## Form **3520**

## Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts

OMB No. 1545-0159

2013

Department of the Treasury Internal Revenue Service

▶ Information about Form 3520 and its separate instructions is at www.irs.gov/form3520.

| иоте                  | . All information must be in English   | i. Snow all amounts in U.S. dollars  | s. File a <b>separate</b> Forn   | 1 3520 for <b>each</b> foreign trust.  |                              |  |  |
|-----------------------|--|--|--|--|------------------------------|--|--|
| For c                 | alendar year 2013, or tax year beg   | inning   | , 2013, ending   | , 20   |                              |  |  |
| <b>A</b> C            | heck appropriate boxes: 🗌 Init   | al return 🗌 Initial return (extens   | ion filed)   | return   Amended return  |                              |  |  |
| <b>B</b> C            | heck box that applies to person fil  | ing return: 🗌 Individual 🔠 P   | artnership 🗌 Corpo   | oration 🗌 Trust 🔲 Executo  | r                            |  |  |
| Chec                  | k all applicable boxes:  |  |  |  |                              |  |  |
| (b)<br>re<br>de<br>fo | ) You are a U.S. transferor who, din<br>) You held an outstanding obligation<br>ported as a "qualified obligation" (de<br>ecedent and (1) the decedent made a<br>reign trust immediately prior to death,<br>entifying information requested belo | of a related foreign trust (or a perso<br>fined in the instructions) during the c<br>transfer to a foreign trust by reason of<br>or (3) the decedent's estate included   | on related to the trust) is<br>urrent tax year, or (c) Y<br>death, (2) the decedent<br>any portion of the assets | ssued during the current tax year, the<br>ou are the executor of the estate of<br>was treated as the owner of any porti- | nat you<br>a U.S.<br>on of a |  |  |
|                       | ou are a U.S. owner of all or any portion are a U.S. owner of all or any portion are all of the for  |  | he tax year. Complete a  | Il applicable identifying information  |                              |  |  |
| gı<br>re              | ) You are a U.S. person who, during the<br>rantor or beneficiary of a foreign trust (<br>lated to you during the current tax yea<br>omplete all applicable identifying information.  | <ol> <li>that has made a loan of cash or mar</li> <li>or (2) from which you or a U.S. perso</li> </ol>   | ketable securities, direct on related to you received  | ly or indirectly, to you or a U.S. persor<br>d the uncompensated use of trust pro  | า                            |  |  |
|                       | ou are a U.S. person who, during the entifying information requested below   |  |  |  | licable                      |  |  |
| 1a                    | Name of U.S. person(s) with respect to wi  | nom this Form 3520 is being filed (see instru  | ctions)  | <b>b</b> Identification number   |                              |  |  |
| С                     | Number, street, and room or suite no. (if a  | P.O. box, see instructions)  |  | d Spouse's identification number   |                              |  |  |
| е                     | City or town   | f State or province  | g ZIP or foreign postal code   | h Country  |                              |  |  |
| i                     | Check the box if you are married an  | d filing a joint 2013 income tax return,   | but you are filing separat   | e Forms 3520.  |                              |  |  |
| j                     | Service center where U.S. person's   | tax return is filed  |  | <b>&gt;</b>  |                              |  |  |
|                       |  |  |  |  |                              |  |  |
| k                     | If an extension was requested for th   | e tax return, check this box 🔲 and   | enter the form number of   | of the tax return to be filed.   |                              |  |  |
| 2a                    | Name of foreign trust (if applicable)  |  |  | <b>b(1)</b> Employer identification number (if an  | ny)                          |  |  |
| С                     | Number, street, and room or suite no. (if a  | P.O. box, see instructions)  |  | <b>b(2)</b> Reference ID number (see instructions)   |                              |  |  |
| d                     | City or town   | e State or province  | f ZIP or foreign postal code   | e <b>g</b> Country   |                              |  |  |
| 3                     | information?   | agent (defined in the instructions) who some series of the same series agent (defined in the instructions) who some series of the same series agent (defined in the instructions) who same series agent (defined in the instructions) agent (defined in th |  | vith all relevant trust  | No                           |  |  |
| 3a                    | Name of U.S. agent   |  | J  | <b>b</b> Identification number (if any)  |                              |  |  |
| С                     | Number, street, and room or suite no. (if a  | P.O. box, see instructions)  |  |  |                              |  |  |
| d                     | City or town   | e State or province  | f ZIP or postal code   | g Country  |                              |  |  |
| 4a                    | Name of U.S. decedent (see instr.)   | <b>b</b> Address   |  | c TIN of decedent  |                              |  |  |
| d                     | Date of death  |  |  | e EIN of estate  |                              |  |  |
| f                     |  | a foreign trust by reason of death. of foreign trust immediately prior to de uded in estate of U.S. decedent.  | eath.  | 0500   |                              |  |  |

