Part I 1 | Part I 2 | Part I 3 | Part II | Part III | Save | Save and Close | Close

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

+ -

Name

EIN ◉ US ○ Foreign

Address Line 1

Address Line 2

City

State

Zip Code

Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.

Part I 1 | Part I 2 | Part I 3 | Part II | Part III | Save | Save and Close | Close

SCHEDULE C (Form 5500)	Service Provider Information	2009

2 Information on Other Service Providers Receiving Direct or Indirect Compensation

Except for those persons for whom you answered "yes" to line 1a, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

+ - Total Providers 1 Displaying 1 — 1 << >>

Name

EIN ◉ US ○ Foreign

Address Line 1

Address Line 2

City

State

Zip Code

(b) Service code(s)

+ -

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

(d) Enter direct compensation paid by the plan. If none, enter -0-

(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) ☐ Yes ☐ No

(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? ☐ Yes ☐ No

(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.

(h) Did the service provider give you a formula instead of an amount or estimated amount? ☐ Yes ☐ No

Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.

Part I 1 | Part I 2 | Part I 3 | Part II | Part III | Save | Save and Close | Close

SCHEDULE C (Form 5500)	Service Provider Information	2009

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2 + -

(b) Service Code(s) (see instructions)

+ -

(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation

Name

EIN ◉ US ○ Foreign

Address Line 1

Address Line 2

City

State

Zip Code

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.

Part I 1 | Part I 2 | Part I 3 | Part II | Part III | Save | Save and Close | Close

SCHEDULE C (Form 5500)	Service Provider Information	2009

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions) + -

Name

EIN

US Foreign

Address Line 1

Address Line 2

City

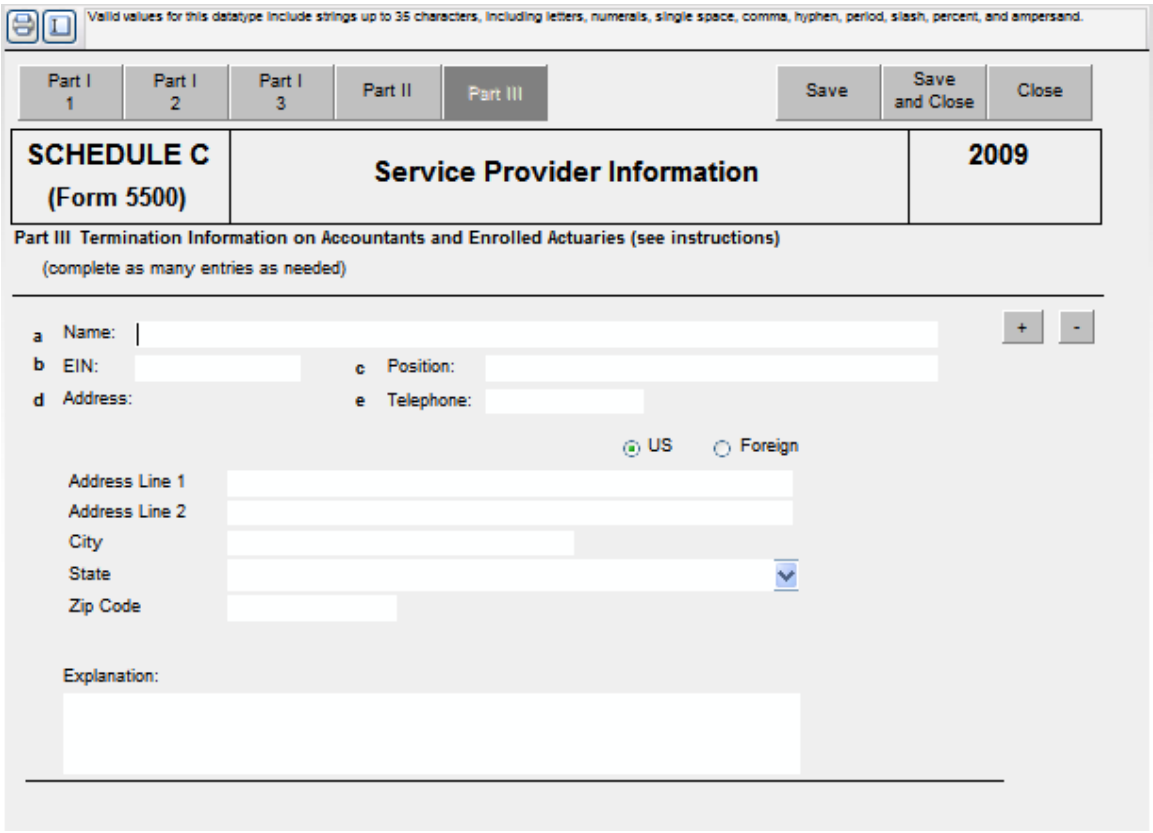
State

Zip Code

(b) Nature of Service Code(s)

+ -

(c) Describe the information that the service provider failed or refused to provide.


Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.
Part I 1
Part I 2
Part I 3
Part II
Part III
Save
Save and Close
Close
SCHEDULE C (Form 5500)
Service Provider Information
2009
Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)
+
-
a Name:
b EIN:
c Position:
d Address:
e Telephone:
US
Foreign
Address Line 1
Address Line 2
City
State
Zip Code
Explanation: