

**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: ..... 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

Grid for name entry

**(b)** Employer identification number (see instructions)

Grid for employer ID number entry

**(c)** Official plan position

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

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

Grid for relationship entry

**(e)** Gross salary or allowances paid by plan

Grid for gross salary entry

**(f)** Fees and commissions paid by plan

Grid for fees and commissions entry

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

**(a)** Name

Grid for name entry

**(b)** Employer identification number (see instructions)

Grid for employer ID number entry

**(c)** Official plan position

Grid for official plan position entry

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

Grid for relationship entry

**(e)** Gross salary or allowances paid by plan

Grid for gross salary entry

**(f)** Fees and commissions paid by plan

Grid for fees and commissions entry

**(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) 2007

0 9 0 7 0 0 0 1 0 H



(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

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

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

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

Grid for nature of service code(s)

(a) Name

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(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

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

Grid for nature of service code(s)

0 9 0 7 0 0 0 2 0 1



FOR INFORMATION PURPOSES ONLY DO NOT USE FOR FILING

**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  
L  
A  
N  
A  
T  
I  
O  
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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