CUMULATIVE CHANGES

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For the calendar plan year 2008

or fiscal plan year beginning

Name of plan

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).

and ending

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110



This Form is Open to Public Inspection.

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number
,	
Part I Asset and Liability Statement	
	taining the assets of more than one plan on a line-by-line basis unless
Assets (a) Beginning of Year	(b) End of Year
a Total noninterest- bearing cash	.00
b Receivables (less allowance for doubtful accounts): (1) Employer contributions	.00
(2) Participant contributions	
(3) Other	
c General investments: (1) Interest-bearing cash (including money market accounts and certificates of deposit)	
(2) U.S. Government securities	
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	
(B) All other	
(4) Corporate stocks (other than employer securities):	
(A) Preferred	
(B) Common	
(5) Partnership/joint venture interests.	

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				(a) Beginr	ning of Yea	r		(1) End of Year	
1c	(6) Real esta than empl real prope	loyer								
	(7) Loans (other to participate)	her than pants)								
	(8) Participan (9) Value of i in commo collective (10) Value of i in pooled	nterest on/ trusts nterest								
	rate according rate a	unts nterest trust nt								
	(12) Value of i in 103-12 ment entit	invest-					.00			
	(13) Value of i in register investmer companie mutual fur	red nt s (e.g.,					00			
	(14) Value of f held in ins company account (i cated con	surance general unallo-				Q	20			
d	(15) Other Employer-relate investments: (1) Employer securities	ed					00			
e f	(2) Employer property. Buildings and property used plan operation Total assets (add all amour lines 1a through	real other in	0							
	Liabilities									
	Benefit claims Operating paya									
i	Acquisition indebtedness.									
j	Other liabilities									
	Total liabilities (add all amour lines 1g throug									
ı	Net Asset Net assets (su line 1k from lin	btract								

Part II Inc	ome and	Expenses	Statement
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2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

			Income	(-) A				
а	Co	ntrib	utions:	(a) Amount				
	(1)	Rec	eived or receivable in cash from:					
		(A)	Employers					
		(B)	Participants					
		(C)	Others (including rollovers)					
	(2)	Non	cash contributions					
	(2)	INOH	casii contributions		(1-)	Takal		
					(d)	Total		
	(3)	Tota	contributions. Add lines 2a(1)(A), (B), (C),	and line 2a(2)				
	(-)							
b	Ear		s on investments: (1) Interest:					
		(A)	Interest-bearing cash (including money market accounts					
			and certificates of deposit)					
		(B)	U.S. Government securities					
		(C)	Corporate debt instruments					
		(D)	Loons (other than to neuticinents)					
		(D)	Loans (other than to participants)					
		(E)	Participant loans					
		(-)	Tartopart loans					
		(F)	Other					
		` '						
		(G)	Total interest. Add lines 2b(1)(A) through (F					
	(2)		dends:					
		(A)	Preferred stock					
		(D)	Common stock					
		(B)	Common stock					
		(C)	Total dividends. Add lines 2b(2)(A) and (B)					
		(0)	Total dividends. And lines 25(2)(A) and (5)					
	(3)	Ren	ts					
	٠,		gain (loss) on sale of assets:					
	-	(A)	Aggregate proceeds					
			Aggregate carrying amount					
		. ,	(see instructions)					
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) ar	d enter result				

2b	(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount			
		(A) Real estate				
		(B) Other				
		((b) Tota	al	
		(C) Total unrealized appreciation of assets. Add	lines 2b(5)(A) and (B)			
	(6)	Net investment gain (loss) from common/collection	ive trusts			
	(7)	Net investment gain (loss) from pooled separate	accounts			
	(8)	Net investment gain (loss) from master trust inv	restment accounts			
	(9)	Net investment gain (loss) from 103-12 investme	ent entities			
	(10)	Net investment gain (loss) from registered inves (e.g., mutual funds)				
С	Othe	er income				
4	Tota	Lincomo Add all incomo amounto in column (b)	and enter total			
u	IOla	I income. Add all income amounts in column (b) Expenses	and enter total			
е	Ben	efit payment and payments to provide benefits:				
	(1)	Directly to participants or beneficiaries, including direct rollovers				
	(2)	To insurance carriers for the provision of benefits				
	(3)	Other				
	(4)	Total benefit payments. Add lines 2e(1) through	(3)			
f	Corr	ective distributions (see instructions)	<u> </u>			
g	Cert	ain deemed distributions of participant loans (see	e instructions)			
h	Inter	rest expense				
		inistrative expenses:				
	(1)	Professional fees				
	(2)	Contract administrator fees				
	(3)	Investment advisory and management fees				
	(4)	Other				
	(5)	Total administrative expenses. Add lines 2i(1) th	rough (4)			
i	Tota	I expenses. Add all expense amounts in column	(b) and enter total			
,	. 514		(2, 22 5			

	Net Income and Reconciliation						(D)) Total			
2k	Net income (loss) (subtract line 2j from line 2d)										
	Transfers of assets										
	(1) To this plan										
	(2) From this plan										
Par	Accountant's Opinion										
	Complete lines 3a through 3c if the opinion of an independent quali Complete line 3d if an opinion is not attached.	fied pub	lic accou	ntant is a	attache	d to thi	s Form	5500.			
а	The attached opinion of an independent qualified public accountant	for this	plan is (s	ee instru	uctions)	:					
	(1) Unqualified (2) Qualified (3)	Discla	aimer	(4)		Advers	е				
	Did the accountant perform a limited scope audit pursuant to 29 CF Enter the name and EIN of the accountant (or accounting firm): Name	R 2520.	103-8 an	d/or 103	-12(d)?				Yes		No
	EIN		pecause:								
	The opinion of an independent qualified public accountant is not att (1) this form is filed for a CCT, PSA or MTIA. (2)	V	pe attache	ed to the	next F	orm 55	00 pur	suant	to 29 C	FR 252	0.104
Par	(1) this form is filed for a CCT, PSA or MTIA. (2) Transactions During Plan Year	it will k	pe attache				·		to 29 C	CFR 252	0.104-
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Par	(1) this form is filed for a CCT, PSA or MTIA. (2) Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and	it will k	pe attache				·	or 5.	to 29 C	CFR 252	0.104-
Par !	t IV Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. 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	it will b	oe attache				h, 4k, (or 5.	to 29 C	CFR 252	0.104-
Par !	t IV Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. Did the employer fail to transmit to the plan any participant contributions within the time period	it will b	oe attache				h, 4k, (or 5.	to 29 C	CFR 252	2.104-
Par !	tiv Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. 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.) 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	it will b	oe attache				h, 4k, (or 5.	to 29 C	CFR 252	0.104
urir a b	this form is filed for a CCT, PSA or MTIA. (2) Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. Ing the plan year: 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.) 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	it will b	oe attache				h, 4k, (or 5.	to 29 C	CFR 252	0.104
Par 4 Ourir	tiv Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. Ing the plan year: 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.) Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G	it will b	oe attache				h, 4k, (or 5.	to 29 C	CFR 2520	0.104

		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?			
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?			
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?			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.			
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			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			(O)
5а	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	0		
5b	If, during this plan year, any assets or liabilities were transferred from liabilities were transferred. (See instructions).	m this pl	an to a	nother plan(s), identify the plan(s) to which assets or
	5b(1) Name of plan			
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN 5b(1) Name of plan			5b(3) PN
	5b(2) EIN			5b(3) PN