| Part       |                          | Transte                     | rs by U.S. Pei         | rsons to a Fo          | oreign Trust Dur                            | ing the Current                  | Tax Year (                       | (see instructior       | IS)                           |  |  |
|------------|--------------------------|-----------------------------|------------------------|------------------------|---|----------------------------------|----------------------------------|------------------------|-------------------------------|--|--|
| 5a         | 5a Name of trust creator |                             | <b>b</b> Address       |                        |   | <b>c</b> Iden                    | c Identification number (if any) |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
| 6a         | Coun                     | itry code of co             | ountry where trust w   | as created <b>b</b> C  | ountry code of country v                    | whose law governs the t          | trust <b>c</b> Date              | trust was created      |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
| 7a         | Will a                   |                             | her than the U.S. tra  | ansferor or the forei  | ign trust) be treated as the                | ne owner of the transfer         | red assets after                 | r the transfer?        | Yes No                        |  |  |
| b          |                          | (i)<br>of other foreig      |                        | (ii)                   |   | (iii)<br>Country of residence    | Identified                       | (iv)                   | (v)<br>Relevant Code          |  |  |
|            | trust                    | owners, if any              | '                      | Addres                 | 55  | Country of residence             | e identifica                     | ation number, if any   | section                       |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        | ]                             |  |  |
| 8          |                          |                             |                        | •                      | Yes," see instructions                      |                                  |                                  | _                      | 」Yes □ No                     |  |  |
| 9a         |                          |                             |                        |                        | ne income or corpus o                       |                                  |                                  | _                      | 」Yes □ No                     |  |  |
| b          |                          |                             |                        |                        | penefit a U.S. benefic                      | •                                |                                  |                        | 」Yes □ No                     |  |  |
| 10         | VVIII                    | you continue                |                        |                        | e transferred asset(s)<br>ligations of a Re |                                  |                                  |                        | 」Yes □ No                     |  |  |
| 11a        | Duri                     | na the curre                |                        |                        | pperty (including cash                      | •                                |                                  |                        |                               |  |  |
| IIa        |                          | -                           |                        |                        | related to the trust (s                     |                                  |                                  | -                      | ] Yes □ No                    |  |  |
|            |                          | -                           | _                      |                        | cable. If "No," go to s                     |                                  |                                  |                        | Tes LINO                      |  |  |
| b          |                          |                             |                        |                        | pect to a transfer des                      |                                  | aualified obl                    | igations?              | Yes □ No                      |  |  |
|            |                          |                             |                        |                        | pect to a transier des                      |                                  | qualifica obi                    | igations:              | ics _ No                      |  |  |
|            |                          | •                           |                        |                        | columns (a) through                         | •                                | espect to eac                    | h nongualified         |                               |  |  |
|            |                          | -                           | "-0-" in column (      |                        | (4,   | ()                               |                                  | 1                      |                               |  |  |
|            |                          | (i)                         | ,                      | <u> </u>               | (ii)  | (iii)                            |                                  |                        | (iv)                          |  |  |
| [          | Date of                  |                             | g rise to obligation   | N                      | Maximum term                                | Yield to ma                      | turity                           | FMV of                 | obligation                    |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
