90										
Part I Part I 2	Part I	Part I	l Part III				Save		Save d Close	Close
SCHEDULE O	:	;	Service P	rovider	nfor	matio	n	F	OMB No.	1210-0110
Department of the Treasury Internal Revenue Service		This schedule is required to be filed under se Retirement Income Security Act of							2010	
Department of Labor Employee Benefits Security Admini Pension Benefit Guaranty Corpor		File as an attachment to				Form 5500.			This Form is Open to Public Inspection.	
For calendar plan year 2010	or fisc	al plan year b	beginning				and endin	9		
A Name of plan					вт	hree-digit	plan number	(PN)		
C Plan sponsor's name as	shown o	n line 2a of F	Form 5500			mployer I iumber (E	dentification IN)			
Part I Service Provider Inf You must complete ti who received, directly in connection with ser received only eligible line 1 but are not requ	his Part, y or indir rvices re indirect	in accordance ectly, \$5,000 ndered to the compensatio	e with the instruction or more in total plan or the per	l compensation son's position plan received	n (i.e., i with the the req	money or e plan dur uired disc	anything els ring the plan closures, you	se of r	If a perso	value) on
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P	Part I	Part I 3	Part II	Part III			Save	Sav and C	Clos	e
SC	HEDULE C		Servi	ice Provid	er Inform	ation			2010	
(Form 5500)		-							
In	ormation on Other	Service Provi	ders Receiv	ing Direct or In	direct Comper	nsation				
rec	cept for those person eiving, directly or ind vices rendered to the	directly, \$5,000	or more in t	total compensatio	n (i.e., money	or anything	else of valu			
a)	Enter name and EIN	or address (se	ee instruction	ıs)					+	-
	Name								Total Prov	iders
	EIN				⊕ US	Foreign	n		1 Displayi	ina
	Address Line 1								1 —	9
	Address Line 2								<<	>>
	City					_	_			
	State									
	Zip Code					8				
b)		FF				<u> </u>				
•	Zip Code Service code(s)		ee omaniyatid	on or nerson known	wn to be a	<u> </u>				
•	Zip Code Service code(s) Relationship to emp		ee organizatio	on, or person kno	wn to be a					
:)	Zip Code Service code(s)	lloyer, employ	-		wn to be a					
c) d)	Zip Code Service code(s) Relationship to emp	oloyer, employonsation paid by	the plan. If	none, enter -0-				1 Yes	□No	
c) d)	Zip Code Service code(s) Relationship to emp party-in-interest Enter direct comper	nsation paid by	the plan. If	none, enter -0- ation? (sources o	ther than plan o	or plan spons	sor)] Yes] Yes	_	
c) d) e)	Zip Code Service code(s) Relationship to emp party-in-interest Enter direct comper Did service provide Did indirect compen	nsation paid by r receive indirensation include secondensation	the plan. If ect compens, eligible indire	none, enter -0- ation? (sources o ect compensation service provider	ther than plan o	or plan spons plan receive	sor)	•	_	

	Valid values for this da	itatype include strir	ngs up to 35 cha	racters, including let	ters, numerals, single	space, comma, hyphen	n, period, slash, p	ercent, and ampersand.
P	Part I Part I 2	Part I	Part II	Part III		Sav	e Sav	Close
	HEDULE C Form 5500)		Serv	ice Provi	der Inform	ation		2010
art I	Service Provider	Information (continued)				<u> </u>	
m re de	you reported on line ? ervice provider is a fict anagement, broker, o ceived \$1,000 or mor etermine the indirect of three as needed to rep	duciary or prov or recordkeeping re in indirect co compensation i	vides contract g services, a empensation nstead of an	et administrator, answer the follow and (b) each so amount or estir	consulting, custo ving questions for urce for whom the nated amount of	dial, investment a (a) each source f e service provider	dvisory, inve from whom th gave you a	estment ne service provider formula used to
(a)	Enter service provide	er name as it a	appears on li	ne 2				+ -
(b)	Service Code(s) (see	e instructions)		·				
		+ -						
,	Enter amount of indi Enter name and EIN			irant annonest	ion			
(4)	Name	(audress) or s	ource or mu	nect compensat	IOII			
	EIN				⊙ US	○ Foreign		
	Address Line 1				0 00	O . Gregn		
	Address Line 2							
	City							
	State					~		
	Zip Code							
(e)	Describe the indirec provider's eligibility			•		e service		

Part I Part I 2	Part I 3	Part III		Save	Save and Close	Close
SCHEDULE C (Form 5500)	Se	rvice Provide	er Informat	ion	20)10
art II Service Providers Provide, to the extent po				o failed or refused	to provide the ir	nformation
necessary to complete t	this Schedule.					
(a) Enter name and EIN	or address of service	provider (see instruct	ions)			+ -
Name						
EIN			⊕ US (Foreign		
Address Line 1						
Address Line 2						
City						
State				~		
Zip Code						_
				pe includes a sele	ection from the	9
(b) Nature of Service Co	nde(s)	State dro	p-down list.			_
(b) Nature of Service S						
	+ -					
(c) Describe the informa	ation that the service p	provider failed or refus	sed to provide.			
			-			

