
Attention:

- **Telephone requests for the 2006 Form 5500-series forms, schedules, and instructions will not be filled until December 1, 2006.**
- **Requests for the 2006 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2006. Requests made prior to that date will be filled with the 2005 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 <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

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

2006

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

For calendar plan year 2006
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan	B Three-digit plan number ▶ <input type="text"/>
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number <input type="text"/>

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

(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 <input type="text"/> .00	(f) Fees and commissions paid by plan <input type="text"/> .00	(g) Nature of service code(s) (see instructions) <input type="text"/> 1 2 <input type="text"/>
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(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 <input type="text"/> .00	(f) Fees and commissions paid by plan <input type="text"/> .00	(g) Nature of service code(s) (see instructions) <input type="text"/>
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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) 2006

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(a) Name FOR INFORMATION PURPOSES ONLY - DO NOT USE FOR FILING

(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)

(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)

(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)

(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)



Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name																												
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(b) EIN											(c) Position																		
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(d) Address	Street Address																											
	City										State				Zip Code													

(e) Telephone No.														
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(a) Name																												
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(b) EIN											(c) Position																		
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(d) Address	Street Address																											
	City										State				Zip Code													

(e) Telephone No.														
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