
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 www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**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 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only

OMB No. 1210-0110

2007

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

For the calendar plan year 2007
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number

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

D Employer Identification Number

Part I Asset and Liability Statement

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
a Total noninterest-bearing cash	00	00
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	00	00
(2) Participant contributions	00	00
(3) Other	00	00
c General investments:		
(1) Interest-bearing cash (including money market accounts and certificates of deposit)	00	00
(2) U.S. Government securities	00	00
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	00	00
(B) All other	00	00
(4) Corporate stocks (other than employer securities):		
(A) Preferred	00	00
(B) Common	00	00
(5) Partnership/joint venture interests.	00	00

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(a) Beginning of Year

(b) End of Year

1c (6) Real estate (other than employer real property)	00	00
(7) Loans (other than to participants) ...	00	00
(8) Participant loans.	00	00
(9) Value of interest in common/collective trusts ..	00	00
(10) Value of interest in pooled separate accounts	00	00
(11) Value of interest in master trust investment accounts	00	00
(12) Value of interest in 103-12 investment entities	00	00
(13) Value of interest in registered investment companies (e.g., mutual funds)	00	00
(14) Value of funds held in insurance company general account (unallocated contracts) .	00	00
(15) Other	00	00
d Employer-related investments:		
(1) Employer securities	00	00
(2) Employer real property	00	00
e Buildings and other property used in plan operation	00	00
f Total assets (add all amounts in lines 1a through 1e) ...	00	00
Liabilities		
g Benefit claims payable	00	00
h Operating payables	00	00
i Acquisition indebtedness	00	00
j Other liabilities	00	00
k Total liabilities (add all amounts in lines 1g through 1j)	00	00
Net Assets		
l Net assets (subtract line 1k from line 1f)	00	00

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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 Contributions:

(a) Amount

- (1) Received or receivable in cash from:
(A) Employers
(B) Participants
(C) Others (including rollovers)
(2) Noncash contributions

Grid for entering contribution amounts for lines 2a(1)(A), (B), (C), and 2a(2).

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

Grid for entering total contributions amount.

b Earnings on investments: (1) Interest:

- (A) Interest-bearing cash (including money market accounts and certificates of deposit)
(B) U.S. Government securities
(C) Corporate debt instruments
(D) Loans (other than to participants)
(E) Participant loans
(F) Other

Grid for entering interest earnings amounts for lines 2b(1)(A) through (F).

(G) Total interest. Add lines 2b(1)(A) through (F)

Grid for entering total interest amount.

(2) Dividends:

- (A) Preferred stock
(B) Common stock
(C) Total dividends. Add lines 2b(2)(A) and (B)

Grid for entering dividend amounts for lines 2b(2)(A) and (B).

Grid for entering total dividends amount.

(3) Rents

Grid for entering rents amount.

