

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor Pension and  
Welfare Benefits 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

**1999**

**This Form is Open to  
Public Inspection.**

**For the calendar year 1999  
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. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

**(a)** Name

**(b)** Employer identification number (see instructions)

-

**(c)** Official plan position

Contract administrator

**(d)** Relationship to employer, employee organization, or person known to be a party-in interest

**(e)** Gross salary or allowances paid by plan

.00

**(f)** Fees and commissions paid by plan

.00

**(g)** Nature of service code(s)  
(see instructions)

1 2

**(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

**(e)** Gross salary or allowances paid by plan

.00

**(f)** Fees and commissions paid by plan

.00

**(g)** Nature of service code(s)  
(see instructions)

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(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)

(see instructions)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)

(see instructions)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)

(see instructions)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)

(see instructions)



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

(a) Name 

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(b) EIN 

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 (c) Position 

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(d) Address 

Street Address																												
City																		State				Zip Code				-		

(e) Telephone No. 

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(a) Name 

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(b) EIN 

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 (c) Position 

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(d) Address 

Street Address																												
City																		State				Zip Code				-		

(e) Telephone No. 

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