

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor Pension and
Welfare Benefits 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

1999

**This Form is Open to
Public Inspection.**

**For the calendar year 1999
or fiscal plan year beginning**

MM / DD / YYYY

, and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ▶

000

C Plan sponsor's name as shown on line 2a of Form 5500

D **Employer Identification Number**

00-0000000

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: **00000000.00**

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 columns (c) and (d).

(a) Name

00

(b) Employer identification number (see instructions)

00-0000000

(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

00

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s)

00000000.00

00000000.00

(see
instructions)

1200

(a) Name

00

(b) Employer identification number (see instructions)

00-0000000

(c) Official plan position

00

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

00

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s)

00000000.00

00000000.00

(see
instructions)

0000

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 1999

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(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)

Grid for nature of service code(s)

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Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)



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

[Grid for explanation]

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

E
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I
O
N

[Grid for explanation]

