TAXABLE Y	Charitable Remain	der				CALIFORNIA FORM
2017		- <u>-</u>		_		541-B
Name of trust				FEIN		
Name of trust	ee(s)				1 1	I I I I I
Additional inf	numerican (account in the second s					
Additional into	prmation (see instructions)					
Street addres	s (number and street) or PO box			Apt. no/ste	e. no.	PMB/private mailbox
City			I. I. I. I. I. I.	State	ZIP code	
		<u> </u>				
Foreign count	ry name		ce/state/county		Foreign p	oostal code
Date trust	created (mm/dd/yyyy)	•			1 1	
	ist (1) Charitable lead trust (2) Charitable		ust (3) 🗌 Charitable r	emainder unitrust (4)	Pooled	income fund (5) Other
Fair Market \	alue (FMV) of assets at end of taxable year		Gross Income			
	••	Final Tax Return	Amended Tax R	eturn 🗌 New Trus	stee	New Address
	come and Deductions (All Trusts complete Sect Ordinary Income	tions A through D)				
	income				1	00
2a Ordinary	/ dividends. (including qualified dividends)				2a	00
	d dividends (see instructions)			00		
3 Busines	s income (or loss). Attach federal Schedule C or	C-EZ (Form 1040).		• • • • • • • • • • • • • • • • • • • •	3	00
	oyalties, partnerships, other estates and trusts, (4	00
5 Farm in	come (or loss). Attach federal Schedule F (Form	1040)		•	5	00
6 Ordinary	/ gain (or loss). Attach Schedule D-1			•	6	00
7 Other in	come. State nature of income			••	7	00
8 Total or	linary income. Add lines 1, 2a, and 3 through 7			•	8	00
Section B –	Capital Gains (Losses)					
	tal gain (loss) from Schedule D (541), line 8				9	00
	sed capital loss carryover from Schedule D (54			•••••••••••••••••••••••••••••••••••••••	10	00
	tured IRC Section 1250 gain			00		
	bital gains (losses). Combine lines 9 and 10 Nontaxable Income				12	00
	npt interest				13	00
	ntaxable income. List type and amount				14	00
	ntaxable income. Add lines 13 and 14				15	00
	Under penalties of perjury, I declare that I have examine	ed this tax return, inclu	ling accompanying schedu	ules and statements, and to	he best o	f my knowledge and belief, it
Sign Here	is true, correct, and complete. Declaration of preparer (Signature of trustee or officer representing trustee	other than taxpayer) is	based on all information of	which preparer has any kno	wledge.	
	X		1			
	Preparer's signature		Date	Check if self- employed ► □	ΓIN	
Paid Preparer's	Firm's name (or yours, if self-employed) and address			● Ft	EIN	
Use Only					-	
				leler	ohone)	
	May the FTB discuss this tax return with the prepar	er shown above (see	instructions)?	•	Yes [No

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Section D – Deductions

16	Interest	16	00
17	Taxes	17	00
18	Trustee fees	18	00
19	Attorney, accountant, and tax return preparer fees	19	00
20	Other allowable deductions. Attach schedule	20	00
21	Total (Add lines 16 through 20)	21	00
22	Charitable deduction 22 00		

Section E – Deductions Allocable to Income Categories (IRC Section 664 trust only)

Section E – Deductions Anocable to income Categories (Inc. Section 664 trust only)		
23a Enter the amount from line 21 allocable to ordinary income	23a	00
b Subtract line 23a from line 8	23b	00
24a Enter the amount from line 21 allocable to capital gains (losses)	24a	00
b Subtract line 24a from line 12	24b	00
25a Enter the amount from line 21 allocable to nontaxable income	25a	00
b Subtract line 25a from line 15	25b	00

