## **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 <u>www.efast.dol.gov</u> 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.

Г				
SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under Section 10 Retirement Income Security Act of 1974 (ERISA) and s Internal Revenue Code (the Code) File as an attachment to Form 550	04 of the Em section 6058(		Official Use Only OMB No. 1210-0110 2008 This Form is Open to Public Inspection.
For the calendar plan year 2008 or fiscal plan year beginning	MM / DD / YYYY and	ending		
A Name of plan		В	Three-digit plan num: <	
C Plan sponsor's name as shown	on line 2a of Form 5500	D	Emp Ayer	Identification Number
Part I Asset and Liability	Statement	59	-	

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 the 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 for 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 not complete lines 1d and 1e. See instructions.

	Assets	(a) Beginning of Year	10	(b)	End of Year	
а	Total noninterest- bearing cash		00			
b	Receivables (less allowance for doubtful accounts): (1) Employer contributions		00			
	(2) Participant contributions					
	(3) Other					
С	General investments: (1) Interest-bearing cash (incluaccounts and certificates of deposit)	uding money mark t				
	(2) U.S. Government securities					
	(3) Corporate debt instruments employer securities):	s (out than				
	(A) Preferred					
	(B) All other					
	(4) Corporate stock (other that employer sector to s):	an				
	(A) Preferr.					
	(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) 2008



Schedule H (Form 5500) 2008

Page 2

(a) Beginning of Year

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

- Loans (other than (7) to participants) ...
- (8) Participant loans.
- Value of interest (9) 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:
  - Employer (1) securities .....
  - Employer real (2)
- property ..... Buildings and other е property used in plan operation .....
- f Total assets (add all amounts in lines 1a through 1e) ...

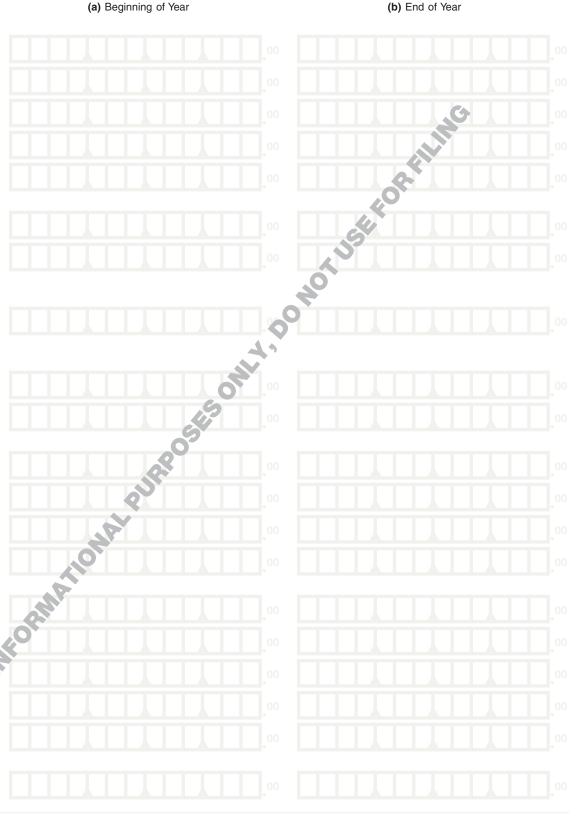
## Liabilities

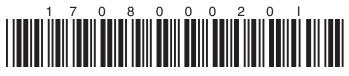
- g Benefit claims payable
- h Operating payables ....
- i Acquisition indebtedness.
- j Other liabilities. Total liabilities k (add all amounts in lines 1g through 1j) ....

....

## Net Assets

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





Page 3

Official Use Only

## 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				
аC	ontrib	outions:	(a) Amount			
(	,	eived or receivable in cash from:		00	<b>C</b> .	
	(A)	Employers				
	(B)	Participants		00		
	(2)					
	(C)	Others (including rollovers)		<b>C</b>		
				00		
(	2) Nor	ncash contributions		(h) Tatal		
			5	(b) Total		
(	<b>3)</b> Tota	al contributions. Add lines 2a(1)(A), (B), (C),	and line <b>2a(2)</b>			
bΕ	arning	gs on investments: (1) Interest:				
		Interest-bearing cash				
		(including money market accounts and certificates of deposit)				
	(B)	U.S. Government securities	41			
	(0)	0.5. dovernment securites				
	(C)	Corporate debt instruments				
			9			
	(D)	Loans (other than to participants)				
	(E)	Participant loans	0			
	(E)					
	(F)	Other				
			<b>Q</b>			
		Total interest Add lines Ob/(1)(A) three				
	(G)	Total interest. Add lines 2b(1)(A) through (	r)			
(	<b>2)</b> Divi	idends:				
	(A)	Preferred stock				
	(B)	Common stock				
	(C)	Total dividends. A lines 2b(2)(A) and (B)				
	(0)					
(	<b>3)</b> Rer	nts				
(*		gain (loss' c) sale of assets:				
	(A)	Aggreg "a proceeds				
	(B)	Aggregate carrying amount				
		(see instructions)				
	(C)	Subtract line 2b(4)(B) from line 2b(4)(A) a	nd enter result			
	(-)					



