

**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

**2002**

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

For calendar plan year 2002  
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 (c) and (d).

**(a)** Name

Grid for name entry

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

Grid for employer identification number entry

**(c)** Official plan position

C o n t r a c t   a d m i n i s t r a t o r

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

Grid for relationship entry

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

Grid for gross salary entry

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

Grid for fees and commissions entry

**(g)** Nature of service code(s)  
(see instructions) 1 2

**(a)** Name

Grid for name entry

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

Grid for employer identification number entry

**(c)** Official plan position

Grid for official plan position entry

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

Grid for relationship entry

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

Grid for gross salary entry

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

Grid for fees and commissions entry

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2002

0 9 0 2 0 0 0 1 0 C



(a) Name

Grid for Name entry

(b) Employer identification number (see instructions)

Grid for Employer ID number entry

(c) Official plan position

Grid for Official plan position entry

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

Grid for Relationship entry

(e) Gross salary or allowances paid by plan

Grid for Gross salary entry

(f) Fees and commissions paid by plan

Grid for Fees and commissions entry

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

Grid for Nature of service code entry

(a) Name

Grid for Name entry

(b) Employer identification number (see instructions)

Grid for Employer ID number entry

(c) Official plan position

Grid for Official plan position entry

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

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

Grid for Nature of service code entry

(a) Name

Grid for Name entry

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

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(e) Gross salary or allowances paid by plan

Grid for Gross salary entry

(f) Fees and commissions paid by plan

Grid for Fees and commissions entry

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

Grid for Nature of service code entry

FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING



**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.

E  
X  
P  
L  
A  
N  
A  
T  
I  
O  
N

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

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