

Form **5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

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 5500.

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

2007

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

- A** This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____
- B** This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Part II Basic Plan Information --enter all requested information.

1a Name of plan JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan (mo., day, yr.) 12/01/2001	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JR3 EDUCATION ASSOCIATES, LP 2625 FRANKLIN AVENUE WACO TX 76710-7435	2b Employer Identification Number (EIN)	74-2987369
	2c Sponsor's telephone number	254-759-1902
	2d Business code (see instructions)	541990

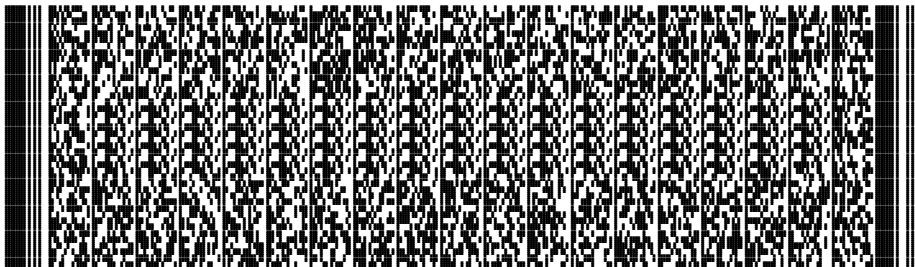
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE _____
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE _____
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Form **5500** (2007)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: a Sponsor's name	b EIN
	c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EIN
	c Telephone number

6 Total number of participants at the beginning of the plan year	6	354
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	312
b Retired or separated participants receiving benefits	7b	
c Other retired or separated participants entitled to future benefits	7c	11
d Subtotal. Add lines 7a, 7b, and 7c	7d	323
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	2
f Total. Add lines 7d and 7e	7f	325
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	209
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	7

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 the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K 3E 3H

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(i) insurance contracts	(2) <input type="checkbox"/> Code section 412(i) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor



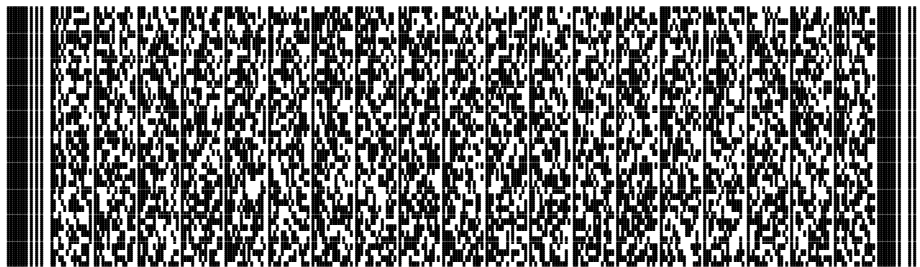
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) **R** (Retirement Plan Information)
- (2) **B** (Actuarial Information)
- (3) **E** (ESOP Annual Information)
- (4) **SSA** (Separated Vested Participant Information)

b Financial Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information -- Small Plan)
- (3) 1 **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)



0 2 0 7 4 3 0 3 0 J



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

A Name of plan JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 JR3 EDUCATION ASSOCIATES, LP	D Employer Identification Number 74-2987369

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

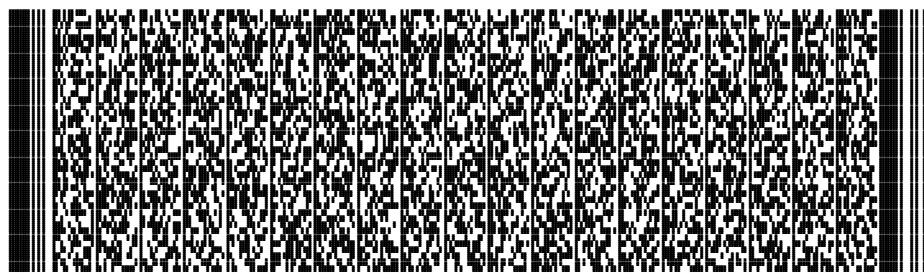
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	5-15833	325	01/01/2007	12/31/2007

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
21384	145

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v10.1 Schedule A (Form 5500) 2007



