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 / YYYYY , and ending			
Α	Name	e of plan B Three-digit plan number ▶	
С	Plan	sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number	
Р	art I	Service Provider Information (see instructions)	
1		r the total dollar amount of compensation paid by the plan to all persons, r than those listed below, who received compensation during the plan year:	
2	desc	he first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in ending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should r 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 (f) Fees and commissions paid by plan (g) Nature of service code(s)	
		00 (see instructions) 12	
	(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 (f) Fees and commissions paid by plan (g) Nature of service code(s)	
		00 (see instructions)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 1999



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



