

Form **5500**

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

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only

OMB Nos. 1210-0110 / 1210-0089

2007

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2007
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

- A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify)
- B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here ▶
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ▶

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

1a Name of plan

Grid for entering plan name: 4 rows by 26 columns.

1b Three-digit plan number (PN) ▶

Grid for entering plan number: 3 columns.

1c Effective date of plan

MM / DD / YYYY

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

SIGN HERE ▶

Date

MM / DD / YYYY

Type or print name of individual signing as plan administrator

a

Grid for entering name of plan administrator: 1 row by 26 columns.

Signature of employer/plan sponsor/DFE

SIGN HERE ▶

Date

MM / DD / YYYY

Type or print name of individual signing as employer, plan sponsor or DFE

b

Grid for entering name of employer/plan sponsor/DFE: 1 row by 26 columns.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13500F Form **5500** (2007)



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)



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 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 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



**SCHEDULE R
(Form 5500)**

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

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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 Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions00

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). } -

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A

If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ► MM / DD / YYYY

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year00

b Enter the amount contributed by the employer to the plan for this plan year00

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)00

If you completed line 6c, skip lines 7 and 8 and complete line 9.

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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.**

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2007

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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.**

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

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

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(a) Amount

2e Benefits paid (including direct rollovers)
f Corrective distributions (see instructions)
g Certain deemed distributions of participant loans (see instructions)
h Other expenses

Grid for entering amounts for lines 2e through 2h, with columns for thousands, hundreds, tens, and units, and a .00 column.

(b) Total

i Total expenses (add lines 2e, 2f, 2g, and 2h)
j Net income (loss) (subtract line 2i from line 2d)
k Transfers to (from) the plan (see instructions)

Grid for entering amounts for lines 2i through 2k, with columns for thousands, hundreds, tens, and units, and a .00 column.

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.

Table with columns for Yes, No, and Amount. Rows include Partnership/joint venture interests, Employer real property, Real estate (other than employer real property), Employer securities, Participant loans, Loans (other than to participants), and Tangible personal property.

Part II Transactions During Plan Year

Table with columns for Yes, No, and Amount. Row 4: During the plan year: a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? 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? c Were any leases to which the plan was a party in default or classified during the year as uncollectible?



	Yes	No	Amount
4d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	Yes	No	Amount
5a 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

1 9 0 7 0 0 0 3 0 K



**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

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For the calendar plan year 2007
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ►

□□□

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

D Employer Identification Number

□□-□□□□□□

Part I Asset and Liability Statement

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

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

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(a) Beginning of Year

(b) End of Year

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

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

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

Grid for (6)

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

Grid for (7)

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

Grid for (8)

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

Grid for (9)

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

Grid for (10)

c Other income

Grid for c

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

Grid for d

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (1)

(2) To insurance carriers for the provision of benefits

Grid for (2)

(3) Other

Grid for (3)

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

Grid for (4)

f Corrective distributions (see instructions)

Grid for f

g Certain deemed distributions of participant loans (see instructions)

Grid for g

h Interest expense

Grid for h

i Administrative expenses:

(1) Professional fees

Grid for (1)

(2) Contract administrator fees

Grid for (2)

(3) Investment advisory and management fees

Grid for (3)

(4) Other

Grid for (4)

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

Grid for (5)

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

Grid for j

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 numerical entry with decimal places for net income and transfers.

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)?
c Enter the name and EIN of the accountant (or accounting firm):
Name
EIN
d The opinion of an independent qualified public accountant is not attached because:
(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.

Table with columns: During the plan year: Yes No Amount. Rows include questions about participant contributions, loans, leases, nonexempt transactions, and fidelity bond.

1 7 0 7 0 0 0 5 0 K



	Yes	No	Amount
4 f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	
5 a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00

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

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

1 7 0 7 0 0 0 6 0 L



**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 (d) Principal .00

received during
reporting year

(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

2 3 0 7 0 0 0 1 0 D



(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

(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



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 including maturity date, rate of interest, collateral, par or maturity value

(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 including maturity date, rate of interest, collateral, par or maturity value

(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



2a Employer's name and address (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

7) Foreign Country

8) D/B/A

9) Location Address if different than Street

Location Address if different than 4) or 5)

2b Employer Identification Number (EIN)
(Do not enter your Social Security Number)

2c Employer's telephone number

2d Business code
(see instructions)

3a Plan administrator's name and address (If same as employer, 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 employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return below:

a Employer's name

Name

Name Continued

b EIN

c PN

0 3 0 7 0 0 0 2 0 C



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 year00

c Noncash contributions received by the plan for this plan year00

d Total plan distributions to participants or beneficiaries (see instructions)00

e Total nontaxable plan distributions to participants or beneficiaries00

f Transfers to other plans00

g Amounts received by the plan other than from contributions00

h Plan expenses other than distributions00

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 assets00 .00

b Total plan liabilities00 .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="0000000000"/>
b Employer real property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
c Real estate (other than employer real property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
d Employer securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
e Participant loans (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
f Loans (other than to participants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
g Tangible personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>

