

**SCHEDULE I
(Form 5500)**

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

Financial Information -- Small Plan

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

□□-□□□□□□

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:	(a) Beginning of Year	(b) End of Year
a Total plan assets	□□□□□□□□□□.00	□□□□□□□□□□.00
b Total plan liabilities	□□□□□□□□□□.00	□□□□□□□□□□.00
c Net plan assets (subtract line 1b from line 1a)	□□□□□□□□□□.00	□□□□□□□□□□.00

2 Income, Expenses, and Transfers for this Plan Year:	(a) Amount	(b) Total
a Contributions received or receivable		
(1) Employers	□□□□□□□□□□.00	
(2) Participants	□□□□□□□□□□.00	
(3) Others (including rollovers)	□□□□□□□□□□.00	
b Noncash contributions	□□□□□□□□□□.00	
c Other income	□□□□□□□□□□.00	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)		□□□□□□□□□□.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24414Y Schedule I (Form 5500) 2006



	Yes	No	Amount
4d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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"/>
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"/>
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"/>
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j 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"/>	<input type="text"/>
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	Yes	No	Amount
5a 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="checkbox"/>	<input type="text"/>

5b 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

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5b(3) PN

5b(1) Name of plan

5b(2) EIN

 -

5b(3) PN

5b(1) Name of plan

5b(2) EIN

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5b(3) PN

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