



**2a** Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

1) Name

Name Continued

2) C / O

3) Street

4) City

5) State  Zip Code

6) Foreign Routing Code  **2c** Sponsor's telephone number  -  -

7) Foreign Country  **2d** Business code (see instructions)

8) D/B/A

9) Location Address if different than Street

Location Address City/State/Zip if different than 4) or 5)

**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")

1) Name

Name Continued

2) C / O

3) Street

4) City

5) State  Zip Code

6) Foreign Routing Code

7) Foreign Country

**3b** Administrator's EIN  -

**3c** Administrator's telephone number  -  -

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN  -  **c** PN



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1) Name

Name Continued

2) Street

3) City

4) State  Zip Code

5) Foreign Routing Code

6) Foreign Country

b EIN  -

c Telephone number  -  -

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, 7b, 7c, and 7d)

a Active participants .....

b Retired or separated participants receiving benefits .....

c Other retired or separated participants entitled to future benefits .....

d Subtotal. Add lines 7a, 7b, and 7c .....

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 benefits that were less than 100% vested .....

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) .....

0 1 0 7 0 0 0 3 0 B



8 Benefits provided under the plan (complete 8a and 8b, as applicable)

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

Grid of 10 empty boxes for entering pension feature codes.

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):

Grid of 10 empty boxes for entering welfare feature codes.

9a Plan funding arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) General assets of the sponsor

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- 1) Retirement Plan Information
2) Actuarial Information
3) ESOP Annual Information
4) SSA (Separated Vested Participant Information)

b Financial Schedules

- 1) Financial Information
2) Financial Information--Small Plan
3) Insurance Information
4) Service Provider Information
5) DFE/Participating Plan Information
6) Financial Transaction Schedules





- 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

**Part 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

**Part 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 1 0 7 0 0 0 2 0 C



**SCHEDULE I  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only

OMB No. 1210-0110

**2007**

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

For the calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ►

□□□

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

**D** Employer Identification Number

□□-□□□□□□

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

<b>1 Plan Assets and Liabilities:</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	□□□□□□□□□□.00	□□□□□□□□□□.00
<b>b</b> Total plan liabilities .....	□□□□□□□□□□.00	□□□□□□□□□□.00
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	□□□□□□□□□□.00	□□□□□□□□□□.00

<b>2 Income, Expenses, and Transfers for this Plan Year:</b>	<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable		
<b>(1)</b> Employers .....	□□□□□□□□□□.00	
<b>(2)</b> Participants .....	□□□□□□□□□□.00	
<b>(3)</b> Others (including rollovers) .....	□□□□□□□□□□.00	
<b>b</b> Noncash contributions .....	□□□□□□□□□□.00	
<b>c</b> Other income .....	□□□□□□□□□□.00	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....		□□□□□□□□□□.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24414Y Schedule I (Form 5500) 2007









**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only

OMB No. 1210-0110

**2007**

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

For the calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ►

□□□

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

**D** Employer Identification Number

□□-□□□□□□

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24420C Schedule H (Form 5500) 2007



(a) Beginning of Year

(b) End of Year

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

1 7 0 7 0 0 0 2 0 H





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

(a) Amount

(A) Real estate .....

Grid for (A) Real estate amount

(B) Other .....

Grid for (B) Other amount

(b) Total

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

Grid for (C) Total unrealized appreciation

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

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

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

Grid for (7) Net investment gain (loss) from pooled separate accounts

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

Grid for (8) Net investment gain (loss) from master trust investment accounts

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

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

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

Grid for (10) Net investment gain (loss) from registered investment companies

c Other income .....

Grid for c Other income

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

Grid for d Total income

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (1) Directly to participants or beneficiaries

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

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

(3) Other .....

Grid for (3) Other

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

Grid for (4) Total benefit payments

f Corrective distributions (see instructions) .....

Grid for f Corrective distributions

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

Grid for g Certain deemed distributions of participant loans

h Interest expense .....

Grid for h Interest expense

i Administrative expenses:

(1) Professional fees .....

Grid for (1) Professional fees

(2) Contract administrator fees .....

Grid for (2) Contract administrator fees

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

Grid for (3) Investment advisory and management fees

(4) Other .....

Grid for (4) Other

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

Grid for (5) Total administrative expenses

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

Grid for j Total expenses

1 7 0 7 0 0 0 4 0 J



Net Income and Reconciliation

(b) Total

- 2k Net income (loss) (subtract line 2j from line 2d)
I Transfers of assets
(1) To this plan
(2) From this plan

Grid for entering net income and reconciliation amounts with .00 suffix.

