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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

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

2005

This Form is Open to Public Inspection.

For the calendar p or fiscal plan year	•	MM/DD/YY	and end	ing MM	/ DD / Y	YYY
A Name of plan				B Three-di plan nun		
C Plan sponsor's r	ame as shown on li	ne 2a of Form 5500		D Employe	er Identification Nu	mber
Part I Asset	and Liability Sta	atement				
trust. Report the the value is reporthis plan year, to	value of the plan's in rtable on lines 1c(9) pay a specific dollar	ities at the beginning and end of terest in a commingled fund conta through 1c(14). Do not enter the v benefit at a future date. Round o (8), 1g, 1h, and 1i. CCTs, PSAs,	aining the assets of more value of that portion of a ff amounts to the near	e than one plan on n insurance contra est dollar. MTIAs,	a line-by-line basis ct which guarantees CCTs, PSAs, and 1	unless , during 03-12 IEs
Asset	ts	(a) Beginning of Year		(b) E	nd of Year	
a Total noninteres bearing cash			00			
b Receivables (le doubtful accoun (1) Employer contribution	ss allowance for its):		00			00
(2) Participant contribution			_00			_00
(3) Other			00			_00
c General investn (1) Interest-be accounts a certificates of deposit)	aring cash (including and	money market				
(2) U.S. Gove securities	rnment		.00			00
(3) Corporate employer s	debt instruments (oth	er than				
(A) Prefer			_00			_00
(B) All other			_00			_00
(4) Corporate employer s	stocks (other than securities):					
(A) Prefer	red		00			.00
(B) Comm)		_00			_00
(5) Partnership venture int			_00			_00



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			(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
		Participant loans. Value of interest in common/	00	.00
	(10)	collective trusts Value of interest in pooled sepa-	00	.00
	(11)	rate accounts Value of interest in master trust investment		
	(12)	accounts	.00	
		Value of interest in registered investment companies (e.g., mutual funds)		>
	(14)	Value of funds held in insurance company general account (unallo- cated contracts)		.00
d	Èmp	Otherloyer-related stments:		.00
	(1)	Employer securities	.00	.00
е	Build	Employer real propertydings and other erty used in	.00	.00
f	plan Total (add	operation assets all amounts in 1a through 1e)	.00	.00
		iabilities		
g		efit claims payable	.00	.00
h	Ope	rating payables	38 1 1 1 00	.00
		uisition btedness	.00	.00
		er liabilities liabilities	.00	.00
	(add lines	all amounts in 1g through 1j)	.00	.00
ı	Net	et Assets assets (subtract 1k from line 1f)	.00	.00



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Part II	Income and	Expenses	Statement
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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) Amount	
a Contributions:	(a) Amount	•
(1) Received or receivable in cash from:	(a) Amount	
(A) Employers		
(B) Participants		
, ,	\circ	
(C) Others (including rollovers)		
(•)		
(2) Noncash contributions	00	
(2)		
	(b) Total	
(3) Total contributions. Add lines 2a(1)(A)	(R) (C) and line 2a(2)	
(3) Total Contributions. Add lines 2a(1)(A)	, (b), (c), and the 2a(2)	
b Earnings on investments: (1) Interest:	4	
(A) Interest-bearing cash		
(including money market accoun		
and certificates of deposit)		
(T) 110 0	00	
(B) U.S. Government securities		
	00 00	
(C) Corporate debt instruments		
(D) Loans (other than to participants)	
(E) Participant loans		
(F) Other		
	0-	
(G) Total interest. Add lines 2b(1)(A)	through (F)	
(2) Dividends:	2	
(A) Preferred stock		
(B) Common stock		
(C) Total dividends. Add lines 2b(2)(a	A) and (B)	00
(3) Rents		
(4) Net gain (loss) on sale of assets:		
(A) Aggregate proceeds	00	
(B) Aggregate carrying amount (see instructions)		
(000101010)		
(C) Subtract line 2h(4)(R) from line 3	2b(4)(A) and enter result	
(O) Gubulact mile 20(4)(D) HOTH life 2	TAMES AND CHICA TOOLIC	