| 12         |                          | •                           | •                      |                        | rted on line 11b: Do y                      | •                                | •                                |                        |                               |  |  |
|            |                          |                             |                        |                        | nsfer, and any conse                        |                                  | -                                |                        |                               |  |  |
|            |                          | _                           | _                      |                        | ter the maturity date of                    | _                                |                                  |                        | ⊔ Yes               No        |  |  |
|            | Note                     | e. Generally,               |                        |                        | ecked "Yes" to the qu                       |                                  |                                  |                        |                               |  |  |
| 40         | ·                        |                             |                        |                        | -Gratuitous Tra                             |                                  |                                  | II FM/                 |                               |  |  |
| 13         |                          |                             |                        |                        | ansfers (directly or incred?                |                                  |                                  | ess than Fiviv,        | ] w                           |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        | 」Yes     ⊔   No               |  |  |
|            |                          | es, comple<br>lo," go to Sc | ` ,                    | ough (i) below ar      | nd the rest of Schedu                       | ie в, as applicable.             |                                  |                        |                               |  |  |
|            | 11 1                     | 10, go to 30                | riedule C.             | <u> </u>               |   | (6)                              |                                  |                        |                               |  |  |
|            | ,                        | (b)                         | (-)                    | (d)                    | (e)   | (f)<br>Excess, if any,           | (g)                              | (1-)                   | (i)                           |  |  |
| (a<br>Date |                          | Description                 | (c)<br>FMV of property | U.S. adjusted basis of | Gain recognized<br>at time of               | of column (c)<br>over the sum of | Description<br>of property       | (h)<br>FMV of property | Excess of                     |  |  |
| trans      | sfer                     | of property transferred     | transferred            | property               | transfer,                                   | columns                          | received,                        | received               | column (c) over<br>column (h) |  |  |
|            |                          |                             |                        | transferred            | if any                                      | (d) and (e)                      | if any                           |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
|            |                          |                             |                        |                        |   |                                  |                                  |                        |                               |  |  |
| Totals     | <b>&gt;</b>              |                             |                        |                        |   | \$                               |                                  |                        | \$                            |  |  |
| 14         |                          |                             |                        |                        | or loan document e                          |                                  |                                  | •                      | on line 13. If these          |  |  |
|            | doc                      | uments have                 | e been attached to     | o a Form 3520 fil      | ed within the previous                      | s 3 years, attach only           | y relevant upo                   | dates.                 |                               |  |  |
|            |                          |                             |                        |                        |   |                                  | .,                               | Attache                |                               |  |  |
|            | Are                      | you attachin                | g a copy of:           |                        |   |                                  | Yes                              | No Previous            | ly Attached                   |  |  |
| а          | Sale                     | document?                   | ·                      |                        |   |                                  |                                  |                        |                               |  |  |
| b          |                          | n document                  |                        |                        |   |                                  |                                  |                        |                               |  |  |
| С          | Sub                      | sequent vari                | ances to original      | sale or loan docu      | uments?                                     |                                  |                                  |                        |                               |  |  |

