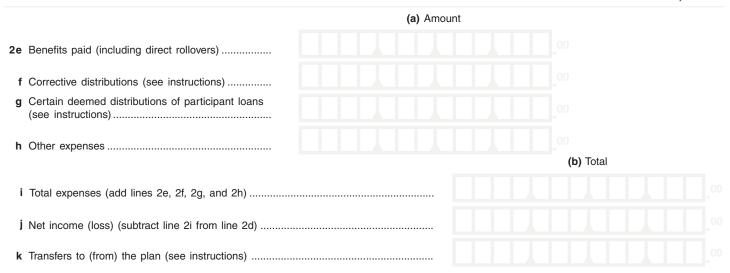
SCHEDULE I (Form 5500)	Official Use Only OMB No. 1210-0110						
Department of the Treasury Internal Revenue Service Department of Labor	B(a) of the	2008					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		attachment to Fo	orm 5500.		This Form is Op Public Inspecti		
For the calendar plan year 2008 or fiscal plan year beginning	³ MM / DD /		and ending				
A Name of plan			В	Three-digit plan numb			
C Plan sponsor's name as shown	D		Employer Identification Number				
Complete Schedule I if the plan cov are filing as a small plan under the						l if you	
Part I Small Plan Finan							
Report below the current value of a value of plan assets held in more t vear to pay a specific dollar benefit und(s) and any payments/receipts	than one trust. Do not enter the t at a future date. Include all in	e value of the portincome and expense	ion of an insurance as of the plan inclu	e contract that iding any trus	t guarantees during th	nis plan	
1 Plan Assets and Liabilities:	(a) Beginning of	Year		(b) Er	nd of Year		
a Total plan assets							
b Total plan liabilities							
c Net plan assets (subtract line 1b from line 1a)							
2 Income, Expenses, and Trans		(a)	Amount				
a Contributions received or received (1) Employers							
(2) Participants							
(3) Others (including rollovers	s)						
b Noncash contributions							
c Other income				00. (b) Total		
				(-			
d Total income (add lines 2a(1), 2	2a(2) $2a(3)$ $2b$ and $2a$						

Schedule I (Form 5500) 2008

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

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

Part II Transactions During Plan Year

4	During the plan year:	Yes	No	Amount
a	Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance			
с	Were any leases to which the plan was a party in default or classified during the year as uncollectible?			



	Schedule I (Form 5500) 2008				ige 3		(Official	Use Only	
		Yes	No			Amo	unt			
I	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)									
•	Was the plan covered by a fidelity bond?									
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
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?									
ı	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?									
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?									
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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.)									
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		Yes	No			Amo	unt			
	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.)									
b										
b										
0	identify the plan(s) to which assets or liabilities were transferred. (Se				PN					
D	identify the plan(s) to which assets or liabilities were transferred. (Se 5b(1) Name of plan				PN					
D	identify the plan(s) to which assets or liabilities were transferred. (Set 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan 5b(2) EIN 600 600 600 600 600 600 600 600 600 60									
b	identify the plan(s) to which assets or liabilities were transferred. (Sec. 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan			5b(3)						
5	identify the plan(s) to which assets or liabilities were transferred. (Set 5b(1) Name of plan 5b(2) EIN 5b(1) Name of plan 5b(2) EIN 600 600 600 600 600 600 600 600 600 60			5b(3)	PN					