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.

File so an attachment to Form FEOO

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to **Dublic Increation**

Pension Benefit Guaranty Corporation	FIIE as a	in attachment to For	III 5500.	rubiic ilispection.		
For calendar plan year 2007 or fiscal plan year beginning		,	and ending	,		
A Name of plan			B Three	-digit		
			plan ı	number 🕨		
C Plan sponsor's name as shown on line 2a of Form 5500	K	М	D Empl	oyer Identification Number		
Part I Service Provider Information (see ins	truction	ns)	'			
1 Enter the total dollar amount of compensation paid by the	ne plan to	all persons, other tha	in those			
listed below, who received compensation during the plan year:						
2 On the first item below list the contract administrator, if a	any, as de	fined in the instruction	ns. On the other items, list se	ervice providers in		
descending order of the compensation they received for	the servi	ces rendered during t	he plan year. List only the to	p 40. 103-12 IEs should		
enter N/A in (c) and (d).						
12.11		(b) Employer				
(a) Name	-	identification number (see		Official plan position		
		instructions)		position		
			Contract	administrator		
(d) Relationship to employer,	(e)	Gross salary	(f) Fees and	(g) Nature of		
employee organization, or person known to be a		allowances	commissions	service code(s)		
party-in-interest	р	aid by plan	paid by plan	(see instructions)		
		4 L T				
				12		
		4) = 1				
		(b) Employer identification	(c) (Official plan		
(a) Name		number (see	, ,	position		
		instructions)				
(d) Deletionalis to conduce						
(d) Relationship to employer, employee organization, or	٠,	Gross salary	(f) Fees and	(g) Nature of		
person known to be a		allowances aid by plan	commissions paid by plan	service code(s) (see instructions)		
party-in-interest	Ρ	aid by Piai1	Paid by Plair	(SCC Instructions)		
│ For Paperwork Reduction Act Notice and OMB Control Nu	mhere e	as the instructions for	or Form 5500. v10.1	Schedule C (Form 5500) 2007		
to the permonal reduction Act notice and only control nu			O. 1 O.111 0000. V 10.1	Zonicadie O (i onii 5500) 2007		
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(a) Name		(b) Employer identification number (see instructions)		ficial 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)			
(a) Name		(b) Employer identification number (see instructions)		ficial plan osition			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	OI	Gross salary r allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
	11	<u>41 5</u>					
(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	OI	Gross salary r allowances paid 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	s and Enrolled Actuaries (see instructions)
(a) Name	
(c) Position_	
(d) Address	
(e) Telephone No.	MATION
Explanation:	
(a) No.	/h\
(a) Name	(b) EIN
(c) Position	
(d) Address	
(e) Telephone No	
Explanation:	
	PILT
(a) No.	/h) = (N)
(a) Name	(b) EIN
(c) Position	
(d) Address	NOT
(e) Telephone No.	
Explanation:	
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