5500 orm

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.

For the calendar plan ye or fiscal plan year begir		MM/DD/YYYY	а	and end	ding			/				ΊΥ	ΥΥ
A This return/report is for:	(1)	a multiemployer plan;	(3)	а	multipl	e-em	ploye	r pla	n; or				
	(2)	a single-employer plan (other than a multiple-employer plan);	(4)	а	DFE (speci	[:] y)						
B This return/report is:	(1)	the first return/report filed for the plan;	(3)	t	he final	retur	n/rep	ort fi	ed for	the	plan	;	
	(2)	an amended return/report;	(4)		short pless that	-			/repoi	t			
C If the plan is a collectivel	ly-bargained	plan, check here		•				,				. ▶	
D If filing under an extension	on of time or	the DFVC program, check box and attach	require	ed inform	ation. (see ii	nstruc	tions	s)				
Part II Basic Plan I	nformatio	n enter all requested informatio	n.										
1a Name of plan													
1b Three-digit plan numb	er (PN) ▶	1c Eff	ective o	date of p	olan			/		/	Y	Y	ΥΥ
Caution: A penalty for the	late or incor	mplete filing of this return/report will be a	ssesse	ed unles	ss reas	onab	le ca	use	is esta	ablis	hed.		
schedules, statements and a knowledge and belief, it is tr	attachments, rue, correct a	enalties set forth in the instructions, I decla as well as the electronic version of this re and complete.	re that eturn/re	I have e port if it	examine is bein	d this g file	retu d ele	rn/re ctror	port, ii ically,	nclud and	ding a to t	accor he be	npanyir est of n
Signature of plan administr	rator							<i>/</i> [1/		γľ	
SIGN HERE	dividual aigning	an plan administrator		Date)			′ L		1	-	-	
Type or print name of inc	ilviduai signing	as plan auministrator											
a													
Signature of employer/plan	sponsor/DF	E											
SIGN HERE				Date)			/		/	Y	Y	ΥΥ
Type or print name of inc	dividual signing	as employer, plan sponsor or DFE											
b													
	Act Notice a	nd OMB Control Numbers, see the instr	uctions	s for Fo	rm 5500).	Cat.	No.	13500	F	Form	550	0 (200
For Paperwork Reduction A	TOU INDUICE ai												
For Paperwork Reduction A	act Notice at		1	0	S								
For Paperwork Reduction A		0 1 0 6 A A 0	1 	0 	s 								

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Plan sponsor's name and address (employer, if for single-e	mployer plan) (Address should	include room or suite no.)	
c / o			
		2h Employer Iden	tification Number (E
	2c Sponsor's telephone		1-1111
	number	2d Business code	
		(see instructions)	
Plan administrator's name and address (If same as plan sp	onsor, enter "Same")		
c / o			
		3b Administrator's EIN	
		3b Administrator's EIN	
		3b Administrator's EIN3c Administrator's teleph	hone number



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		Official Use Only
_	Preparer information (optional)	
а	Name (including firm name, if applicable) and address	
1)		
2)		
3)	b EIN	
l)		
5)	Foreign Routing Code c Telephone	e number
5)		
,		
7 1	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	
a A	Active participants	
b F	Retired or separated participants receiving benefits	
C	Other retired or separated participants entitled to future benefits	
4 ¢	Subtotal. Add lines 7a , 7b , and 7c	
u	Sublicial. Add lines 7a, 7b, and 7c	
e [Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	
f 7	Total. Add lines 7d and 7e	
a 1	Number of participants with account balances as of the end of the plan year (only defined	
-	contribution plans complete this item)	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	
i l	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)	



I		Form 5500 (2006)	Page 4	0":11:				
8	Bene	efits provided under the plan (complete 8a and 8b, as applicable		Official Use Only				
Pension benefits (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from of Plan Characteristics Codes printed in the instructions):								
b		, , , , , , , , , , , , , , , , , , , ,	penefits and enter below the applicable welfare	e feature codes from the List				
		of Plan Characteristics Codes printed in the	instructions):					
9a	Plan	funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that	apply)				
	(1)	Insurance	(1) Insurance					
	(2)	Code section 412(i) insurance contracts	(2) Code section 412(i) insurance contracts					
	(3)	Trust	(3) Trust					
	(4)	General assets of the sponsor	(4) General assets of the sponsor	or				
10 a		edules attached (Check all applicable boxes and, where indicated sion Benefit Schedules	, enter the number attached. See instructions. b Financial Schedules)				
	1)	R (Retirement Plan Information)	1) H (Final	ncial Information)				
	2)	B (Actuarial Information)	2) I (Final	ncial InformationSmall Plan)				
	3)	E (ESOP Annual Information)	3) A (Insur	rance Information)				
	4)	SSA (Separated Vested	4) C (Serv	ice Provider Information)				
		Participant Information)		/Participating Plan nation)				
			6) G (Final	ncial Transaction Schedules)				

