	Department of the Treasury Internal Revenue Service		nua	I Return/Report of Emp	olove	e Benefi	t Plan			ial Use		
			s form	is required to be filed under sections ment Income Security Act of 1974 (ER	104 and	4065 of the E	mployee	- OMB	Nos. 12	$\mathbb{D}^{10-0110}$	) / 1210-	0089
	Department of Labor Employee Benefits Security Administration		60	057(b), and 6058(a) of the Internal Reve	enue Co	de (the Code)	· //		2			
	Pension Benefit Guaranty Corporation			Complete all entries in accordance with the instructions to the Form 5500.					This Form is Open to Public Inspection.			
Ρ		ort Id	entific	cation Information								
	r the calendar plan ye fiscal plan year begin		07		an	nd ending		/ D		Y	YY	Υ
A	This return/report is for:	(1)		a multiemployer plan;	(3)	a multiple	e-employe	r plan; or				
		(2)		a single-employer plan (other than a multiple-employer plan);	(4)	a DFE (s	pecify)					
в	This return/report is:	(1)		the first return/report filed for the plan;	(3)	the final	return/rep	ort filed fo	or the	plan;		
		(2)		an amended return/report;	(4)		lan year r n 12 mont	•	ort			
с	If the plan is a collectivel	y-barg	ained p	lan, check here		,		,			►	
п	If filing under an extension	n of ti	ma or t	he DFVC program, check box and attach		d information (	soo instru	ictions)				
	2			enter all requested information	•							
1a		nom			•							
1b	Three-digit plan numb	er (PN	) 🕨	1c Eff	ective da	ate of plan			<b>D</b> /	YY	ΊΥ	Y
Ca	ution: A penalty for the	late or	r incom	plete filing of this return/report will be a	assessed	d unless reas	onable ca	use is es	stablis	hed.		
sch knc		ttachm ue, co	ients, a	nalties set forth in the instructions, I decla s well as the electronic version of this re nd complete.								
SI	GN HERE 🕨					Date				YY	<u>' Y</u>	Y
	Type or print name of indi	vidual s	signing a	s plan administrator								
а												
Sig	nature of employer/plan	spon	sor/DF	E								
SI	GN HERE 🕨					Date			) /	YY	ΊΥ	Y
	Type or print name of indi	vidual s	signing a	s employer, plan sponsor or DFE								
b												
For	r Paperwork Reduction A	Act No	tice an	d OMB Control Numbers, see the instr	uctions	for Form 550	<b>0.</b> Cat.	No. 1350	DF F	orm 5	500 (2	2007)
				0 1 0 7 0 0 0	1	09	-					
								v1	0.0		_	

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												Officia	al Use (	Only
'lan spo	onsor	s name and	address (	employer,	if for single	e-employ	ver plan) (Address s	should inc	clude roo	m or suite	e no.)			
c /	0													
									24	Employ	er Identi	fication	n Num	nhe
												lioution	i i van	
						2	2c Sponsor's telepl	hone		1-1-		1-1		
							number	2		ess code				
									(see i	nstructior	ns)			
'lan adr Name	ninist	Add ess rator's name					r, enter "Same")							
lan adr Na me Na me	minist													
'lan adr Na ma Na ma	minist C	Add ess rator's name												
Plan adr	minist C	Add ess rator's name							3b Adm	inistrator	s EIN			
rlan adr Name Name C / Stree	o ninist	Add ess rator's name							3b Adm	inistrator*	s EIN			
rlan adr Na ma Na ma C / St ree C y St rte	ninist C	Addess rator's name	and addre								- 🗌			
Plan adr Na ma Na ma C / Stree Ci y State	ninist C O	Addes rator's name	and addre							inistrator'	- 🗌		umber	
lan adr Na ma C / St ee C y St te Fo rei Fo rei	ninist C O	Address rator's name intinued Zib Gode Routing Courtry	and addre	te/Zip i	ne as plan	sponsor	r, enter "Same")		3c Adm	iinistrator'	s teleph	-		
Plan adr Nama Nama C / Stree Ci y State Forei Forei f the na	ninist C O S S S S S S S S S S S S S S S S S S	Addess rator's name intinued Zib dode Rotting Country nd/or EIN of the last retur	and addre	te/Zip i	ne as plan	sponsor			3c Adm	iinistrator'	s teleph	-		
Plan adr Nama Nama C / Stree Ci y State Forei Forei f the na	ninist C O S S S S S S S S S S S S S S S S S S	Addess rator's name intinued Zib dode Rotting Country nd/or EIN of the last retur	and addre	te/Zip i	ne as plan	sponsor	r, enter "Same")		3c Adm	iinistrator'	s teleph	-		
rlan adr Nama Nama C / Stree Ci y State Forei Forei the na	ninist C O S S S S S S S S S S S S S S S S S S	Addess rator's name intinued Zib dode Rotting Country nd/or EIN of the last retur	and addre	te/Zip i	ne as plan	sponsor	r, enter "Same")		3c Adm	iinistrator'	s teleph	-		
Plan adr Na ma Na ma C / Stree C y State Forei f the na sponsor	ninist C O S S S S S S S S S S S S S S S S S S	Addess rator's name intinued Zib dode Rotting Country nd/or EIN of the last retur	and addre	te/Zip i	ne as plan	sponsor	r, enter "Same")		3c Adm	iinistrator'	s teleph	-		
Plan adr Nama Nama C / Stree Ci y State Forei Forei	ninist C O S S S S S S S S S S S S S S S S S S	Addess rator's name intinued Zib dode Rotting Country nd/or EIN of the last retur	and addre	te/Zip i	ne as plan	sponsor	r, enter "Same")		3c Adm	iinistrator'	s teleph	-		

[	Form 5500 (2007)	Page 3	
	Form 5500 (2007)	Page 3	Official Use Only
5	Preparer information (optional)		
а	Name (including firm name, if applicable) and address		
1)			
2)			
3)		b EIN	
4)			] - [ ] ] ] ] ] ] ] ]
5)		c Telephone	number
6)		-	
6	Total number of participants at the beginning of the plan year		
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a	a, 7b, 7c, and 7d)	
а	Active participants		
b	Retired or separated participants receiving benefits		
с	Other retired or separated participants entitled to future benefits		
d	Subtotal. Add lines <b>7a</b> , <b>7b</b> , and <b>7c</b>		
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		
f	Total. Add lines 7d and 7e		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		
h	Number of participants that terminated employment during the plan year with accrued bene were less than 100% vested		
i	If any participant(s) separated from service with a deferred vested benefit, enter the number separated participants required to be reported on a Schedule SSA (Form 5500)		



	Form 5500 (2007)		Page <b>4</b>	Official Use Only
8	Benefits provided under th	e plan (complete 8a and 8b, as applicable)		
а	· · · · · · · · · · · · · · · · · · ·	check this box if the plan provides pension ber f Plan Characteristics Codes printed in the ins		on feature codes from the List

b

Welfare benefits (check this box if the plan provides welfare benefits and enter below the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)					
(1) Insurance	(1) Insurance					
(2) Code section 412(i) insurance contracts	(2) Code section 412(i) insurance contracts					
(3) Trust	(3) Trust					
(4) General assets of the sponsor	(4) General assets of the sponsor					
10 Schedules attached (Check all applicable boxes and, where indicated a Pension Benefit Schedules	, enter the number attached. See instructions.) b Financial Schedules					

1)	R	(Retirement Plan Information)	1)	н	(Financial Information)
2)	В	(Actuarial Information)	2)	I	(Financial InformationSmall Plan)
3)	E	(ESOP Annual Information)	3)	A	(Insurance Information)
4)	s	A (Separated Vested Participant Information)	4)	С	(Service Provider Information)
			5)	D	(DFE/Participating Plan Information)
			6)	G	(Financial Transaction Schedules)