Part III Accountant's Opinion

3 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 (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm):

Name

Name input field with arrow indicator

EIN

EIN input field with hyphen

d The opinion of an independent qualified public accountant is not attached because:

- (1) this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Transactions During Plan Year

4 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:

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.)

Yes/No checkboxes

Amount input field

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)

Yes/No checkboxes

Amount input field

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)

Yes/No checkboxes

Amount input field

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.)

Yes/No checkboxes

Amount input field

e Was this plan covered by a fidelity bond?

Yes/No checkboxes

Amount input field

1 7 0 7 0 0 0 5 0 K





**SCHEDULE G  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

**Financial Transaction Schedules**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only

OMB No. 1210-0110

**2007**

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

For calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ►

□□□

**C** Name of plan sponsor as shown on line 2a of Form 5500

**D** Employer Identification Number

□□ - □□□□□□

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**

(a) Party-in-interest

(b) Identity and address of obligor

Name  
Street  
City State Zip Code

(c) Original amount of loan .00

Amount received during reporting year (d) Principal .00

(e) Interest .00

(f) Unpaid balance at end of year

□□□□□□□□□□.00

(g) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

□□□□□□□□□□  
□□□□□□□□□□

Amt. overdue (h) Principal .00

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







**Part II** Schedule of Leases in Default or Classified as Uncollectible

(a) Party-in-interest

(b) Identity of lessor/lessee

(c) Relationship to plan, employer, employee organization or other party-in-interest

(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)

(e) Original cost .00

(f) Current value at time of lease .00

(g) Gross rental receipts during the plan year .00

(h) Expenses paid during the plan year .00

(i) Net receipts .00

(j) Amount in arrears .00

(a) Party-in-interest

(b) Identity of lessor/lessee

(c) Relationship to plan, employer, employee organization or other party-in-interest

(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)

(e) Original cost .00

(f) Current value at time of lease .00

(g) Gross rental receipts during the plan year .00

(h) Expenses paid during the plan year .00

(i) Net receipts .00

(j) Amount in arrears .00



**Part III Nonexempt Transactions**

If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved

Grid for identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

Grid for relationship to plan, employer, or other party-in-interest

(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value

Grid for description of transactions

(d) Purchase price

Grid for purchase price

(h) Cost of asset

Grid for cost of asset

(e) Selling price

Grid for selling price

(i) Current value of asset

Grid for current value of asset

(f) Lease rental

Grid for lease rental

(j) Net gain or (loss) on each transaction

Grid for net gain or (loss) on each transaction

(g) Expenses incurred in connection with transaction

Grid for expenses incurred in connection with transaction

(a) Identity of party involved

Grid for identity of party involved

(b) Relationship to plan, employer, or other party-in-interest

Grid for relationship to plan, employer, or other party-in-interest

(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value

Grid for description of transactions

(d) Purchase price

Grid for purchase price

(h) Cost of asset

Grid for cost of asset

(e) Selling price

Grid for selling price

(i) Current value of asset

Grid for current value of asset

(f) Lease rental

Grid for lease rental

(j) Net gain or (loss) on each transaction

Grid for net gain or (loss) on each transaction

(g) Expenses incurred in connection with transaction

Grid for expenses incurred in connection with transaction



**Annual Return of One-Participant  
(Owners and Their Spouses) Retirement Plan**

Official Use Only  
OMB No. 1545-0956

**2007**

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

Department of the Treasury  
Internal Revenue Service

This form is required to be filed under  
section 6058(a) of the Internal Revenue Code.

**▶ Complete all entries in accordance with  
the instructions to the Form 5500-EZ.**

**Part I Annual Return Identification Information**

For the calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

- A** This return is:
- (1)  the first return filed for the plan;
  - (2)  an amended return;
  - (3)  the final return filed for the plan;
  - (4)  a short plan year return (less than 12 months).

**B** If filing under an extension of time, check box and attach required information. (see instructions) ..... ▶

**Part II Basic Plan Information -- enter all requested information.**

**1a** Name of plan

Grid for entering the name of the plan.

**1b** Three-digit plan number (PN) ▶

Grid for entering the three-digit plan number.