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

INSURORS OF TEXAS GENERAL AGENCY LT
 225 SOUTH 5TH ST
 WACO TX 76701-0000

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
14463			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CHRISTOPHER HAMMEL
 7200 N MO-PAC EXPRESSWAY
 AUSIN TX 78731-0000

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
2371	49	REFERRAL/SERVICE FEE	3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

MICHAEL L AFFLECK
 2100 RACHEL RIDGE
 CEDAR PARK TX 78613-0000

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
2275	48	REFERRAL/SERVICE FEE	3



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

JOHN A DOPSON
12407 WATERTON PARKE CV
AUSTIN TX 78726-4017

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
2275	48	REFERRAL/SERVICE FEE	3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end	
4 Current value of plan's interest under this contract in separate accounts at year end	4672267
5 Contracts With Allocated Funds	
a State the basis of premium rates ▶	
b Premiums paid to carrier	
c Premiums due but unpaid at the end of the year	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
Specify nature of costs ▶	
e Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	<input type="checkbox"/>
6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b Balance at the end of the previous year	
c Additions: (1) Contributions deposited during the year	
(2) Dividends and credits	
(3) Interest credited during the year	
(4) Transferred from separate account	
(5) Other (specify below)	
(6) Total additions	
d Total of balance and additions (add b and c (6))	
e Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year	
(2) Administration charge made by carrier	
(3) Transferred to separate account	
(4) Other (specify below)	
(5) Total deductions	
f Balance at the end of the current year (subtract e (5) from d)	



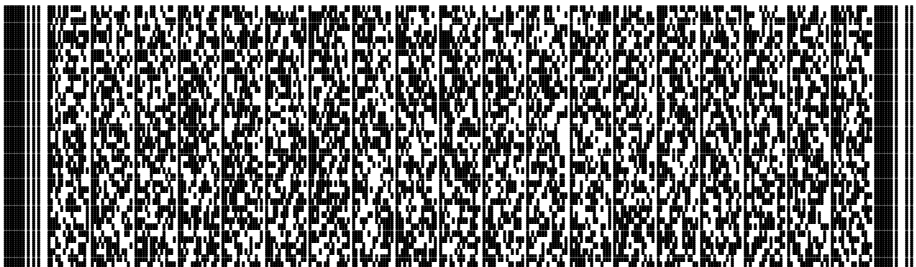
Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

- 7 Benefit and contract type (check all applicable boxes)
a Health (other than dental or vision)
b Dental
c Vision
d Life Insurance
e Temporary disability (accident and sickness)
f Long-term disability
g Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

Table with 3 columns: Description, Amount, and shaded area. Rows include: 8 Experience-rated contracts (a Premiums, b Benefit charges, c Remainder of premium), and e Dividends or retroactive rate refunds due.

- 9 Nonexperience-rated contracts:
a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount



**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

Official Use Only
OMB No. 1210-0110
2007
This Form is Open to Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____

A Name of plan JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JR3 EDUCATION ASSOCIATES, LP	D Employer Identification Number 74-2987369

Part I Service Provider Information (see instructions)

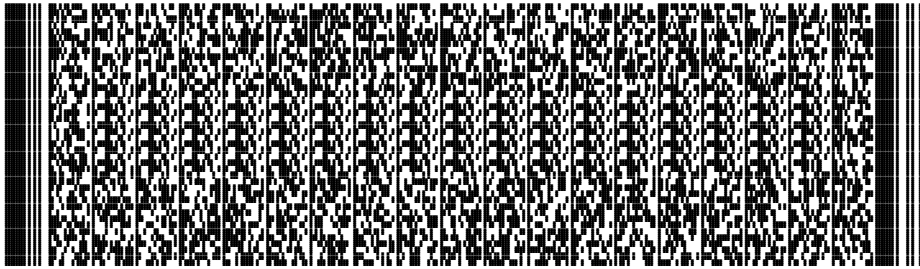
1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
PRINCIPAL LIFE INSURANCE COMPANY	42-0127290	CONTRACT ADMINISTRATOR				
RECORDKEEPER					38223	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
WILLIAMS, CUNNINGHAM, SHAVERS & CHR	74-2485161	ACCOUNTANT				
ACCOUNTANT					5349	10