I

	SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor polyee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan In This schedule is required to be filed under se Employee Retirement Income Security Act of 197 of the Internal Revenue Code ► File as an Attachment to F	ections 104 au 74 (ERISA) au (the Code).	nd 406		OMB	icial Use Only No. 1210-0 COOT orm is Op c Inspecti	en to
	the calendar plan year 2007 iscal plan year beginning	MM/DD/YYYY	and endir	ng			/	YY
	Name of plan Plan sponsor's name as shown	on line 2a of Form 5500		B D	Three-digi plan numb <b>Employer</b>	er 🕨	ion Numbe	er .
-						-		
P	art I Distributions							
	All references to distribution	s relate only to payments of benefits during the	e plan year.					
1	Total value of distributions paid or the forms of property specifie	in property other than in cash ed in the instructions						_00
2	participants or beneficiaries dur	o paid benefits on behalf of the plan to ing the year (if more than two, enter d the greatest dollar amounts of benefits).						
	Profit-sharing plans, ESOPs,	and stock bonus plans, skip line 3.						
3		r deceased) whose benefits were distributed in a s	•					
Pa		ion (If the plan is not subject to the minir Code or ERISA section 302, skip this Par		ng req	uirements	s of section	on 412 of	the
4	ERISA section 302(c)(8)?	g an election under Code section 412(c)(8) or		Yes		No		N/A
5		t plan, go to line 7. ling standard for a prior year is being amortized in enter the date of the ruling letter granting the wai		►			/	YY
	If you completed line 5, comp do not complete the remainde	lete lines 3, 9, and 10 of Schedule B and er of this schedule.						
6a	Enter the minimum required cor	ntribution for this plan year						_00
b	Enter the amount contributed by	y the employer to the plan for this plan year						_00
С	(enter a minus sign to the left of	from the amount in line 6a. Enter the result f a negative amount)						_00
		lines 7 and 8 and complete line 9.						
For	Paperwork Reduction Act Notice	and OMB Control Numbers, see the instructions	tor Form 550	<b>u.</b> Cat.	No. 24419B	Schedule	R (Form 55	UO) 2007



	Schedule R (Form 5500) 2007	Page <b>2</b>	L	Official L	Jse Only	
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?	Yes		No		N/A
Pa	art III Amendments					
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.)	Increase		Decrease		No
Pa	art IV Coverage (See instructions.)					
9	Check the box for the test this plan used to satisfy the coverage requirements: the ratio percentage test average benefit test					

				2		

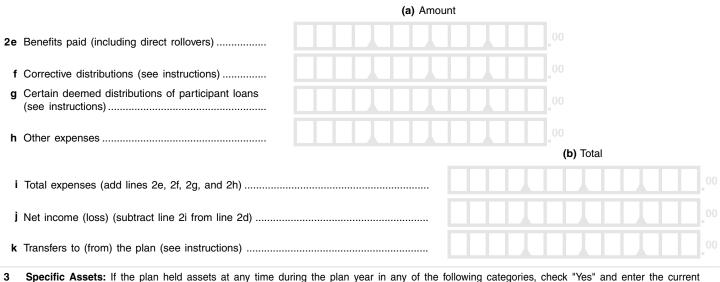
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SCHEDULE I	Fina	ncial In	formatio	on Sma	all Plai	n		fficial Use Or No. 1210	
(Form 5500) Department of the Treasury Internal Revenue Service				der Section 104 ERISA) and sec		,	5	) () () () () () () () () () () () () ()	7
Department of Labor Employee Benefits Security Administration		Interna	al Revenue Co	le (the Code).			This F	□₩♥♥ orm is C	pen to
Pension Benefit Guaranty Corporation		File as	an attachment	to Form 5500.			Publi	ic Inspec	tion.
For the calendar plan year 2007 or fiscal plan year beginning			ΥΥΥ	and e	nding	MM /		/ Y )	YY
A Name of plan					В	Three-digit plan numb	-		
C Plan sponsor's name as shown	on line 2a of Fo	orm 5500			D	Employer	Identifica	tion Num	ber
							-		
Complete Schedule I if the plan cov are filing as a small plan under the 8									e I if you
Part I Small Plan Finan		•	,	•		0 0			
Report below the current value of as value of plan assets held in more to year to pay a specific dollar benefit fund(s) and any payments/receipts to	han one trust. D at a future date	o not enter e. Include all	the value of th income and e	e portion of an openses of the	insurance o plan includi	contract that ing any trus	guarante	es during	this plan
1 Plan Assets and Liabilities:	(a)	Beginning	of Year			<b>(b)</b> Er	nd of Year		
a Total plan assets				00					00
<b>b</b> Total plan liabilities				.00					.00
c Net plan assets (subtract line 1b from line 1a)				00					00
(subtract line 1b	fers for this Pla	n Year:		(a) Amount					00
(subtract line 1b from line 1a)	vable					00			00
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Transa a Contributions received or received</li> </ul>	/able	[				00			
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Trans a Contributions received or received (1) Employers</li> </ul>	vable								
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Transt a Contributions received or receive (1) Employers</li> <li>(2) Participants</li> </ul>	/able	··· []				00			
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Transt a Contributions received or received (1) Employers</li> <li>(2) Participants</li></ul>	/able	···· [] ···· []				00			
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Transia a Contributions received or received (1) Employers</li></ul>	/able	···· [] ···· []					Total		
<ul> <li>(subtract line 1b from line 1a)</li> <li>2 Income, Expenses, and Transt a Contributions received or received (1) Employers</li> <li>(2) Participants</li></ul>	/able	···· []		(a) Amount			Total		00

Schedule I (Form 5500) 2007

Page 2

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3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount	
a Partnership/joint venture interests				_00
<b>b</b> Employer real property				00
c Real estate (other than employer real property)				.00
d Employer securities				.00
e Participant loans				.00
f Loans (other than to participants)				.00
g Tangible personal property				.00

## Part II Transactions During Plan Year

4	During the plan year:	Yes	No	Amount
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.)			00
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			.00
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?			



				Pa				Officia	l Use On	ly
		Yes	No			Amo	unt			
t	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)									
Ð	Was the plan covered by a fidelity bond?									
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
9	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?									
1	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?									
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?									
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
ſ	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)									
	· · · · · · · · · · · · · · · · · · ·									
l	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 year	Yes	No			Amo	unt			
1	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	n this p	an to anothe	er plan(s),		Amo	unt			
	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 year If during this plan year, any assets or liabilities were transferred from	n this p	an to anothe	er plan(s),		Amo	unt			
	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 year If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Se	n this p	an to anothe	er plan(s),		Amo	unt			
	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 year If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Se	n this p	an to anothe	er plan(s), 5b(3)	PN	Amo	unt			
	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 year If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Sec. 5b(1) Name of plan 5b(2) EIN	n this p	an to anothe		PN	Amo				
	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 year	n this p	an to anothe			Amo				
	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 year If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Set <b>5b(1)</b> Name of plan <b>5b(2)</b> EIN <b>5b(1)</b> Name of plan	n this p	an to anothe	5b(3)		Amo				
	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 year	n this p	an to anothe	5b(3)	PN					
	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 year	n this p	an to anothe	5b(3) 5b(3)	PN					

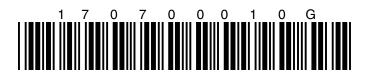
SCHEDULE H	Financial Information			Official Use Only
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor	OMB No. 1210-0110			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection.		
For the calendar plan year 2007 or fiscal plan year beginning	MM / DD / YYYY and endir	ng	MM /	DD/YYYY
A Name of plan			Three-digit plan numbe	r 🕨
C Plan sponsor's name as shown	on line 2a of Form 5500	D	Employer le	dentification 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	<b>(a)</b> Beg	inning of Yea	r		(b)	End of Year	
	Fotal noninterest- bearing cash				_00			.00
C	Receivables (less allowance loubtful accounts): 1) Employer contributions	for						
(	<ul><li>2) Participant contributions</li></ul>				00			.00
(	3) Other				00			00
	<ul> <li>General investments:</li> <li>Interest-bearing cash (ir accounts and certificates of deposit)</li> </ul>	ncluding money market			_00			00
(	2) U.S. Government securities				_00			_00
(	<ol> <li>Corporate debt instrume employer securities):</li> </ol>	ents (other than						
	(A) Preferred				.00			.00
	(B) All other				00			_00
(	<ol> <li>Corporate stocks (other employer securities):</li> </ol>	than						
	(A) Preferred				.00			.00
	(B) Common				.00			_00
(	5) Partnership/joint venture interests.				_00			00

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- 1c (6) Real estate (other than employer real property).....
  - (7) Loans (other than to participants) ...
  - (8) Participant loans.
  - (9) Value of interest in common/ collective trusts ...
     (10) Value of interest
  - (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:
  - (1) Employer securities .....
  - (2) Employer real
- e Buildings and other property used in plan operation ......
- f Total assets (add all amounts in lines 1a through 1e)....

