

**SCHEDULE P  
(FORM 5500)**

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

Official Use Only

OMB No. 1210-0110

**2003**

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 2003 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**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, and 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.

**SIGN  
HERE**

Signature of  
fiduciary ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

For Paperwork Reduction Act Notice and OMB Control Numbers,  
see the instructions for Form 5500 or 5500-EZ.

v6.1

**Schedule P (Form 5500) 2003**

**USE FOR**

**FILING**

2 6 0 3 0 0 0 1 0 C

