

**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

2007

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

For calendar plan year 2007
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:

[Grid for compensation amount with .00 at the end]

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

[Grid for Name]

(b) Employer identification number (see instructions)

[Grid for Employer ID Number]

(c) Official plan position

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

C o n t r a c t a d m i n i s t r a t o r

[Grid for relationship and position]

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s) (see instructions) 1 2

[Grid for salaries and fees with .00 indicators]

(a) Name

[Grid for Name]

(b) Employer identification number (see instructions)

[Grid for Employer ID Number]

(c) Official plan position

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

[Grid for relationship and position]

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

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

[Grid for salaries and fees with .00 indicators]



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

Official Use Only

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

E
X
P
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A
N
A
T
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N

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

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FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

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