## Liabilities

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

### Net Assets

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

						Official Use On	ly
(a)	) Beginning of Yea	r		(b)	End of Year		
			.00				.00
			00				.00
			00				.00
			00				.00
			00				.00
							0
			00				
							.00
			00				.00
			00				.00
			.00				.00
			.00				.00
			.00				.00
			00				0
			00				
							0
			00				0
			.00				0



**Income and Expenses Statement** 

Part II

Page 3

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	Income	(a) Amount		
	ontributions: ) Received or receivable in cash from:			
()	(A) Employers		_00	
	(B) Participants			
	(C) Others (including rollovers)			
(2	Noncash contributions			
			(b) Total	
(3	) Total contributions. Add lines 2a(1)(A), (B), (C), an	l line <b>2a(2)</b>		0
. =	proinge on invoctmente: (1) Interest			
	arnings 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)		.00	
	(E) Participant loans			
	(F) Other			
	(G) Total interest. Add lines 2b(1)(A) through (F)			0
(2	) Dividends: (A) Preferred stock			
	(B) Common stock		00	
	(C) Total dividends. Add lines 2b(2)(A) and (B)			
(3	) Rents			0
(4	) Net gain (loss) on sale of assets:			
	<ul><li>(A) Aggregate proceeds</li><li>(B) Aggregate carrying amount</li></ul>			
	(see instructions)		00	



Schedule H	(Form	5500	2007
Зспецие п		5500	) 2007

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2b	(5)	Unrealized appreciation (depreciation) (a ssets:	a) A	Amount			
		(A) Real estate				00	
		(B) Other				00	
						<b>(b)</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	Othe	er income					00
d	Tota	I income. Add all <b>income</b> amounts in column (b) and enter total					_00
е	Ben	Expenses efit 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	Corr	rective distributions (see instructions)					00
g	Cert	tain deemed distributions of participant loans (see instructions)					00
		rest expense					_00
i	Adm (1)	ninistrative expenses: 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	Tota	al expenses. Add all expense amounts in column (b) and enter total					00



|--|

ſ	Schedule H (Form 5500) 2007			Page <b>5</b>	
					Official Use Only
	Net Income and Reconciliation				(b) Total
2 K	Net income (loss) (subtract line 2j from line 2d)				
	Transfers of assets				
	(1) To this plan				.00
	(2) From this plan				00
Pa	rt III Accountant's Opinion				
3	Complete lines 3a through 3c if the opinion of an independent qualit Complete line 3d if an opinion is not attached.	fied put	olic acco	ountant is attached to this	5 Form 5500.
а	The attached opinion of an independent qualified public accountant	for this	plan is	(see instructions):	
	(1) Unqualified (2) Qualified (3)	Discl	aimer	(4) Adverse	•
b	Did the accountant perform a limited scope audit pursuant to 29 CF	R 2520	.103-8 a	and/or 103-12(d)?	Yes No
	Enter the name and EIN of the accountant (or accounting firm):				
	Name				
►					
	EIN				
d	The opinion of an independent qualified public accountant is not att	ached	because	9:	
	(1) this form is filed for a CCT, PSA or MTIA. (2)	it will	he attac	thed to the next Form 55	00 pursuant to 29 CFR 2520.104-50.
Pa	rt IV Transactions During Plan Year				
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j.	GIAs c	o not co	omplete 4a, 4e, 4f, 4g, 4h	ı, 4k, or 5.
<b>_</b>					
	ng the plan year:	Yes	No		Amount
а	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)				.00
c	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)				00
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 sourced by a fidality band?				
е	Was this plan covered by a fidelity bond?				
		_	_		
		0 	0 ∮ ∎∎∎∎	5 0 K 	
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	Schedule H (Form 5500) 2007				age <b>6</b>			Offi	cial U	se Only	
		Yes	No			Amo	unt				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
1	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?										
I	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?										
1	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)										
t	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)										
	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the										
l	Has a resolution to terminate the plan been adopted during the										
( 	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 year If, during this plan year, any assets or liabilities were transferred fro liabilities were transferred. (See instructions).	om this p	olan to an	other plan(s),	identify	the plan	(s) to	whic	h as	sets o	r
( 	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 year If, during this plan year, any assets or liabilities were transferred fro	om this p	plan to and	other plan(s),	identify	the plan	(s) to	whic	h as	sets o	r
	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 year If, during this plan year, any assets or liabilities were transferred fro liabilities were transferred. (See instructions).	om this p		other plan(s), 5b(3)		the plan	(s) to	whic	h as	sets o	r
(           	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 year	om this p			PN	the plan	(s) to	whic	h as	sets o	r
	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 year			5b(3)	PN PN	the plan	(s) to	whic	h as	sets o	r



Г			
SCHEDULE G (Form 5500)	Financial Transaction Scheo	dules	Official Use Only OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of Retirement Income Security Act of 1974 (ERISA) and section Internal Revenue Code (the Code).		2007
Department of Labor Employee Benefits Security Administration	► File as an attachment to Form 5500.		This Form is Open to Public Inspection.
For calendar plan year 2007 or fiscal plan year beginning	MM / DD / YYYY and end	ing MN	
A Name of plan		B Three-o plan nu	ů –
C Name of plan sponsor as show	n on line 2a of Form 5500	D Employ	ver Identification Number
Part I Schedule of Loan (a) Party-in-interest (b) Identity and address of obligor Name Street City	s or Fixed Income Obligations in Default or Clas	State Zip	
(c) Original amount of loan	.00		
	luding dates of making and maturity, interest rate, the type and	npaid balance at	00
and the terms of the renegotiat			
Amt. overdue (h) Principal	Amt. overdue (i) Interest		.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 14739A Schedule G (Form 5500) 2007



Page **2** 

# (a) Party-in-interest

L

(b)	Identity and address of obligor			
	Name			
			State Zip Code -	
(c)	Original amount of loan	_00		
Amo	ount (d) Principal	_00	(f) Unpaid balance at end of year	
	orting year (e) Interest			
(g)	Detailed description of loan including dates of making and and the terms of the renegotiation, and other material iter		e type and value of collateral, any renegotiati	ion of the loan
Amt (h)	t. overdue Principal	Amt. overdue (i) Interest	,	
(a)	Party-in-interest			
(b)	Identity and address of obligor			
	Name			
			State Zip Code -	
(c)	Original amount of loan	00		
Amo	( <b>u</b> ) · · · · · · · · · · · · · · · · · · ·	_00	(f) Unpaid balance at end of year	
	orting year (e) Interest			00
(g)	Detailed description of loan including dates of making and and the terms of the renegotiation, and other material iter	d maturity, interest rate, the ms	e type and value of collateral, any renegotiati	ion of the loan
Amt <b>(h)</b>	i. overdue Principal	Amt. overdue (i) Interest		00
	2 3 0	7 0 0 0 2	0 E	
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Гa	rt II Schedule of Leases in Default or Cla	ssified as Unco	llectible	
(a)	Party-in-interest			
-	Identity of lessor/lessee			
-				
c)	Relationship to plan, employer, employee organization	r other party-in-intere	est	
d)	Terms and description (type of property, location and d options, date property was leased)	ate it was purchased,	, terms regarding rent, taxes, insurance, repairs, expense	es, renev
e)	Original cost	(h) E	Expenses paid during the plan year	
-				
•	Current value at time of lease		Net receipts	
T)				
T)				
-	Gross rental receipts during the plan year		Amount in arrears	
g)	Gross rental receipts during the plan year	(i) A		
g) a) b)	Gross rental receipts during the plan year	(j) A	Amount in arrears	
g) a) b) c)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization	(j) A	Amount in arrears	es, renev
g) a) b) c) d)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization Terms and description (type of property, location and d options, date property was leased)	(j) A or other party-in-intere- ate it was purchased,	Amount in arrears	s, renev
g) a) b) c) d)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization Terms and description (type of property, location and d	(j) A or other party-in-intere ate it was purchased,	Amount in arrears	s, renev
g) a) b) c) d)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization Terms and description (type of property, location and d options, date property was leased) Original cost	(j) A or other party-in-intere ate it was purchased, (h) E	Amount in arrears 00 est , terms regarding rent, taxes, insurance, repairs, expense Expenses paid during the plan year	es, renev
g) a) b) c) d)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization Terms and description (type of property, location and d options, date property was leased) Original cost	(j) A or other party-in-intere ate it was purchased, (h) E	Amount in arrears O O O O O O O O O O O O O O O O O O O	es, renev
g) a) b) c) d)	Gross rental receipts during the plan year Party-in-interest Identity of lessor/lessee Relationship to plan, employer, employee organization Terms and description (type of property, location and d options, date property was leased) Original cost Current value at time of lease	(j) A or other party-in-intere- ate it was purchased, (h) E	Amount in arrears	es, renev