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Part II Unrelated Business Taxable Incom	e
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26 Did the trust have any unrelated bu If "Yes," file a separate Form 541 to						
Part III Schedule of Distributable	Income (IRC S	Section 664 trust o	nly)			
Accumulations		(a)		(b)	Nanta	(c)
		Ordinary inc	ome	Capital gains (losses)	Nonta	xable income
27 Undistributed income from prior tax						
28 Current taxable year net income year						
(before distributions)						
 In column (a), enter the amount fr In column (b), enter the amount fr 						
 In column (b), enter the amount fr In column (c), enter the amount fr 						
29 Total distributable income. Add lines						
Part IV-A Distributions of Princip		Purnosos				
30 Principal distributed in prior taxable					30	00
31 Principal distributed during the cur	•					00
Fill in the information for columns (•			on the space to the right.		
		(B)		(C)		
(A) Payee's name and addre	SS	Date of distribution	Charitable pur	pose and description of assets distrib	uted	
		(mm/dd/yyyy)				
a		-				
		-				
					31a	00
b						
		-				
		-			016	00
C					31b	00
		-				
		-				
					31c	00
32 Total. Add lines 30 through 31c						00
Part IV-B Accumulated Income S				•	00-	
33a Accumulated income set aside in p	5					00
33b Enter the amount shown on Side 2,34 Add lines 33a and 33b						00
35 Distributions made during the taxal						00
 For income set aside in prior taxa 	-	hich a deduction w	as claimed und	ler IRC Section 642(c)		
 For charitable purposes for which 					e vear.	
Fill in the information for columns (
				(C)		
(A) Payee's name and addre	SS	(B) Date of distribution	Charitable pur	pose and description of assets distrib	uted	
		(mm/dd/yyyy)				
a 		-				
					35a	00
b						
		-				
		-				
C					35b	00
• 		-				
					35c	00
36 Add lines 35a through 35c					36	00
37 Carryover. Subtract line 36 from lin	e 34				37	00

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Part V Balance Sheet

As	sets	(a) Beginning-of-Year Book Value	(b) End-of-Year Book Value	(c) FMV (see instructions)			
38	Cash – non-interest bearing			38			
39	Savings and temporary cash investments			39			
40	a Accounts receivable	40a					
	b Less: allowance for doubtful accounts	40b					
41	Receivables due from officers, directors, trustees, and						
	other disqualified persons. Attach schedule			41			
42	a Other notes and loans receivable	42a					
	b Less: allowance for doubtful accounts	42b					
43	Inventories for sale or use			43			
44	Prepaid expenses and deferred charges			44			
45	a Investments – U.S. and state government obligations. A	ttach s	chedule	45a			
	b Investments – corporate stock. Attach schedule			45b			
	c Investments – corporate bonds. Attach schedule			45c			
46	a Investments – land, buildings, and equipment basis.						
	Attach schedule	46a					
	b Less: accumulated depreciation	46b					
47	Investments – other. Attach schedule			47			
48	a Land, buildings, and equipment (trade or business):						
	basis	48a					
	b Less: accumulated depreciation	48b					
49	Other assets. Describe		4	49			
	Total assets. Add lines 38 through 49			50	•	•	•
Lia	abilities						
51	Accounts payable and accrued expenses			51			
52	Deferred revenue			52			
53	Loans from officers, directors, trustees, and other disquali	ified pe	ersons	53			
54	Mortgages and other notes payable. Attach schedule			54			
55	Other liabilities. Describe			55			
	Total liabilities. Add lines 51 through 55			56	•	•	•
Ne	et Assets						
57	Trust principal or corpus			57			
58	a Undistributed income			58a			
	b Undistributed capital gains			58b			
	c Undistributed nontaxable income			58c			
59	Total net assets. Add lines 57 through 58c			59	•	•	
60	Total liabilities and net assets. Add line 56 and line 59			60			

