



Official Use Only

OMB Nos. 1210-0110 / 1210-0089

2005

This Form is Open to
Public Inspection.

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.**

Part I Annual Report Identification Information

For the calendar plan year 2005
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

- A** This return/report is for:
- (1) a multiemployer plan;
 - (2) a single-employer plan (other than a multiple-employer plan);
 - (3) a multiple-employer plan; or
 - (4) a DFE (specify)
- B** This return/report is:
- (1) the first return/report filed for the plan;
 - (2) an amended return/report;
 - (3) the final return/report filed for the plan;
 - (4) a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ►
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ►

Part II Basic Plan Information -- enter all requested information.

1a Name of plan

Grid for entering the name of the plan.

1b Three-digit plan number (PN) ►

Grid for entering the three-digit plan number.

1c Effective date of plan

MM / DD / YYYY

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

SIGN HERE ►

Date

MM / DD / YYYY

Type or print name of individual signing as plan administrator

a

Grid for entering the signature of the plan administrator.

Signature of employer/plan sponsor/DFE

SIGN HERE ►

Date

MM / DD / YYYY

Type or print name of individual signing as employer, plan sponsor or DFE

b

Grid for entering the signature of the employer/plan sponsor/DFE.



2a Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

1)	Name																			
	Name Continued																			
2)	C / O																			
3)	Street																			
4)	City																			
5)	State	Zip Code																		
6)	Foreign Routing Code																			
7)	Foreign Country																			
8)	D/B/A																			
9)	Location Address if different than Street																			
	Location Address City/State/Zip if different than 4) or 5)																			

2b Employer Identification Number (EIN)

-

2c Sponsor's telephone number

- -

2d Business code (see instructions)

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

1)	Name																			
	Name Continued																			
2)	C / O																			
3)	Street																			
4)	City																			
5)	State	Zip Code																		
6)	Foreign Routing Code																			
7)	Foreign Country																			

3b Administrator's EIN

-

3c Administrator's telephone number

- -

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

-

c PN



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

1)

2)

3)

4)

5)

6)

b EIN -

c Telephone number - -

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 **7a**, **7b**, **7c**, and **7d**)

a Active participants

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines **7a**, **7b**, and **7c**

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

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 benefits that were less than 100% vested

i 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)



8 Benefits provided under the plan (complete **8a** and **8b**, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

b Welfare benefits (check this box if the plan provides welfare benefits and enter below the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- 1) **R** (Retirement Plan Information)
- 2) **B** (Actuarial Information)
- 3) **E** (ESOP Annual Information)
- 4) **SSA** (Separated Vested Participant Information)

b Financial Schedules

- 1) **H** (Financial Information)
- 2) **I** (Financial Information--Small Plan)
- 3) **A** (Insurance Information)
- 4) **C** (Service Provider Information)
- 5) **D** (DFE/Participating Plan Information)
- 6) **G** (Financial Transaction Schedules)
- 7) **P** (Trust Fiduciary Information)



**SCHEDULE A
(Form 5500)**

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

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2005

**This Form is Open to
Public Inspection.**

For calendar plan year 2005
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 Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

(b) EIN -

(c) NAIC code

(d) Contract or identification number

(e) Approximate number of persons covered at end of policy or contract year

Policy or contract year **(f)** From

(g) To

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid

Total fees paid / amount

.00

.00



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name																								
Street Address																								
City															State					Zip Code				

(b) Amount of commissions paid

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name																								
Street Address																								
City															State					Zip Code				

(b) Amount of commissions paid

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name																								
Street Address																								
City															State					Zip Code				

(b) Amount of commissions paid

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

												.00	
--	--	--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end 00

4 Current value of plan's interest under this contract in separate accounts at year end 00

5 Contracts With Allocated Funds

a State the basis of premium rates

b Premiums paid to carrier 00

c Premiums due but unpaid at the end of the year 00

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount 00
Specify nature of costs

e Type of contract (1) individual policies (2) group deferred annuity
(3) other (specify below)

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here



**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

2005

**This Form is Open to
Public Inspection.**

For the calendar plan year 2005
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



(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 trusts ...	.00	.00
(10) Value of interest in pooled separate accounts .....	.00	.00
(11) Value of interest in master trust investment accounts .....	.00	.00
(12) Value of interest in 103-12 investment entities .....	.00	.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) Other .....	.00	.00
d Employer-related investments:		
(1) Employer securities .....	.00	.00
(2) Employer real property .....	.00	.00
e Buildings and other property used in plan operation .....	.00	.00
f Total assets (add all amounts in lines 1a through 1e) ...	.00	.00
Liabilities		
g Benefit claims payable	.00	.00
h Operating payables .....	.00	.00
i Acquisition indebtedness .....	.00	.00
j Other liabilities .....	.00	.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



**SCHEDULE P
(Form 5500)**

**Annual Return of Fiduciary
of Employee Benefit Trust**

Official Use Only
OMB No. 1210-0110

2005

**This Form is
Open to Public
Inspection.**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► **File as an attachment to Form 5500 or 5500-EZ.**

Department of the Treasury
Internal Revenue Service

For the trust calendar year 2005
or fiscal trust year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

Please type or print

1a Name of trustee or custodian

[Grid for name of trustee or custodian]

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

[Grid for address]

c City or town

State

ZIP code

[Grid for city, state, and ZIP code]

2a Name of trust

[Grid for name of trust]

b Trust's employer identification number

[Grid for employer identification number]

3 Name of plan if different from name of trust

[Grid for name of plan]

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

Yes

No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ ... ►

[Grid for plan sponsor's employer identification number]

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary

SIGN HERE ►

Date ►

MM / DD / YYYY



**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

2005

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Public Inspection.**

For the calendar plan year 2005
or fiscal plan year beginning

/ /

and ending

/ /

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 Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A

If the plan is a defined benefit plan, go to line 7.

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 ►

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

b Enter the amount contributed by the employer to the plan for this plan year

c 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)

If you completed line 6c, skip lines 7 and 8 and complete line 9.



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

Part 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

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements:
 the ratio percentage test average benefit test