

Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the ERISA Filing Acceptance System (EFAST), electronic filing, approved software vendors, and telephone assistance.

**SCHEDULE P
(Form 5500)**

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

Official Use Only

OMB No. 1210-0110

2000

**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).

Department of the Treasury
Internal Revenue Service

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

For the trust calendar year 2000
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

►

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) 2000

