## SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

## **Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement 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.

	the calendar plan year 2006 iscal plan year beginning and endi	ing				/ Y Y	YYY
A	Name of plan	В		Three-diplan num	· ·		
С	Plan sponsor's name as shown on line 2a of Form 5500	D		Employe	er Identific	ation Numb	er
Ρ	art I Distributions						
	All references to distributions relate only to payments of benefits during the plan year.	O					
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions						_00
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).				-  -		
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.						
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year						
Pá	Funding Information (If the plan is not subject to the minimum fund Internal Revenue Code or ERISA section 302, skip this Part)	ling	req	uiremer	nts of sec	tion 412	of the
4	Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?	] .	Yes		No		N/A
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver	. •			/ DD	/ <b>Y</b> Y	YYY
	If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.						
6a	Enter the minimum required contribution for this plan year						_00
b	Enter the amount contributed by the employer to the plan for this plan year						_00
С	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)						_00
	If you completed line 6c, skip lines 7 and 8 and complete line 9.						

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7	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	Yes	No N/A
Pá	art III Amendments		
8	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.)	Increase	Decrease No
Pa	art IV Coverage (See instructions.)	5	
9	Check the box for the test this plan used to satisfy the coverage requirements:  the ratio percentage test  average benefit test	NO.	
		B	