
Attention:

- Telephone requests for the 2005 Form 5500-series forms, schedules and instructions will not be filled until December 1, 2005.
- Requests for the 2005 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2005. Requests made prior to that date will be filled with the 2004 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**SCHEDULE P
(Form 5500)**

Department of the Treasury
Internal Revenue Service

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

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.**

Official Use Only

OMB No. 1210-0110

2005

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

For the trust calendar year 2005
or fiscal trust 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 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

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) 2005

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