

**SCHEDULE SSA  
(Form 5500)**

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**

Official Use Only  
OMB No. 1210-0110

**2007**

**This Form is NOT Open  
to Public Inspection.**

Department of the Treasury  
Internal Revenue Service

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 unless box 1 is checked.**

For calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

Grid for Name of plan

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

Grid for Plan sponsor's name

**B** Three-digit  
plan number ▶

Grid for Three-digit plan number

**D** Employer Identification Number

Grid for Employer Identification Number

**1**  Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

**2** Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

Grid for Plan sponsor's address

City or town

State

ZIP code

Grid for City or town, State, ZIP code

**3a** Name of plan administrator (if other than sponsor)

Grid for Name of plan administrator

**3b** Administrator's EIN

Grid for Administrator's EIN

**3c** Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

Grid for Number, street, and room or suite no.

City or town

State

ZIP code

Grid for City or town, State, ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator

Phone number of  
plan administrator ▶

Grid for Phone number of plan administrator

**SIGN HERE** ▶

Date ▶

Grid for Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Cat. No. 13506T

Schedule SSA (Form 5500) 2007



