (E) Taxes, (F) Charges for risks or other contingencies, (G) Other retention charges, (H) Total retention, (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.), d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement, (2) Claim reserves, (3) Other reserves, e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs



0 6 0 1 0 1 0 4 0 C
[Barcode]

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is Open to  
Public Inspection**

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

UBS WARBURG

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3873456	00000	2565	3439	10/01/2001	09/30/2002

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule A (Form 5500) 2001



0 6 0 1 0 1 0 1 0 9



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

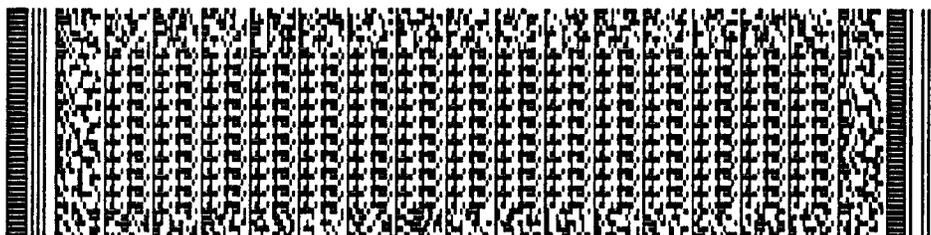
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part I Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	10,485,541
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	607388
<b>d</b>	Total of balance and additions (add b and c )6) .....	11,092,929
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	0
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....	11,092,929



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

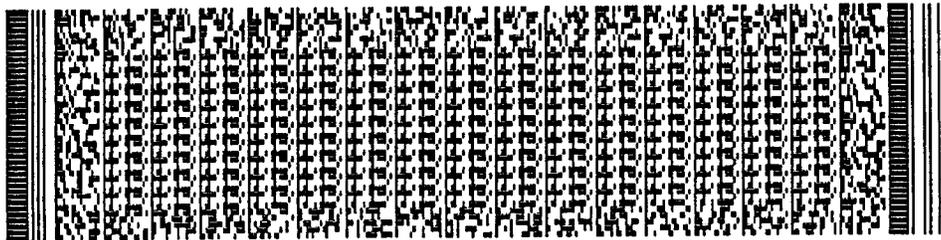
- a** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- l** Indemnity contract

**8 Experience-rated contracts**

<b>a</b>	Premiums: (1) Amount received .....		
	(2) Increase (decrease) in amount due but unpaid .....		
	(3) Increase (decrease) in unearned premium reserve .....		
	(4) Earned ((1) + (2) - (3)) .....		
<b>b</b>	Benefit charges: (1) Claims paid .....		
	(2) Increase (decrease) in claim reserves .....		
	(3) Incurred claims (add (1) and (2)) .....		
	(4) Claims charged .....		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....		
	(B) Administrative service or other fees .....		
	(C) Other specific acquisition costs .....		
	(D) Other expenses .....		
	(E) Taxes .....		
	(F) Charges for risks or other contingencies .....		
	(G) Other retention charges .....		
	(H) Total retention .....		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		
	(2) Claim reserves .....		
	(3) Other reserves .....		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9 Nonexperience-rated contracts:**

- a** Total premiums or subscription charges paid to carrier .....
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....
- Specify nature of costs ▶



0 6 0 1 0 1 0 4 0 C

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only  
OMB No. 1210-0110  
**2001**  
**This Form is Open  
to Public Inspection**

For calendar year 2001 or fiscal plan year beginning **10/01/2001** and ending **09/30/2002**

**A** Name of plan  
INEEL EMPLOYEE INVESTMENT PLAN

**B** Three-digit plan number ► 001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
BECHTEL BWXT IDAHO, LLC

**D** Employer Identification Number  
94-3323797

**Service Provider Information (see instructions)**

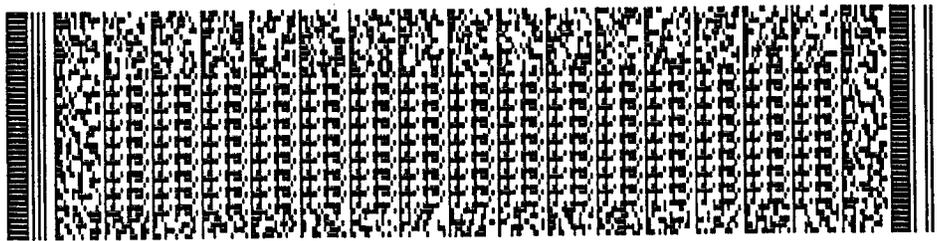
**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 4356