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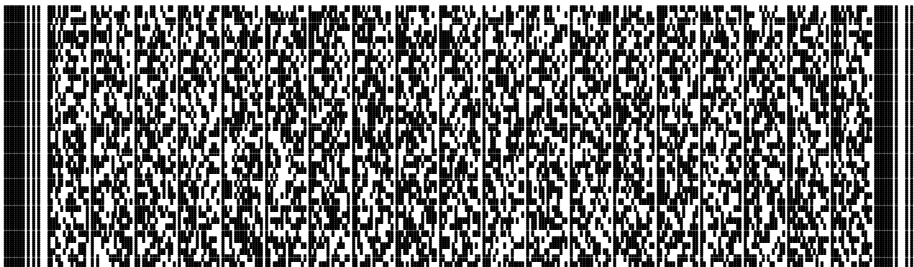


1 0 0 7 4 3 0 1 0 G

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



1 0 0 7 4 3 0 2 0 H

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning _____, and ending _____,	
A Name of plan or DFE JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	B Three-digit plan number ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JR3 EDUCATION ASSOCIATES, LP	D Employer Identification Number 74-2987369

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL GOVT&HQBND SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-007 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 427660

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL MONEY MKT SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-024 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 667605

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL INTL EM MKT SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-013 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 87951

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SHORT-TERM BOND SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-011 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 20714

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BOND AND MTG SEP ACC

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-005 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 456244

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL DIVERS INTL SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-015 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 436400

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN TOT MKT STK IDX SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-033 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 540201

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL MIDCAP GROWTH III SA

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-026 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 30211

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCAP VALUE III SEP ACCT

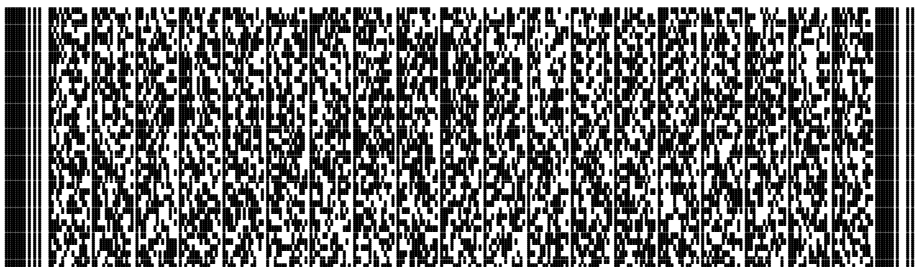
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-068 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 175557

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP VALUE II SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-069 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 493397



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMCAP GROWTH II SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-071 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 13579

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2010 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-075 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 541905

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2020 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-076 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 46814

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2030 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-077 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 124705

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2040 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-078 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 14805

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2050 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-079 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 31328



(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LIFETM STR INC SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-080 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 193922

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL REAL EST SEC SEPACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-095 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 41381

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMALLCAP BLEND I SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-093 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 229652

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCAP GROWTH II SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-067 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 85879

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LARGE CAP VALUE I SEP ACCT

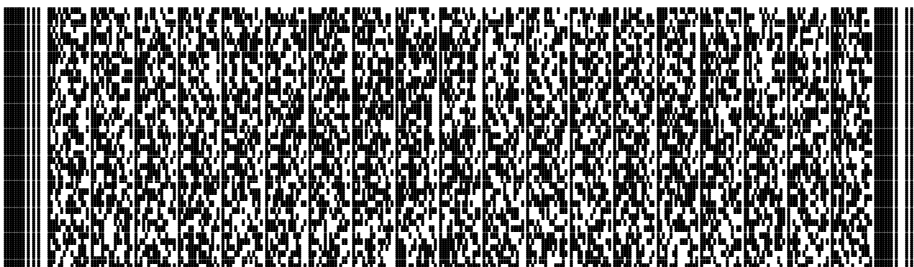
(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-098 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 12357

