

**SCHEDULE I
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small PlanThis 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 calendar year 2006 or fiscal plan year beginning		<u>SCH_I_PLAN_YEAR_BEGIN_DATE</u>	and ending	<u>SCH_I_TAX_PRD</u>	
A Name of plan				B Three-digit plan number	<u>SCH_I_PLAN_NUM</u>
C Plan sponsor's name as shown on line 2a of Form 5500				D Employer Identification Number	<u>SCH_I_EIN</u>

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 InformationReport 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	1a	<u>SMALL_TOT_ASSETS_BOY/EOY_AMT</u>	
b Total plan liabilities	1b	<u>SMALL_TOT_LIABILITIES_BOY/EOY_AMT</u>	
c Net plan assets (subtract line 1b from line 1a)	1c	<u>SMALL_NET_ASSETS_BOY/EOY_AMT</u>	

2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable			
(1) Employers	2a(1)	<u>SMALL_EMPLR_CONTRIB_INCOME_AMT</u>	
(2) Participants	2a(2)	<u>SMALL_PARTICIPANT_CONTRIB_AMT</u>	
(3) Others (including rollovers)	2a(3)	<u>SMALL_OTH_CONTRIB_RCVD_AMT</u>	
b Noncash contributions	2b	<u>SMALL_NON_CASH_CONTRIB_BS_AMT</u>	
c Other income	2c	<u>SMALL_OTHER_INCOME_AMT</u>	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		<u>SMALL_TOT_INCOME_AMT</u>
e Benefits paid (including direct rollovers)	2e	<u>SMALL_TOT_DISTRB_BNFT_AMT</u>	
f Corrective distributions (see instructions)	2f	<u>SMALL_CORRECTIVE_DISTRB_AMT</u>	
g Certain deemed distributions of participant loans (see instructions)	2g	<u>SMALL_DM_DSTRB_PTCLP_LNS_A</u>	
h Other expenses	2h	<u>SMALL_OTH_EXPENSES_AMT</u>	
i Total expenses (add lines 2e, 2f, 2g, and 2h)	2i		<u>SMALL_TOT_EXPENSES_AMT</u>
j Net income (loss) (subtract line 2i from line 2d)	2j		<u>SMALL_NET_INCOME_AMT</u>
k Transfers to (from) the plan (see instructions)	2k		<u>SMALL_TOT_PLAN_TRANSFERS_AMT</u>

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	<u>SMALL_JOINT_VENTURE_EOY_IND</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SMALL_JOINT_VENTURE_EOY_AMT</u>
b Employer real property	<u>SMALL_EMPLR_PROP_EOY_IND</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SMALL_EMPLR_PROP_EOY_AMT</u>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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		Yes	No	Amount
3c Real estate (other than employer real property)	<u>SMALL_INVST_REAL_EST_EOY_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_INVST_REAL_EST_EOY_AMT</u>
d Employer securities	<u>SMALL_EMPLR_SEC_EOY_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_EMPLR_SEC_EOY_AMT</u>
e Participant loans	<u>SMALL_MORTG_PARTCP_EOY_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_MORTG_PARTCP_EOY_AMT</u>
f Loans (other than to participants)	<u>SMALL_OTH_LNS_PARTCP_EOY_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_OTH_LNS_PARTCP_EOY_AMT</u>
g Tangible personal property	<u>SMALL_PERSONAL_PROP_EOY_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_PERSONAL_PROP_EOY_AMT</u>

Part II Transactions During Plan Year

		Yes	No	Amount
4 During the plan year:				
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<u>SMALL_FAIL_XMT_CTR_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_FAIL_XMT_CTR_AMT</u>
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	<u>SMALL_LOANS_IN_DEFAULT_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_LOANS_IN_DEFAULT_AMT</u>
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	<u>SMALL_LEASES_IN_DEFAULT_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_LEASES_IN_DEFAULT_AMT</u>
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	<u>SMALL_PT_IN_INT_NOT_RPTD_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_PT_IN_INT_NOT_RPTD_AMT</u>
e Was the plan covered by a fidelity bond?	<u>SMALL_PLAN_INS_FDLTY_BOND_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_PLAN_INS_FDLTY_BOND_AMT</u>
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<u>SMALL_LOSS_DISCV_DUR_YEAR_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_LOSS_DISCV_DUR_YEAR_AMT</u>
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?	<u>SMALL_ASSET_UNDETERM_VAL_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_ASSET_UNDETERM_VAL_AMT</u>
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?	<u>SMALL_NON_CASH_CONTRIB_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_NON_CASH_CONTRIB_AMT</u>
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?	<u>SMALL_20_PRCNT_SNGL_INVST_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_20_PRCNT_SNGL_INVST_AMT</u>
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<u>SMALL_ALL_PLAN_AST_DISTRIB_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_ALL_PLAN_AST_DISTRIB_AMT</u>
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.)	<u>SMALL_WAIVER_ANNUAL_IQPA_REPORT_IND</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u>SMALL_WAIVER_ANNUAL_IQPA_REPORT_AMT</u>
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. <u>SMALL_RES_TERM_PLAN_ADPT_IND</u> <input checked="" type="radio"/> Yes <input type="radio"/> No Amount <u>SMALL_RES_TERM_PLAN_ADPT_AMT</u>				

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(s)	5b(2) EIN(s)	5b(3) PN(s)
<u>SMALL_PLAN_TRANSFER_01_NAME</u>	<u>SMALL_PLAN_TRANSFER_01_EIN</u>	<u>SMALL_PLAN_TRANSFER_01_PN</u>
<u>SMALL_PLAN_TRANSFER_02_NAME</u>	<u>SMALL_PLAN_TRANSFER_02_EIN</u>	<u>SMALL_PLAN_TRANSFER_02_PN</u>
<u>SMALL_PLAN_TRANSFER_03_NAME</u>	<u>SMALL_PLAN_TRANSFER_03_EIN</u>	<u>SMALL_PLAN_TRANSFER_03_PN</u>

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