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## Attention:

- Telephone requests for the forms, schedules, and instructions for the 2008 Form 5500-series will not be filled until December 10, 2008.
- Requests for the 2008 Form 5500-series products can be made on the Internet (see below) beginning December 10, 2008. Requests made prior to that date will be filled with the 2007 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

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

**Note:** You can also use the Internet link [Forms and Publications by U.S. Mail](#) to request a *limited* number of these forms and schedules.

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.

**Note:** There is no Schedule B (Form 5500) for filing 2008 plan year actuarial information. Instead, file the 2008 Schedule MB (Form 5500), Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information, or the Schedule SB (Form 5500), Single-Employer Defined Benefit Plan Actuarial Information, as applicable. For only plan year 2008 filings, paper Schedules MB and SB are provided in the format presented for completion by pen or typewriter.

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**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

**2008**

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

For calendar plan year 2008  
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

**(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 and commissions entry

Grid for nature of service code entry

**(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

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

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

Grid for gross salary entry

Grid for fees and commissions entry

Grid for nature of 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) 2008



(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

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

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

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

Grid for nature of service code(s)

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

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Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

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

Grid for nature of service code(s)

0 9 0 8 0 0 0 2 0 J



**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.

E  
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A  
T  
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O  
N

FOR INFORMATIONAL PURPOSES ONLY, DO NOT USE FOR FILING

