<u>TAXABLE YEAR</u> **2017** 

## **Trust Accumulation of Charitable Amounts**

CALIFORNIA FORM

541-A

| For      | cale    | ndar years only.  |                      |                             |
|----------|---------|---|----------------------|-----------------------------|
|          | ne of t | IN  |                      |                             |
|          |         |   | -                    |                             |
| Nan      | ne of t |   |                      |                             |
|          |         |   |                      |                             |
| A -I -I  |         |   |                      |                             |
| Add      | itionai | information (see instructions)  |                      |                             |
|          |         |   |                      |                             |
| Stre     | et ado  | ste. no.  | PMB/private mailbox  |                             |
|          |         |   |                      |                             |
| City     |         | State   | ZIP co               | de                          |
|          |         |   |                      |                             |
|          | ian os  | ountry name Foreign province/state/county   | Foreign              | n postal code               |
| Fore     | ign co  | ountry name Foreign province/state/county   | Foreigi              | n postal code               |
|          |         |   |                      |                             |
|          |         |   |                      |                             |
| AN       | SWE     | R THESE QUESTIONS:  5 Have you filed a tax return on Form 5   | A1 for t             | he vear                     |
|          |         | ust created (min/dd/yyyy) • covered by this tay return?   |                      |                             |
| 2        | Vere a  | any of the trustees residents of California during any  6 Do any of the amounts shown on thi                        |                      |                             |
| 1        | ortio   | n of the taxable year?  |                      |                             |
| 3        | Nas tl  | ne grantor or settlor of the trust a resident of California (attach a schedule explaining the diff                  |                      |                             |
| (        | during  | the taxable year of the trust? Yes No 7 Are you required to file federal Form                                       |                      |                             |
| 4        | lame    | and address of grantor or settlor business and/or lease indebtedness  |                      |                             |
|          |         | Dusiness and/or lease indebtedness  | iicoiiie :           | ' ⊔ Yes ⊔ NO                |
| Pai      | τI      | Income and Deductions. See instructions for Form 541. If total income is \$25,000 or less, skip line 1 through line | 3 and en             | ter total income on line 9. |
|          |         | Interest income   |                      | 00                          |
|          | 2       | Dividends   | . 2                  | 00                          |
|          |         | Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)  |                      | 00                          |
| ē        |         | Capital gain or (loss). Attach Schedule D (541)   |                      | 00                          |
| Income   |         | Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)                |                      | 00                          |
| <u> </u> |         | Farm income or (loss). Attach federal Schedule F (Form 1040)  |                      | 00                          |
|          |         | Ordinary gain or (loss). Attach Schedule D-1.   |                      | 00                          |
|          |         | Other income. State nature of income  |                      | 00                          |
|          |         | Total income. Add line 1 through line 8.  |                      | 00                          |
|          |         | Interest.   |                      | 00                          |
|          | 11      | Taxes   |                      | 00                          |
| OUS      |         | Charitable deduction. Itemize by charitable purpose; include payee's name and address.                              | .                    |                             |
| ctions   | '-      | See instructions for Part II and Part III.  | • 12                 | 00                          |
| Dedu     | 12      | Trustee fees  | ·                    | 00                          |
| De       |         | Attorney, accountant, and tax return preparer fees  |                      | 00                          |
|          |         | Other deductions. Attach schedule.  |                      | 00                          |
| Date     |         | Distributions of Income Set Aside in Prior Taxable Years for Charitable Purposes. See instructions.                 | 10                   | 00                          |
|          |         | imulated income set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c)         | <ul><li>16</li></ul> | 00                          |
| 16       |         |   | 10                   | 00                          |
| 17       |         | me set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c) and which            |                      |                             |
|          |         | distributed during the current taxable year. Itemize by charitable purpose; include payee's name and address.       | 00                   |                             |
|          | _       |   | 00                   |                             |
|          |         | _   | 00                   |                             |
|          |         |   | 00                   |                             |
| 18       |         | I. Add line 17a through line 17c  |                      | 00                          |
| 19       |         | nce. Subtract line 18 from line 16  | . 19                 | 00                          |
| 20       |         | me set aside during the current taxable year for which a deduction was claimed under IRC Section 642(c)             |                      |                             |
|          |         | uded in Part I, line 12)  |                      | 00                          |
| 21       | Carr    | vover. Add line 19 and line 20  | <b>21</b>            | 00                          |