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____



**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

2007

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

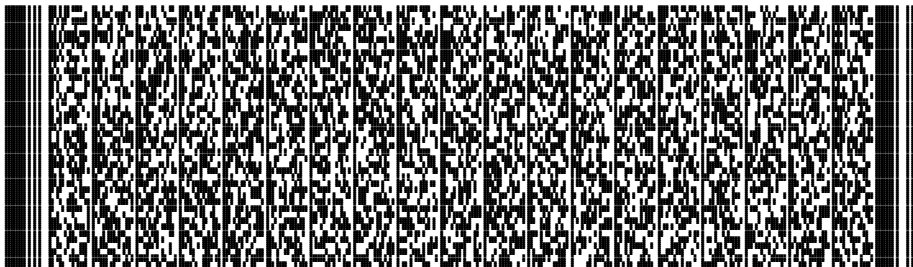
For calendar year 2007 or fiscal plan year beginning _____ and ending _____	
A Name of plan JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	B Three-digit plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JR3 EDUCATION ASSOCIATES, LP	D Employer Identification Number 74-2987369

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	a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)		
(2) Participant contributions	b(2)		
(3) Other	b(3)		
c General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)		
(2) U.S. Government securities	c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All other	c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)		
(5) Partnership/joint venture interests	c(5)		
(6) Real estate (other than employer real property)	c(6)		
(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)	24151	29881
(9) Value of interest in common/collective trusts	c(9)		
(10) Value of interest in pooled separate accounts	c(10)	3917068	4672267
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15) Other	c(15)		

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		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	d(1)	
(2)	Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets (add all amounts in lines 1a through 1e)	f	3941219 4702148
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities (add all amounts in lines 1g through 1j)	k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	3941219 4702148

Part II Income and Expense 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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A)	
	(B) Participants	a(1)(B)	976884
	(C) Others (including rollovers)	a(1)(C)	15491
(2)	Noncash contributions	a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	992375
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	
	(B) U.S. Government securities	b(1)(B)	
	(C) Corporate debt instruments:	b(1)(C)	
	(D) Loans (other than to participants)	b(1)(D)	
	(E) Participant loans	b(1)(E)	2628
	(F) Other	b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	2628
(2)	Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	
(3)	Rents	b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds ..	b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result ..	b(4)(C)	



		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets:	(A) Real estate	b(5)(A)	
	(B) Other	b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	
	(6) Net investment gain (loss) from common/collective trusts	b(6)	
	(7) Net investment gain (loss) from pooled separate accounts	b(7)	172247
	(8) Net investment gain (loss) from master trust investment accounts	b(8)	
	(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
	c Other income	c	
	d Total income. Add all income amounts in column (b) and enter total	d	
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	362509	
(2) To insurance carriers for the provision of benefits	e(2)		
(3) Other	e(3)	240	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		362749
f Corrective distributions (see instructions)	f		
g Certain deemed distributions of participant loans (see instructions)	g		
h Interest expense	h		
i Administrative expenses:	(1) Professional fees	i(1)	5349
	(2) Contract administrator fees	i(2)	38223
	(3) Investment advisory and management fees	i(3)	
	(4) Other	i(4)	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	
j Total expenses. Add all expense amounts in column (b) and enter total	j		406321
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	k		760929
l Transfers of assets			
(1) To this plan	l(1)		
(2) From this plan	l(2)		

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

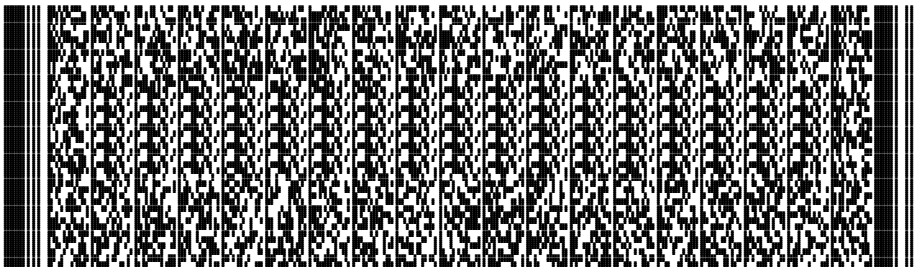
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm) 74-2485161

CUNNINGHAM, SHAVERS, CHRISTENS

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.

