

**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

2008

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

For the calendar plan year 2008
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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24420C Schedule H (Form 5500) 2008



(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 8 0 0 0 2 0 1



Part II Income and Expenses Statement

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 Contributions:

(a) Amount

(1) Received or receivable in cash from:

(A) Employers

Grid for (A) Employers amount

(B) Participants

Grid for (B) Participants amount

(C) Others (including rollovers)

Grid for (C) Others amount

(2) Noncash contributions

Grid for (2) Noncash contributions amount

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

Grid for (3) Total contributions amount

b Earnings on investments: (1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit)

Grid for (A) Interest-bearing cash amount

(B) U.S. Government securities

Grid for (B) U.S. Government securities amount

(C) Corporate debt instruments

Grid for (C) Corporate debt instruments amount

(D) Loans (other than to participants)

Grid for (D) Loans amount

(E) Participant loans

Grid for (E) Participant loans amount

(F) Other

Grid for (F) Other amount

(G) Total interest. Add lines 2b(1)(A) through (F)

Grid for (G) Total interest amount

(2) Dividends:

(A) Preferred stock

Grid for (A) Preferred stock amount

(B) Common stock

Grid for (B) Common stock amount

(C) Total dividends. Add lines 2b(2)(A) and (B)

Grid for (C) Total dividends amount

(3) Rents

Grid for (3) Rents amount

(4) Net gain (loss) on sale of assets:

(A) Aggregate proceeds

Grid for (A) Aggregate proceeds amount

(B) Aggregate carrying amount (see instructions)

Grid for (B) Aggregate carrying amount amount

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result

Grid for (C) Net gain (loss) on sale of assets amount

1 7 0 8 0 0 0 3 0 J



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

(a) Amount

(A) Real estate

Grid for (A) Real estate amount

(B) Other

Grid for (B) Other amount

(b) Total

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

Grid for (C) Total unrealized appreciation

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

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

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

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

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

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

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

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

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

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

c Other income

Grid for c Other income

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

Grid for d Total income

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (1) Directly to participants or beneficiaries

(2) To insurance carriers for the provision of benefits

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

(3) Other

Grid for (3) Other

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

Grid for (4) Total benefit payments

f Corrective distributions (see instructions)

Grid for f Corrective distributions

g Certain deemed distributions of participant loans (see instructions)

Grid for g Certain deemed distributions of participant loans

h Interest expense

Grid for h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (1) Professional fees

(2) Contract administrator fees

Grid for (2) Contract administrator fees

(3) Investment advisory and management fees

Grid for (3) Investment advisory and management fees

(4) Other

Grid for (4) Other

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

Grid for (5) Total administrative expenses

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

Grid for j Total expenses

1 7 0 8 0 0 0 4 0 K



Net Income and Reconciliation

(b) Total

Table with 2 columns: Description (Net income (loss), Transfers of assets) and Amount (grid with 00). Includes sub-items (1) To this plan and (2) From this plan.

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

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

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

Name

Name input grid

EIN

EIN input grid

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 3 columns: Description, Yes, No, Amount. Rows include questions about participant contributions, loans, leases, nonexempt transactions, and fidelity bond.

1 7 0 8 0 0 0 5 0 L



	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

