Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 FEOD

Official Use Only OMB Nos. 1210 – 0110 1210 – 0089

2008

This Form is Open to

ension Benefit Guaranty Corpora	tion	the manuchons to the	1 01111 0000.	Fublic Hispection.
Part I Annual Re	port Identification Info	rmation		
or the calendar plan year 2	2008 or fiscal plan year begir	nning	, and ending	<u>^</u> ,
This return/report is for:	(1) a multiemployer plan; (2) a single-employer pla multiple-employer pla	n (other than a	(3) a multiple-employer (4) a DFE (specify)	olan; or
This return/report is:	(1) the first return/report (2) an amended return/re	eport;	(3) the final return/report (4) a short plan year retu	filed for the plan; rn/report (less than 12 months
	-bargained plan, check here			
	n of time or the DFVC program Information — enter all	·	required information. (see instruction	ns)
a Name of plan	enter an	requested information.		iligit mber (PN) e date of plan (mo., day, yr.)
Plan sponsor's name an (Address should include	d address (employer, if for a s room or suite no.)	single-employer plan)		er Identification Number (EIN)
		0	2d Busines	s code (see instructions)
		305KS		
ution: A penalty for the late	e or incomplete filing of this re	turn/report will be asses	sed unless reasonable cause is esta	blished.
			xamined this return/report, including accom nd to the best of my knowledge and belief,	
	plan administrator	Date	Type or print name of individual s	igning as plan administrator
	loyer/plan sponsor/DFE	Date	Type or print name of individual signing a	s employer, plan sponsor or DFE
	ct Notice and OMB Control I		., ,	1.3 Form 5500 (20
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32	Plan administrator's name and address (If same as plan sponsor, enter '	'Como"\		3b Administra	tor'o E	
Ja	Plan administrator's name and address (ii same as plan sponsor, enter	Same)		3D Administra	ilor s =	in
				3c Administra	tor's te	elephone number
				7 Administra		Siephene namber
4	If the name and/or EIN of the plan sponsor has changed since the last ${\bf r}$	eturn/repor	t file	d for this plan, enter the name) ,	b EIN
	EIN and the plan number from the last return/report below:				,	
а	Sponsor's name					C PN
_		P 11 \				h en
5	Preparer information (optional) a Name (including firm name, if app	olicable) an	d ac	Idress		b EIN
					-	C Telephone number
						C Telephone number
				,O		
6	Total number of participants at the beginning of the plan year				6	
7	Number of participants as of the end of the plan year (welfare plans com	nplete only	ines	7a, 7b, 7c, and 7d)		
	Active participants				7a	
b	Retired or separated participants receiving benefits		J.		7b	
С	Other retired or separated participants entitled to future benefits $\ldots\ldots$		٠		7c	
	Subtotal. Add lines 7a , 7b , and 7c				7d	
_	Deceased participants whose beneficiaries are receiving or are entitled to				7e	
	Total. Add lines 7d and 7e				7f	
g	Number of participants with account balances as of the end of the plan				70	
h	complete this item)				7g	
••	100% vested				7h	
i	If any participant(s) separated from service with a deferred vested benef					
	participants required to be reported on a Schedule SSA (Form 5500)				7i	
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 t	he a	applicable pension feature cod	des fro	m the List of Plan
	Characteristics Codes printed in the instructions):					
b		ind enter th	e ap	plicable welfare feature codes	from	the List of Plan
	Characteristics Codes printed in the instructions):					
		01				
	Plan funding arrangement (check all that apply)			nefit arrangement (check all th	at app	oly)
	(1) Insurance	(1)	\vdash	Insurance	naa c-	, ntrooto
	(2) Code section 412(e)(3) insurance contracts	(2)	\vdash	Code section 412(e)(3) insura	nce co	ntracis
	(3) Trust (4) General assets of the sponsor	(3) (4)	\mathbf{H}	Trust General assets of the sponsor		
	(4) Gorieral assers of the sportson	(4)	11	Gondiai assets of the spotisor		

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Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) Pension Benefit Schedules Financial Schedules (1) (1) R (Retirement Plan Information) (Financial Information) (2) (Financial Information -- Small Plan) (2) (Actuarial Information) (3) Ε (3) (Insurance Information) (ESOP Annual Information) (4) SSA (Separated Vested Participant Information) (4) С (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) (Financial Transaction Schedules)

0 2 0 8 0 0 3 0 D