

Attention!

This form or schedule is provided for informational 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 green drop-out ink so it can be processed by the new computerized processing system "EFAST". The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also 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 Web Site at www.efast.dol.gov for additional information concerning the new processing system, electronic filing, software, and "non-standard" filings.

**SCHEDULE P
(Form 5500)**

Department of the Treasury
Internal Revenue Service

**Annual Return of Fiduciary
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

1999

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

**For trust calendar year 1999
or fiscal plan year beginning**

MM / DD / YYYY

, and ending

MM / DD / YYYY

Please type or print

1a Name of trustee or custodian

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

c City or town

State

ZIP code

2a Name of trust

b Trust's employer identification number

3 Name of plan if different from the name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☐

Yes

☐

No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ ... ►

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary

► _____

Date ►

MM / DD / YYYY

For the Paperwork Reduction Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13504X **Schedule P (Form 5500) 1999**

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