

**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

2005

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

For calendar plan year 2005 or fiscal plan year beginning / / and ending / /

A Name of plan <u>TRUST ADVISORS STABLE VALUE PLUS FUND</u>	B Three-digit plan number ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUST ADVISORS STABLE VALUE PLUS FUND</u>	D Employer Identification Number <u>06-6315795</u>

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: **1**

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	(b) Employer identification number (see instructions)	(c) Official plan position		
		CONTRACT ADMINISTRATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
			12	

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
SEE STATEMENTS 2 AND 3				
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	

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(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) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	

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Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name SCHWARTZ AND HOFFLICH LLP (b) EIN 06-0755052

(c) Position ACCOUNTANTS

(d) Address 37 NORTH AVE, NORWALK CT 06851

(e) Telephone No. 203-847-4068

Explanation: SCHWARTZ AND HOFFLICH RESIGNED AS ACCOUNTANT FOR THE FUND. SEE STATEMENT FOUR

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

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