
Attention:

- **Telephone requests for the 2006 Form 5500-series forms, schedules, and instructions will not be filled until December 1, 2006.**
- **Requests for the 2006 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2006. Requests made prior to that date will be filled with the 2005 version of the products.**

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

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.

2a Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

1) Name

Name Continued

2) C / O

3) Street

4) City

5) State Zip Code

6) Foreign Routing Code

7) Foreign Country

8) D/B/A

9) Location Address if different than Street

Location Address City/State/Zip if different than 4) or 5)

2b Employer Identification Number (EIN)

2c Sponsor's telephone number

2d Business code (see instructions)

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

1) Name

Name Continued

2) C / O

3) Street

4) City

5) State Zip Code

6) Foreign Routing Code

7) Foreign Country

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



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5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1) Name

Name Continued

2) Street

3) City

4) State Zip Code

5) Foreign Routing Code

6) Foreign Country

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

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

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines 7a, 7b, and 7c

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

f Total. Add lines 7d and 7e

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

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)

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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 below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

Grid of 10 empty boxes for pension feature codes.

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

Grid of 10 empty boxes for welfare feature codes.

9a Plan funding arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) 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) [] A (Insurance Information)
4) C (Service Provider Information)
5) D (DFE/Participating Plan Information)
6) G (Financial Transaction Schedules)

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0 1 0 6 A A 0 4 0 V

