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

2001

This Form is Open to Public Inspection.

		ndar plan year 2001 plan year beginning								and	d en	ding									
A	A Name of plan									В		Three-digit plan number ▶									
С	Plan sponsor's name as shown on line 2a of Form 5500								D		Em	ploy	er Ide	entifi	cati	on N	lumbe	r			
Pa	ırt I	Service Provider Informa	ation (see i	nstr	uction	ns)														
1		nter the total dollar amount of compensation paid by the plan to all persons, her than those listed below, who received compensation during the plan year:																			
2	desc	the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in scending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should ter N/A in (c) and (d).																			
	(a)	a) Name																			
	(b)	Employer identification number (see instructions)																			
	(c) (d)	Official plan position Relationship to employer, employee organization, or person known to be a party-in-interest	С	o r	n t	r a	a C	t	а	d	m	i r	ı i	S	t	r	a	t	0	r	
	(e)	Gross salary or allowances paid by	plan	an (f) Fees and commissions paid by pla					lan			(g) Nature of service code(s)									
											(see instructions) 1 2					2					
	(a)	Name																			
	(b) Employer identification number (see instructions)																				
	(c)	Official plan position																			
	(d)	Relationship to employer, employee organization, or person known to be a party-in-interest																			
	(e)	Gross salary or allowances paid by	plan	(f)	Fee	s and c	comm	issions	paid	by p	lan			(g)			of ser	vice	cod	e(s)	
															(se	e ructio	ons)				

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(f) Fees and commissions paid by plan

Gross salary or allowances paid by plan

(g) Nature of service code(s)

(see instructions)

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)	Tart II Termination	on information on Accountains and E	inoned Actuaires (see insti	uctions)	
ame					
(b)	EIN	(c) Position			
)					
dress					
(e)	Telephone No.				
(-)	Total Title				
) ame					
(b)	EIN	(c) Position			
)					
dress					
(e)	Telephone No.				