Form 3520 (2013) Page **3** 

| Par | Schedule B – Grati   | uitous Transiers (Contil         | iuea)                                |            |                                  |                                   |                     |                        |
|-----|--|----------------------------------|--------------------------------------|------------|----------------------------------|-----------------------------------|---------------------|------------------------|
|     | Note. Complete lines 15 throug provide the IRS with all relevant |                                  | " to line 3, acknowledging tha       | t the fore | eign trust                       | did not app                       | ooint a U.S. a      | agent to               |
| 15  | (a)  |                                  | (b)                                  |            |                                  |                                   |                     |                        |
|     | Name of beneficiary  | Address                          | s of beneficiary                     | Yes        | neficiary?                       | Identific                         | r, if any           |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
| 16  | <b>(a)</b><br>Name of trustee                                    |                                  | (b)<br>Address of trustee            |            |                                  | Identific                         | (c)<br>cation numbe | r if anv               |
|     | Tumo or u dolor  |                                  | , taa. 555 57 ti a5155               |            |                                  |                                   |                     | .,,                    |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
| 17  | (a) Name of other persons  | Address of other r               | (b) persons with trust powers        | Descri     | <b>c)</b><br>ption of            | (d) Identification number, if any |                     |                        |
|     | with trust powers  | 7.100.000 07.01.101.1            |                                      | pov        | wers                             |                                   |                     | .,,                    |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
| 18  | If you checked "No" on line 3 (                                  | •                                |                                      |            |                                  |                                   |                     | indicated              |
|     | below. If these documents have                                   | attach or                        | niy relevant i<br>Attao              | •          | Year                             |                                   |                     |                        |
|     | Are you attaching a copy of:                                     |                                  |                                      | Ye         | s N                              | No Previ                          |                     | ttached                |
| а   | Summary of all written and ora                                   | al agreements and understandi    | ngs relating to the trust?           |            | ] [                              |                                   |                     |                        |
| b   | The trust instrument?  |                                  |                                      |            | ] [                              |                                   |                     |                        |
| С   | Memoranda or letters of wishe                                    | es?                              |                                      |            | ] [                              |                                   |                     |                        |
| d   | Subsequent variances to origin                                   |                                  |                                      |            | ] [                              |                                   | ┨ —                 |                        |
| e   | Trust financial statements? .                                    |                                  |                                      |            | ] [                              |                                   | ╣ —                 |                        |
| f   |  | ualified Obligations Out         |                                      | t Tax \    | Year (s                          | L<br>ee instruc                   | <br>tions)          |                        |
| 19  | Did you, at any time during the                                  | <del>-</del>                     |                                      |            |                                  |                                   |                     |                        |
|     | the trust) that you reported as                                  | , .                              |                                      | •          |                                  |                                   | ☐ Yes               | ☐ No                   |
|     | If "Yes," complete columns (a)                                   | through (e) below.               |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  | , ,                                  |            | <i>t</i> n                       |                                   |                     | e)<br>obligation       |
|     | <b>(a)</b><br>Date of original                                   | <b>(b)</b><br>Tax year qualified | <b>(c)</b><br>Amount of principal    | Aı         | <b>(d)</b><br>Amount of interest |                                   | still me            | eet the                |
|     | obligation   | obligation first reported        | payments made during<br>the tax year | payı       | ments mad<br>the tax y           |                                   |                     | a for a<br>obligation? |
|     |  |                                  | ano tax your                         |            | ano tak y                        | -u.                               | Yes                 | No                     |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      |            |                                  |                                   |                     |                        |
|     |  |                                  |                                      | 1          |                                  |                                   |                     | I                      |

Form **3520** (2013)

