## **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 <a href="http://www.irs.gov/formspubs/index.html">http://www.irs.gov/formspubs/index.html</a> 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 <a href="www.efast.dol.gov">www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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

2006

This Form is Open to Public Inspection.

Part I Annual Repor	t Identifi	cation Information						
For the calendar plan year or fiscal plan year beginn		MM/DD/YYYY	and endir	ng	MM	DDD	/ Y	YYY
A This return/report is for:	(1)	a multiemployer plan;	(3) a n	nultiple	-employe	plan; or		
	(2)	a single-employer plan (other than a multiple-employer plan);	(4) a E	OFE (sp	oecify)			
B This return/report is:	(1)	the first return/report filed for the plan;	(3) the	final re	eturn/repo	rt filed for tl	ne plan;	
	(2)	an amended return/report;	` '	•	an year re 12 month	eturn/report		
C If the plan is a collectively-	bargained <sub>I</sub>	olan, check here					<b>)</b>	
D If filing under an extension	of time or	the DFVC program, check box and attac	required informat	tion. (se	ee instruct	ions)		- 🔲
Part II Basic Plan In	formatio	n enter all requested information	on.					
1a Name of plan								
		-Q						
1b Three-digit plan number	(PN) ▶	1c E	ffective date of pla	เท			/ <b>Y</b> Y	YY
Caution: A penalty for the la	te or incon	nplete filing of this return/report will be	assessed unless	reasor	nable cau	ise is estab	lished.	
Under penalties of perjury a schedules, statements and att knowledge and belief, it is true	achments,	enalties set forth in the instructions, I dec as well as the electronic version of this nd complete.	are that I have exa return/report if it is	amined s being	this retur filed elec	n/report, inc tronically, a	luding acc nd to the	ompanying best of my
Signature of plan administration SIGN HERE	tor		Date				/ YY	
Type or print name of indiv	idual signing	as plan administrator	Date					
a								
Signature of employer/plan s	ponsor/DF	E						
SIGN HERE			Date				/ <b>Y</b> Y	YY
Type or print name of indiv	idual signing	as employer, plan sponsor or DFE						
b								
For Paperwork Reduction Ac	t Notice ar	nd OMB Control Numbers, see the inst	ructions for Form	5500.	Cat. N	lo. 13500F	Form 5	<b>500</b> (2006)
	11	0 1 0 6 A A		S   <b>■</b>      <b>■</b>				_
L						v9.1		

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2a	Plan sponsor's name and address (employer, if for single	e-employer plan) (Address should include room or suite no.)
1)		
2)	c / o	
3)		
4)		2b Employer Identification Number (EIN)
5)		
6)		2c Sponsor's telephone number
7)		2d Business code (see instructions)
8)		9,1111111111111111111111111111111111111
9)		
		nt than 4) or 8)
Ba	Plan administrator's name and address (If same as plan	sponsor, enter "Same")
1)		
,		
2)	c / o	
-, 3)	Street	
4)	Cily	3b Administrator's EIN
5)	State Zib Code	
6)	Foreign Routing Code	3c Administrator's telephone number
7)	Foreign Courtry	
ļ a	If the name and/or EIN of the plan sponsor has changed number from the last return/report below: Sponsor's name	since the last return/report filed for this plan, enter the name, EIN and the plan
b	EIN O -	c PN
	×	-



ı	Form 5500 (2006)	Page 3	0
5	Propagar information (antional)		Official Use Only
а	Preparer information (optional)  Name (including firm name, if applicable) and address		.O
1)			
			18X
2)			
3)		b EIN	
4)		CXI -	
5)		c Telephone numb	per
6)	Foreign Country		
	4		
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	<b>b</b> , <b>7c</b> , and <b>7d</b> )	
а	Active participants		
b	Retired or separated participants receiving benefits		
С	Other retired or separated participants entitled to future benefits		
	20		
d	Subtotal. Add lines 7a, 7b, and 7c		
_	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		
Ū	Discussed participants whose policinolating of all similar to receive policinolating		
f	Total. Add lines <b>7d</b> and <b>7e</b>		
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 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)		
	, O'		



	l	Form 5500 (200	06)		Page <b>4</b>		
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8	Bene	fits provided under	the plan (complete 8a and 8b, as application	able)		Ch	
а		Pension benefits	(check this box if the plan provides pens of Plan Characteristics Codes printed in		ter below the applicable p	pension feature codes from the List	
b		Welfare benefits	(check this box if the plan provides welfa of Plan Characteristics Codes printed in		ter below the applicable w	relfare feature codes from the List	
9a	Plan	funding arrangeme	ent (check all that apply)	9b Plan bene	efit arrangement (check al	II that apply)	
	(1)	Insurance		(1)	Insurance		
	(2)	Code section	on 412(i) insurance contracts	(2)	Code section 412(i) insurance contracts		
	(3)	Trust		(3)	Trust		
	(4)	General as	sets of the sponsor	<b>(4)</b>	General assets of the s	ponsor	
10	Sche	dules attached (Ch	neck all applicable boxes and, where indic	ated, enter the num	ber attached. See instruc	tions )	
		sion Benefit Sched		b Financial		,	
	1)		R (Retirement Plan Information	n) <b>1)</b>	н	(Financial Information)	
	2)		B (Actuarial Information)	2)	1	(Financial InformationSmall Plan)	
	3)		E (ESOP Annual Information)	3)	A	(Insurance Information)	
	4)		SSA (Separated Vested	4)	С	(Service Provider Information)	
			Participant Information)	5)		(DFE/Participating Plan Information)	
			Participant Information)	6)	G	(Financial Transaction Schedules)	