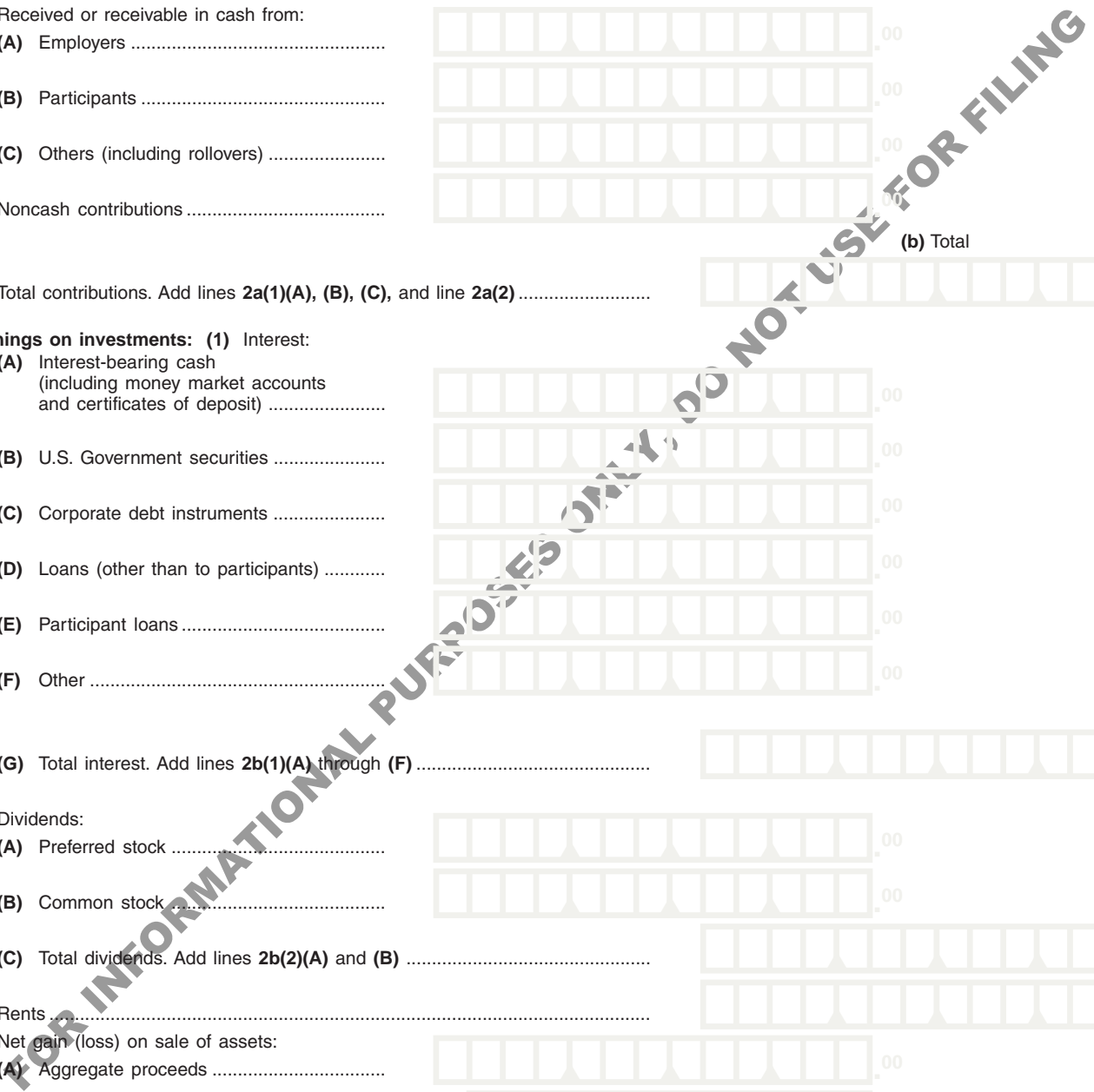
(4) Net gain (loss) on sale of assets:

- (A) Aggregate proceeds
(B) Aggregate carrying amount (see instructions)

Grid for entering net gain (loss) on sale of assets amounts for lines 2b(4)(A) and (B).

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result

Grid for entering result of subtraction for line 2b(4)(C).



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2b (5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate 00

(B) Other 00

(b) Total

(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** 00

(6) Net investment gain (loss) from common/collective trusts 00

(7) Net investment gain (loss) from pooled separate accounts 00

(8) Net investment gain (loss) from master trust investment accounts 00

(9) Net investment gain (loss) from 103-12 investment entities 00

(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) 00

c Other income 00

d Total income. Add all **income** amounts in column (b) and enter total 00

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers 00

(2) To insurance carriers for the provision of benefits 00

(3) Other 00

(4) Total benefit payments. Add lines **2e(1)** through **(3)** 00

f Corrective distributions (see instructions) 00

g Certain deemed distributions of participant loans (see instructions) 00

h Interest expense 00

i Administrative expenses:

(1) Professional fees 00

(2) Contract administrator fees 00

(3) Investment advisory and management fees ... 00

(4) Other 00

(5) Total administrative expenses. Add lines **2i(1)** through **(4)** 00

j Total expenses. Add all **expense** amounts in column (b) and enter total 00

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Yes No Amount

- 4 f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Yes No .00
- g 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? Yes No .00
- h 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? Yes No .00
- i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements) Yes No
- j 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) Yes No
- k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

5 a 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 year00

5 b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan

5b(2) EIN

5b(3) PN

5b(1) Name of plan

5b(2) EIN

5b(3) PN

5b(1) Name of plan

5b(2) EIN

5b(3) PN

5b(1) Name of plan

5b(2) EIN

5b(3) PN

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