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/R, or 5500EZ.**

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

OMB No. 1210-0016

1989

For trust calendar year 1989 or fiscal year beginning , 1989, 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)? . . . . . ☐ **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.

Signature of fiduciary ▶ **Date** ▶

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