|       |  |   |  |   |            |   |                 |  |   |  |  |   | <u> </u>                       |
|-------|--|---|--|---|------------|---|-----------------|--|---|--|--|---|--------------------------------|
| Pai   | rt II U.S. Ov  | vner of a   | a Forei  | gn Trust (s   | see i      | nstructions)  |                 |  |   |  |  |   |                                |
| 20    | (a)<br>Name of other forei<br>trust owners, if an                          |   |  | (t<br>Add   | o)<br>ress |   | C               | <b>(c)</b><br>Country of re                | sidence                                     | (d)<br>Identification nu                     | mber, if any   | Re  | (e)<br>elevant Code<br>section |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  | (-)   |  |   |            |   |                 | (I-)                                       |   |  |  | (-)   |                                |
| 21    | Country code of country where foreign trust was created                    |   |  |   | C          | (b) (c) Country code of country whose law governs the foreign trust Date foreign trust was crea |                 |  |   |  |  |   | t was created                  |
| 22    | If "No," to the b<br>See instructions<br>Enter the gross                   | the Foreig<br>est of you<br>s for inform<br>value of th | n Granton<br>r ability, con<br>nation on<br>ne portion | r Trust Owne<br>complete and<br>penalties.<br>n of the foreig | r Stat     | ement you receich a substitute Fo   | ved from 3      | rom the for t<br>3520-A for t<br>as owning | the foreig                                  | n trust.<br>ad of the tax year               |  | Yes   |                                |
| Par   | t III Distribu   | utions to   | a U.S.   | Person F  | rom        | a Foreign T   | rust            | During 1                                   | the Cur                                     | rent Tax Yea                                 | ar (see ins  | truct   | ions)                          |
| 24    | Cash amounts o   | r FMV of p  | roperty re   | ceived, direct  | ly or i    |   | the cu          |  |   | ne foreign trust (e                          | xclude loans   | includ  | ded on line 25).               |
| Da    | (a)<br>te of distribution  | Descriptio  | (b)<br>on of prope                                     | erty received   |            | (c) IV of property rece letermined on date distribution)  |                 | Descri<br>property t                       | d)<br>ption of<br>transferred<br>any        | (e)<br>FMV of prope<br>transferred           |  |   | (f)<br>column (c)<br>blumn (e) |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   | -          |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
| Total | <br> s   |   |  |   |            |   |                 |  |   |  | ▶ \$   |   |                                |
|       |  | it tax year,  | did you  | (or a person  | relate     | ed to you) receiv   | e a lo          | oan from a                                 | related for                                 | oreign trust (incli                          | uding an   |   |                                |
|       | extension of cred  | it upon the   | purchas  | e of property   | from       | the trust)? .   |                 |  |   |  |  | Yes   | s 🗌 No                         |
|       | If "Yes," complete   | e columns   | (a) throug   | gh (g) below f  | or ead     | ch such loan.   |                 |  |   |  |  |   |                                |
|       | Note. You are of uncompensated   | use of tru  | ıst prope  | erty (as desc   | cribed     | l in section 643  | 3(i)). S        |  | -   |  |  |   |                                |
|       | including how to   | complete o  | columns (  |   | ) for s    | uch transactions  | S.              | (e)  |   |  |  |   |                                |
| FM    | (a)<br>IV of loan proceeds   | Date of loan tran                                       | original   | renayment of  |            |   |                 | he obligation a ified obligation           | 1?" F                                       | <b>(f)</b><br>FMV of qualified<br>obligation | from   | (g) Amount treated as distribution from the trust (subtract column (f) from column (a)) |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
| Tota  | l  |   |  |   |            |   |                 |  |   |  | ▶ \$   |   |                                |
| 26    | With respect to e<br>period of assessr<br>tax changes for<br>obligation? . | ment of an  | y income   | or transfer t   | ax att     | tributable to the standing, to a c  | trans<br>late 3 | action, and                                | d any con                                   | sequential incor                             | ne   | ] Yes   | s 🗌 No                         |
|       | Note. Generally, y   | you must a  | ınswer "Y  | es" if you ch   | ecked      | d "Yes" in colum  | n (e) (         | of line 25.                                |   |  |  |   |                                |
| 27    | Total distributions  |   | 0  |   | ,          | ,   |                 | . , ,                                      | •   | (0)  | \$   |   |                                |
| 28    | Did the trust, at a that you reported                                      | as a "qual  | ified obli   | gation" in the  | curre      | ent tax year?.  | -               | -  |   | •  | ou)  | Yes   | s 🗌 No                         |
|       | If "Yes," complete   | e columns   | (a) throug   | gh (e) below f  | or ead     | ch obligation.  |                 |  |   |  | I  |   |                                |
|       | (a) Date of original lo transaction  | oan   |  | (b) Tax year ified obligation rst reported                    | 1          | (c)<br>Amount of<br>payments m<br>the tax   | princi<br>ade d | uring                                      | (d) Amount of interest payments made during |  | (e) Does the loan still meet the criteria of a qualified obligation? |   | qualified                      |
|       |  |   |  | ioi iopoiteu  |            | tile ta   | · you           |  | th  | e tax year                                   | Yes  |   | No                             |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 |  |   |  |  |   |                                |
|       |  |   |  |   |            |   |                 | l  |   |  | 1  |   |                                |