Schedule G (Fo	orm 5500	) 2007
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Page 4

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Pa	rt III Nonexempt Transactio If a nonexempt prohibited t the excise tax on the transa	ransaction occurred wit	h respect	to a disqualified person, file Form 5330	with the IRS to pay
(a)	Identity of party involved				
(b)	Relationship to plan, employer, or othe	er party-in-interest			
(c)	Description of transactions including n	naturity date, rate of intere	est, collater	al, par or maturity value	
(d)	Purchase price		(h)	Cost of asset	
(e)	Selling price	_00	(i)	Current value of asset	
		00			00
(f)	Lease rental		(j)	Net gain or (loss) on each transaction	
		.00			
(g)	Expenses incurred in connection with				
(a)	Identity of party involved				
(b)	Relationship to plan, employer, or othe	er party-in-interest			
(c)	Description of transactions including n	naturity date, rate of intere	est, collater	al, par or maturity value	
(1)				Cost of asset	
(a)	Purchase price		(1)		
(e)	Selling price		(i)	Current value of asset	
		_00			_00
(f)	Lease rental		(j)	Net gain or (loss) on each transaction	
		.00			00
(g)	Expenses incurred in connection with				
		.00			



Г					
Form <b>5500-EZ</b>	, (0	Annual Return of wners and Their Spo	-		Official Use Only OMB No. 1545-0956
	(0	This form is require section 6058(a) of the l	ed to be filed under		2007
Department of the Treasury		Complete all entries	in accordance	with	This Form is Open to Public Inspection.
Part I Annual Return	n Identifi	the instructions to cation Information		-EZ.	rubic inspection.
For the calendar plan yea or fiscal plan year beginn			and end	ling MM	
A This return is: (	1)	the first return filed for the plan;	(3)	the final return fi	led for the plan;
(	2)	an amended return;	(4)	a short plan yea (less than 12 mo	
B If filing under an extension	of time, ch	eck box and attach required inform	nation. (see instruction	·	
Part II Basic Plan Inf	ormation	n enter all requested inform	nation		
1a Name of plan					
<b>1b</b> Three-digit plan num	ber (PN)		1c Date plan first became effective	MM / [	DD/YYYY
	clare that I hand have that I have a second se				
SIGN HERE			Da	te MM / C	<b>DD / YYYY</b>
Type or print name of individu	al signing as	employer or plan administrator			
For Paperwork Reduction Ac	t Notice, s	ee the instructions for Form 550		. No. 63263R	Form <b>5500-EZ</b> (2007)
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Ш			
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	and address (Address should include room or suite no	).)	
Name			
Name Conti			
c / o			
		2b Employer Identific	ation Number (EIN)
			r Social Security Nun
State Zi			
	tting Code num		
		2d Business code (see instructions)	
Location A			
Location A			
Name Conti C / O			
		3b Administrator's	EIN
State Zi			-
		3c Administrator's	telephone number
	r EIN of the employer has changed since the last return	n filed for this plan, enter the name, EIN	and the plan number

	Form 5500-EZ (2007)	Page 3	Official Use Only
	Preparer information (optional)		Onicial Use Only
	Name (including firm name, if applicable) and address		
	Name		
	Name Continued		
		b EIN	
	State Zip Code		
		c Telephone number	er
		1 [[[]]-[]	
Т	ype of plan:(a)Defined benefit pension plan (other than a plan described in Code section 412(i))(d)	Profit-sharing plan	1
	(b) Defined benefit pension plan described in (e) Code section 412(i)	Stock bonus plan	
	(c) Money purchase pension plan (f)	ESOP plan	
	f this is a master/prototype, or regional prototype plan, enter the opinion/notification letter Check if this plan covers:	r number ►	
	<ul> <li>Self-employed individuals, (2)</li> <li>Partner(s) in a partnership, o</li> </ul>	or <b>(3)</b> 10	00% owner of corporation
`			
E	Enter the number of qualified pension benefit plans maintained by the employer (including	g this plan)	<b>&gt;</b>
C	Check here if you have more than one plan and the total assets of all plans are more that	an \$100,000 (see instructio	ns) 🕨
			Numbe
	Enter the number of participants in each category listed below:		
	Inder age 59 1/2 at the end of the plan year		
ι		f the plan vear	
	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of		
	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of		



[	Form 5500-EZ (2007)	Page 4		Official Use On	y
10a	<ul> <li>(1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts? If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.</li> <li>(2) If 10a(1) is "Yes," are the insurance contracts held:</li></ul>	► (1)	Yes under a trust	(2)	No with no trust
b	Cash contributions received by the plan for this plan year				00
С	Noncash contributions received by the plan for this plan year				00
d	Total plan distributions to participants or beneficiaries (see instructions)				00
e	Total nontaxable plan distributions to participants or beneficiaries				00
f	Transfers to other plans				_00
g	Amounts received by the plan other than from contributions				00
h	Plan expenses other than distributions				.00
i	<ul><li>(1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)?</li></ul>		Yes		No
	(2) If 10i(1) is "Yes," has the enrolled actuary for the plan certified that the contributions for this plan year meet minimum funding requirements?	•	Yes		No
	(3) If 10i(2) is "No," enter the amount of the funding deficiency as shown on line 10 of the Schedule B (Form 5500) (see instructions)				_00
	(a) Beginning of Year	(b	) End of Ye	ear	
11a	Total plan assets				00
b	Total plan liabilities				_00



	_	
Form 5500-EZ (2007)	Page 5	
		Official Use Only

12 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Otherwise, check "No."

		Yes	No	Amount
а	Partnership/joint venture interests			.00
b	Employer real property			.00
с	Real estate (other than employer real property)			.00
d	Employer securities			.00
е	Participant loans (see instructions)			.00
f	Loans (other than to participants)			.00
g	Tangible personal property			.00
13	Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."	Yes	No	Amount
а	Sale, exchange, or lease of property			.00
b	Payment by the plan for services			.00
с	Acquisition or holding of employer securities			.00
d	Loan or extension of credit			.00



Form 5500-EZ (2007) Page 6		Official Use O	nly
<ul><li>14a Does your business have any employees other than you and your spouse (and your partners and their spouses)?</li><li>If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.</li></ul>	•	Yes	No
<b>b</b> Total number of employees (including you and your spouse and your partners and their spouses)			
c Does this plan meet the coverage requirements of Code section 410(b)?	••••••		
15a Did the plan distribute any annuity contracts this plan year?	••••••		
<b>b</b> During this plan year, did the plan make distributions to a married participant in a form other than a qualifi- joint and survivor annuity or were any distributions on account of the death of a married participant made beneficiaries other than the spouse of that participant?	to		
c During this plan year, did the plan make loans to married participants?	••••••		

	0				

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I	_						
-	SCHEDULE E	ESOP Annual Informa	tion				
	(Form 5500)	Under Section 6047(e) of the Internal Reve	enue Code		2(	007	7
	Department of the Treasury Internal Revenue Service	► File as an attachment to Form 5500 or	r 5500-EZ.				
	calendar plan year 2007 iscal plan year beginning		nd ending	MM /	DD /	YY	YY
A	Name of plan		В	Three-digit plan numbe	ər 🕨		
С	Plan sponsor's name as sh	on line 2a of Form 5500 or 5500-EZ       D       Employer Identification Number         D       Employer Identification Number         S corporation?					
						Yes	No
1a	Is the ESOP maintained by	y an S corporation?					
	If "Yes," answer line 1b.	(Also, "2Q" must be entered on Form 5500, line 8.)					
b	Were any prohibited alloca	ations of securities in an S corporation made to any disqualifi	ied person?				
2a	1 3						
b	employer's stock held by the lf both line <b>2a</b> and line <b>2b</b>	he ESOP during the employer's tax year in which the plan year are "No," DO NOT complete any other questions on this sch	ear ends?				
	Attach the schedule to the	Form 5500 of 5500-ez you life for your ESOF plan.					
3		the ESOP assets?					00
4		ed stock, under what formula(s) is the preferred stock tock of the employer corporation?	►				
5	If unallocated employer see	curities were released from a loan suspense account, indicat	te below the	methods used:			
	a Principal and in	terest (Excise Tax Regulations section 54.4975-7(b)(8)(i));					
	b Principal only (E	Excise Tax Regulations section 54.4975-7(b)(8)(ii));					
	c Other (attach ar	n explanation)				Yes	No
6							
	•		•				
7a	Was the ESOP loan part of	of a "back to back" loan? (See instructions for definition of "b	back to back	" loan.)			
b	If line 7a is "Yes," are the	terms of the two loans substantially similar?					
с		e same amortization schedule? tion of how the amortization schedules differ					
For	Paperwork Reduction Act N	lotice and OMB Control Nos., see the inst. for Form 5500 or	<b>5500-EZ.</b> Ca	at. No. 12349Y	Schedule E	(Form 55	500) 2007