**1c** Date plan first became effective

MM / DD / YYYY

**Caution:** A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury, I declare that I have examined this return (including, if applicable, any related Schedule B signed by an enrolled actuary, which I will retain) and to the best of my knowledge and belief, it is true, correct, and complete.

**Signature of employer or plan administrator**

**SIGN HERE** ▶

Date

MM / DD / YYYY

Type or print name of individual signing as employer or plan administrator

Grid for entering the name of the individual signing.

0 3 0 7 0 0 0 1 0 B





5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1) Name

Name Continued

2) Street

3) City

4) State  Zip Code

5) Foreign Routing Code

6) Foreign Country

b EIN  -

c Telephone number  -  -

- 6 Type of plan:
- (a)  Defined benefit pension plan (other than a plan described in Code section 412(i))
  - (b)  Defined benefit pension plan described in Code section 412(i)
  - (c)  Money purchase pension plan
  - (d)  Profit-sharing plan
  - (e)  Stock bonus plan
  - (f)  ESOP plan

7a If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter number .....

b Check if this plan covers:

- (1)  Self-employed individuals,      (2)  Partner(s) in a partnership, or      (3)  100% owner of corporation

8a Enter the number of qualified pension benefit plans maintained by the employer (including this plan) .....

b Check here if you have more than one plan and the total assets of all plans are more than \$100,000 (see instructions) .....

9 Enter the number of participants in each category listed below:

	Number
a Under age 59 1/2 at the end of the plan year .....	<input type="text"/>
b Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the plan year .....	<input type="text"/>
c Age 70 1/2 or older at the beginning of the plan year .....	<input type="text"/>



**10a** (1) Is this a fully insured pension plan which is funded entirely by insurance or annuity contracts?  Yes  No  
 If "Yes," complete lines 10a(2) through 10f and skip lines 10g through 13d.  
 (2) If 10a(1) is "Yes," are the insurance contracts held: .....  (1) under a trust  (2) with no trust

**b** Cash contributions received by the plan for this plan year ..... .00

**c** 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** (1) Is this a defined benefit plan subject to minimum funding requirements (see instructions)? .....  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 Year

**11a** Total plan assets ..... .00 .00

**b** Total plan liabilities ..... .00 .00



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
a Partnership/joint venture interests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
b Employer real property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
c Real estate (other than employer real property) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
d Employer securities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
e Participant loans (see instructions) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
f Loans (other than to participants) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
g Tangible personal property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="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
a Sale, exchange, or lease of property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
b Payment by the plan for services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
c Acquisition or holding of employer securities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>
d Loan or extension of credit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="00"/>





	Yes	No
<b>14a</b> Does your business have any employees other than you and your spouse (and your partners and their spouses)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.		
<b>b</b> Total number of employees (including you and your spouse and your partners and their spouses) .....	<input type="text"/>	
<b>c</b> Does this plan meet the coverage requirements of Code section 410(b)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>15a</b> Did the plan distribute any annuity contracts this plan year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> During this plan year, did the plan make distributions to a married participant in a form other than a qualified joint and survivor annuity or were any distributions on account of the death of a married participant made to beneficiaries other than the spouse of that participant? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> During this plan year, did the plan make loans to married participants? .....	<input type="checkbox"/>	<input type="checkbox"/>

0 3 0 7 0 0 0 6 0 G



**SCHEDULE E  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

**ESOP Annual Information**

Under Section 6047(e) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 or 5500-EZ.**

Official Use Only

OMB No. 1210-0110

**2007**

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

For calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ▶

□□□

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

**D** Employer Identification Number

□□-□□□□□□

**Yes No**

**1a** Is the ESOP maintained by an S corporation? .....

□ □

If "Yes," answer line 1b. (Also, "2Q" must be entered on Form 5500, line 8.)

**b** Were any prohibited allocations of securities in an S corporation made to any disqualified person? .....

□ □

**2a** Did the employee stock ownership plan (ESOP) have an outstanding securities acquisition loan within the meaning of Code section 133 during the plan year? .....

□ □

**b** Did the employer maintaining the ESOP pay dividends (deductible under section 404(k)) on the employer's stock held by the ESOP during the employer's tax year in which the plan year ends? .....

□ □

If both line **2a** and line **2b** are "No," DO NOT complete any other questions on this schedule. Attach the schedule to the Form 5500 or 5500-EZ you file for your ESOP plan.

**3** What is the total value of the ESOP assets? .....

□□□□□□□□□□.00

**4** If the ESOP holds preferred stock, under what formula(s) is the preferred stock convertible into common stock of the employer corporation? .....

