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.

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

2006

This Form is Open to Public Inspection.

		calendar plan year 200 plan year beginning	MM / DD	/ YYYY an	d ending	MM/D	D/YY	YY
A	Nam	e of plan			В	Three-digit plan number		
С	Plan	sponsor's name as show	vn on line 2a of Form 5500		D	Employer Identif	ication Numb	er
	Part I	Asset and Liabil	lity Statement		.0`			
1	trust. the value this p	Report the value of the palue is reportable on lines plan year, to pay a specific	nd liabilities at the beginning ar blan's interest in a commingled is 1c(9) through 1c(14). Do not est dollar benefit at a future date. b(2), 1c(8), 1g, 1h, and 1i. CCT	fund containing the assets of enter the value of that portion Round off amounts to the	of more than one on of an insurance nearest dollar	e plan on a line-by ce contract which . MTIAs, CCTs, P	-line basis unl guarantees, di SAs, and 103-	less uring 12 IEs
		Assets	(a) Beginning o	f Year		(b) End of Yea	ır	
		al noninterest- ring cash		00				00
I		ceivables (less allowance btful accounts): Employer contributions	for	.00				00
	(2)	Participant contributions		.00				_00
	(3)	Other		00				_00
	c Ger (1)	neral investments: Interest-bearing cash (in accounts and certificates	ncluding money market					
	(2)	of deposit) U.S. Government securities		00				00
	(3)	Corporate debt instrume employer securities):	ents (other than					
		(A) Preferred		00				.00
		(B) All other	87					
	(4)	Corporate stocks (other employer securities):	than					
		(A) Preferred		.00				_00
		(B) Common		_00				00
	(5)	Partnership/joint venture interests.		.00				.00



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			(a) Beginning of Year	(b) End of Year
1c	(6)	Real estate (other than employer real property)	.00	S
	(7)	Loans (other than to participants)	.00	.00
	(9)	Participant loans. Value of interest in common/ collective trusts Value of interest in pooled separate accounts		00 00 00
	` ,	Value of interest in master trust investment accounts	.00	.00
	(13)	Value of interest in registered investment companies (e.g., mutual funds)		.00
	(14)	Value of funds held in insurance company general account (unallo- cated contracts)		.00
d	Emp	Other		_00
		Employer securities	.00	.00
е	Build	Employer real propertydings and other erty used in operation	.00	.00
f	Tota (add	l assets all amounts in a 1a through 1e)	.00	00
		iabilities		
		efit claims payable		
		rating payables uisition	.00	.00
•	inde	btedness	.00	.00
	Tota (add	er liabilities I liabilities all amounts in	00	.00
	lines	et Assets		
I		assets (subtract 1k from line 1f)	.00	.00



Page	3
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Schedule	ш	(Earm	5500	2006
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Part II	Income and	Expenses	Statement

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	
а	Cor	ntribu	utions:	(a) Amount	
	(1)	Rece	eived or receivable in cash from:		
		(A)	Employers		
		` '	, ,	0	
		(B)	Participants		
		(5)	Tartoparto		
		(C)	Others (including valleurs)		
		(C)	Others (including rollovers)		
	(2)	Non	cash contributions		
				(b) Total	
	(3)	Tota	I contributions. Add lines 2a(1)(A), (B), (C),	and line 2a(2)	
		!	i		
b	∟ar		s on investments: (1) Interest: Interest-bearing cash		
		(A)	(including money market accounts		
			and certificates of deposit)		
		(B)	U.S. Government securities		
		(C)	Corporate debt instruments		
		(-,			
		(D)	Loans (other than to participants)		
		(0)	Loans (other than to participants)		
		(E)	Doutisinent leens		
		(E)	Participant loans		
		(- \	Other		
		(F)	Other		
		(G)	Total interest. Add lines 2b(1)(A) through (F	5)	
	(2)	Divid	dends:		
		(A)	Preferred stock	.00	
		(B)	Common stock	_00	
		(C)	Total dividends. Add lines 2b(2)(A) and (B)		
	(3)	Rent	ts		
			gain (loss) on sale of assets:		
	(')		Aggregate proceeds		
		(B)	Aggregate carrying amount		
			(see instructions)		
		(6)	24 (1)		
		(C)	Subtract line 2b(4)(B) from line 2b(4)(A) ar	na enter result	



Schedule H	(Form	5500)	2006

Page 4

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

ſ	Schedule H (Form 5500) 2006			Page 5		Official Use Only	
	Net Income and Reconciliation				(b) Total		
2k	Net income (loss) (subtract line 2j from line 2d)					24	_00
- 1	Transfers of assets						
	(1) To this plan					ZV	
	(2) From this plan						.00
Pai	t III Accountant's Opinion				.0		
3	Complete lines 3a through 3c if the opinion of an independent qualif Complete line 3d if an opinion is not attached.	ied publ	ic accour	ntant is attached to this	Form 5500.		
b	The attached opinion of an independent qualified public accountant of the attached opinion of an independent qualified public accountant of the accountant of the accountant perform a limited scope audit pursuant to 29 CFF Enter the name and EIN of the accountant (or accounting firm): Name	Discl	aimer	(4) Adverse		/es	No
	The opinion of an independent qualified public accountant is not atta (1) this form is filed for a CCT, PSA or MTIA. (2) Transactions During Plan Year	7		ed to the next Form 550	00 pursuant to	o 29 CFR 2520.	104-50.
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 103-12 IEs also do not complete 4j.	GIAs do	not com	iplete 4a, 4e, 4f, 4g, 4h,	4k, or 5.		
Duri	ng the plan year:	Yes	No		Amount		
	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.)						_00
b	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)						_00
С	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)						_00
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.)						_00



Was this plan covered by a fidelity bond?

	Schedule H (Form 5500) 2006			Page 6			
		Yes	No		Amount	Official Use O	nly
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?					121	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?						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?						_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)			S			
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)			201			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			0			
5а	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						_00
5b	If, during this plan year, any assets or liabilities were transferred from liabilities were transferred. (See instructions).	om this pla	an to an	other plan(s), identify the	e plan(s) to w	hich assets o	or
	5b(1) Name of plan						
	5b(2) EIN 5b(1) Name of plan			5b(3) PN			
	5b(2) EIN 5b(1) Name of plan			5b(3) PN			
	5b(2) EIN			5b(3) PN			



5b(3) PN

5b(1) Name of plan

5b(2) EIN