Form **5500**

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



This Form is Open to Public Inspection.

Part I Annual Repo	rt Identif	ication Information							
For the calendar plan ye or fiscal plan year begin				and ending	MN	DDI			
A This return/report is for:	(1)	a multiemployer plan;	(3)	a multiple	e-employe	r plan; or			
	(2)	a single-employer plan (other than a multiple-employer plan);	(4)	a DFE (s	pecify)				
B This return/report is:	(1)	the first return/report filed for the plan;	(3)	the final	return/repo	ort filed for	the pla	ın;	
	(2)	an amended return/report;	(4)		lan year re n 12 montl	eturn/repor	t		
C If the plan is a collectively	r-bargained	plan, check here		(000 1111				▶	
D If filing under an extension	n of time or	the DFVC program, check box and attach	requir	red information. (s	ee instruc	tions)		▶	
Part II Basic Plan Ir	nformatio	n enter all requested information	on.						
1a Name of plan			•						
		.Q>							
1b Three-digit plan number	er (PN) ▶	1c E	ffective	e date of plan					
Caution: A penalty for the la	ate or incon	inplete filing of this return/report will be	assess	sed unless reasc	nable cau	ıse is esta	blishe	d.	
schedules, statements and at knowledge and belief, it is tru	tachments, ie, correct a	enalties set forth in the instructions, I decl as well as the electronic version of this and complete.	are tha return/r	at I have examined report if it is being	d this retur g filed eled	n/report, ir ctronically,	cluding and to	accon the be	npanyin est of m
Signature of plan administra SIGN HERE	ator			Date					
Type or print name of indi	vidual signing	as plan administrator							
a									
Signature of employer/plan	sponsor/DF	E							
SIGN HERE				Date					
Type or print name of indi	vidual signing	as employer, plan sponsor or DFE							
b (5)									
For Paperwork Reduction A	ct Notice ar	nd OMB Control Numbers, see the inst	ructior	ns for Form 5500	. Cat. N	No. 13500F	For	m 550	0 (2006
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2a	Plan sponsor's name and address (employer, if for single-em	ployer plan) (Address should include room or suite no.)
1)		
2)	c / o	
3)		
4)		2b Employer Identification Number (EIN)
5)		
6)		2c Sponsor's telephone number
7)		Business code (see instructions)
8)		
9)		
		than 4) dr 3)
3a	Plan administrator's name and address (If same as plan spor	7.4
1)	Name	
,	Name Continued	
2)	c / o	
3)	Street: Q=	
	City Color	
4)		3b Administrator's EIN
5)	State Zip Goda	
6)	Foreign Routing Code	3c Administrator's telephone number
7)	Foreign Country	
4 a	If the name and/or EIN of the plan sponsor has changed sind number from the last return/report below: Sponsor's name	ce the last return/report filed for this plan, enter the name, EIN and the plan
b	EIN	c PN



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5 a	Preparer information (optional) Name (including firm name, if applicable) and address		S
1)	Name Name		
			18 X
2)	Street		2-
3)	, Cly	b EIN	
4)	State Zip Code	C. C.	
5)	Foreign Routing Code	c Telephone num	ber
6)	Foreign Country		
6	Total number of participants at the beginning of the plan year		
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7	7a, 7b, 7c, and 7d)	
а	a Active participants		
b	• Retired or separated participants receiving benefits		
С	C Other retired or separated participants entitled to future benefits		
d	d Subtotal. Add lines 7a, 7b, and 7c		
е	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	S	
f	f Total. Add lines 7d and 7e		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		
h	Number of participants that terminated employment during the plan year with accrued ben were less than 100% vested		
i	i If any participant(s) separated from service with a deferred vested benefit, enter the numb separated participants required to be reported on a Schedule SSA (Form 5500)		



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8 a	Bene		the plan (complete 8a and 8b , as applicable) (check this box if the plan provides pension of Plan Characteristics Codes printed in the	benefits and en	ter below the applicable p	ension feature codes from the List
b		Welfare benefits	(check this box if the plan provides welfare to f Plan Characteristics Codes printed in the		er below the applicable w	elfare feature codes from the List
9a	Plan	funding arrangeme	ent (check all that apply)	9b Plan bene	efit arrangement (check all	that apply)
	(1)	Insurance		(1)	Insurance	
	(2)	Code section	on 412(i) insurance contracts	(2)	Code section 412(i) insu	irance contracts
	(3)	Trust		(3)	Trust	
	(4)	General as	sets of the sponsor	(4)	General assets of the sp	ponsor
10	Sche	edules attached (Ch	neck all applicable boxes and, where indicated	d, enter the num	ber attached. See instruct	tions.)
а	Pens	sion Benefit Scheo	dules	b Financial	Schedules	
	1)		R (Retirement Plan Information)	1)	Н ((Financial Information)
	2)		B (Actuarial Information)	2)	1 ((Financial InformationSmall Plan)
	3)		E (ESOP Annual Information)	3)	Α ((Insurance Information)
	4)		SSA (Separated Vested Participant Information)	4)	C ((Service Provider Information)
			Raticipant information)	5)		(DFE/Participating Plan Information)
		4	Rarticipant Information)	6)	G ((Financial Transaction Schedules)
		0-				