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	Of	ficial Use Onl	у
		Yes	N
	Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)?		
i	What was the date of the securities acquisition loan?	/	Y
>	At all times after the acquisition of the employer securities with the loan proceeds, did the ESOP own more than 50% of: (i) each class of outstanding stock of the employer corporation, or	Yes	r
	(ii) the total value of all outstanding stock of the corporation?		
	If line <b>9b</b> is "No," does the securities acquisition loan satisfy one of the transition rules of Act section 7301(f) of OBRA 1989 or satisfy the exception in Code section 133(b)(6)(B)(ii)? (See instructions for explanation of transition rules.)		
1	If line 9c is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was pa	aid.	
	Na me		
		-	
	What was the amount of interest paid on the securities acquisition loan?		
		Yes	N
a	Were any securities disposed of within 3 years after the plan acquired section 133 securities in a taxable event described in Code section 4978B(c)?		
כ	If line <b>11a</b> is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities?		
a	Were any of the ESOP's securities acquisition loans refinanced during this reporting period?		
)	If line 12a is "Yes," does the refinancing meet the requirements of Act section 1602 of SBJPA 1996?		
	If the employer maintaining the ESOP deducted dividends under Code section 404(k), answer the questions on lines 13 through 16, otherwise skip to line 17.		
a	Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316?		
)	Is the amount paid a dividend under applicable state law?		
	If dividends deducted under Code section 404(k) were used to repay an exempt loan, were any dividends used to repay the loan generated by securities that were not acquired with the proceeds of the loan being repaid?		
	If the answer to line <b>14</b> is "Yes," were the dividends paid with respect to employer securities that satisfy the transition rules of Act section 7302(b)(2) of OBRA 1989?		



	Schedule E (Form 5500) 2007 Page <b>3</b>	ficial Use Only	
17a	Were any dividends subject to an election by participants or their beneficiaries	Yes	No
	under Code section 404(k)(2)(A)(iii) to reinvest the dividends in employer securities?		
b	Did the election comply with the requirements of Notice 2002-2?		
с	Are dividends reinvested in employer securities pursuant to the election fully vested?		



	Schedule E (Form 55	500) 2007			Page 4		Official Use Only
3 I)	Complete the following inform Class of stock	nation for each class of sto	ck owned by the ESOP:	(b)	Common stock (C) Preferred stock (P)	(c)	Readily tradable* Yes (Y) No (N)
)	Dividend rate during plan year**	%	(e) Dividends paid to participants***				
	Dividends used to repay exempt loan	(1) allocated s	tock		(2) unal	locate	d stock
)	Class of stock			(b)	Common stock (C) Preferred stock (P)	(c)	Readily tradable* Yes (Y) No (N)
)	Dividend rate during plan year**	%	(e) Dividends paid to participants***				
	Dividends used to repay exempt loan	(1) allocated s	tock		(2) unal	ocate	d stock
	Class of stock			(b)	Common stock (C) Preferred stock (P)	(c)	Readily tradable* Yes (Y) No (N)
)	Dividend rate during plan year**	<u>к</u> %	(e) Dividends paid to participants***				
	Dividends used to repay exempt loan	(1) allocated s	tock		<b>(2)</b> unal	ocate	d stock
	ils of dividends reported on all classes of stock (includin chments, see instructions)		(e) Dividends paid to participants***				
	Dividends used to repay exempt loan	(1) allocated s	tock		<b>(2)</b> unal	ocate	d stock

\*\* Dividend rate paid for each class of stock during the plan year.

\*\*\* Dividends paid directly to or distributed to participants.



	SCHEDULE D	DFE/Parti	cipating Plan	Information	Official Use Only
	(Form 5500)				OMB No. 1210-0110
	Department of the Treasury Internal Revenue Service		Income Security Act of	ction 104 of the Employee 1974 (ERISA).	2007
Em	Department of Labor ployee Benefits Security Administration	► File a	as an attachment to Fo	orm 5500.	This Form is Open to Public Inspection.
	calendar plan year 2007 iscal plan year beginning	MM / DD	/ Y Y Y Y	and ending	
Α	Name of plan or DFE			B Three-digit plan numb	
С	Plan or DFE sponsor's name as	s shown on line 2a of Forn	n 5500	D Employer	Identification Number
Pa	art I Information on int	erests in MTIAs, CC1	s, PSAs, and 103-	12 IEs (to be completed	by plans and DFEs)
(a)	Name of MTIA, CCT, PSA, or 1	103-12IE			
(b)	Name of sponsor of entity listed	d in (a)			
(c)	EIN	PN	(d) Entity code	(e) Dollar value of interest 103-12IE at end of year	
					00
(a)	Name of MTIA, CCT, PSA, or 1	103-12IE			
(h)	Name of sponsor of entity listed				
(b)	Name of sponsor of entity lister	u iii (a)			
(c)	EIN	PN	(d) Entity code	(e) Dollar value of interest 103-12IE at end of year	
					.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 22774J Schedule D (Form 5500) 2007



	Schedule D (Form 5500) 2007			Page <b>2</b>	Official Use Only	
(a)	Name of MTIA, CCT, PSA, or 103-12IE					
(b)	Name of sponsor of entity listed in (a)					
(c)	EIN	PN	(d) Entity code	(e) Dollar value of interest in I 103-12IE at end of year (s	ITIA, CCT, PSA, or ee instructions)	00
(a)	Name of MTIA, CCT, PSA, or 103-12IE					
(b)	Name of sponsor of entity listed in (a)					
(c)	EIN	PN	(d) Entity code	(e) Dollar value of interest in I 103-12IE at end of year (s		
(a)	Name of MTIA, CCT, PSA, or 103-12IE					.00
(b)	Name of sponsor of entity listed in (a)					
(c)	EIN	PN	<b>(d)</b> Entity code	(e) Dollar value of interest in I 103-12IE at end of year (s		
(a)	Name of MTIA, CCT, PSA, or 103-12IE					.00
(b)	Name of sponsor of entity listed in (a)					
(~)						
(c)	EIN	PN	(d) Entity code	(e) Dollar value of interest in 1 103-12IE at end of year (s		.00



Schedule D (Form 5500) 2007

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Page 3

Official Use Only

Pa	rt II Information on Participating Plans (to be completed by DFEs)
(a)	Plan name
(b)	Name of plan sponsor
(c)	EIN PN
(a)	Plan name
(b)	Name of plan sponsor
(c)	EIN PN
(a)	Plan name
(b)	Name of plan sponsor
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(a)	Plan name
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(c)	
(a)	Plan name
(b)	Name of plan sponsor
(c)	EIN PN



Schedule D (Form 5500) 2007

Official	Use	Only

(a)	Plan name	
(b)	Name of plan sponsor	
(c)	EIN	PN
(a)	Plan name	
(b)	Name of plan sponsor	
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	(Form 5500)		<b>-</b>						<i></i>					<i>.</i>				C				-0110
	epartment of the Treasury nternal Revenue Service						•	d to be ent Inco							)				4	20	U	(
	Department of Labor Benefits Security Administration n Benefit Guaranty Corporation			►	File	e as a	an at	ttachm	ent to	Forn	n 550	00.										open to ction.
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Plan	sponsor's name as shown	on line 2	2a of I	Form	550	0							1	)	Em	ploye	er Id	lenti	fica	tion	Num	ber
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Schedule C (Form 5500) 2007

Page	2

Official Use Only

			Official Use Only
)	Name		
)	Employer identification number (see instruction	ns)	
)	Official plan position		
)	Relationship to employer,		
	employee organization, or person known to be a party-in-interest		
)	Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s)
í			(see
	.00		instructions)
)	Name		
)	Employer identification number (see instruction	ns) — — — — — — — — — — — — — — — — — — —	
)	Official plan position		
í)	Relationship to employer,		
	employee organization, or person known to be a party-in-interest		
e)	Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s)
			(see
`	Name		instructions)
)			
)	Employer identification number (see instruction	ns)	
)	Official plan position		
)	Relationship to employer,		
,	employee organization, or person		
、	known to be a party-in-interest	(f) Food and commissions used by star	
:)	Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see
	00		instructions)
)	Name		· Instituted in
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)	Official plan position		
·	Relationship to employer,		
	employee organization, or person		
	known to be a party-in-interest		(a) Noture of complete and (a)
,  ) ;)	known to be a party-in-interest Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s)
)		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see



	Part II Termination In	formation on Accountants and Enrolle	d Actuaries (see instructions)	Official Use Only
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ie				
	EIN	(c) Position		
ress	Street Aldress			
(e)	Telephone No.			