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2b	(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount	
		(A) Real estate	_00	
			00 .69	
		(B) Other	(b) Total	
			(b) Total	
		(C) Total unrealized appreciation of assets. Add lines $2b(5)(A)$ and (B)		
	(6)	Net investment gain (loss) from common/collective trusts		
	(0)	The investment gain (1885) from commonwealers and a manifest master master and the second sec		
	(7)	Net investment gain (loss) from pooled separate accounts		
	(8)	Net investment gain (loss) from master trust investment accounts		
	(0)	The investment gain (1885) from master tract investment accounts		
	(9)	Net investment gain (loss) from 103-12 investment entities		
	(10)	Net investment gain (loss) from registered investment companies (e.g., mutual funds)		
С	Othe	er income		
d	Tota	income. Add all income amounts in column (b) and enter total	······································	
е	Bene	Expenses efit payment and payments to provide benefits:		
		Directly to participants or beneficiaries,		
		including direct rollovers	_00	
	(2)	To insurance carriers for the provision of benefits		
	(3)	Other	.00	
	(4)	Total benefit payments. Add lines 2e(1) through (3)		
	` ,			
f	Corr	ective distributions (see instructions)		
g	Cert	ain deemed distributions of participant loans (see instructions)		
		est expense		
'	(1)	inistrative expenses: Professional fees		
		02		
	(2)	Contract administrator fees	.00	
	(3)	Investment advisory and management fees		
	. ,			
	(4)	Other	.00	
	(5)	Total administrative expenses. Add lines 2i(1) through (4)		
	` '	*		
j	Tota	expenses. Add all expense amounts in column (b) and enter total		

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	Net Income and Reconciliation		(b) 1	·
2k	Net income (loss) (subtract line 2j from line 2d)			
	Transfers of assets			00
	(1) To this plan			. 19 00
	(2) From this plan			
	rt III Accountant's Opinion			
3	Complete lines 3a through 3c if the opinion of an independent qualific Complete line 3d if an opinion is not attached.	ed public accountant	is attached to this Form 55	00.
а	The attached opinion of an independent qualified public accountant f	or this plan is (see in	structions):	
	(1) Unqualified (2) Qualified (3)	Disclaimer (4	Adverse	
b	Did the accountant perform a limited scope audit pursuant to 29 CFF	R 2520.103-8 and/or 1	03-12(d)?	Yes No
С	Enter the name and EIN of the accountant (or accounting firm):		0	
	Name			
•				
	EIN			
a	The eninion of an independent qualified public accountant is not attended.	aphad bagayaa:		
a	The opinion of an independent qualified public accountant is not atta	iched because:		
	(1) this form is filed for a CCT, PSA or MTIA. (2)	it will be attached to	the next Form 5500 nursus	00 OED 0500 404 50
		it tim be allaemed to	the flext i offit 3000 parsus	ant to 29 CFR 2520.104-50.
Pai	rt IV Transactions During Plan Year		the flext i offi 3300 pursui	ant to 29 CFR 2520.104-50.
	Transactions During Plan Year CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j.		·	
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and		·	
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. ng the plan year: Did the employer fail to transmit to the plan any	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	
4 Durii	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	
4 Durii a	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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.)	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
4 Durii	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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.) 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	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
4 Durii a	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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.) Were any loans by the plan or fixed income obligations due	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
4 Durii a	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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.) 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. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
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4 Durin a b	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 0 103-12 IEs also do not complete 4j. Ing the plan year: 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.) 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. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) 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)	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
4 Durin a b	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j. Ing the plan year: 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.) 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. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach	GIAs do not complete	4a, 4e, 4f, 4g, 4h, 4k, or 5	nt
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							Official Ode Offig	
				Yes	No	Amount		
4 f	Did the plan have a loss, wheth plan's fidelity bond, that was ca							
g	Did the plan hold any assets w readily determinable on an esta independent third party apprais	ablished market r	nor set by an					
h	Did the plan receive any nonca neither readily determinable on an independent third party app	an established r	narket nor set by					
i	Did the plan have assets held to fassets if "Yes" is checked, a requirements)	and see instruction	ns for format			35k		
j	Were any plan transactions or of 5% of the current value of platransactions if "Yes" is checked requirements)	lan assets? (Atta d and see instruc	ch schedule of tions for format			013		
k	Were all the plan assets either beneficiaries, transferred to and control of the PBGC?	other plan, or bro	ught under the			O		
5a	Has a resolution to terminate the plan year or any prior plan year plan assets that reverted to the	ır? İf yes, enter th	ne amount of any		1			
5b	If, during this plan year, any as liabilities were transferred. (See 5b(1) Name of plan		were transferred f	rom this pla	n to and	other plan(s), identify the plan(s) to	which assets or	
			1,0					
	5b(1) Name of plan	b(2) EIN	138-111			5b(3) PN		
	5b(1) Name of plan	b(2) EIN	-			5b(3) PN		
		35						
	5b(1) Name of plan	b(2) EIN				5b(3) PN		
	5k	b(2) EIN				5b(3) PN		