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="0000000000"/>
b Payment by the plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
c Acquisition or holding of employer securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>
d Loan or extension of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0000000000"/>



	Yes	No
14a Does your business have any employees other than you and your spouse (and your partners and their spouses)? ▶ If 14a is "No," do not complete line 14b or line 14c. See the specific instructions for line 14b and line 14c.	<input type="checkbox"/>	<input type="checkbox"/>
b Total number of employees (including you and your spouse and your partners and their spouses) ▶	<input style="width: 100px; height: 20px; border: 1px solid gray;" type="text"/>	
c Does this plan meet the coverage requirements of Code section 410(b)? ▶	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
15a Did the plan distribute any annuity contracts this plan year? ▶	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
c 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



- 8 Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)? Yes No
- 9a What was the date of the securities acquisition loan? / /
 - b 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
 - (ii) the total value of all outstanding stock of the corporation? Yes No
 - c If line 9b 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.) Yes No
 - d If line 9c is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was paid.

Name															
Street															
City						State	Zip Code		-						

10 What was the amount of interest paid on the securities acquisition loan?00

- 11a 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)? Yes No
- b If line 11a is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities? Yes No
- 12a Were any of the ESOP's securities acquisition loans refinanced during this reporting period? Yes No
- b If line 12a is "Yes," does the refinancing meet the requirements of Act section 1602 of SBJPA 1996? Yes No
- 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.**
- 13a Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316? Yes No
- b Is the amount paid a dividend under applicable state law? Yes No
- 14 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? Yes No
- 15 If the answer to line 14 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? Yes No
- 16 Did the employer make payments in redemption of stock held by an ESOP to terminating ESOP participants and deduct them under Code section 404(k)(1)? Yes No

1 3 0 7 0 0 0 2 0 D



	Yes	No
17a 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"/>
If "Yes," answer lines 17b and 17c. If "No," skip to line 18a.		
b Did the election comply with the requirements of Notice 2002-2?	<input type="checkbox"/>	<input type="checkbox"/>
c 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--

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

--

(d) Dividend rate during plan year**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e) Dividends paid to participants***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Dividends used to repay exempt loan

(1) allocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) unallocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(a) Class of stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--

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

--

(d) Dividend rate during plan year**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e) Dividends paid to participants***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Dividends used to repay exempt loan

(1) allocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) unallocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(a) Class of stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--

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

--

(d) Dividend rate during plan year**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e) Dividends paid to participants***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Dividends used to repay exempt loan

(1) allocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) unallocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Dividends used to repay exempt loan

(1) allocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) unallocated stock

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* 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.



(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



Part II Information on Participating Plans (to be completed by DFEs)

(a) Plan name

[Grid for Plan name]

(b) Name of plan sponsor

[Grid for Name of plan sponsor]

(c) EIN

[Grid for EIN]

PN

[Grid for PN]

(a) Plan name

[Grid for Plan name]

(b) Name of plan sponsor

[Grid for Name of plan sponsor]

(c) EIN

[Grid for EIN]

PN

[Grid for PN]

(a) Plan name

[Grid for Plan name]

(b) Name of plan sponsor

[Grid for Name of plan sponsor]

(c) EIN

[Grid for EIN]

PN

[Grid for PN]

(a) Plan name

[Grid for Plan name]

(b) Name of plan sponsor

[Grid for Name of plan sponsor]

(c) EIN

[Grid for EIN]

PN

[Grid for PN]

(a) Plan name

[Grid for Plan name]

(b) Name of plan sponsor

[Grid for Name of plan sponsor]

(c) EIN

[Grid for EIN]

PN

[Grid for PN]



**SCHEDULE C
(Form 5500)**

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

Service Provider Information

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

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

D Employer Identification Number
 -

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year:..... .00

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name

(b) Employer identification number (see instructions)

-

(c) Official plan position

C o n t r a c t a d m i n i s t r a t o r

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

(e) Gross salary or allowances paid by plan

.00

(f) Fees and commissions paid by plan

.00

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

(a) Name

(b) Employer identification number (see instructions)

-

(c) Official plan position

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

(e) Gross salary or allowances paid by plan

.00

(f) Fees and commissions paid by plan

.00

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2007



(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)



Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name	[Empty Grid]																										
--------------------	--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) EIN	[Empty Grid]												(c) Position	[Empty Grid]													
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(d) Address	Street Address [Empty Grid]																										
	City [Empty Grid]										State [Empty Grid]		Zip Code [Empty Grid]								[Empty Grid]						

(e) Telephone No. [Empty Grid] - [Empty Grid] - [Empty Grid]

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(a) Name	[Empty Grid]																										
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(b) EIN	[Empty Grid]												(c) Position	[Empty Grid]													
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(d) Address	Street Address [Empty Grid]																										
	City [Empty Grid]										State [Empty Grid]		Zip Code [Empty Grid]								[Empty Grid]						

(e) Telephone No. [Empty Grid] - [Empty Grid] - [Empty Grid]

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**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



