

**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.**

For the calendar plan year 2006
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

1 7 0 6 0 0 0 1 0 F



(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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Part II Income and Expenses Statement

2 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 Contributions:

(a) Amount

- (1) Received or receivable in cash from:
(A) Employers
(B) Participants
(C) Others (including rollovers)
(2) Noncash contributions

Grid for entering contribution amounts in dollars and cents.

(b) Total

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

Total contribution grid.

b Earnings on investments: (1) Interest:

- (A) Interest-bearing cash (including money market accounts and certificates of deposit)
(B) U.S. Government securities
(C) Corporate debt instruments
(D) Loans (other than to participants)
(E) Participant loans
(F) Other

Grid for entering interest earnings amounts.

(G) Total interest. Add lines 2b(1)(A) through (F)

Total interest grid.

(2) Dividends:

- (A) Preferred stock
(B) Common stock

Grid for entering dividend amounts.

(C) Total dividends. Add lines 2b(2)(A) and (B)

Total dividends grid.

(3) Rents

Rents grid.

(4) Net gain (loss) on sale of assets:

- (A) Aggregate proceeds
(B) Aggregate carrying amount (see instructions)

Grid for entering net gain/loss on sale of assets.

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result

Final net gain/loss grid.

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

(a) Amount

(A) Real estate	00
(B) Other	00
(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	00
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	00
c Other income	00
d Total income. Add all income amounts in column (b) and enter total	00

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	00
(2) To insurance carriers for the provision of benefits	00
(3) Other	00
(4) Total benefit payments. Add lines 2e(1) through (3)	00
f Corrective distributions (see instructions)	00
g Certain deemed distributions of participant loans (see instructions)	00
h Interest expense	00
i Administrative expenses:	
(1) Professional fees	00
(2) Contract administrator fees	00
(3) Investment advisory and management fees ...	00
(4) Other	00
(5) Total administrative expenses. Add lines 2i(1) through (4)	00
j Total expenses. Add all expense amounts in column (b) and enter total	00

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Net Income and Reconciliation

(b) Total

- 2k Net income (loss) (subtract line 2j from line 2d)
I Transfers of assets
(1) To this plan
(2) From this plan

Table with 4 columns and 3 rows for net income and reconciliation.

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm):

Name

Name input field

EIN

EIN input field

d The opinion of an independent qualified public accountant is not attached because:

- (1) this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

Yes No

Amount

a 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.)

Form for question a

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)

Form for question b

c 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)

Form for question c

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.)

Form for question d

e Was this plan covered by a fidelity bond?

Form for question e

1 7 0 6 0 0 0 5 0 J



	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .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)	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="text"/> .00
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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

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1 7 0 6 0 0 0 6 0 K