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SCHEDULE B (Form 5500)		Actuarial Informat				Official Use Only IB No. 1210-01	10
Department of the Treasury Internal Revenue Service	Retirement Income attached to Form	required to be filed under section Security Act of 1974, referred to 5500-EZ and, in all cases, under	as ERISA, exce r section 6059(a	ept when	6 6	2007	
Department of Labor Employee Benefits Security Administration		nal Revenue Code, referred to as ch to Form 5500 or 5500-EZ if a	applicable.		Inspe	orm is Open to ection (except w	hen
Pension Benefit Guaranty Corporation	'n	See separate instructions.	•		attache	ed to Form 550	)-EZ).
For calendar plan year 2007 or fiscal plan year beginning	MM / D		nd ending				YY
Round off amounts to ne							
	000 will be assessed fo	or late filing of this report unle	ess reasonable	cause is	establish	ned.	
A Name of plan			в	Three-dig	it		
				plan num			
C Plan sponsor's name as sh	nown on line 22 of Form 54	500 or 5500-E7	D	Employe	r Identific	ation Number	
		500 01 5500-EZ					
E Type of plan:							
			F		0 or fewer prior plan	r participants	
(1) Multiemployer	(2) Single-en	nployer (3) Multiple-em	ployer			yca	
Part I Basic Informati	ion (To be completed	by all plane)					
Basic Information		i by all plans)					
	Baba /						
1a Enter the actuarial valuation	n date:						
<b>b</b> Assets:							
	S						
(1) Current value of asset							
	ets for funding standard ad	ccount					
(2) Actuarial value of asse	-	ccount					
(2) Actuarial value of asse <b>Statement by Enrolled Actua</b> To the best of my knowledge, the in and in my opinion each assumption, u a multiemployer plan, each assumption result in a total contribution equivalent in the aggregate, are reasonable (taki	Information supplied in this sch used in combination, represent on used (a) is reasonable (taki t to that which would be determ		rience under the p plan and reasonabl asonable; in the cas	lan. Furthern e expectatio	nore, in the ns) or (b) w	case of a plan ot ould, in the aggre	ccurate her that
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	Schedule B (Form 5500) 200	1	Page <b>2</b>	Official Use Only	
(1)	Accrued liability for plans using i	mmediate gain methods			
(2)	Information for plans using sprea	d gain methods:			
	(a) Unfunded liability for method	ds with bases			
	(b) Accrued liability under entry	age normal method			
	(c) Normal cost under entry ag	e normal method			
nfo	ormation on current liabilities of the	plan:			
(1)					
(2)	"RPA '94" information:	tructions)			
-/					
	(b) Expected increase in currer benefits accruing during the	t liability due to plan year			
	(c) Current liability computed a				
	(c) Current liability computed a interest rate (see instruction	highest allowable			
(3)	<ul><li>(c) Current liability computed ar interest rate (see instruction</li><li>(d) Expected release from "RPA"</li></ul>	x highest allowable s) A '94" current liability for the plan year			
	<ul><li>(c) Current liability computed ar interest rate (see instruction</li><li>(d) Expected release from "RPA"</li></ul>	thighest allowable (s) (94" current liability for the plan year the plan year			
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Dpe Cur RP	<ul> <li>(c) Current liability computed at interest rate (see instruction</li> <li>(d) Expected release from "RP4 Expected plan disbursements for erational information as of beginnir rrent value of the assets (see instr</li> </ul>	the plan year g of this plan year:	(3) To	tal Benefits	
Dpe Cur RP	<ul> <li>(c) Current liability computed at interest rate (see instruction</li> <li>(d) Expected release from "RP/ Expected plan disbursements for erational information as of beginnin rrent value of the assets (see instr PA '94" current liability:</li> <li>(1) No. of Persons</li> </ul>	<ul> <li>thighest allowable</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>the plan year</li> <li>is) plan year:</li> <li>is)</li> <li>is)</li> <li>(2) Vested Benefits</li> </ul>	(3) To	Image: Additional system       Image: Addition	
Dpe Cur RP	<ul> <li>(c) Current liability computed at interest rate (see instruction</li> <li>(d) Expected release from "RP/ Expected plan disbursements for erational information as of beginnin rrent value of the assets (see instr PA '94" current liability:</li> <li>(1) No. of Persons</li> </ul>	<ul> <li>thighest allowable</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>is)</li> <li>the plan year</li> <li>is) plan year:</li> <li>is)</li> <li>is)</li> <li>(2) Vested Benefits</li> </ul>	(3) To	tal Benefits	
Ope Cur RP	<ul> <li>(c) Current liability computed at interest rate (see instruction</li> <li>(d) Expected release from "RPA</li> <li>Expected plan disbursements for erational information as of beginnir rrent value of the assets (see instruction 2A '94" current liability:</li> <li>(1) No. of Persons</li> <li>For retired participants and beneficial of the participants and the participants and the participants and the participants and the partic</li></ul>	<ul> <li>highest allowable</li> <li>is)</li> <li>is) '94" current liability for the plan year</li> <li>ithe plan year</li> <li>ing of this plan year:</li> <li>iuctions)</li> <li>(2) Vested Benefits</li> <li>ficiaries receiving payments</li> </ul>	(3) To	tal Benefits	
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<b>2)</b> 2n												00		4th							
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	Schedule B (Form 5500) 2007			Pa	ge <b>4</b>	Official Use 0	Only
i	Has a change been made in funding method for t	this plan year?			Yes	No	)
j	If line i is "Yes," was the change made pursuant t	to Revenue Pro	ocedure 2000-40?		Yes	No	)
k	If line i is "Yes," and line j is "No" enter the date of (individual or class) approving the change in fund				MM / D	D/Y	YY
	Checklist of certain actuarial assumptions: Interest rate for "RPA '94" current liability					%	N/A
b	Weighted average retirement age						
_			Pre-retirement		Post-	retirement	
С	Rates specified in insurance or annuity contracts	Yes	No	N/A	Yes	No	N/A
d	Mortality table code for valuation purposes: (1) Males						
	(2) Females			N/A			N/A
e	Valuation liability interest rate		%			%	
f	Expense loading		- %			%	
g	Annual withdrawal rates:		Male		F	emale	
-	(1) Age 25	Code	%		Oode	<u> </u>	
	(2) Age 40	Rate Co	%		Rate Co	%	
	(3) Age 55	В	%	N/A	B	%	N/A
h	Salary scale		%			<b></b> %	
	Estimated investment return on actuarial value of						
j	assets for year ending on the valuation date						
	Assets for year ending on the valuation date New amortization bases established in the currer						
	(1) Type of Base (2) Initial Balance			(3) Aniora	zation Charge/Cred		
			.00				
			00				
			00				