1c (1) Accrued liability for plans using immediate gain methods 00

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases 00

(b) Accrued liability under entry age normal method 00

(c) Normal cost under entry age normal method 00

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) 00

(2) "RPA '94" information:

(a) Current liability 00

(b) Expected increase in current liability due to benefits accruing during the plan year 00

(c) Current liability computed at highest allowable interest rate (see instructions) 00

(d) Expected release from "RPA '94" current liability for the plan year 00

(3) Expected plan disbursements for the plan year 00

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) 00

b "RPA '94" current liability:

(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments		
00000000000000000000	00000000000000000000	00000000000000000000
(2) For terminated vested participants		
00000000000000000000	00000000000000000000	00000000000000000000
(3) For active participants		
00000000000000000000	00000000000000000000	00000000000000000000
(4) Total		
00000000000000000000	00000000000000000000	00000000000000000000

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage 00%
%



Official Use Only

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
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MM/DD/YYYY		
MM/DD/YYYY		
MM/DD/YYYY		
3 Totals		

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) ... %

b If line 4a is less than 100%, see instructions, and complete the following amount fields as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	<input type="text"/>	(3) 3rd	<input type="text"/>
(2) 2nd	<input type="text"/>	(4) 4th	<input type="text"/>

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- (a) Attained age normal
- (b) Entry age normal
- (c) Accrued benefit (unit credit)
- (d) Aggregate
- (e) Frozen initial liability
- (f) Individual level premium
- (g) Individual aggregate
- (h) Other (specify)



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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



8 Miscellaneous information:

- a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval
- b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions
- c Is the plan required to provide a Schedule of Active Participant Data? (see instructions)
If "Yes," attach schedule.

MM / DD / YYYY

[]

[] Yes [] No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

- a Prior year funding deficiency, if any
- b Employer's normal cost for plan year as of valuation date
- c Amortization charges as of valuation date: Outstanding Balance

(1) All bases except funding waivers (\$)

(2) Funding waivers (\$)

- d Interest as applicable on line 9a, 9b, and 9c
- e Additional interest charge due to late quarterly contributions, if applicable
- f Adjusted additional funding charge from Part II, line 12q, if applicable ... N/A []

g Total charges. Add lines 9a through 9f

Credits to funding standard account:

- h Prior year credit balance, if any
- i Employer contributions. Total from column (b) of line 3
Outstanding Balance

j Amortization credits as of valuation date (\$)

k Interest as applicable to end of plan year on lines 9h, 9i, and 9j

l Full funding limitation (FFL) and credits

(1) ERISA FFL (accrued liability FFL) 00

(2) "RPA '94" override (90% current liability FFL) 00

(3) FFL credit 00

m (1) Waived funding deficiency

(2) Other credits

n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)

0 7 0 7 0 0 0 5 0 J



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 % of line 12p) 00



**SCHEDULE A
(Form 5500)**

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

Insurance Information

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

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

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

D Employer Identification Number
 -

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

(b) EIN - **(c)** NAIC code

(d) Contract or identification number

(e) Approximate number of persons covered at end of policy or contract year

Policy or contract year **(f)** From **(g)** To

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	Total amount of commissions paid	Total fees paid / amount
	<input type="text"/>	<input type="text"/>

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



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

Name	
Street Address	
City	State Zip Code -

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose

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

Name	
Street Address	
City	State Zip Code -

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose

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

Name	
Street Address	
City	State Zip Code -

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose



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 carrier00

c Premiums due but unpaid at the end of the year00

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 amount00
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... ▶



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

7 Benefit and contract type (check all applicable boxes)

- (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)
- (j) HMO contract
- (k) PPO contract
- (l) Indemnity contract
- (m) Other (specify below)

▶ [Grid for specifying other contract types]

8 Experience-rated contracts

a Premiums:

(1) Amount received [Grid] .00

(2) Increase (decrease) in amount due but unpaid [Grid] .00

(3) Increase (decrease) in unearned premium reserve [Grid] .00

(4) Earned ((1) + (2) - (3)) [Grid] .00

b Benefit charges:

(1) Claims paid [Grid] .00

(2) Increase (decrease) in claim reserves [Grid] .00

(3) Incurred claims (add (1) and (2)) [Grid] .00

(4) Claims charged [Grid] .00



8c Remainder of premium:

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

(A) Commissions	<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"/>
(B) Administrative service or other fees	<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"/>
(C) Other specific acquisition costs	<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"/>
(D) Other expenses	<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"/>
(E) Taxes	<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"/>
(F) Charges for risks or other contingencies	<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"/>
(G) Other retention charges	<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"/>

(H) Total retention

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(2) Dividends or retroactive rate refunds.

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

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(2) Claim reserves

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

(3) Other reserves

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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e Dividends or retroactive rate refunds due.

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

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Specify nature of costs below

<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**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	Share indicator
		<input type="text"/>	<input type="text"/>
		(h) Total value of account	
		<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	Share indicator
		<input type="text"/>	<input type="text"/>
		(h) Total value of account	
		<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