□□□□□□□□□□

**5** If unallocated employer securities were released from a loan suspense account, indicate below the methods used:

- a**  Principal and interest (Excise Tax Regulations section 54.4975-7(b)(8)(i));
- b**  Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii));
- c**  Other (attach an explanation)

**Yes No**

**6** Were unallocated securities or proceeds from the sale of unallocated securities used to repay any exempt loan (within the meaning of Code section 4975(d)(3))? If "Yes," attach a description of the transaction .....

□ □

**If the ESOP or the employer corporation has one or more outstanding securities acquisition loans intended to satisfy Code section 133, complete lines 7 through 12, otherwise skip to line 13.**

**7a** Was the ESOP loan part of a "back to back" loan? (See instructions for definition of "back to back" loan.) .....

□ □

**b** If line **7a** is "Yes," are the terms of the two loans substantially similar? .....

□ □

**c** Do the two loans have the same amortization schedule? If "No," attach an explanation of how the amortization schedules differ .....

□ □

1 3 0 7 0 0 0 1 0 C





	Yes	No
<b>17a</b> Were any dividends subject to an election by participants or their beneficiaries under Code section 404(k)(2)(A)(iii) to reinvest the dividends in employer securities? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>If "Yes," answer lines 17b and 17c. If "No," skip to line 18a.</b>		
<b>b</b> Did the election comply with the requirements of Notice 2002-2? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Are dividends reinvested in employer securities pursuant to the election fully vested? .....	<input type="checkbox"/>	<input type="checkbox"/>



18 Complete the following information for each class of stock owned by the ESOP:

(a) Class of stock

Grid for class of stock

(b) Common stock (C)  
Preferred stock (P)

Input box for (b)

(c) Readily tradable\*  
Yes (Y) No (N)

Input box for (c)

(d) Dividend rate during plan year\*\*

Dividend rate input box

(e) Dividends paid to participants\*\*\*

Dividends paid input box

(f) Dividends used to repay exempt loan

(1) allocated stock

Allocated stock input box

(2) unallocated stock

Unallocated stock input box

(a) Class of stock

Grid for class of stock

(b) Common stock (C)  
Preferred stock (P)

Input box for (b)

(c) Readily tradable\*  
Yes (Y) No (N)

Input box for (c)

(d) Dividend rate during plan year\*\*

Dividend rate input box

(e) Dividends paid to participants\*\*\*

Dividends paid input box

(f) Dividends used to repay exempt loan

(1) allocated stock

Allocated stock input box

(2) unallocated stock

Unallocated stock input box

(a) Class of stock

Grid for class of stock

(b) Common stock (C)  
Preferred stock (P)

Input box for (b)

(c) Readily tradable\*  
Yes (Y) No (N)

Input box for (c)

(d) Dividend rate during plan year\*\*

Dividend rate input box

(e) Dividends paid to participants\*\*\*

Dividends paid input box

(f) Dividends used to repay exempt loan

(1) allocated stock

Allocated stock input box

(2) unallocated stock

Unallocated stock input box

Totals of dividends reported on lines 18(e) and (f) for all classes of stock (including any reported on attachments, see instructions) ▶

(e) Dividends paid to participants\*\*\*

Total dividends paid input box

(f) Dividends used to repay exempt loan

(1) allocated stock

Total allocated stock input box

(2) unallocated stock

Total unallocated stock input box

\* If the stock is readily tradable on an established securities market within the meaning of Code section 409(l), enter "Y," otherwise enter "N."  
\*\* Dividend rate paid for each class of stock during the plan year.  
\*\*\* Dividends paid directly to or distributed to participants.



**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Official Use Only

OMB No. 1210-0110

**2007**

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

For calendar plan year 2007  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan or DFE

**B** Three-digit  
plan number

▶

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

**D** Employer Identification Number

-

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(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 MTIA, CCT, PSA, or  
103-12IE at end of year (see instructions)

-

(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 MTIA, CCT, PSA, or  
103-12IE at end of year (see instructions)

-

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

1 1 0 7 0 0 0 1 0 A



(a) Name of MTIA, CCT, PSA, or 103-12IE

Grid for name entry

(b) Name of sponsor of entity listed in (a)