	Schedule H (Form 5500) 2008	14	ge <b>4</b>	Official Use Only
5)	Unrealized appreciation (depreciation) of assets:	(a) Amount		
	(A) Real estate			
	(B) Other			
			<b>(b)</b> Tota	al
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and	(B)		G
6)	Net investment gain (loss) from common/collective trusts			
7)	Net investment gain (loss) from pooled separate accounts			
8)	Net investment gain (loss) from master trust investment accounts .			
9)	Net investment gain (loss) from 103-12 investment entities	Jo <sup>1</sup>		
	Net investment gain (loss) from registered investment companies			
	(e.g., mutual funds)	<u> </u>		
Othe	er income			
ōta	I income. Add all income amounts in column (b) and enter total			
_	Expenses			
	efit payment and payments to provide benefits:	5		
1)	Directly to participants or beneficiaries, including direct rollovers			
2)	To insurance carriers for the provision of benefits			
	9			
3)	Other			
4)	Total benefit payments. Add lines 2e(1) through (1)			
Cori	rective distributions (see instructions)			
<b>`</b> orf	ain deemed distributions of participations (see instructions)			
en	ain deemed distributions of participer, wans (see instructions)			
	rest expense			
an 1)	inistrative expenses: Professional fees			
	Contract administration and			
2)	Contract administrationees			
3)	Investment arv, ory and management fees			
<b>i</b> )	Other			
;)	Total administrative expenses. Add lines 2i(1) through (4)			
5)	Total administrative expenses. Add lines 21(1) through (4)			



٢	Schedule H (Form 5500) 2008				Page	5				
							(b)	) Total	Official Use (	Only
	Net Income and Reconciliation									
	Net income (loss) (subtract line 2j from line 2d) Transfers of assets									
	(1) To this plan									
	(2) From this plan									
Par	t III Accountant's Opinion									
3	Complete lines 3a through 3c if the opinion of an independent quali Complete line 3d if an opinion is not attached.	fied put	lic accoun	tant is at	tached	to this	Form	<b>5</b> 00.		
а	The attached opinion of an independent qualified public accountant	for this	plan is (se	e instruc	tions):		<b>?</b>			
	(1) Unqualified (2) Qualified (3)	Discl	aimer	(4)	ŀ	dv rse	e			
h	Did the accountant perform a limited acone qudit purpuent to 20 CE		102.0 and	/or 102 1	0/102					
	Did the accountant perform a limited scope audit pursuant to 29 CF Enter the name and EIN of the accountant (or accounting firm):	R 2520	103-8 and	/or 103-1	21.1.			Y	es	No
	Name			,Ó						
			0							
	EIN		4.							
d	The opinion of an independent qualified public accountant is not att	ached	າ <sub>ບ</sub> ause:							
	(1) this form is filed for a CCT, PSA or MTIA. (2)	r≁ `vill	be attache	d to the i	next Fo	orm 550	00 pur	suant to	29 CFR 2	520.104-50
Par	t IV Transactions During Plan Year									
	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 5, and	GIAs c	o not com	plete 4a,	4e, 4f,	4g, 4ł	n, 4k, d	or 5.		
	103-12 IEs also do not complete 4j.									
Durii	ng the plan year:	Yes	No				Amo	unt		
а	Did the employer fail to transmit to the plan an									
	participant contributions within the time period described in 29 CFR 2510.3-102? (See in structions									
	and DOL's Voluntary Fiduciary Correction Frogram.)									
b	Were any loans by the plan or fixe to come obligations due the plan in default as of the close the plan year or classified									
	during the year as uncollectible? Disregard participant loans secured by the participant's ic ount balance. (Attach									
	Schedule G (Form 5500) . at I if "Yes" is checked.)									
с	Were any leases to which the plan was a party in default or									
	classified during the vear as uncollectible? (Attach Schedule G (Form 5500) Part in 'r "Yes" is checked.)									
d	Were there any conexempt 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.)									
е	Was this plan covered by a fidelity bond?									
	1 7 0 8 0	0	05	0						
1										- I

		500) 2008				Page 6		
				Yes	No		Amount	Official Use Only
				103	NO		Amount	
	ne plan have a loss, when a fidelity bond, that was c							
readil	ne plan hold any assets v y determinable on an est endent third party apprai	tablished marl	ket nor set by an					
neithe	ne plan receive any nonc er readily determinable or dependent third party app	n an establish	ed market nor set by	- E.				
of as	ne plan have assets held sets if "Yes" is checked, a rements.)	and see instru	uctions for format				OR	
of 5%	any plan transactions or 6 of the current value of p actions if "Yes" is checker rements.)	plan assets? ( d and see ins	(Attach schedule of structions for format			JOT USE		
benet	all the plan assets eithe ficiaries, transferred to an ol of the PBGC?	other plan, or	r brought under the			<sup>40</sup>		
	year or any prior plan yea	ar? If yes, ent	er the amount of any					
lf, du	assets that reverted to th ring this plan year, any a ties were transferred. (Se	e employer th ssets or liabili	ities were transferred	5	plan to anot	her plan(s), ident	fy the plan(s) to w	which assets or
lf, du liabili		e employer th ssets or liabili	ities were transferred	5	plan to anot	her plan(s), ident	fy the plan(s) to w	which assets or
lf, du iabilit 5 <b>b(1)</b>	ring this plan year, any a ties were transferred. (Se Name of plan	e employer th ssets or liabili	ities were transferred	5	plan to anot	her plan(s), ident <b>5b(3)</b> PN	fy the plan(s) to w	which assets or
f, du iabili1 5 <b>b(1)</b>	ring this plan year, any a ties were transferred. (Se Name of plan 5 Name of plan	e employer th ssets or liabili se instructions	ities were transferred	5	plan to anot		fy the plan(s) to w	which assets or
f, du iabilii 5b(1) 5b(1)	ring this plan year, any a ties were transferred. (Se Name of plan 5 Name of plan 5 Name of plan	e employer the ssets or liabilitie instructions	ities were transferred	5		<b>5b(3)</b> PN	fy the plan(s) to w	/hich assets or

