## **Attention:**

- Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.
- Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

**Note**: You can also use the Internet link Forms and Publications by U.S. Mail to request a *limited* number of these forms and schedules.

Check the Department of Labor's website at <u>www.efast.dol.gov</u> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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SCHEDULE H	Financial Inform	ation		Official Use Only
(Form 5500)	This schedule is required to be filed under Sec	OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service	(a) of the	2007		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Internal Revenue Code (the File as an attachment to For	,		This Form is Open to Public Inspection.
For the calendar plan year 2007 or fiscal plan year beginning		and ending		DD / YYYY
A Name of plan		В	Three-digit plan numbe	er <b>Filt</b>
C Plan sponsor's name as shown	on line 2a of Form 5500	D	Employer	dentification Number
Part I Asset and Liability	Statement		55	
A Question of allow second and	Relation and the design from and and of the statement	<ul> <li>A start bit start at the second start</li> </ul>		when the statt the second state and second

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24420C Schedule H (Form 5500) 2007



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1c (6) Real estate (other than employer real property).....

- (7) Loans (other than to participants) ...
- (8) Participant loans.
- (9) Value of interest in common/ collective trusts.
- (10) Value of interest in pooled separate accounts .....
- (11) Value of interest in master trust investment accounts ......
- (12) Value of interest in 103-12 investment entities.....
- (13) Value of interest in registered investment companies (e.g., mutual funds) .....
- (14) Value of funds held in insurance company general account (unallocated contracts).

(15) Other .....

- d Employer-related investments:
  - (1) Employer securities .....
  - (2) Employer real
- e Buildings and other property used in plan operation .....
- f Total assets (add all amounts in lines 1a through 1e)...

## Liabilities

- g Benefit claims payable
- h Operating payables ...
- i Acquisition indebtedness ......
- j Other liabilities ......
   k Total liabilities (add all amounts in lines 1g through 1j) ....

## **Net Assets**

I Net assets (subtract line 1k from line 1f) ....

7

1

0

7

0

0 0

2

0

Н

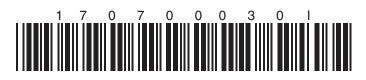


 $\mathsf{Page}~\mathbf{3}$ 

## Part II Income and Expenses Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		Income	(a) Amount	
		ributions:		
	• •	Received or receivable in cash from:		
	(4	A) Employers		
	(	3) Participants		
	(	C) Others (including rollovers)		
	<b>(2)</b> N	loncash contributions		
			(b) Total	
	<b>(3)</b> ⊤	otal contributions. Add lines 2a(1)(A), (B), (C),	and line 2a(2)	
b	Earn	ings on investments: (1) Interest:		
	(4	<ul> <li>A) Interest-bearing cash (including money market accounts</li> </ul>		
		and certificates of deposit)		
	/	a) U.S. Government securities		
	(	5) 0.5. Government securities		
	(	C) Corporate debt instruments		
	(	D) Loans (other than to participants)		
	(	E) Participant loans	00 00 00	
	(	F) Other		
	(	G) Total interest. Add lines 2b(1)(A) through (	(F)	
	(2) Г	vividends:		
	• •	A) Preferred stock		
	(	3) Common stock		
	(	C) Total dividends. Add lines 2b(2)(A) and (B		
	(2) □	lanta		
	• •	lents let gain (loss) on sale of assets:		
		A) Aggregate proceeds		
	(	<ul> <li>Aggregate carrying amount (see instructions)</li> </ul>		
	//	C) Subtract line $2h(A)(P)$ from line $2h(A)(A)$ of	ind enter result	
	(	C) Subtract line 2b(4)(B) from line 2b(4)(A) a		



	Schedule H (Form 5500) 2007	Page 4	Official Use Only
(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount	
	(A) Real estate		
	(B) Other		
			(b) Total
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and	(B)	G
(6)	Net investment gain (loss) from common/collective trusts		FIFIN
(7)	Net investment gain (loss) from pooled separate accounts		
(')	Net investment gain (loss) nom pooled separate accounts		°0,
(8)	Net investment gain (loss) from master trust investment accounts .		
(9)	Net investment gain (loss) from 103-12 investment entities		
(10	) Net investment gain (loss) from registered investment companies (e.g., mutual funds)		
~		4	
Otr	er income		
Tot	al income. Add all income amounts in column (b) and enter total		
Bei	Expenses nefit payment and payments to provide benefits:	AV.	
(1)	Directly to participants or beneficiaries, including direct rollovers To insurance carriers for the provision of benefits Other		
(2)	To insurance carriers for		
	the provision of benefits		
(3)	Other		
(4)	Total benefit payments. Add lines 2e(1) through (3)		
0.0			
	rective distributions (see instructions)		
Ce	tain deemed distributions of participant loans (see instructions)		
Inte	rest expense		
	ninistrative expenses: Professional fees		
(1)			
(2)	Contract administrator fees		
	Investment advisory and management fees		
(3)	Other		
(3) (4)			



