SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

Official Use Only

OMB No. 1210-0110

2006

This Form is Open to

- 1	Pension Benefit Guaranty Corporation)	File as an attachment to Form 5500.					Public	Inspection.	
For	calendar plan year 2006 or fiscal pla	an year beginning			, and	ending	1		,	
Α	Name of plan					В	Three-	-digit		
							plan n	umber 🕨		
С	Plan sponsor's name as shown on l	K	D Employer Identification			ation Number				
Pa	art I Service Provider Info	rmation (see ins	struction	ns)		•				
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:									
2	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							rs in		
								IEs should		
	enter N/A in (c) and (d).									
		- 14 14		(b) Employer			(a) O	fficial plan		
(a) Name				identification number (see		(c) Official plan position				
				instructions)						
			1		Cor	itra	act a	dminis	trator	
(d) Relationship to employer,			(e)	(e) Gross salary or allowances		(f) Fees and			(g) Nature of	
employee organization, or person known to be a						commissions		service code(s)		
	party-in-interest		р	aid by plan	paid by	y plan		(see i	nstructions)	
			шг	4 L 7						
									12	
				(b) Employer identification		(c) Official plan				
(a) Name				number (see		position				
				instructions)						
								T		
	(d) Relationship to employee		` '	Gross salary	(f) Fee			(0)	Nature of	
employee organization, or person known to be a			_	allowances		commissions			ce code(s)	
	party-in-interest		р	aid by plan	paid by	y pian		(see i	nstructions)	
For	Paperwork Reduction Act Notice	and OMB Control No	umbers, s	ee the instructions	for Form 5500.	٧	9.1	Schedule C	(Form 5500) 2006	
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(a) Name		(b) Employer identification number (see instructions)		Official Use Only fficial plan osition	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	10	Gross salary allowances aid 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)		fficial plan osition	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	OI	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
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		T			
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	OI	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	

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Part II Termination Information on Accountants	and Enrolled Actuaries (see instructions)
(a) Name	(b) EIN
(c) Position_	
(d) Address	
(e) Telephone No.	MRTION
Explanation:	
()	(1)
(a) Name	(b) EIN
(c) Position	
(d) Address	
(e) Telephone No.	
Explanation:	
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4.)	4)
(a) Name	(b)
(c) Position	
(d) Address	NOT
(e) Telephone No.	
Explanation:	
115	E 17 12

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