## **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.

	SCHEDULE R	Retirement Plan I	nformatio	n		I Use Only			
	(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor	This schedule is required to be filed under Employee Retirement Income Security Act of 1 of the Internal Revenue Co	1974 (ERISA) and		20	08			
	Pension Benefits Guaranty Corporation	► File as an Attachment to	· · · ·		This Forn Public I	n is Ope nspectio			
For	the calendar plan year 2008 iscal plan year beginning		and ending			YY			
Α	Name of plan		I	B Three-dig					
				plan num.					
С	Plan sponsor's name as shown on line 2a of Form 5500 D Emp c, a					Identification Number			
Ρ	art I Distributions			9					
	All references to distribution	s relate only to payments of benefits during	the plan year.						
1	Total value of distributions paid or the forms of property specifie	in property other than in cash ed in the instructions							
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).								
	Profit-sharing plans, ESOPs,	and stock bonus plans, skip line 3.							
3	Number of participants (living o sum, during the plan year	r deceased) whose benefits were and ibuted in a	a single						
Pa	art II Funding Informat	ion (If the plan is no subject to the min	nimum funding	requirement	s of section	412 of 1	the		
	Internal Revenue (	Code or ERISA section 302, skip this P	'art)						
4	ERISA section 302(d)(2)?	g an election winter Code section 412(d)(2) or		Yes	No		N/A		
F	If the plan is a defined benefi	t plan, go to line 7. ling standard for a prior plan year is being amor	tized in this						
5		ent. $t_{\mu}$ e date of the ruling letter granting the w		MM					
	If you completed line 5, comm do not complete the remain <sup>1</sup>	re lines 3, 9, and 10 of Schedule MB and of this schedule.							
6a	Enter the minimum require con	ntribution for this plan year							
b	Enter the amoun contributed by	y the employer to the plan for this plan year							
С		from the amount in line 6a. Enter the result of a negative amount)							
	If you completed line 6c, skip	lines 7 and 8 and complete line 9.							
For	Paperwork Reduction Act Notice	e and OMB Control Numbers, see the instruction	is for Form 5500.	Cat. No. 24419B	Schedule R (	Form 550	0) 2008		



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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?	No	N/A
Ρ	art III Amendments	<b>C</b> 4	
8	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.)	Decrease	No
P	art IV Coverage (See instructions.)   Check the box for the test this plan used to satisfy the coverage requirements: ratio percentage test average benefit test		
9	Check the box for the test this plan used to satisfy the coverage requirements:		
	ratio percentage test average benefit test		
	average benefit test		