

**SCHEDULE C  
(Form 5500)**

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

**Service Provider 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.**

Official Use Only  
OMB No. 1210-0110  
**2006**  
**This Form is Open to Public Inspection.**

For 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 -

**Part I Service Provider Information (see instructions)**

**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... .00

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan .00 (f) Fees and commissions paid by plan .00 (g) Nature of service code(s) (see instructions)

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan .00 (f) Fees and commissions paid by plan .00 (g) Nature of service code(s) (see instructions)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2006



(a) Name

Form input field for Name

(b) Employer identification number (see instructions)

Form input field for Employer identification number

(c) Official plan position

Form input field for Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Form input field for Relationship to employer

(e) Gross salary or allowances paid by plan

Form input field for Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Form input field for Fees and commissions paid by plan

(g) Nature of service code(s)  
(see instructions)

Form input field for Nature of service code(s)

(a) Name

Form input field for Name

(b) Employer identification number (see instructions)

Form input field for Employer identification number

(c) Official plan position

Form input field for Official plan position

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Form input field for Relationship to employer

(e) Gross salary or allowances paid by plan

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(f) Fees and commissions paid by plan

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(f) Fees and commissions paid by plan

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(g) Nature of service code(s)  
(see instructions)

Form input field for Nature of service code(s)

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**Part II** Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name [ ]

(b) EIN [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (c) Position [ ]

(d) Address Street Address [ ]  
City [ ] State [ ] [ ] Zip Code [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

(e) Telephone No. [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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(a) Name [ ]

(b) EIN [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (c) Position [ ]

(d) Address Street Address [ ]  
City [ ] State [ ] [ ] Zip Code [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

(e) Telephone No. [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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