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

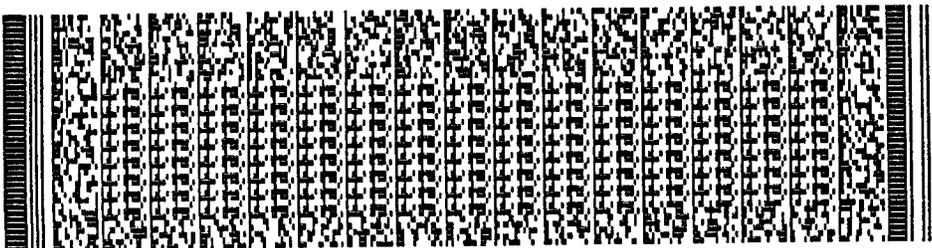
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		Contract Administrator				12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
BECHTEL BWXT IDAHO, LLC	94-3323797	ADMINISTRATION				
PLAN SPONSOR				0	38631	13

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule C (Form 5500) 2001



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AON RISK SERVICES	75-1317377	INSURANCE	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	23683	99
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
RUDD & COMPANY	82-0467399	ACCOUNTING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	11990	10
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BROBECK, PHLEGER & HARRISON	94-1259588	LEGAL	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	8744	22



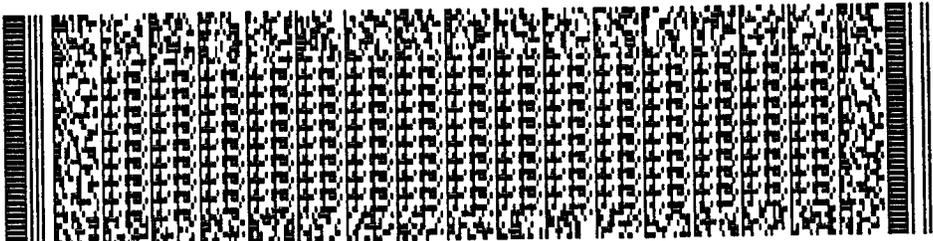
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
THE VANGUARD GROUP	23-1945930	RECORDKEEPING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	5000	24



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

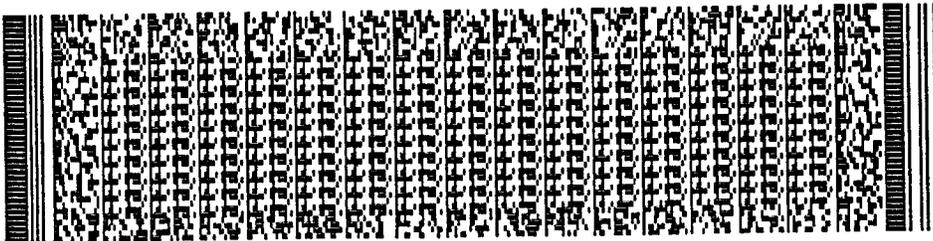
(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



1 0 0 1 0 1 0 3 0 6



**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 calendar year 2001 or fiscal plan year beginning **10/01/2001** and ending **09/30/2002**

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**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.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash	<b>a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	<b>b(1)</b>		
(2) Participant contributions	<b>b(2)</b>		
(3) Other	<b>b(3)</b>		
<b>c</b> General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	<b>c(1)</b>		
(2) U.S. Government securities	<b>c(2)</b>		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	<b>c(3)(A)</b>		
(B) All other	<b>c(3)(B)</b>		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	<b>c(4)(A)</b>		
(B) Common	<b>c(4)(B)</b>		
(5) Partnership/joint venture interests	<b>c(5)</b>		
(6) Real estate (other than employer real property)	<b>c(6)</b>		
(7) Loans (other than to participants)	<b>c(7)</b>		
(8) Participant loans	<b>c(8)</b>	12,441,194	11,221,794
(9) Value of interest in common/collective trusts	<b>c(9)</b>		
(10) Value of interest in pooled separate accounts	<b>c(10)</b>		
(11) Value of interest in master trust investment accounts	<b>c(11)</b>		
(12) Value of interest in 103-12 investment entities	<b>c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds)	<b>c(13)</b>	369,069,043	299,593,205
(14) Value of funds held in insurance co. general account (unallocated contracts)	<b>c(14)</b>	152,507,497	173,332,266
(15) Other	<b>c(15)</b>		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v4.1