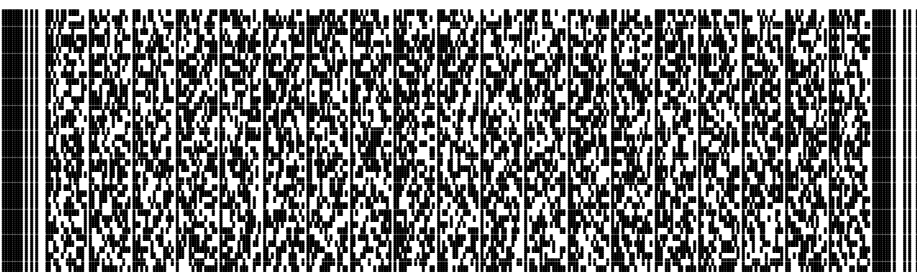
During the plan year:

	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)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) . . .		X	
c 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)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	X		
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)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?		X	

5a 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 **Amount** _____

5b 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(s)	5b(2) EIN(s)	5b(3) PN(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____



SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an Attachment to Form 5500.

For calendar year 2007 or fiscal plan year beginning and ending
A Name of plan: JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN
B Three-digit plan number: 001
C Plan sponsor's name as shown on line 2a of Form 5500: JR3 EDUCATION ASSOCIATES, LP
D Employer Identification Number: 74-2987369

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver
6a Enter the minimum required contribution for this plan year
6b Enter the amount contributed by the employer to the plan for this plan year
6c Subtract the amount in line 6b from the amount in line 6a. Enter the result
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements

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**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 unless box 1 is checked.**

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2007

**This Form is NOT Open
to Public Inspection.**

For calendar year 2007 or fiscal plan year beginning _____, and ending _____,	
A Name of plan JR3 EDUCATION ASSOCIATES, LP 401(K) SAVINGS PLAN	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JR3 EDUCATION ASSOCIATES, LP	D Employer Identification Number 74-2987369

1 Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

**SIGN
HERE**

Signature of plan administrator ▶ _____

Phone number of plan administrator ▶ _____ Date ▶ _____

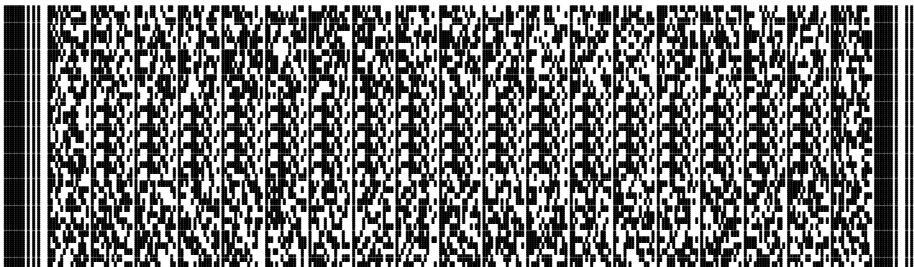
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule SSA (Form 5500) 2007



- 4** Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A** -- has not previously been reported.
 - Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.
 - Code C** -- has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.
 - Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

		Use with entry code "A", "B", "C", or "D"			Use with entry code "A" or "B"		
(a) Entry Code	(b) Social Security Number	(c) Name of Participant (First) (M.I.) (Last)			Enter code for nature and form of benefit		(f) Defined benefit plan -- periodic payment
					(d) Type of annuity	(e) Payment frequency	
D	547706709	JOANNE		FURTEK COX			
D	269429315	LARRY	W	SALISBURY			
D	462665697	LINDA	G	VANWAGNER			
D	464867322	CATHY	M	WALKER			

		Use with entry code "A" or "B"			Use with entry code "C"	
(a) Entry Code	Amount of vested benefit		(h) Total value of account	(i) Previous sponsor's employer identification number	(j) Previous plan number	
	(g) Units or shares	Share indicator				



- 4** Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A** -- has not previously been reported.
 - Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.
 - Code C** -- has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.
 - Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"		
(a) Entry Code	(b) Social Security Number	(c) Name of Participant (First) (M.I.) (Last)			Enter code for nature and form of benefit		(f) Defined benefit plan -- periodic payment
					(d) Type of annuity	(e) Payment frequency	
A	452905925	ROIS	E	SCHROEDER	A	A	
A	462706588	CAROL	B	OHLENDORF	A	A	
A	462721682	AMANDO	T	PINA	A	A	

Use with entry code "A" or "B"				Use with entry code "C"	
(a) Entry Code	Amount of vested benefit		(h) Total value of account	(i) Previous sponsor's employer identification number	(j) Previous plan number
	(g) Units or shares	Share indicator			
			19268.09		
			24926.14		
			13744.70		

