Attention:

- Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.
- Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

<u>Note</u>: You can also use the Internet link <u>Forms and Publications</u> <u>by U.S. Mail</u> to request a *limited* number of these forms and schedules.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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 2007 or fiscal plan year beginning

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.

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OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

Α	Name	e of plan		ree-digit n number				
С	Plan	sponsor's name as show	n on line 2a of Form 5500		D En	nployer Identifi	cation Numb	per
F	Part I	Asset and Liabili	ty Statement		. 13			
1	trust. the vathis p	Report the value of the palue is reportable on lines lan year, to pay a specific	nd liabilities at the beginning and end of the blan's interest in a commingled fund containing 1c(9) through 1c(14). Do not enter the value dollar benefit at a future date. Round off a b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and	ng the assets of me of that portion of mounts to the ne	ore than one property of an insurance carest dollar.	olan on a line-by contract which MTIAs, CCTs, F	y-line basis u guarantees, SAs, and 10	inless during 3-12 IEs
		Assets	(a) Beginning of Year	43		(b) End of Year		
;		I noninterest- ring cash		00				
ı	doul	eivables (less allowance of the state of the	for	.00				
	(2)	Participant contributions	١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١١					
	` '	Other						
,	(1)	Interest-bearing cash (in	cluding money market					
		accounts and certificates of deposit)						
	(2)	U.S. Government securities						
	(3)	Corporate debt instrume employer securities):	nts (other than					
		(A) Preferred						
		(B) All other						
	(4)	Corporate stocks (other employer securities):	than					
		(A) Preferred						
		(B) Common						
	(5)	Partnership/joint venture interests.						



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			(a) Beginning of Year	(b) End of Year
1c	(6)	Real estate (other than employer real property)		
	(7)	Loans (other than to participants)		
	(9)	Participant loans. Value of interest in common/ collective trusts Value of interest in pooled sepa-		00
		rate accounts Value of interest in master trust investment accounts Value of interest in 103-12 investment entities		
	(13)	Value of interest in registered investment companies (e.g., mutual funds)	.00	00
	(14)	Value of funds held in insurance company general account (unallo- cated contracts) .		
d	Emp	Otherloyer-related stments: Employer securities	00	
	Build prop plan Tota (add	Employer real propertydings and other erty used in operation	00	
g		iabilities efit claims payable		
"	Acai	uisition	00	
	Othe Tota (add	otedness		
I	N et	et Assets assets (subtract 1k from line 1f)		



Page	3
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Part II	Income	and	Fynenses	Statement
I WILL II	IIICOIIIC	ana	LADGIIGGS	Otatement

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.

- 0	a marila	mcome	(a) Amount
		utions:	
(eived or receivable in cash from: Employers	.00
	(B)	Participants	(a) 7 model.
	(C)	Others (including rollovers)	.00
(2	2) Non	cash contributions	(b) Total
(3	3) Tota	al contributions. Add lines 2a(1)(A), (B), (C),	, and line 2a(2)
		s on investments: (1) Interest:	, and line 2a(2)
	(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	00.
	(B)	U.S. Government securities	.00
	(C)	Corporate debt instruments	.00
	(D)	Loans (other than to participants)	.00
	(E)	Participant loans	.00
	(F)	Other	√
	(0)	T	
		Total interest. Add lines 2b(1)(A) through	(F)
(2		dends:	
	(A)	Preferred stock	
	(B)	Common stock	
		Total dividends. Add lines 2b(2)(A) and (B	
(3	B) Ren	ts	00
	l) Net	gain (loss) on sale of assets:	
	(A)	Aggregate proceeds	
	(B)	Aggregate carrying amount (see instructions)	
	(C)	Subtract line 2b(4)(B) from line 2b(4)(A) a	and enter result



Schedule	Н	(Form	5500)	2007

Page 4

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b (5)	Unrealized appreciation (depreciation) of assets:	(a) Amount		
	(A) Real estate			
	(P) Othor			
	(B) Other		(b) Tota	I
	(C) Total unrealized appreciation of assets. Add lines	2b(5)(A) and (B)		
(6)	Net investment gain (loss) from common/collective tru	ists		
(7)	Net investment gain (loss) from pooled separate acco	ounts	15-15-	
(8)	Net investment gain (loss) from master trust investme	ent accounts		
(9)	Net investment gain (loss) from 103-12 investment en	ntities	39	
(10)	Net investment gain (loss) from registered investment (e.g., mutual funds)			
c Oth	er income			
d Tota	al income. Add all income amounts in column (b) and e	enter total		
e Ber	Expenses refit payment and payments to provide benefits:			
(1)	Directly to participants or beneficiaries, including direct rollovers			
(2)	To insurance carriers for the provision of benefits	<u>_</u>		
(3)	Other			
(4)	Total benefit payments. Add lines 2e(1) through (3)			
f Cor	rective distributions (see instructions)			
g Cer	tain deemed distributions of participant loans (see instr	ructions)		
h Inte	rest expense			
i Adr	ninistrative expenses: Professional fees			
(1)	Professional fees			
(2)	Contract administrator fees			
(3)	Investment advisory and management fees			
(4)	Other			
(5)	Total administrative expenses. Add lines 2i(1) through	(4)		
i Tota	al expenses. Add all expense amounts in column (b) ar	nd enter total		
,	(b) and			



ſ	Schedule H (Form 5500) 2007	Page 5 Official Use Only
	Net Income and Reconciliation	(b) Total
	Net income (loss) (subtract line 2j from line 2d)	
	(2) From this plan	.00
Ра	rt III Accountant's Opinion	IN.
3	Complete lines 3a through 3c if the opinion of an independent qualified public accountant is a Complete line 3d if an opinion is not attached. The attached opinion of an independent qualified public accountant for this plan is (see instru	ttached to this Form 5500.
а	The attached opinion of an independent qualified public accountant for this plan is (see instru (1) Unqualified (2) Qualified (3) Disclaimer (4)	ctions):
	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103- Enter the name and EIN of the accountant (or accounting firm): Name	12(d)? Yes No
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
Pa	rt IV Transactions During Plan Year	
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a. 103-12 IEs also do not complete 4j.	, 4e, 4f, 4g, 4h, 4k, or 5.
Duri	ing the plan year: Yes No	Amount
a b	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.)	

	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)								
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)								
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)								
е	Was this plan covered by a fidelity bond?								



	Schedule H (Form 5500) 2007			Page 6	
	<u> </u>			<u> </u>	Official Use Only
		Yes	No	An	nount
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?				.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?				.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)			4	OR
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)			NOTUSEE	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			20 HO.	
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		NA.		
5b	If, during this plan year, any assets or liabilities were transferred from liabilities were transferred. (See instructions).	m this p	lan to ar	nother plan(s), identify the plantify the plantification the pl	an(s) to which assets or
	5b(1) Name of plan				

			185				
5b(1)	Name of plan	5 b(2) EIN	,	5b(3) PN		
		40 ,					
5b(1)	Name of plan	5b(2) EIN		5b(3) PN		
	40						
5b(1)	Name of plan	5b(2) EIN		5b(3) PN		
	•						
	5	5 b(2) EIN		5b(3) PN		

