

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

2005

This Form is Open to Public Inspection.

For calendar plan year 2005 or fiscal plan year beginning [MM / DD / YYYY] and ending [MM / DD / YYYY]

A Name of plan B Three-digit plan number C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number

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.

(a) Name (b) Employer identification number (c) Official plan position Contract administrator (d) Relationship to employer (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of service code(s) 12

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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) 2005





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

**(a) Name**

**(b) EIN** -  **(c) Position**

**(d) Address** Street Address  
City State Zip Code -

**(e) Telephone No.** -  -

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**(a) Name**

**(b) EIN** -  **(c) Position**

**(d) Address** Street Address  
City State Zip Code -

**(e) Telephone No.** -  -

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