## 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.

. Gildion Benefit Guarant, Gerperation						·
For calendar plan year 2007 or fiscal plan year beginning			, and end	ding		,
A Name of plan				<b>B</b> Three-digit		
				F	olan nı	umber 🕨
Plan sponsor's name as shown on line 2a of Form 5500					Emplo	yer Identification Number
Part I Service Provider Information (see in	struction	าร)				
1 Enter the total dollar amount of compensation paid by	the plan to	all persons, other that	an those			
listed below, who received compensation during the plan year:					1	
2 On the first item below list the contract administrator, if	f any, as de	fined in the instructio	ns. On the other it	tems, l	list ser	vice providers in
descending order of the compensation they received for	or the servi	ces rendered during	the plan year. List	only t	he top	40. 103-12 IEs should
enter N/A in (c) and (d).						
		(b) Employer		(a) Official relate		
(a) Name		identification number (see		(c) Official plan position		
		instructions)				position
			Cont	rac	t a	dministrator
employee organization, or or		Gross salary (f) Fees		and (g) Nature o		(g) Nature of
		allowances		commissions		service code(s)
party-in-interest	paid by plan		paid by plan			(see instructions)
						12
		(b) Employer			(-) O	€iaial mlam
(a) Name		identification number (see		(c) Official plan position		
		instructions)			poduori	
						T
(d) Relationship to employer,	ee organization, or or allowances		· · ·	(f) Fees and		(g) Nature of
person known to be a			commissions			service code(s)
party-in-interest	p	aid by plan	paid by p	ıan		(see instructions)
For Paperwork Reduction Act Notice and OMB Control N	lumbers, s	ee the instructions	for Form 5500.	v10.	.0	Schedule C (Form 5500) 20

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(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	employee organization, or person known to be a		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	10	Gross salary r allowances vaid by plan	(f) Fees and commissions paid by plan	(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	01	Gross salary r allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		

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Part II Termination Information on Accountant	ts and Enrolled Actuaries (see instructions)
(a) Name	<b>(b)</b> EIN
(c) Position	
(d) Address	
(e) Telephone No.	
Explanation:	
(a) Name	<b>(b)</b> EIN
(c) Position	
(d) Address	
(e) Telephone No.	
Explanation:	
(a) Name	<b>(b)</b> EIN
(c) Position_	
(d) Address	
(e) Telephone No.	
Explanation:	