

## **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 <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

**2003**

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

For calendar plan year 2003  
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 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 ID number entry

**(c)** Official plan position

Grid for official plan position entry

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

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**(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) 2003



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Grid for name entry

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Grid for employer identification number

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Grid for official plan position

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Grid for relationship to employer

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

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Grid for nature of service code(s)

0 9 0 3 0 0 0 2 0 E



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