

**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"/> - <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	<input type="text"/>		
(b) Employer identification number (see instructions)	<input type="text"/> - <input type="text"/>		
(c) Official plan position	Contract administrator		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	<input type="text"/>		
(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
<input type="text"/> ₀₀	<input type="text"/> ₀₀	1 2	

(a) Name	<input type="text"/>		
(b) Employer identification number (see instructions)	<input type="text"/> - <input type="text"/>		
(c) Official plan position	<input type="text"/>		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	<input type="text"/>		
(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
<input type="text"/> ₀₀	<input type="text"/> ₀₀	<input type="text"/>	



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

(a) Name [Grid]

(b) EIN [Grid] (c) Position [Grid]

(d) Address [Street Address Grid] [City Grid] [State Grid] [Zip Code Grid]

(e) Telephone No. [Grid]

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[Grid for explanation]

(a) Name [Grid]

(b) EIN [Grid] (c) Position [Grid]

(d) Address [Street Address Grid] [City Grid] [State Grid] [Zip Code Grid]

(e) Telephone No. [Grid]

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[Grid for explanation]