Schedule H (Form 5500) 2001



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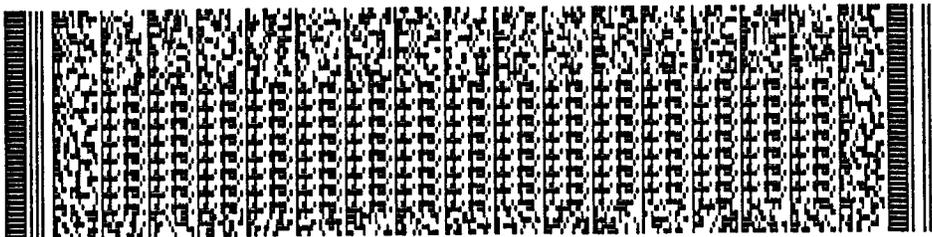


		(a) Beginning of Year	(b) End of Year:
<b>d</b> Employer-related investments:			
(1) Employer securities	d(1)	6,208,900	5,632,501
(2) Employer real property	d(2)		
<b>e</b> Buildings and other property used in plan operation	e		
<b>f</b> Total assets (add all amounts in lines 1a through 1e)	f	540,226,634	489,779,766
<b>Liabilities</b>			
<b>g</b> Benefit claims payable	g		
<b>h</b> Operating payables	h		
<b>i</b> Acquisition indebtedness	i		
<b>j</b> Other liabilities	j		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f)	l	540,226,634	489,779,766

**Part III Income and Expense 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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b> Contributions:			
(1) Received or receivable in cash from:			
(A) Employers	a(1)(A)	12,083,167	
(B) Participants	a(1)(B)	28,600,397	
(C) Others (including rollovers)	a(1)(C)	251,821	
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		40,935,385
<b>b</b> Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	—	
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments:	(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)	1,001,409	
(F) Other	b(1)(F)	9,456,336	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		10,457,745
(2) Dividends:			
(A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)	43,479	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		43,479
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	b(4)(A)	65,405,907	
(B) Aggregate carrying amount (see instructions)	b(4)(B)	64,671,728	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		734,179



	(a) Amount	(b) Total
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	1,794,643
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	1,794,643
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	-64,443,592
c Other income	c	66546
d Total income. Add all income amounts in column (b) and enter total	d	-10,411,615
<b>Expenses</b>		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	39,919,970
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	39,919,970
f Corrective distributions (see instructions)	f	21634
g Certain deemed distributions of participant loans (see instructions)	g	1245
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	92404
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	92404
j Total expenses. Add all expense amounts in column (b) and enter total	j	40,035,253
<b>Net Income and Reconciliation</b>		
k Net income (loss) (subtract line 2j from line 2d)	k	-50,446,868
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

**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 (2)  Qualified (3)  Disclaimer (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) RUDD & COMPANY, PLLC 82-0467399



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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:

Table with columns: Yes, No, Amount. Rows a-k with 'X' marks in Yes/No columns and '500000' in Amount column for row e.

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 [ ] Yes [X] No Amount

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).

Table with 3 columns: 5b(1) Name of plan(s), 5b(2) EIN(s), 5b(3) PN(s). Rows are empty.



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**IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY EMPLOYEE INVESTMENT PLAN**

Schedule I

**Schedule of Assets Held for Investment Purposes  
As of September 30, 2002**

Idaho National Engineering and Environmental Laboratory Employee Investment Plan, EIN 94-3323797, PN 001

Attachment to Form 5500, Schedule H, Line 4(i):

Identity of Issue	Investment Type	Current Value
* Pilgrim Small Cap	Registered Investment Company	\$ 851,972
* Van Kampem Aggressive Growth	Registered Investment Company	614,232
* Vanguard 500 Index Inv	Registered Investment Company	140,876,068
* Vanguard Asset Allocation Fund	Registered Investment Company	52,385,636
* Vanguard Capital Opportunity	Registered Investment Company	3,864,965
* Vanguard Int'l Growth Fund	Registered Investment Company	2,835,625
* Vanguard Morgan Growth Inv	Registered Investment Company	6,898,205
* Vanguard Prime Money Mkt	Registered Investment Company	15,052,757
* Vanguard PRIMECAP Fund	Registered Investment Company	48,622,796
* Vanguard Total Bond Mkt Index	Registered Investment Company	16,172,362
* Vanguard Windsor II Fund Inv	Registered Investment Company	11,418,587
* Lockheed Martin Stock Fund	Company Stock Fund	5,632,501
* Loan Fund	5.5% - 10.5%	11,221,794
* INEEL Stable Value Fund	Unallocated Insurance Contract	173,332,266
<b>Total assets held for investment purposes</b>		<b>\$ 489,779,766</b>

\* Party in Interest

SCHEDULE P  
(FORM 5500)

Annual Return of Fiduciary  
of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

File as an attachment to Form 5500 or 5500-EZ.

