## SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For the calendar plan year 2007

## **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.

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OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

or	fiscal	I plan year beginning			aı	nd ending		IVEL		
Α	Nam	e of plan				В	Three-o	9		
С	Plan	sponsor's name as she	own on line 2a of	f Form 5500		D	Employ	yer Identifica	ation Num	ber
F	Part I	Asset and Liab	ility Statemen	t						
1	trust. the va this p	ent value of plan assets Report the value of the alue is reportable on lin plan year, to pay a spec ot complete lines 1b(1),	plan's interest in es 1c(9) through ific dollar benefit a	a commingled fund of 1c(14). Do not enter at a future date. <b>Rou</b>	containing the assets the value of that por nd off amounts to t	s of more than tion of an insi the nearest d	n one plan urance con ollar. MTIA	on a line-by- tract which g s, CCTs, PS	line basis u uarantees, As, and 10	unless during 03-12 IEs
		Assets		(a) Beginning of Year	40		(b)	End of Year		
á		al noninterest- ring cash			00					
ŀ	dou	ceivables (less allowance btful accounts): Employer contributions	e for		.00					
	(2)	Participant contributions			.00					
	(3)	Other								
(	(1)	neral investments: Interest-bearing cash accounts and certificates of deposit)	(including money	market						
	(2)	U.S. Government securities								
	(3)	Corporate debt instrument employer securities):	nents (other than							
		(A) Preferred								
		(B) All other								
	(4)	Corporate stocks (other employer securities):	er than							
		(A) Preferred								
		(B) Common								
	(5)	Partnership/joint venture interests.								

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			(a) Beginning of Year	(b) End of Year
1c	(6)	Real estate (other than employer real property)		
	(7)	Loans (other than to participants)		.00
	(9)	Participant loans. Value of interest in common/ collective trusts Value of interest in pooled separate accounts		
		Value of interest in master trust investment accounts	.00	00 00 00
	(13)	Value of interest in registered investment companies (e.g., mutual funds)		00
	(14)	Value of funds held in insurance company general account (unallo- cated contracts) .	.00	
d	Emp	Other oloyer-related stments: Employer securities		
	Build prop	Employer real propertydings and other verty used in operation	00 00 00 00	
•	(add	l all amounts in s 1a through 1e)	.00	
g		iabilities efit claims payable		
h	Ope	rating payables	.00	
i	Acqı inde	uisition btedness		
	Tota	er liabilities	.00	
	(add lines	l all amounts in a 1g through 1j)		
ı		et Assets assets (subtract 1k from line 1f)		
		-		



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Part II	Income	and	Fynenses	Statement
I WILLII	IIICOIIIC	anu	<b>LYDCH3C3</b>	Statement

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) Amount	
а	Cor	ntrib	utions:	(a) Amount	
	(1)	Rec	eived or receivable in cash from:		
		(A)	Employers		.00
		(B)	Participants		
		(C)	Others (including rollovers)		<b>v</b> o
	(2)	Non	cash contributions		
					(b) Total
	(3)	Tota	I contributions. Add lines 2a(1)(A), (B), (C), an	d line 2a(2)	
	` '				
b			s 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	C	
		(G)	Total interest. Add lines 2b(1)(A) through (F)		
	(2)	Divid	dends:		
			Preferred stock		
		()			
		(B)	Common stock		
		(C)	Total dividends. Add lines 2b(2)(A) and (B)		
	(3)	Ran	ts		
			gain (loss) on sale of assets:		
			Aggregate proceeds		
		(B)	Aggregate carrying amount (see instructions)		
			A .		
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and	enter result	



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2b	(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount	.00
		(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		
	(9)	Net investment gain (loss) from 103-12 investment entities		
	(10)	Net investment gain (loss) from registered investment companies (e.g., mutual funds)	RSIDU	
С	Othe	er income		
	<b>.</b> .		, 9	
d	Iota	I income. Add all <b>income</b> amounts in column (b) and enter total <b>Expenses</b>		
е	Ben	efit payment and payments to provide benefits:	<b>Y</b>	
	(1)	Directly to participants or beneficiaries, including direct rollovers		
	(2)	To insurance carriers for the provision of benefits		
	(3)	Other		
	(4)	Total benefit payments. Add lines 2e(1) through (3)		
f	Corr	ective distributions (see instructions)		
g	Cert	ain deemed distributions of participant loans (see instructions)		
h	Inte	est expense		
i		inistrative expenses:		
	(1)	Professional fees		
	(2)	Contract administrator fees		
	(3)	Investment advisory and management fees		
	(4)	Other		
	(1)			
	(5)	Total administrative expenses. Add lines 2i(1) through (4)		
j	Tota	I expenses. Add all expense amounts in column (b) and enter total		
-		<b>4</b>		



Schedule H (Form 5500) 2007 Page 5 Official Use Only (b) Total **Net Income and Reconciliation** 2k Net income (loss) (subtract line 2j from line 2d) ...... I Transfers of assets (1) To this plan ..... (2) From this plan ..... Part III **Accountant's Opinion** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached. a The attached opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified Qualified Disclaimer Adverse (2) (3)(4) b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? No c Enter the name and EIN of the accountant (or accounting firm): Name EIN d The opinion of an independent qualified public accountant is not attached because: this form is filed for a CCT, PSA or MTIA. (1) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50. Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j. During the plan year: Nο **Amount** Yes a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) ..... b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)..... Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked) ...... d Were there any nonexempt 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 on line 4d.) ... Was this plan covered by a fidelity bond? .....





5b(3) PN

5b(1) Name of plan

5b(2) EIN