SCHEDULE D
(Form 5500)

Department of the Treasury
Internal Revenue Service
_____

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210–0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning , and ending ,

A Name of plan or DFE

B Three–digit
plan number ▶

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

D **Employer Identification Number**

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103–12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ **(d)** Entity code _____ **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103–12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 **Schedule D (Form 5500) 2007**

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| **Part II** | **Information on Participating Plans (to be completed by DFEs)** |

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

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(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ **(c)** EIN–PN _____

FOR INFORMATION PURPOSES ONLY DO NOT USE FOR FILING

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