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2001

This Form is Open to  
Public Inspection.

For trust calendar year 2001 or fiscal year beginning 10/01/2001 and ending 09/30/2002

1a Name of trustee or custodian

VANGUARD FIDUCIARY TRUST COMPANY

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

100 VANGUARD BOULEVARD

c City or town, state, and ZIP code

MALVERN PA 19355

2a Name of trust

INEEL EMPLOYEE INVESTMENT PLAN

b Trust's employer identification number 23-2186884

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

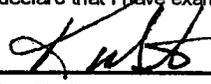
Yes  No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ

94-3323797

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary



Date

10/16/02

For the Paperwork Reduction Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-EZ.

v4.1

Schedule P (Form 5500) 2001



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**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement 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 calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

<b>A</b> Name of plan INEEL EMPLOYEE INVESTMENT PLAN	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL BWXT IDAHO, LLC	<b>D</b> Employer Identification Number 94-3323797

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	<b>1</b> \$
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>23-2186884</u>	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	<b>3</b>

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?  Yes  No  N/A  
If the plan is a defined benefit plan, go to line 7.

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver  Month  Day  Year  
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

<b>6a</b> Enter the minimum required contribution for this plan year	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<b>6b</b> \$
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	<b>6c</b> \$

If you completed line 6c, do not complete the remainder of this schedule.

**7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?  Yes  No  N/A  
Do not complete line 8, if the plan is a multiemployer plan or a plan with 100 or fewer participants during the prior plan year (see inst.).

**8** Is the employer electing to compute minimum funding for this plan year using the transitional rule provided in Code section 412(l)(11) and ERISA section 302(d)(11)?  Yes  No  N/A

**Part III Amendments**

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions)  Yes  No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v4.1 Schedule R (Form 5500) 2001



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Official Use Only

OMB No. 1210-0110

2001

This Form is Open to Public Inspection.

SCHEDULE T (Form 5500)

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

Department of the Treasury Internal Revenue Service

File as an attachment to Form 5500.

For calendar year 2001 or fiscal plan year beginning 10/01/2001 and ending 09/30/2002

Form fields: A Name of plan (INEEL EMPLOYEE INVESTMENT PLAN), B Three-digit plan number (001), C Plan sponsor's name (BECHTEL BWXT IDAHO, LLC), D Employer Identification Number (94-3323797)

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer, 1b Employer identification number

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

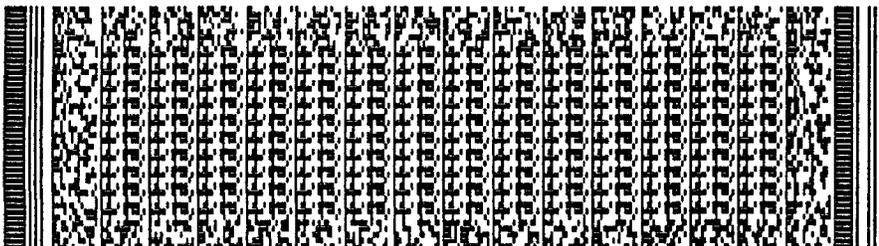
- a The number of QSLOBs that the employer operates is
b The number of such QSLOBs that have employees benefiting under this plan is
c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis?
d If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.

3 Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions.

If you check any box, do not complete the rest of this Schedule.

- a The employer employs only highly compensated employees (HCEs).
b No HCEs benefited under the plan at anytime during the plan year.
c The plan benefits only collectively-bargained employees.
d [X] The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
e The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v4.1 Schedule T (Form 5500) 2001



4 Enter the date the plan year began for which coverage data is being submitted. Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

a Did any leased employees perform services for the employer at any time during the plan year?  Yes  No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans?  Yes  No

c Complete the following:

