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**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 plan year 2005
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) 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

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1 7 0 5 A A 0 1 0 Y



(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 trusts00		.00
(10) Value of interest in pooled separate accounts00		.00
(11) Value of interest in master trust investment accounts00		.00
(12) Value of interest in 103-12 investment entities00		.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) Other00		.00
d Employer-related investments:				
(1) Employer securities00		.00
(2) Employer real property00		.00
e Buildings and other property used in plan operation00		.00
f Total assets (add all amounts in lines 1a through 1e)00		.00
Liabilities				
g Benefit claims payable		.00		.00
h Operating payables00		.00
i Acquisition indebtedness00		.00
j Other liabilities00		.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

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1 7 0 5 A A 0 2 0 Z



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

(a) Amount

(A) Real estate

Grid for (a) Amount with columns and rows for (A) Real estate and (B) Other.

(B) Other

(b) Total

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

Grid for (b) Total with columns and rows for (C) Total and lines (6) through (10).

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

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

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

c Other income

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

Expenses

e Benefit payment and payments to provide benefits:

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

Grid for (a) Amount with columns and rows for (1) through (3).

(2) To insurance carriers for the provision of benefits

(3) Other

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

Grid for (b) Total with columns and rows for (4) Total benefit payments and lines (f) through (h).

f Corrective distributions (see instructions)

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administrative expenses:

(1) Professional fees

Grid for (a) Amount with columns and rows for (1) through (4).

(2) Contract administrator fees

(3) Investment advisory and management fees ...

(4) Other

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

Grid for (b) Total with columns and rows for (5) Total administrative expenses and line (j).

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

1 7 0 5 A A 0 4 0 .



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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? Yes No .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? Yes No .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? Yes No .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) Yes No
- 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) Yes No
- k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

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 Yes No .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

1 7 0 5 A A 0 6 0 \$

