

**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 _____, and ending _____,

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: **1**

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, employer 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) (see instructions)	
			12	

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
(d) Relationship to employer, employer 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) (see instructions)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v2.3 Schedule C (Form 5500) 1999

USE FOR
FILING

1 0 9 9 0 0 0 1 1 L



(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer 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) (see instructions)

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer 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) (see instructions)

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer 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) (see instructions)

USE FOR
FILING

1 0 9 9 0 0 0 2 1 M



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

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

INFORMATION

PURPOSES

ONLY

DO NOT

USE FOR

FILING

1 0 9 9 0 0 0 3 1 N