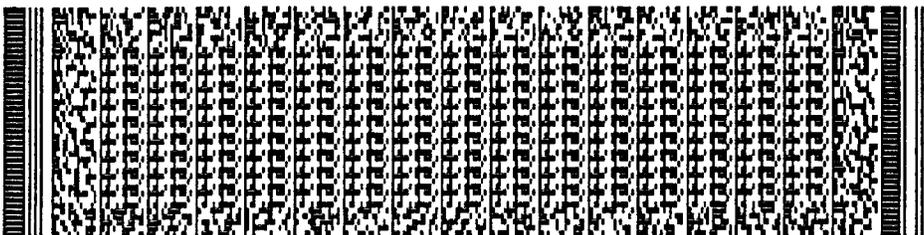
- (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals c(1)
- (2) Number of excludable employees as defined in IRS regulations (see instructions) c(2)
- (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) c(3)
- (4) Number of nonexcludable employees (line 4c(3)) who are HCEs c(4)
- (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan c(5)
- (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs c(6)

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) d %

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

Disaggregated part:	Ratio Percentage:	Exception:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

f This plan satisfies the coverage requirements on the basis of (check one): (1)  the ratio percentage test (2)  average benefit test



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# Application for Extension of Time To File Certain Employee Plan Returns

**File With IRS Only**

► For Paperwork Reduction Act Notice, see instructions on back.

File before the normal due date of the Form 5500, 5500-EZ, or 5330 (see instructions)	Name of filer, plan administrator, or plan sponsor (see instructions) <b>Bechtel BWXT Idaho, LLC</b>	Filer's Identifying Number—Check applicable box and enter number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). Filers checking box 1a must enter an EIN. All other filers, see Specific Instructions. <b>94-3323797</b> OR <input type="checkbox"/> Social security number (see Specific Instructions)
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>PO Box 1625</b>	
	City or town, state, and ZIP code <b>Idaho Falls, ID 83415-3596</b>	

1 I request an extension of time until 7 / 15 / 2003 to file (check appropriate box(es)).  
month day year

a  Form 5500 or 5500-EZ (no more than 2½ months).

The application is automatically approved to the date shown on line 1 (above) if: (1) box 1a is checked, (2) the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (3) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below.

b  Form 5330 (no more than 6 months). Payment amount attached is \$ \_\_\_\_\_ (see instructions)

2 Complete the following for the plan(s) covered by this application (see How To File):

Plan name/filer	Type of plan (check)			Plan number	Plan year ending		
	Pension	Welfare	Fringe		Month	Day	Year
Idaho National Engineering and Environmental Laboratory Employee Investment Plan	X			0 : 0 : 1	9	30	2002
				:			
				:			

3 State in detail why you need the extension (if line 1b is checked) \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► *[Signature]* Date ► *3/26/2003*

**Notice to Applicant**

**To Be Completed by the IRS if line 1b is checked ▼**

This application for extension to file Form 5330 IS approved to the date shown on line 1, if line 1b is checked. (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved to \_\_\_\_\_ (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.)

This application for an extension for Form 5330 is not approved, because

- The application was not signed.
- No reason was given on this application or the reason was not acceptable.
- No payment was attached for the tax due on Form 5330.
- Other ► \_\_\_\_\_

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. (You must attach a copy of this form to each return you file that is granted a grace period.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director)

By: \_\_\_\_\_

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Please Print or Type	Name	
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state, and ZIP code	

**SUMMARY ANNUAL REPORT**  
**FOR IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL**  
**LABORATORY EMPLOYEE INVESTMENT PLAN**

This is a summary of the annual report for the Idaho National Engineering and Environmental Laboratory Employee Investment Plan, EIN 94-3323797, Plan No. 001; for the period October 1, 2001 through September 30, 2002. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Basic Financial Statement**

Benefits under the plan are provided through insurance and through a trust fund. Plan expenses were \$40,035,253. These expenses included \$92,404 in administrative expenses, \$39,919,970 in benefits paid to participants and beneficiaries, and \$22,879 in other expenses. A total of 6,189 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$489,779,766 as of September 30, 2002, compared to \$540,226,634 as of October 1, 2001. During the plan year the plan experienced a decrease in its net assets of \$50,446,868. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$(10,411,615) including employer contributions of \$12,083,167, employee contributions of \$28,852,218, realized gains of \$734,179 from the sale of assets, earnings from investments of \$(52,147,725), and other additions of \$66,546.

**Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment; and
4. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Bechtel BWXT Idaho, LLC, PO Box 1625, Idaho Falls, ID 83415-3200, (208) 526-0066.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (Bechtel BWXT Idaho, LLC, PO Box 1625, Idaho Falls, ID 83415-3200) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



***Rudd & Company*** PLLC  
Certified Public Accountants • Business Consultants

IDAHO NATIONAL ENGINEERING AND  
ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN

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FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED SEPTEMBER 30, 2002 AND 2001

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## TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT .....	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits .....	2
Statements of Changes in Net Assets Available for Benefits .....	3
Notes to Financial Statements.....	4-9
SUPPLEMENTAL SCHEDULES:	
Schedule of Assets Held for Investment Purposes at End of Year .....	11
Schedule of Reportable Transactions.....	12

*Rudd & Company* PLLC  
Certified Public Accountants • Business Consultants

INDEPENDENT AUDITORS' REPORT

To the INEEL Retirement and Investment Plans Committee  
Idaho National Engineering and Environmental Laboratory  
Employee Investment Plan  
Idaho Falls, Idaho

We have audited the accompanying statements of net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) as of September 30, 2002 and 2001, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion:

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan as of September 30, 2002 and 2001, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. This supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

January 22, 2003



IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
SEPTEMBER 30,

	2002	2001
INVESTMENTS, (At Fair Value):		
Registered Investment Companies:		
Van Kampen Aggressive Growth Fund	\$ 614,232	\$ 259,333
ING Small Cap Opportunities Fund	851,972	402,554
Vanguard 500 Index Fund	140,876,068	185,714,028
Vanguard Asset Allocation Fund	52,385,636	64,846,222
Vanguard Capital Opportunity Fund	3,864,965	1,892,341
Vanguard International Growth Fund	2,835,625	2,903,852
Vanguard Morgan Growth Fund	6,898,205	8,301,664
Vanguard Prime Money Market Fund	7,274,257	7,339,942
Vanguard PRIMECAP Fund	48,622,796	58,840,689
Vanguard Total Bond Market Index Fund	16,172,362	10,651,633
Vanguard Windsor II Fund	11,418,587	11,847,588
	291,814,705	352,999,846
LOCKHEED MARTIN STOCK FUND	-5,632,501	6,208,900
LOANS RECEIVABLE, Participants	11,223,039	12,441,194
INVESTMENTS, at contract value		
INEEL Stable Value Fund	181,110,766	168,576,694
	489,781,011	540,226,634
<b>TOTAL INVESTMENTS</b>	<b>489,781,011</b>	<b>540,226,634</b>
	489,781,011	540,226,634
<b>TOTAL ASSETS</b>	<b>489,781,011</b>	<b>540,226,634</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 489,781,011</b>	<b>\$ 540,226,634</b>

The Accompanying Notes are an Integral Part  
of the Financial Statements.

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED SEPTEMBER 30,

	2002	2001
<b>ADDITIONS:</b>		
Investment Income:		
Interest and Dividend Income	\$ 16,643,010	\$ 26,455,385
Miscellaneous	66,546	2,105
Net Realized and Unrealized Depreciation in Current Value of Investments	(68,056,556)	(137,505,519)
	(51,347,000)	(111,048,029)
Contributions:		
Employer Contributions	12,083,167	12,405,531
Participant Contributions	28,852,218	30,605,313
	40,935,385	43,010,844
	(10,411,615)	(68,037,185)
<b>DEDUCTIONS:</b>		
Benefit Payments	39,941,604	60,660,283
Administrative Expenses	92,404	70,923
	40,034,008	60,731,206
NET INCREASE (DECREASE)	(50,445,623)	(128,768,391)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	540,226,634	668,995,025
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 489,781,011	\$ 540,226,634

The Accompanying Notes are an Integral Part  
of the Financial Statements.

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2002

1. DESCRIPTION OF PLAN

The following description of the Idaho National Engineering and Environmental Laboratory Employee Investment Plan provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General

The Idaho National Engineering and Environmental Laboratory Employee Investment Plan (the Plan) is a defined contribution plan. Prior to October 1, 1999 the Plan was sponsored by Lockheed Martin Idaho Technologies Company (LMITCO). Effective October 1, 1999 the Plan sponsor became Bechtel BWXT Idaho, LLC.

Effective October 1, 1999 all existing employees and any employees hired on or after October 1, 1999 are eligible to participate in the Plan upon their employment date. Prior to October 1, 1999 employees became eligible to participate upon completion of one year of service.

Contributions

Effective January 1, 2001 participants in the Plan may contribute up to 20% of their yearly compensation to the Plan, prior to January 1, 2001 participants in the Plan could contribute up to 15% of their yearly compensation to the Plan with the Plan sponsor contributing an amount equal to 60% of the total participant after-tax and 401(k) deferrals that are eligible to receive company matching contributions. The maximum amount of participant contributions that are eligible to receive company matching contributions is 8% of participant earnings. Only participant after-tax contributions and participant 401(k) deferrals by an active participant with at least one year of vesting service shall be eligible to share any company matching contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the company's contribution, plan earnings and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

A participant is immediately vested in participant after-tax contributions, rollovers, and 401(k) salary deferrals. Vesting in the Company matching contribution is based upon years of continuous service and commences after two years of service and increases annually in 25% increments until participants become fully vested after completing 5 years of cumulative service.

