## **Attention:**

- Telephone requests for the forms, schedules, and instructions for the 2008 Form 5500-series will not be filled until December 10, 2008.
- Requests for the 2008 Form 5500-series products can be made on the Internet (see below) beginning December 10, 2008.
   Requests made prior to that date will be filled with the 2007 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 <a href="www.efast.dol.gov">www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**Note**: There is no Schedule B (Form 5500) for filing 2008 plan year actuarial information. Instead, file the 2008 Schedule MB (Form 5500), Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information, or the Schedule SB (Form 5500), Single-Employer Defined Benefit Plan Actuarial Information, as applicable. For only plan year 2008 filings, paper Schedules MB and SB are provided in the format presented for completion by pen or typewriter.

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security 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 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

This Form is Open to Public Inspection.

Part I Annual Repo	rt Identifi	cation Information					
For the calendar plan ye or fiscal plan year begin				and ending	MM /	30/	
A This return/report is for:	(1)	a multiemployer plan;	(3)	a multiple	e-employe. olan	; or	
	(2)	a single-employer plan (other than a multiple-employer plan);	(4)	a DFE (s	speci v)		
B This return/report is:	(1)	the first return/report filed for the plan;	(3)	the fi. a.	return/report file	d for the pl	an;
	(2)	an amended return/report;	(4)		olan year return/ n 12 months).	report	
C If the plan is a collectively	/-bargained	plan, check here		0			▶
D If filing under an extension	n of time or	the DFVC program, check box and attac	h reau	red information. (	(see instructions	)	▶
Part II Basic Plan In	formatio	n enter all requested informatic	n				
1a Name of plan		65	•				
		16					
		.09					
1b Three-digit plan number	er (PN)▶	1c E	ffective	date of plan			
Caution: A penalty for the la	ate or incor	np/、te filing of this return/report will be	assess	sed unless reas	onable cause is	establishe	ed.
Under penalties of perjury schedules, statements and at knowledge and belief, it is tru	tachment	n rules set forth in the instructions, I decl to well as the electronic version of this and complete.	are that return/re	t I have examined eport if it is being	d this return/repo g filed electronic	ort, including ally, and to	g accompanyin the best of m
Signature of plan administra	ator			Date			
Type or print name of ind	પડે ાal signing	as plan administrator					
a A							
Signature of employ /plan	sponsor/DI	E					
SIGN HERE				Date			
Type or print name of indiv	vidual signing	as employer, plan sponsor or DFE					
b							
For Paperwork Reduction A	ct Notice a	nd OMB Control Numbers, see the ins	truction	ns for Form 550	0. Cat. No. 13	3500F Fo	rm <b>5500</b> (2008
1			1	0 A	III		1
<b>L</b>						v11.3	

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2a	Plan sponsor's name and address (employer, if	f for single-employer plan) (Address should include room or suite no.)
1)		
2)	c / o	
3)		
4)		2b Emplo, er Identification Number (EIN)
5)		
6)		2c Sponsor's telephone number
7)		2c' L usiness code (see instructions)
8)		
9)		Street
		different than 4) or 5
3a	Plan administrator's name and address (If same	e as plan sponsor, ent r Same")
1)	Name	
,		
2)	c / o	
3)		
4)	City 6	3b Administrator's EIN
5)	State Zip Gode	3D Administrator's Ein
6)	Foreign Routing Code	On Administrative to the form
7)	Foreign Country 20	3c Administrator's telephone number
4	If the name and/or File of the plan energy has	s changed since the last return/report filed for this plan, enter the name, EIN and the plan
а	number from the learn report below:  Sponsor's name	s changed since the last return/report lifed for this plan, enter the frame, Env and the plan
b	EIN	c PN



Γ	Form 5500 (2008)	Page <b>3</b>	
		- 19 T	Official Use Only
5	Preparer information (optional)		
а	Name (including firm name, if applicable) and address		
1)			
2)			C
3)		b EIN	
4)		Q.	
5)		c Telephone numb	per
6)			
	Total number of participants at the beginning of the plan year  Number of participants as of the end of the plan year (welfare plans comp	00	
а	Active participants		
D	Retired or separated participants receiving benefits		
С	Other retired or separated participants entitled to future he mits		
d	Subtotal. Add lines 7a, 7b, and 7c		
е	Deceased participants whose beneficiaris, are receiving or are entitled to	receive benefits	
f	Total. Add lines 7d and 7e		
	Number of participants with account balances as of the end of the plan ye contribution plans comple - this item)		



h Number of particip as 's that terminated employment during the plan year with accrued benefits that were less than '00% vested ......

separated participants required to be reported on a Schedule SSA (Form 5500) ......

i If any participant(s) separated from service with a deferred vested benefit, enter the number of

Form 5500 (2008) Page 4 Official Use Only Benefits provided under the plan (complete 8a and 8b, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): (check this box if the plan provides welfare benefits and enter below the applicable welfar yeature codes from the List Welfare benefits of Plan Characteristics Codes printed in the instructions): 9a Plan funding arrangement (check all that apply) 9b Plan benefit a angement (check all that apply) (1) Insurance (1) insurance Code section 412(e)(3) insurance contracts Code section 412(e)(3) insurance contracts (2)(3) Trust Trust (4) General assets of the sponsor General assets of the sponsor Schedules attached (Check all applicable boxes and, where unicated, enter the number attached. See instructions.) a Pension Benefit Schedules b Financial Schedules (Financial Information) 1) (Retirement Pla. Information) (Actuarial Information) 2) (Financial Information--Small Plan) 2) 3) (ESC Annual Information) (Insurance Information) (Service Provider Information) Separated Vested Participant Information) (DFE/Participating Plan Information) 6) (Financial Transaction Schedules)