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Pa	rt VI-A Charitable Remainder Annuity Trust (CRAT) Information (Complete only if a IRC Section 664 CRAT)				
	a Enter the initial fair market value (FMV) of the property placed in the trust	61a			00
	b Enter the total annual annuity amounts for all recipients.	61b			00
Pa	rt VI-B Charitable Remainder Unitrust (CRUT) Information (Complete only if a IRC Section 664 CRUT)				
62	Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in IRC Regulations Section 1.664-3(a)(1)(i)	(b)(1)	?	Yes	🗆 No
63	Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in IRC Regulations Section 1.664	4-3(a)((1)(i)(b)(2)? 🗆	Yes	🗆 No
64	Did the trust change its method of payment during the taxable year?			Yes	🗆 No
	If "Yes," describe the triggering event. Include the date of the event and the old method of payment.				
65	a Enter the unitrust fixed percentage to be paid to the recipients	65a			%
	b Unitrust amount. Subtract line 56, column (c) from line 50, column (c) and multiply the result by the percentage	051			
	on line 65a	65b			00
	If "Yes," on line 62 or line 63, go to line 66a. Otherwise skip lines 66a through 67b and enter the line 65b amount on line 68.				
66	arround on fine 66. a Trust's accounting income for 2017. Attach schedule.	66a	[00
00	If "Yes," on line 62, go to line 66b. If "Yes," on line 63, skip line 66b and go to line 67a.	00a			100
	b Enter the smaller of line 65b or line 66a here and on line 68. Skip lines 67a and 67b.	66b			00
67	a Total accumulated distribution deficiencies from previous years.	67a			00
07	b Add lines 65b and 67a.	67b			00
	If lines 67a and 67b are completed, enter the smaller of line 66a or line 67b on line 68.	015	<u> </u>		100
68	Required unitrust distribution for 2017.	68			00
	Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 63.)				1
	Subtract line 68 from line 67b.	69			00
70	If this is the final tax return, enter the initial FMV of all assets placed in trust by the donor.	70			00
71	Did the trustee change the method of determining the FMV of the assets? If "Yes," attach an explanation.			Yes	🗆 No
72	Were any additional contributions received by the trust during 2017? If "Yes," complete Side 6, Schedule A, Part III			Yes	🗆 No
Pa	rt VII Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts				
Sec	tion A – All Trusts				
73	Check this box if any of the split-interest trust's income interests expired during 2017				
74	Check this box if all of the split interest trust's income interests expired before 2017				
	If either box is checked and this is not a final tax return, attach an explanation.				
	tion B – Charitable Lead Trusts		1		
-	Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2017	75			00
	tion C – Pooled Income Funds	=0			
	Enter the amount of contributions received during 2017.	76			00
	Enter the amount required to be distributed for 2017 to satisfy the remainder interest	77			00
	Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed Enter the amount of income required to be paid to the charitable remainder beneficiary for 2017	78 79			00
	tion D – Charitable Remainder Trusts	19			00
	Check this box if you are filing for a charitable remainder annuity trust or a charitable remainder unitrust whose charitable i	nteres	ts		
	involve only cemeteries or war veterans' posts				
81	Check this box if you are making an election under IRC Regulations Section $1.664-2(a)(1)(i)(a)(2)$ or $1.664-3(a)(1)(i)(g)(2)$				
	income generated from certain property distributions (other than cash) by the trust as occurring on the last day of the taxal				
82	Is this the initial tax return? If "Yes," attach a copy of the trust instrument		🗆	Yes	🗆 No
83	Was the trust instrument amended during the year? If "Yes," attach a copy		🗆	Yes	🗆 No
	If this is the final tax return, were final distributions made according to the trust instrument?				🗆 No
	If "Yes," did you complete Side 3, Part IV-A, line 31?			Yes	🗆 No
(If "No," explain why				
0-				N. 5	
85	If this was the final year, was an early termination agreement signed by all parties to the trust?	••••	. 🗆 Yes 🖂	NOL	⊔ N/A
00	If "Yes," attach a copy of the signed agreement.	0.11×1±1-	0		
00	At any time during the calendar year 2017, did the trust have an interest in or a signature or other authority over a bank, se or other financial account in a foreign country?			Vec	No
	- · ·			103	
	If "Yes," enter the name of the country:				

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Pa	rt I Accumulation Schedule (IRC Section 664 trust only))		
	Accumulations	(a) Ordinary income	(b) Capital gains (losses)	(c) Nontaxable income
1	Total distributable income. Enter the amount from Side 3, Part III, line 29			
2a	Total distributions for 2017:			
2b	2017 distributions from income			
3	Undistributed income at end of taxable year. Subtract line 2b from line 1			

Part II-A Current Distributions Schedule (IRC Section 664 trust only)

	(a Name of		(b) Identifying number		(c) amount payable (if applicable)	
4a	•	·	•	•		
4b	•		•	•		
4c					%	
	(d) Ordinary income	(e) Capital gains	(f) Nontaxable income	(g) Corpus	(h) Total. Add cols. (d) through (g)	
4a	•	•		•		
4b	•	•		•		
4c						
Total						
If Par	t II-A Total, column (h) does no	t agree with line 61b for a CRAT	or line 68 for a CRUT, check he	re and attach explanation		

Part II-B Current Distributions (charitable lead trust or pooled income funds only)

5 Enter the amount required to be paid to private beneficiaries for 2017 \$_

Part III Assets and Donor Information

6 Is this the initial tax return or were additional assets contributed to the trust in 2017?..... Ves No If "Yes," complete the schedule below.

If "No," complete **only** column (a) of the schedule below.

	(a) Name and address of donor	(b) Description of each asset donated	(c) FMV of each asset on date of donation	(d) Date of donation (mm/dd/yyyy)
7a				
7b				
7c				
7d	Total. Add lines 7a through 7c			

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