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, or 5500-R.**

OMB No. 1210-0016

1984

For trust calendar year 1984 or fiscal year beginning , 1984, 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, or 5500-C? . . . . . ☐ **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 schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Date ▶ **Signature of fiduciary** ▶

Instructions

(Section references are to the Internal Revenue Code .)

A. Purpose of Form

If the trust or custodial account is used by more than one plan, file only one Schedule P (Form 5500). It must be filed as an attachment to one of the participating plan's returns/reports. If a plan uses more than one trust or custodial account for its funds, file one Schedule P (Form