

**SCHEDULE P  
(Form 5500)**

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

Official Use Only  
OMB No. 1210-0110

**2004**

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

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.**

Department of the Treasury  
Internal Revenue Service

For the trust calendar year 2004  
or fiscal trust year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**Please type or print**

**1a** Name of trustee or custodian

[Grid for 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.)

[Grid for address]

**c** City or town

State

ZIP code

[Grid for city, state, and ZIP code]

**2a** Name of trust

[Grid for name of trust]

**b** Trust's employer identification number

[Grid for employer identification number]

**3** Name of plan if different from name of trust

[Grid for name of plan]

**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 ... ▶

[Grid for plan sponsor's employer identification number]

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**

**SIGN HERE** ▶

Date ▶

MM / DD / YYYY

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13504X **Schedule P (Form 5500) 2004**

2 5 0 4 0 0 0 1 0 C

