	SCHEDULE C (Form 5500)		Se	rvio	ce	Pr	ovi	der	Inf	or	mat	io	n				(Use Only 1210-0110
	Department of the Treasury Internal Revenue Service	This				•	ed to I ient In							Э				2	20	02
Ŵe	artment of Labor Pension and elfare Benefits Administration on Benefit Guaranty Corporation		►	-			attach			-										i is Open t nspection.
	lendar plan year 2002 al plan year beginning									а	nd er	din	g							
Nar	ne of plan												в			-digit iumbe	r 🕨	•		
Pla	n sponsor's name as shown	on line 2a of	Form	n 550	0								D	Em	nplo	oyer I	denti	ficat	ion	Number
Part	Service Provider	Informatior	n (se	e in	stru	ucti	ons)													
	ter the total dollar amount of ner than those listed below, w	•	•																	
de	the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in scending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should er N/A in (c) and (d).																			
(a)	Name																			
(b)	Employer identification nur	nber (see inst	ructio	ns)																
(c) (d)		person	C	o n	t	r	a	c t		a c	m b	i	n	i s	6	t r	а	t	0	r
				(f)	Fee	s an	d com	missio	ons pa	aid by	plan			(g	<i>''</i>		of s	ervic	e co	ode(s)
(e)															`	see nstruc	tions)	1	2
(e)																				
(e) (a)	Name																			
		nber (see inst	ructio	ns)																
(a)	Employer identification nur	nber (see inst	ructio	ns)																
(a) (b)	Employer identification nur Official plan position	person	ructio	ns)																
(a) (b) (c)	 Employer identification nur Official plan position Relationship to employer, employee organization, or known to be a party-in-inter 	person		,	Fee	s and	d com	missio	ns pa	aid by	, plan			(g		Jature	of se	ervic	e co	ode(s)



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Page **2**

Official	Use	Only

)	Name				
)	Employer identification number (see instruc	tions)			
;)	Official plan position				
" 1)	Relationship to employer,				
-,	employee organization, or person known to be a party-in-interest				
))	Gross salary or allowances paid by plan	(f)	Fees and commissions paid by plan	(g) Nature of service code(s)
					(see
					instructions)
)	Name				
)	Employer identification number (see instruc	tions)			
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				
)	Employer identification number (see instruc	tions)			
c)	Official plan position				
d)	Relationship to employer,				
`	employee organization, or person				
.,	known to be a party-in-interest	(6)	Face and commissions poid by plan	/~	Noture of comice and (a)
?)	Gross salary or allowances paid by plan	(f)	Fees and commissions paid by plan	(g) Nature of service code(s)
					(see instructions)
a)	Name				·····,
,					
)	Employer identification number (see instruc	tions)			
	Official alar accition				
-) -)	Official plan position				
i)	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)
				00	(see
					instructions)



	Part II Termination I	nformation on Accountants and Enroll	ed Actuaries (see instructions)	Official Use Only
e (h)	EIN	(a) Destition		
(b)		(c) Position		
dress				
1033				
(e)	Telephone No.			
ne				
(b)	EIN	(c) Position		
dress				
(e)	Telephone No.			

