
Attention:

- **Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.**
- **Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 version of the products.**

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link [Forms and Publications by U.S. Mail](#) to request a *limited* number of these forms and schedules.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**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

Contract administrator

(b) Employer identification number (see instructions)

-

(c) Official plan position

Contract administrator

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

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

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

00

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1 2

(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

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

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

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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2007

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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
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N

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

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FOR INFORMATIONAL PURPOSES ONLY, DO NOT USE FOR FILING

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