Grid for sponsor name entry

(c) EIN

EIN grid

PN

PN grid

(d) Entity code

Entity code grid

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Dollar value grid

(a) Name of MTIA, CCT, PSA, or 103-12IE

Grid for name entry

(b) Name of sponsor of entity listed in (a)

Grid for sponsor name entry

(c) EIN

EIN grid

PN

PN grid

(d) Entity code

Entity code grid

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Dollar value grid

(a) Name of MTIA, CCT, PSA, or 103-12IE

Grid for name entry

(b) Name of sponsor of entity listed in (a)

Grid for sponsor name entry

(c) EIN

EIN grid

PN

PN grid

(d) Entity code

Entity code grid

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Dollar value grid

(a) Name of MTIA, CCT, PSA, or 103-12IE

Grid for name entry

(b) Name of sponsor of entity listed in (a)

Grid for sponsor name entry

(c) EIN

EIN grid

PN

PN grid

(d) Entity code

Entity code grid

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Dollar value grid











(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

Grid for nature of service code(s)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

Grid for nature of service code(s)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

Grid for nature of service code(s)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

Grid for nature of service code(s)





**SCHEDULE B  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- ▶ Attach to Form 5500 or 5500-EZ if applicable.
- ▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to Public Inspection (except when attached to Form 5500-EZ).**

For calendar plan year 2007 or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

B Three-digit plan number ▶

□ □ □

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

D Employer Identification Number

□ □ - □ □ □ □ □ □

E Type of plan:

- (1)  Multiemployer
- (2)  Single-employer
- (3)  Multiple-employer

F  100 or fewer participants in prior plan year

**Part I Basic Information** (To be completed by all plans)

1a Enter the actuarial valuation date:

MM / DD / YYYY

b Assets:

(1) Current value of assets .....

□ □ □ □ □ □ □ □ □ □ . 00

(2) Actuarial value of assets for funding standard account .....

□ □ □ □ □ □ □ □ □ □ . 00

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary

**SIGN HERE** ▶

Date

MM / DD / YYYY

Type or print

Name of actuary

Firm name

Address of the firm

City

State

Zip Code

G Most recent enrollment number

□ □ - □ □ □ □

Telephone number (including area code)

□ □ □ - □ □ □ - □ □ □ □

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions .....

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13507E Schedule B (Form 5500) 2007

0 7 0 7 0 0 0 1 0 F







5 i Has a change been made in funding method for this plan year? .....  Yes  No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? .....  Yes  No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method .....   /

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability .....   %  N/A

b Weighted average retirement age .....    N/A

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c Rates specified in insurance or annuity contracts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Mortality table code for valuation purposes:						
(1) Males .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Females .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e Valuation liability interest rate .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f Expense loading .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g Annual withdrawal rates:	Male			Female		
(1) Age 25 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Age 40 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) Age 55 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h Salary scale .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<input type="text"/>			<input type="text"/>		
j Estimated investment return on current value of assets for year ending on the valuation date .....	<input type="text"/>			<input type="text"/>		

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>







9o Credit balance: If line 9n is greater than line 9g, enter the difference .....

Grid for line 9o: 00

p Funding deficiency: If line 9g is greater than line 9n, enter the difference .....

Grid for line 9p: 00

Reconciliation account:

q Current year's accumulated reconciliation account:

(1) Due to additional funding charges as of the beginning of the plan year .....

Grid for line 9q(1): 00

(2) Due to additional interest charges as of the beginning of the plan year .....

Grid for line 9q(2): 00

(3) Due to waived funding deficiencies:

(a) Reconciliation outstanding balance as of valuation date .....

Grid for line 9q(3)(a): 00

(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) ...

Grid for line 9q(3)(b): 00

(4) Total as of valuation date .....

Grid for line 9q(4): 00

10 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 .....

Grid for line 10: 00

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. Yes No

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see Who Must File in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a 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 .....

Grid for line 12a: %

b "RPA '94" current liability. Enter line 1d(2)(a) .....

Grid for line 12b: 00

c Adjusted value of assets (see instructions) .....

Grid for line 12c: 00

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100 ....

Grid for line 12d: %

e Unfunded current liability. Subtract line 12c from line 12b .....

Grid for line 12e: 00

f Liability attributable to any unpredictable contingent event benefit .....

Grid for line 12f: 00

g Outstanding balance of unfunded old liability .....

Grid for line 12g: 00

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative .....

Grid for line 12h: 00

i Unfunded new liability amount ( [ ] % of line 12h) .....

