



Part I 1	Part I 2	Part I 3	Part II	Part III	Save	Save and Close	Close
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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 (ERISA). File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning _____ and ending _____

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	<input type="text"/>	+ -
EIN	<input type="text"/> <input checked="" type="radio"/> US <input type="radio"/> Foreign	
Address Line 1	<input type="text"/>	
Address Line 2	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/> <input type="button" value="v"/>	
Zip Code	<input type="text"/>	



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

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Save

Save
and Close

Close

SCHEDULE C
(Form 5500)

Service Provider Information

2010

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.

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>
b EIN:	<input type="text"/>	c Position:	<input type="text"/>
d Address:	<input type="text"/>	e Telephone:	<input type="text"/>
		<input checked="" type="radio"/> US	<input type="radio"/> Foreign
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		<input type="button" value="v"/>
Zip Code	<input type="text"/>		
Explanation:	<input type="text"/>		