Loans

During a period of covered service, a participant may borrow from his participant account, subject to rules and procedures set forth in the loan policy approved by the committee and specific guidelines as outlined within the Plan document.

Other

The Plan is administered by the INEEL Employee Retirement and Investment Plans Committee.

Investment Options

During the Plan year ending September 30, 2002, participants were able to allocate their contributions among the following investment options:

*Van Kampen Aggressive Growth Fund:* Seeks capital growth by investing primarily in common stock and other equity securities of small and medium sized growth companies.

*ING Small Cap Opportunity Fund:* Seeks long-term capital appreciation by investing primarily in equity securities of small U.S. companies that have above average prospects for earnings growth.

*Vanguard 500 Index Fund:* Seeks to provide long-term growth of capital and income from dividends by holding all of the 500 stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U.S. stock market performance.

*Vanguard Asset Allocation Fund:* Seeks to provide long-term growth of capital and income by investing in common stocks, long-term U.S. Treasury bonds, and money market instruments. The mix of assets changes from time to time, depending on which mix appears to offer the best combination of expected returns and risk.

*Vanguard Capital Opportunity Fund:* Seeks maximum long-term total return by investing primarily in stocks of medium and small capitalization companies expected to have above average growth of earnings.

1. DESCRIPTION OF PLAN (Continued)

*Vanguard International Growth Fund:* Seeks to provide long-term growth of capital by investing in stocks of high-quality, seasoned companies based outside the United States. Stocks are selected from more than 15 countries.

*Vanguard Morgan Growth Fund:* Seeks long-term growth of capital by investing primarily in stocks of large and mid-sized companies that have strong records of growth in sales and earnings or that have performed well during certain market cycles.

*Vanguard Prime Money Market Fund:* Seeks to provide high income and a stable share price of \$1 by investing in short-term, high-quality money market instruments issued by financial institutions, nonfinancial corporations, the U.S. government, and federal agencies.

*Vanguard PRIMECAP Fund:* Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions, and skilled management teams.

*Vanguard Total Bond Market Index Fund:* Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U.S. bond market.

*Vanguard Windsor II Fund:* Seeks to provide long-term growth of capital and income from dividends by investing in a diversified group of out-of-favor stocks of large-capitalization companies. The stocks generally sell at prices below the overall market average compared to their dividend income and future income and future return potential.

*Lockheed Martin Stock Fund:* Seeks long-term growth of capital. This fund is not available for new investment or as a transfer option.

*INEEL Stable Value Fund:* The INEEL Stable Value Fund seeks to provide relatively stable returns, current income, and preservation of principal. The fund is designed to maintain a stable share value of \$1. The fund invests in investment contracts issued and backed by financial institutions.

Forfeitures

Provisions of the Plan provide that upon termination of employment, participants are entitled to receive their contributions and their vested portion of the Plan Sponsor's contributions. In the event of termination of employment prior to five years of cumulative service for any reason other than retirement, death, or disability, a participant forfeits a portion of his or her balance of the Plan Sponsor's contributions. Any amount so forfeited is to be used by the Plan Sponsor as described in the Plan document.

1. DESCRIPTION OF PLAN (Continued)

Plan Termination

In the event of termination of the Plan, the amount received by a particular participant will depend on the circumstances surrounding the Plan termination as described in the Plan document. In no event will the Plan Sponsor receive any portion of the Plan's assets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, unless otherwise stated. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The Company stock fund is valued at its year-end unit closing price (comprised of year-end market price plus uninvested cash position). Participant loans are valued at cost which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Administrative Expenses

All external Plan administrative expenses are paid by the Plan. During fiscal year 2002, investment advisory fees for portfolio management of Vanguard funds were paid directly from fund earnings and not reflected as a deduction from plan assets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

### 3. INCOME TAX STATUS

The Plan obtained a favorable determination letter in December of 1996, in which the Internal Revenue Service stated that the plan, as then designed and subject to the adoption of certain proposed amendments, which were adopted in February of 1997, was in compliance with the applicable requirements of the Internal Revenue Code.

