SCHEDULE P
(Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

▶ File as an attachment to Form 5500, 5500–C, 5500–K, 5500–G or 5500–R.

OMB No. 1210–0016

1981

▶ For the Paperwork Reduction Act Notice, see page 1 of the Form 5500 instructions.

For trust calendar year 1981 or fiscal year beginning _____, 1981, and ending _____, 19 .

Please type or print

1 (a) Name of trustee or custodian

(b) Address (number and street)

(c) City or town, State and ZIP code

2 Name of trust

3 Name of plan if different from 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) on their Forms 5500, 5500–C, 5500–K or 5500–G? . . . . . ☐ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on the form to which this schedule is attached . . . . . ▶

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

Signature of fiduciary ▶