

## **Attention:**

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at [www.efast.dol.gov](http://www.efast.dol.gov) for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**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

**2004**

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

For calendar plan year 2004  
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 ID 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

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

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

[Grid for Gross salary entry]

[Grid for Fees entry]

[Grid for Service code entry]

**(a)** Name

[Grid for Name entry]

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

[Grid for Employer ID entry]

**(c)** Official plan position

[Grid for 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

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

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

[Grid for Gross salary entry]

[Grid for Fees entry]

[Grid for Service code entry]

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2004

0 9 0 4 0 0 0 1 0 E



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

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

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<b>(a)</b> Name						
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<b>(c)</b> Official plan position						
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<b>(e)</b> Gross salary or allowances paid by plan						
	.00	<b>(f)</b> Fees and commissions paid by plan				
			.00	<b>(g)</b> Nature of service code(s)		
				(see instructions)		

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<b>(a)</b> Name						
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<b>(c)</b> Official plan position						
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<b>(e)</b> Gross salary or allowances paid by plan						
	.00	<b>(f)</b> Fees and commissions paid by plan				
			.00	<b>(g)</b> Nature of service code(s)		
				(see instructions)		

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**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  
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(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

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