Therefore, the Plan is qualified and the related trust is tax-exempt under Internal Revenue Code Section 501(a) as of the financial statement date.

### 4. INVESTMENTS

The following presents investments at September 30, 2002 and 2001 that represent 5% or more of the Plan's net assets.

	<u>2002</u>	<u>2001</u>
Vanguard 500 Index Fund	\$ 140,876,068	\$ 185,714,028
Vanguard Asset Allocation Fund	52,385,636	64,846,222
Vanguard PRIMECAP Fund	48,622,796	58,840,689
INEEL Stable Value Fund	181,110,766	168,576,694

During the year ended September 30, 2002 and 2001, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2002</u>	<u>2001</u>
Mutual Funds	\$ (70,585,378)	\$ (139,209,121)
Equities	2,528,822	1,703,602
	<u>\$ (68,056,556)</u>	<u>\$ (137,505,519)</u>

### 5. RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

6. SUBSEQUENT EVENTS

Effective October 1, 2002 the Plan was amended to address the investments in the Lockheed Martin Stock Fund. Prior to October 1, 1999, participants could elect to invest in the Lockheed Martin Stock Fund. Effective October 1, 1999 no further investments in that fund were permitted. Participants can transfer funds out of the Lockheed Martin Stock Fund at any time subject to the standard investment procedures set forth in the Plan. December 31, 2002, the assets remaining in the Lockheed Martin Stock Fund will be liquidated and funds transferred to other investment options elected by the affected participants.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to the Form 5500.

Net assets available for pension benefits per the financial statements	\$ 489,781,011
Deemed distribution of Participant Loan Receivable	<u>(1,245)</u>
Net assets available for benefits per the Form 5500	<u>\$ 489,779,766</u>

**SUPPLEMENTAL SCHEDULES**

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN  
SCHEDULE H, LINE 4i EIN 82-0334143 PN 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
SEPTEMBER 30, 2002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Van Kampen Agg Gwth Fund	Registered Investment Co.	**	\$ 614,232
*	ING Sm Cp Opp Fund	Registered Investment Co.	**	851,972
*	Vanguard 500 Index Fund	Registered Investment Co.	**	140,876,068
*	Vanguard Asset Alloc Fund	Registered Investment Co.	**	52,385,636
*	Vanguard Captl Opp Fund	Registered Investment Co.	**	3,864,965
*	Vanguard Int'l Growth Fund	Registered Investment Co.	**	2,835,625
*	Vanguard Morgan Growth	Registered Investment Co.	**	6,898,205
*	Vanguard Prime Money Mkt	Registered Investment Co.	**	7,274,257
*	Vanguard PRIMECAP Fund	Registered Investment Co.	**	48,622,796
*	Vanguard Ttl Bond Mkt Idx	Registered Investment Co.	**	16,172,362
*	Vanguard Windsor II Fund	Registered Investment Co.	**	11,418,587
*	Lockheed Martin Stock Fund	Company Stock Fund	**	5,632,501
*	Participant Loans	5.5% - 10.5%	**	11,223,039
*	INEEL Stable Value Fund	Unallocated Insurance	**	181,110,766
			**	<u>\$489,781,011</u>

\*A party-in-interest as defined by ERISA

\*\*Cost omitted for participant directed investments

See Independent Auditors' Report

IDAHO NATIONAL ENGINEERING AND ENVIRONMENTAL LABORATORY  
EMPLOYEE INVESTMENT PLAN  
SCHEDULE H, LINE 4j EIN 82-0334143 PN 001  
SCHEDULE OF REPORTABLE TRANSACTIONS\*  
YEAR ENDED SEPTEMBER 30, 2002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Trans Date	(i) Net Gain (Loss)
The Vanguard Group	Vanguard 500 Index Fund	\$ 40,795,766	\$ --	--	\$ --	--	\$ 40,795,766	\$ --
The Vanguard Group	Vanguard 500 Index Fund	--	46,209,789	--	--	50,795,349	46,209,789	(4,585,560)
The Vanguard Group	Vanguard PRIMECAP Fund	27,277,293	--	--	--	--	27,277,293	--
The Vanguard Group	Vanguard PRIMECAP Fund	--	25,648,299	--	--	30,856,752	25,648,299	(5,208,453)
N/A	INEEL Stable Value Fund	74,789,926	--	--	--	--	74,789,926	--
N/A	INEEL Stable Value Fund	--	62,255,854	--	--	62,255,854	62,255,854	--

\*Transactions or a series of transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the plan year as defined by the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

See Independent Auditors' Report