| Pai      | rt III                                     | Distributions of Principal for Charitable Purposes  |           |          |                   |               |          |                            |    |
|----------|--|---|-----------|----------|-------------------|---------------|----------|----------------------------|----|
| 22       | Princip                                    | al distributed in prior taxable years for charitable purposes   |           |          |                   | •             | 22       | (                          | 00 |
| 23       | Princip                                    | al distributed during the current taxable year for charitable purposes. Itemize by  | charitabl | е        |                   |               |          |                            |    |
|          | purpose; include payee's name and address. |   |           |          |                   |               |          |                            |    |
|          |  |   | 23a       | 1        |                   | 00            |          |                            |    |
|          |  |   |           | _        |                   | 00            |          |                            |    |
|          |  |   |           | _        |                   | 00            |          |                            |    |
| 24       |  | Add line 23a through line 23c   |           |          |                   |               | 24       | (                          | 00 |
| Pai      | rt IV                                      | Balance Sheets. If line 9 is \$25,000 or less, complete only line 38, line 42, and li   | ne 45.    |          |                   |               |          |                            | _  |
|          |  |   |           |          | (a)               |               |          | (b)                        | _  |
|          |  | Assets  |           |          | Beginning-of-Ye   |               | lue      | End-of-Year Book Value     |    |
| 25       | Cash -                                     | – non-interest bearing  |           | 25       |                   |               |          |                            |    |
| 26       |  | s and temporary cash investments  |           | 26       |                   |               |          |                            | _  |
| 27       | -  | counts receivable   |           |          |                   |               |          |                            |    |
|          |  | ss: allowance for doubtful accounts   |           |          |                   |               |          |                            | _  |
| 28       |  | tes and loans receivable  |           |          |                   |               |          |                            |    |
| _0       |  | ss: allowance for doubtful accounts   |           |          |                   |               |          |                            |    |
| 29       |  | ories for sale or use   |           | 29       |                   |               |          |                            | _  |
| 30       |  | d expenses and deferred charges   |           | 30       |                   |               |          |                            | _  |
|          |  |   |           | 31       |                   |               |          |                            | _  |
| 31       |  | ments — U.S. and state government obligations. Attach schedule  |           | _        |                   |               |          |                            |    |
| 32       |  | ments — corporate stock. Attach schedule  |           | 32       |                   |               |          |                            | _  |
| 33       |  | ments — corporate bonds. Attach schedule  |           | 33       |                   |               |          |                            |    |
| 34       |  | restments — land, buildings, and equipment: basis 34a   |           |          | T                 |               |          |                            |    |
|          |  | ss: accumulated depreciation  |           |          |                   |               |          |                            |    |
| 35       |  | nents — other. Attach schedule  |           | 35       |                   |               |          |                            | _  |
| 36       |  | nd, buildings, and equipment (trade or business): basis <b>36a</b>  |           |          | 1                 |               |          |                            |    |
|          |  | ss: accumulated depreciation  |           |          |                   |               |          |                            |    |
| 37       |  | assets. Describe. ▶   |           | 37       |                   |               |          |                            |    |
| 38       | Total a                                    | ssets. Add line 25 through line 37  |           | 38       | •                 |               |          |                            |    |
|          |  |   |           |          |                   |               |          |                            |    |
|          | _  | Liabilities   |           |          |                   |               |          |                            |    |
| 39       |  | nts payable and accrued expenses  |           | 39       |                   |               |          |                            |    |
| 40       | •  | ges and other notes payable. Attach schedule  |           | 40       |                   |               |          |                            |    |
| 41       |  | iabilities. Describe. ▶   |           | 41       |                   |               |          |                            |    |
| 42       | Total li                                   | abilities. Add line 39 through line 41  |           | 42       |                   |               |          |                            |    |
|          |  |   |           |          |                   |               |          |                            |    |
|          |  | Net Assets  |           |          |                   |               |          |                            |    |
| 43       | Trust p                                    | rincipal or corpus  |           | 43       | •                 |               |          |                            |    |
| 44       | Undistr                                    | ributed income and profits  |           | 44       | •                 |               |          |                            |    |
| 45       | Total n                                    | et assets. Add line 43 and line 44  |           | 45       |                   |               |          |                            |    |
| 46       | Total li                                   | abilities and net assets. Add line 42 and line 45   |           | 46       |                   |               |          |                            |    |
|          |  |   |           |          |                   |               |          |                            |    |
|          |  | Under penalties of perjury, I declare that I have examined this tax return, including accompar is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all in |           |          |                   |               |          | my knowledge and belief, i | t  |
| Sig      |  | Signature of trustee or officer representing trustee  | lormation | DI WITIC | n preparer nas ar | IY KITOWIE    | euge.    | Date                       |    |
| Hei      | C  |   |           |          |                   |               |          | Date                       |    |
|          |  | X Preparer's signature Date   | 0         | le       | Check if self-    | PTIN          | <u> </u> |                            | —  |
|          |  | reparers signature  | E         |          | employed ▶        | PIIN          | 1        |                            |    |
| Paid     | d  | X   |           |          |                   | <b>A</b> ==:: |          |                            | _  |
|          | parer's                                    | Firm's name (or yours, if self-employed) and address  |           |          |                   | • FEIN        | 1        |                            |    |
| Use Only |  |   |           |          |                   |               |          |                            |    |
|          |  |   |           |          |                   | Telepho       | one      |                            |    |
|          |  |   |           |          |                   | (             | )        |                            |    |
|          |  | May the FTB discuss this tax return with the preparer shown above (see instructions)?   | ·         |          |                   | • 🗆           | Yes 🗆    | No                         |    |