		Schedule B (Form 5500) 2007	F	Page 5	Official Use Only	
•	8 If a w	Miscellaneous information: aiver of a funding deficiency or an extension of an amortization p	variad has been		Official Ose Offiy	
a		ved for this plan year, enter the date of the ruling letter granting		MM / [		YY
b		or more alternative methods or rules (as listed in the instruction year, enter the appropriate code in accordance with the instruction	<i>'</i>			
c		plan required to provide a Schedule of Active Participant Data? s," attach schedule.	(see instructions)	Yes	No	
9		ng standard account statement for this plan year:				
а	-	ges to funding standard account: year funding deficiency, if any				
		byer's normal cost for plan year as of valuation date				
C		ization charges as of valuation date: Outstanding Balance				
		unding waivers ►	00 )			00
	<i>(2)</i> F	Funding waivers▶ (\$	00 )			.00
d	Interes	st as applicable on line 9a, 9b, and 9c				.00
e	Additio	onal interest charge due to late quarterly contributions, if applica	ble			.00
f	Adjust	ted additional funding charge from Part II, line 12q, if applicable	N/A			.00
g		charges. Add lines 9a through 9f				00
h		ts to funding standard account: year credit balance, if any				00
i	Emplo	oyer contributions. Total from column (b) of line 3 Outstanding Balance				00
j		valuation date	.00 )			_00
k	Intoro	at as applicable to and of plan year on lines (the fit and fit				
		st as applicable to end of plan year on lines 9h, 9i, and 9j Inding limitation (FFL) and credits				
		ERISA FFL (accrued liability FFL)		00		
	<i>(2)</i> "I	RPA '94" override (90% current liability FFL).		_00		
	<i>(3)</i> F	FL credit				00
m	1 <i>(1)</i> V	Vaived funding deficiency				_00
	<i>(2)</i> C	Other credits	<u> </u>			.00
n	Total o	credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)				00



	Schedule B (Form 5500) 2007 Page 6	Official Use Only
90	Credit balance: If line 9n is greater than line 9g, enter the difference	
р	Funding deficiency: If line 9g is greater than line 9n, enter the difference	
	Reconciliation account:	
-	Current year's accumulated reconciliation account: (1) Due to additional funding charges	
	as of the beginning of the plan year	
	<ul> <li>(2) Due to additional interest charges as of the beginning of the plan year</li></ul>	
	(a) Reconciliation outstanding balance as of valuation date	
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	
	(4) Total as of valuation date	
	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	
1 Par	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.          Additional Information for Certain Plans Other Than Multiemployer Plans         se see Who Must File in the Schedule B instructions to determine if you must complete Part II.	Yes
l1 Par Pleas l2 a	t II Additional Information for Certain Plans Other Than Multiemployer Plans	Yes N
I1 Pleas I2 a	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.	Yes N
Pleas	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable,	Yes N
I Par Pleas 2 a b	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b.	
1 Pleas 2 a b	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b	
l1 Pleas l2 a b c d	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b. "RPA '94" current liability. Enter line 1d(2)(a) Adjusted value of assets (see instructions)	
l1 Par Pleas 2 a b c d e	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b. "RPA '94" current liability. Enter line 1d(2)(a) Adjusted value of assets (see instructions) Funded current liability percentage. Divide line 12c by 12b and multiply by 100	
I1 Paleas I2 a b c d e f	Additional Information for Certain Plans Other Than Multiemployer Plans         se see Who Must File in the Schedule B instructions to determine if you must complete Part II.         Additional required funding charge (see instructions):         Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.         If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.         If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b.         "RPA '94" current liability. Enter line 1d(2)(a)         "RPA '94" current liability. Enter line 1d(2)(a)         Funded current liability percentage. Divide line 12c by 12b and multiply by 100         Unfunded current liability. Subtract line 12c from line 12b         Liability attributable to any unpredictable contingent event benefit	
1 Peas 2 a b c d e f g h	Additional Information for Certain Plans Other Than Multiemployer Plans se see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b. "RPA '94" current liability. Enter line 1d(2)(a) Adjusted value of assets (see instructions) Funded current liability percentage. Divide line 12c by 12b and multiply by 100	
1 Peas 2 a b c d e f g h	Additional Information for Certain Plans Other Than Multiemployer Plans         se see Who Must File in the Schedule B instructions to determine if you must complete Part II.         Additional required funding charge (see instructions):         Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.         If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.         If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b.         "RPA '94" current liability. Enter line 1d(2)(a)         "RPA '94" current liability. Enter line 1d(2)(a)         Funded current liability percentage. Divide line 12c by 12b and multiply by 100         Unfunded current liability. Subtract line 12c from line 12b         Liability attributable to any unpredictable contingent event benefit         Outstanding balance of unfunded old liability         Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e.	
I1 Pleas I2 a b c d e f g h i	Additional Information for Certain Plans Other Than Multiemployer Plans         se see Who Must File in the Schedule B instructions to determine if you must complete Part II.         Additional required funding charge (see instructions):         Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.         If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.         If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b.         "RPA '94" current liability. Enter line 1d(2)(a)         Adjusted value of assets (see instructions)         Funded current liability percentage. Divide line 12c by 12b and multiply by 100         Unfunded current liability. Subtract line 12c from line 12b         Liability attributable to any unpredictable contingent event benefit         Outstanding balance of unfunded old liability         Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e.         Enter -0- if negative	



		Official Use Only	1
in funding standard account used to offset the deficit reduction Enter a negative number if less than zero			00
e contingent event amount: s paid during year attributable to ctable contingent event	.00		
ed current liability percentage. t the percentage on line 12d from 100%	%		
and 12m(2)	.00		
ration of all unpredictable ent event liabilities	00		
14" additional amount (see instructions)	.00		
ne greatest of lines 12m(3), 12m(4), or 12m(5)			00
additional funding charge: Enter the excess of line 12k over ny), plus line 12m(6), adjusted to end of year with interest			_00
s needed to increase current liability percentage to 100% tions)			.00
Inding charge prior to adjustment: Enter the lesser of			
	Enter a negative number if less than zero	Enter a negative number if less than zero	Enter a negative number if less than zero



I

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SCHEDULE A (Form 5500)	Insurance Info	rmation		Official Use Only OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed Employee Retirement Income Se			2007
Department of Labor Employee Benefits Security Administration	<ul> <li>File as an attachment to</li> <li>Insurance companies are required to pursuant to ERISA section</li> </ul>	provide this inform	mation	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation For calendar plan year 2007 or fiscal plan year beginning		and ending	MM /	
A Name of plan			<b>3</b> Three-digit plan number	
C Plan sponsor's name as show	wn on line 2a of Form 5500	[	D Employer	dentification Number
Provide information	n for each contract on a separate Schedule A n a single Schedule A.			as a unit in Parts II and III
(b) EIN	(c) NAIC o	:ode		
(d) Contract or identification nun	nber			
(e) Approximate number of pers	ons covered at end of policy or contract year			
Policy or contract year (f)	From MM / DD / YYYY	<b>(g)</b> To	MM / C	DD/YYYY
	missions paid to agents, brokers and other per rokers and other persons individually in desce Part I.			
Totals Total amount	t of commissions paid	Total fees	paid / amount	
	.00			.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2007



Schedule A	(Form 5	500) 2007
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Page **2** 

## (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

	Name				
(b)	Amount of commissions paid	(c)	Fees paid / Amount		(e) Organization code
<i>(</i> <b>N</b>		00		.00	
(d)	Fees paid / Purpose				

## (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

	Name					
					-	
(b)	Amount of commissions paid	(c)	Fees paid / Amount		(e)	Organization code
		00		.00		
(d)	Fees paid / Purpose					

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

	Name				
(b)	Amount of commissions paid	(c)	Fees paid / Amount		(e) Organization code
(-1)		.00		0	
(d)	Fees paid / Purpose				



	Schedule A (Form 5500) 2007	Page 3	Official Use Only
Pa	art II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual a unit for purposes of this report.	contracts with each	carrier may be treated as
3	Current value of plan's interest under this contract in the general account at year end		.0
4	Current value of plan's interest under this contract in separate accounts at year end		0
5 a	Contracts With Allocated Funds State the basis of premium rates		
►			
b	Premiums paid to carrier		.0
с	Premiums due but unpaid at the end of the year		.0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount		.0
►			
e	Type of contract (1) individual policies (2) grou (3) other (specify below)	p deferred annuity	
	•		



	racts With Unallocated Funds (Do not include portions of these contracts maintained in of contract	n separate acco	ounts)				
(1)	deposit administration (2) immediate participation guarantee	(3)	guaran	teed inv	vestme	ent	
(4)	other (specify below)						
	nce at the end of the previous year						
	tions: Contributions deposited during the year		.00				
(2)	Dividends and credits		.00				
(3)	Interest credited during the year		00				
(4)	Transferred from separate account		.00				
(5)	Other (specify below)		.00				
(6)	Total additions						
	of balance and additions (add <b>b</b> and <b>c</b> (6))						
(1)	Disbursed from fund to pay benefits or purchase annuities during year						
(2)	Administration charge made by carrier						
	Transferred to separate account						
(4)	Other (specify below)						
. ,							
	Total deductions						
(5)	Total deductions						
Bala	nce at the end of the current year (subtract e(5) from d)						

Page 5

Part III	Welfare Benefit Contract If more than one contract cover organization(s), the information Where individual contracts are unit for purposes of this repo	ers the sam on may be e provided,	ne group of employees combined for reportin	g purposes	if such contracts	are experi	ence-rated as a unit.
7 Benef	fit and contract type (check all app	licable boxes	5)				
(a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insurance
(e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemployment	(h)	Prescription drug
(i)	Stop loss (large deductible)	(i)	HMO contract	(k)	PPO contract	(I)	Indemnity contract
(m)	Other (specify below)						
• [							
8 Exper	rience-rated contracts						
<b>a</b> Premi <i>(1) A</i>	iums: Amount received						
. ,	ncrease (decrease) n amount due but unpaid						
• • •	Increase (decrease) in unearned premium reserve						
<i>(4)</i> E	Earned ((1) + (2) - (3))						00
	fit charges: Claims paid						
<i>(2)</i> ।	ncrease (decrease) in claim reserv	/es					
<i>(3)</i>	Incurred claims (add (1) and (2))						.00



(4) Claims charged .....