Grid for line 12i: 00

j Unfunded old liability amount .....

Grid for line 12j: 00

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) .....

Grid for line 12k: 00



12 l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero ..... 00

m Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event ..... 00

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% ..... %

(3) Enter the product of lines 12m(1) and 12m(2) ..... 00

(4) Amortization of all unpredictable contingent event liabilities ..... 00

(5) "RPA '94" additional amount (see instructions) ..... 00

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5) ..... 00

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest ..... 00

o Contributions needed to increase current liability percentage to 100% (see instructions) ..... 00

p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o ..... 00

q Adjusted additional funding charge. ( 0.0 % of line 12p) ..... 00







**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end .00

4 Current value of plan's interest under this contract in separate accounts at year end .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶

b Premiums paid to carrier ..... .00

c Premiums due but unpaid at the end of the year ..... .00

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 ..... .00  
Specify nature of costs

▶

e Type of contract (1)  individual policies (2)  group deferred annuity

(3)  other (specify below)

▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here... ▶









8c Remainder of premium:

(1) Retention charges (on an accrual basis) --

(A) Commissions .....

Grid for (A) Commissions with 00 at the end.

(B) Administrative service or other fees .....

Grid for (B) Administrative service or other fees with 00 at the end.

(C) Other specific acquisition costs .....

Grid for (C) Other specific acquisition costs with 00 at the end.

(D) Other expenses .....

Grid for (D) Other expenses with 00 at the end.

(E) Taxes .....

Grid for (E) Taxes with 00 at the end.

(F) Charges for risks or other contingencies

Grid for (F) Charges for risks or other contingencies with 00 at the end.

(G) Other retention charges .....

Grid for (G) Other retention charges with 00 at the end.

(H) Total retention .....

Grid for (H) Total retention with 00 at the end.

(2) Dividends or retroactive rate refunds.

(These amounts were 1)  paid in cash, or 2)  credited.) ..

Grid for (2) Dividends or retroactive rate refunds with 00 at the end.

d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement .....

Grid for (1) Amount held to provide benefits after retirement with 00 at the end.

(2) Claim reserves .....

Grid for (2) Claim reserves with 00 at the end.

(3) Other reserves .....

Grid for (3) Other reserves with 00 at the end.

e Dividends or retroactive rate refunds due.

(Do not include amount entered in c(2).) .....

Grid for e Dividends or retroactive rate refunds due with 00 at the end.

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier .....

Grid for a Total premiums or subscription charges paid to carrier with 00 at the end.

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount ..... Specify nature of costs below

Grid for b If the carrier, service, or other organization incurred any specific costs with 00 at the end.

Large empty grid for reporting specific costs.



**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, and 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, and 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



- 4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A** -- has not previously been reported.
  - Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.
  - Code C** -- has previously been reported under *another* plan number but will be receiving their benefits from the plan listed above instead.
  - Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

**Use with entry code "A", "B", "C", or "D"**

(a) Entry code	<input type="text"/>	(b) Social security number	<input type="text"/> - <input type="text"/> - <input type="text"/>
(c) Name of participant	(First)	(M. I.)	(Last)
<input type="text"/>		<input type="text"/>	<input type="text"/>

**Use with entry code "A" or "B"**

Enter code for nature and form of benefit		Amount of vested benefit	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	Defined contribution plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			(g) Units or shares
			<input type="text"/>
			(h) Total value of account
			<input type="text"/>
			Share indicator
			<input type="text"/>

**Use with entry code "C"**

(i) Previous sponsor's employer identification number	<input type="text"/> - <input type="text"/>	(j) Previous plan number	<input type="text"/>
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**Use with entry code "A", "B", "C", or "D"**

(a) Entry code	<input type="text"/>	(b) Social security number	<input type="text"/> - <input type="text"/> - <input type="text"/>
(c) Name of participant	(First)	(M. I.)	(Last)
<input type="text"/>		<input type="text"/>	<input type="text"/>

**Use with entry code "A" or "B"**

Enter code for nature and form of benefit		Amount of vested benefit	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	Defined contribution plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			(g) Units or shares
			<input type="text"/>
			(h) Total value of account
			<input type="text"/>
			Share indicator
			<input type="text"/>

**Use with entry code "C"**

(i) Previous sponsor's employer identification number	<input type="text"/> - <input type="text"/>	(j) Previous plan number	<input type="text"/>
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2 9 0 7 0 0 0 2 0 K