	Schedule H (Form 5500) 2007						C	fficial Use	Only
	Net Income and Reconciliation					(b)	Total		
<b>.</b>									
	Net income (loss) (subtract line 2j from line 2d) Transfers of assets								
	(1) To this plan								
	(2) From this plan								
								-36	
	t III Accountant's Opinion	lified pub	alia aggarat	nt is attach	ad to this		500		
	Complete lines 3a through 3c if the opinion of an independent qua Complete line 3d if an opinion is not attached.	illied put	Silc accounta	ant is attach		Form	500.		
а	The attached opinion of an independent qualified public accountan	t for this	plan is (see	instruction	s):	6	2		
	(1) Unqualified (2) Qualified (3)	Discl	aimer	(4)	Adverse		/		
		Biool		(.)	/ luvolo				
	Did the accountant perform a limited scope audit pursuant to 29 C	FR 2520	.103-8 and/0	or 103-12(d)	?		Yes		No
С	Enter the name and EIN of the accountant (or accounting firm):			6					
	Name			-					
				0					
	EIN								
			4.						
Ь	The opinion of an independent qualified public accountant is <b>not a</b>	ttachod	hocauso						
d	The opinion of an independent qualified public accountant is not a	ttached	because:						
	The opinion of an independent qualified public accountant is <b>not a</b> (1) this form is filed for a CCT, PSA or MTIA. (2)	0	because: be attached	to the next	Form 55	00 pursi	uant to 2	9 CFR 2	2520.104-
	(1) this form is filed for a CCT, PSA or MTIA. (2)	0		to the next	Form 55	00 pursi	uant to 2	9 CFR :	2520.104-
Par	(1) this form is filed for a CCT, PSA or MTIA. (2) t IV Transactions During Plan Year	it will	be attached					29 CFR 2	2520.104-
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Par	<ul> <li>(1) this form is filed for a CCT, PSA or MTIA. (2)</li> <li>t IV Transactions During Plan Year</li> <li>CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j.</li> </ul>	d GIAs c	be attached			n, 4k, or	5.	29 CFR :	2520.104-
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Par Purir a b c d	<ul> <li>(1) this form is filed for a CCT, PSA or MTIA. (2)</li> <li>Transactions During Plan Year</li> <li>CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j.</li> <li>ng the plan year:</li> <li>Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)</li> <li>Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked).</li> <li>Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked).</li> <li>Were there any nonexempt transactions with any party-in-interest' (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.).</li> </ul>	yes	be attached			n, 4k, or	5.	29 CFR :	

	Schedule H (Form 5500) 2007			Page <b>6</b>		
						ial Use Only
		Yes	No		Amount	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					
	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?					
	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?					
	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)				LORY	
	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)			5	SEFOR	
	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			ONO		
	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		NA.			
)	If, during this plan year, any assets or liabilities were transferred fro	om this i	plan to and	other plan(s), identif	v the plan(s) to which	assets or
	If, during this plan year, any assets or liabilities were transferred fra liabilities were transferred. (See instructions).	om this	plan to and	other plan(s), identif	y the plan(s) to which	assets or
		om this i	plan to and	other plan(s), identif	y the plan(s) to which	assets or
	If, during this plan year, any assets or liabilities were transferred free liabilities were transferred. (See instructions). 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan	on this p	plan to and	other plan(s), identif <b>5b(3)</b> PN	y the plan(s) to which	assets or
	<ul> <li>biliabilities were transferred. (See instructions).</li> <li>b(1) Name of plan</li> <li>b(2) EIN</li> <li>b(1) Name of plan</li> </ul>	om this p	plan to and		y the plan(s) to which	assets or
	liabilities were transferred. (See instructions). <b>5b(1)</b> Name of plan <b>5b(2)</b> EIN	om this p	blan to and		y the plan(s) to which	assets or
	liabilities were transferred. (See instructions). 5b(1) Name of plan 5b(2) EIN 5b(2) EIN 5b(2) EIN	om this p		5b(3) PN	y the plan(s) to which	assets or
	liabilities were transferred. (See instructions). 5b(1) Name of plan 5b(2) EIN 5b(2) EIN 5b(2) EIN	om this p		5b(3) PN	y the plan(s) to which	assets or
	<pre>liabilities were transferred. (See instructions). 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan 5b(2) EIN 5b(2) EIN</pre>			5b(3) PN 5b(3) PN	y the plan(s) to which	