		Schedule A (Form 5500) 2007	Pa	age <b>6</b>	Official Use	Only
8c	Ben	nainder of premium:				Only
		Retention charges (on an accrual basis)         (A) Commissions		00		
		(B) Administrative service or other fees		00		
		(C) Other specific acquisition costs		.00		
		(D) Other expenses		00		
		(E) Taxes		00		
		(F) Charges for risks or other contingencies		.00		
		(G) Other retention charges		00		
		(H) Total retention				.00
	(2)	Dividends or retroactive rate refunds.				
		(These amounts were 1) paid in cash, or 2) cre	dited.)			00
d		us of policyholder reserves at end of year: Amount held to provide benefits after retirement Claim reserves				00
	(3)	Other reserves				.00
e		dends or retroactive rate refunds due. not include amount entered in c <i>(2)</i> .)				_00
9	Non	experience-rated contracts:				
а	Tota	I premiums or subscription charges paid to carrier				.00
b	in c othe	e carrier, service, or other organization incurred any specific costs onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount cify nature of costs below				00



											Officia	Use Only	
S	CHEDULE SSA (Form 5500)		-		n Stater Vith Def			•		OM	B No	. 1210-0	10
	(1011113500)		-							Ĺ	20	07	
	epartment of the Treasury	I			6057(a) of t nent to Forr							is NOT Inspec	•
	calendar plan year 20						55 DOX 1 15	Checkeu	In alla al				
or f	scal plan year beginn					YY	and end	ling			2/	YY	YY
Α	Name of plan												
с	Plan sponsor's name a	s shown on	line 2a of F	orm 550	00								
в	Three-digit												
_	plan number				D Emp	oloyer Identi	ication Nun	nber					
1	Check here if plar 3c, and the signat		iment, churc	ch or oth	er plan that	elects to volu	untarily file S	Schedule	SSA. If so	o, complete	e lines	2 throu	gh
1 2		ture area.								o, complete	e lines	2 throu	gh
	3c, and the signat	ture area.					e the instruc				e lines	2 throug	gh
2	3c, and the signal	ture area. (number, st	eet, and roc	om or su			e the instruc	tions for I	ine 2.)		e lines	2 throug	gh
2	3c, and the signal	ture area. (number, st	eet, and roc	om or su			e the instruc	tions for I	ine 2.)		e lines	2 throug	gh
2	3c, and the signal	ture area. (number, st	eet, and roc	om or su			e the instruc	tions for I	ine 2.)		) lines	2 throug	gh
2 3a	3c, and the signal	ture area. (number, st	eet, and roc	om or su			e the instruc	tions for I	ine 2.)		Ines	; 2 throu,	gh
2 3a 3b	3c, and the signal Plan sponsor's address City or town Name of plan administra	ture area. (number, st	eet, and roo	om or su or)	ite no.) (If a	P.O. box, se	e the instruc	tions for I	ine 2.)		Ines	2 throug	gh
2 3a 3b	3c, and the signal Plan sponsor's address City or town Name of plan administra Administrator's EIN	ture area. (number, st	eet, and roo	om or su or)	ite no.) (If a	P.O. box, se	e the instruc	tions for I	ine 2.) ZIP coo		Ines	; 2 throu,	gh
2 3a 3b	3c, and the signal Plan sponsor's address City or town Name of plan administra Administrator's EIN Number, street, and roo	ture area. (number, st	eet, and roo	om or su or)	ite no.) (If a	P.O. box, se	e the instruc	tions for I	ine 2.) ZIP coo		Ines	; 2 throu,	gh
2 3a 3b 3c	3c, and the signal Plan sponsor's address City or town Name of plan administra Administrator's EIN Number, street, and roo City or town City or town	(number, st (number, st ator (if other m or suite r declare tha	eet, and roo than sponse o. (If a P.O.	om or su or) box, see	ite no.) (If a	P.O. box, set	e the instruction of the second secon	tions for I	ine 2.) ZIP coo		Ines	; 2 throu,	gh
2 3a 3b 3c Und	3c, and the signal Plan sponsor's address City or town Name of plan administra Administrator's EIN Number, street, and roo City or town	(number, st (number, st ator (if other m or suite r declare tha nd belief, it	eet, and roo than sponse o. (If a P.O.	om or su or) box, see	ite no.) (If a	P.O. box, set	e the instruction of the instruc	tions for I	ine 2.) ZIP coo		Ines	\$ 2 throug	gh
2 3a 3b 3c Und the Sigr	3c, and the signal Plan sponsor's address City or town Name of plan administra Administrator's EIN Number, street, and roo City or town City or town	(number, st (number, st ator (if other m or suite r declare tha nd belief, it	eet, and roo than sponse o. (If a P.O.	om or su or) box, see	ite no.) (If a	P.O. box, set	e the instruction of the instruc	tions for I	ine 2.) ZIP coo		ilines	\$ 2 throus	gh

	Schedule	SSA (Form 5500)	2007	Page <b>2</b>	Official Use Only
Code Code Code	<b>e A</b> has no <b>e B</b> has pr <b>e C</b> has pr	ot previously been reviously been repo reviously been repo	reported. orted under the above plan nu orted under <i>another</i> plan numb	parated participant with deferred vested be mber but requires revisions to the informat per but will be receiving their benefits from mber but is no longer entitled to those def	tion previously reported. the plan listed above instead.
			Use with entry code "	A", "B", "C", or "D"	
(	(a) Entry cod	le		(b) Social security number	
(	(c) Name of	participant	(First) (M	1. l.) (Last)	
			Use with entry co	ode "A" or "B"	
Enter	code for		-	Amount of vested benefit	
natu	ure and			Defined contribution plan	Sha
(d)	of benefit	(f) Defined ber	nefit plan periodic payment	(g) Units or shares	indica
Type of annuity	Payment frequency	yment		(h) Total value of account	
Use wit	th entry co	ode "C"	(i) Previous sponsor	s employer identification number	(j) Previous plan number
			(i) Previous sponsor	A", "B", "C", or "D"	(j) Previous plan number
(	( <b>a)</b> Entry cod	le	Use with entry code "A	A", "B", "C", or "D" (b) Social security number	(i) Previous plan number
(		le	Use with entry code ",	A", "B", "C", or "D"	(i) Previous plan number
(	( <b>a)</b> Entry cod	le	Use with entry code "A	A", "B", "C", or "D" (b) Social security number 1. l.) (Last)	(j) Previous plan number
(	( <b>a)</b> Entry cod	le	Use with entry code "A (First) (N	A", "B", "C", or "D"         (b) Social security number         1. 1.)       (Last)         Ode "A" or "B"         Amount of vested benefit	(j) Previous plan number
( ( Enter natu	(a) Entry cod (c) Name of	le	Use with entry code "A (First) (N	A", "B", "C", or "D"         (b) Social security number         1. 1.)       (Last)         ode "A" or "B"	(i) Previous plan number
( Enter natu form c <b>(d)</b> Type of	(a) Entry cod (c) Name of (c)	le participant	Use with entry code "A (First) (N	A", "B", "C", or "D" (b) Social security number 1. l.) (Last) Defined contribution plan	
( ( ( ( form c (d)	(a) Entry cod (c) Name of code for ure and of benefit (e)	le participant	Use with entry code " (First) (N Use with entry code	A", "B", "C", or "D" (b) Social security number 1. l.) (Last) Defined contribution plan	

