## SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
lovee Benefits Security Administration

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

2004

This Form is Open to Public Inspection.

|             | the calendar plan year 2004 fiscal plan year beginning                       |  | and en   | ding  | DD/YYYY                     |
|-------------|--|--|--|---|-----------------------------|
| Α           | Name of plan   |  |  | B Three-digit plan numb                       | er •                        |
| С           | Plan sponsor's name as shown on  | line 2a of Form 5500   |  | D Employer                                    | Identification Number       |
|             |  | d fewer than 100 participants as of t<br>120 participant rule (see instructions  |  |   |                             |
| P           | art I Small Plan Financi   | al Information   |  |   |                             |
| vali<br>yea | ue of plan assets held in more thar<br>r to pay a specific dollar benefit at | ets and liabilities, income, expenses<br>n one trust. Do not enter the value<br>a future date. Include all income a<br>rom insurance carriers. Round off | of the portion of an inc<br>nd expenses of the pla | surance contract that an including any trust( | guarantees during this plan |
| 1           | Plan Assets and Liabilities:   | (a) Beginning of Year  |  | <b>(b)</b> Er                                 | nd of Year                  |
| а           | Total plan assets  |  |  |   |                             |
| b           | Total plan liabilities   |  |  |   |                             |
| C           | Net plan assets (subtract line 1b from line 1a)                              |  |  |   |                             |
| 2           | Income, Expenses, and Transfer   | rs for this Plan Year:   | (a) Amount   |   |                             |
| а           | (1) Employers  |  |  |   |                             |
|             | (2) Participants   |  |  |   |                             |
|             | (3) Others (including rollovers)   |  |  |   |                             |
|             | Noncash contributions  |  |  |   |                             |
| C           | Other income   |  |  | .00<br>(b                                     | ) Total                     |
| d           | Total income (add lines 2a(1), 2a(2  | 2), 2a(3), 2b, and 2c)   |  |   | 00                          |
| For         | Paperwork Reduction Act Notice at  | nd OMB Control Numbers, see the i  | nstructions for Form 5                             | 500. Cat. No. 24414Y                          | Schedule I (Form 5500) 2004 |

| ı  |   |           |              |                                   |                           |
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|    |   |           | (a) Amou     | int                               | •                         |
| 2e | Benefits paid (including direct rollovers)  |           | (a) / lines  | _00                               |                           |
| f  | Corrective distributions (see instructions)   |           |              |                                   |                           |
| g  | Certain deemed distributions of participant loans (see instructions)  |           |              | 00                                | Α'                        |
| h  | Other expenses  |           |              | <b>(b)</b> To                     | tal                       |
| i  | Total expenses (add lines 2e, 2f, 2g, and 2h)   |           |              |                                   |                           |
| j  | Net income (loss) (subtract line 2i from line 2d)   |           |              |                                   |                           |
| k  | Transfers to (from) the plan (see instructions)   |           |              |                                   |                           |
| 3  | <b>Specific Assets:</b> If the plan held assets at any time during the plan ye value of any assets remaining in the plan as of the end of the plan ye the assets of more than one plan on a line-by-line basis unless the tru | ar. Alloc | ate the valu | e of the plan's interest in a con | nmingled trust containing |
|    |   | Yes       | No           | Amou                              | nt                        |
| а  | Partnership/joint venture interests   |           | 13,7         |                                   |                           |
| b  | Employer real property  |           |              |                                   |                           |
| С  | Real estate (other than employer real property)   |           |              |                                   |                           |
| d  | Employer securities   |           |              |                                   |                           |
| е  | Participant loans   |           |              |                                   |                           |
| f  | Loans (other than to participants)  |           |              |                                   |                           |
| g  | Tangible personal property  |           |              |                                   |                           |
| D: | art II Transactions During Plan Year  |           |              |                                   |                           |
| Г  | Transactions burning Plan Teal  |           |              |                                   |                           |
| 4  | During the plan year:   | Yes       | No           | Amou                              | nt                        |
| а  | 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  |           |              |                                   |                           |
| b  | and DOL's Voluntary Fiduciary Correction Program.)  Were any loans by the plan or fixed income obligations due the  |           |              |                                   |                           |
| J  | plan in default as of the close of the plan year or classified during<br>the year as uncollectible? Disregard participant loans secured by  |           |              |                                   |                           |
|    | the participant's account balance   |           |              |                                   |                           |



**c** Were any leases to which the plan was a party in default or classified during the year as uncollectible?.....

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|    |  | Yes      | No             | Amount            |
|----|--|----------|----------------|-------------------|
| 4d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)   |          |                |                   |
| е  | Was the plan covered by a fidelity bond?   |          |                | .00               |
| f  | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |          |                | .00               |
| 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?  |          |                | 00                |
| 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?  |          |                |                   |
| 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?  |          |                |                   |
| j  | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |          |                |                   |
| 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.)  | Ö        | 7              |                   |
|    |  |          |                |                   |
| 5а | 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   | Yes      | No             | Amount            |
|    | plan year or any prior plan year? If yes, enter the amount of any  | this pla | n to another p |                   |
|    | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  | this pla | n to another p |                   |
|    | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  | this pla | n to another p | lan(s),           |
|    | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  | this pla | n to another p |                   |
|    | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Set 5b(1) Name of plan                       | this pla | n to another p | lan(s),           |
| 5a | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Set 5b(1) Name of plan  5b(2) EIN  5b(2) EIN | this pla | n to another p | Jan(s),  5b(3) PN |
|    | plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Set 5b(1) Name of plan  5b(2) EIN  5b(2) EIN | this pla | n to another p | Jan(s),  5b(3) PN |

