

**SCHEDULE P
(Form 5500)**

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

Official Use Only

OMB No. 1210-0110

1999

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).

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

Department of the Treasury
Internal Revenue Service

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

**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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