Form 3520 (2013) Page

|          |  |           | . age <b>-</b> |
|----------|--|-----------|----------------|
| Part     | Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (Co  | ontinued) |                |
| 29       | Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a   |           |                |
|          | distribution?  | Yes 🗌 No  | □ N/A          |
|          | If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution.  |           |                |
|          | If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an   |           |                |
|          | amount greater than zero on line 37.   |           |                |
| 30       | Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a  |           |                |
|          | distribution?  | Yes No    | □ N/A          |
|          | If "Yes," attach the statement and complete either Schedule A or Schedule B below (see instructions). Also   |           |                |
|          | complete Schedule C if you enter an amount greater than zero on line 37 or line 41a.   |           |                |
|          | If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an   |           |                |
|          | amount greater than zero on line 37.   |           |                |
|          | Schedule A—Default Calculation of Trust Distributions (see instructions)   |           |                |
| 31       | Enter amount from line 27  |           |                |
| 32       | Number of years the trust has been a foreign trust (see instructions)  |           |                |
| 33       | Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of                                      |           |                |
|          | years the trust has been a foreign trust, if fewer than 3)   |           |                |
| 34       | Multiply line 33 by 1.25   |           |                |
| 35       | Average distribution. Divide line 34 by 3 (or the number of years the trust has been a foreign trust, if fewer than 3)                                   |           |                |
|          | and enter the result   |           |                |
| 36       | Amount treated as ordinary income earned in the current year. Enter the smaller of line 31 or line 35  |           |                |
| 37       | Amount treated as ordinary income carried in the current year. Enter the smaller of line of or line of a line of the rest of Part III                    |           |                |
| 38       | Applicable number of years of trust. Divide line 32 by 2 and enter the result here .   |           |                |
|          | Schedule B—Actual Calculation of Trust Distributions (see instructions)  |           |                |
| 39       | Enter amount from line 27  | <u> </u>  |                |
| 40a      | Amount treated as ordinary income in the current tax year  |           |                |
| b        | Qualified dividends  |           |                |
| 41a      | Amount treated as accumulation distribution. If -0-, do not complete Schedule C, Part III  |           |                |
| b        | Amount of line 41a that is tax-exempt  |           |                |
|          |  |           |                |
| 42a      | Amount treated as net short-term capital gain in the current tax year  |           |                |
| b        | Amount treated as net long-term capital gain in the current tax year   |           |                |
| C C      | Unrecaptured section 1250 gain   |           |                |
| d        | · · · · · · · · · · · · · · · · · · ·  |           |                |
| 43<br>44 | Amount treated as distribution from trust corpus   |           |                |
|          | (attach explanation)   | +         |                |
| 45       |  |           |                |
| 45       | Amount of foreign trust's aggregate undistributed net income   |           |                |
| 46       | Amount of foreign trust's weighted undistributed net income  |           |                |
| 47       | Applicable number of years of trust. Divide line 46 by line 45 and enter the result here ►  Schedule C—Calculation of Interest Charge (see instructions) |           |                |
| 40       | <u> </u>   | T         |                |
| 48       | Enter accumulation distribution from line 37 or 41a, as applicable   |           |                |
| 49<br>50 | Enter tax on total accumulation distribution from line 28 of Form 4970 (attach Form 4970—see instructions)   |           |                |
| 50       | Enter applicable number of years of foreign trust from line 38 or 47, as applicable (round to nearest half-year)   |           |                |
| _,       |  |           |                |
| 51       | Combined interest rate imposed on the total accumulation distribution (see instructions)   |           |                |
| 52       | Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51   |           |                |
| 53       | Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your  | 1         |                |
|          | income tax return  | 1         |                |

Form 3520 (2013) Page **6** 

| Part IV             | U.S. Reci<br>(see instru        | ·  | r Bequests Re      | eceived During the Cur   | rent Tax Year F       | rom Foreign                     | Persons                                 |   |  |
|---------------------|---------------------------------|--|--------------------|--|-----------------------|---------------------------------|---|---|--|
|                     | J                               | ent tax year, did y<br>n or a foreign estate             | or bequests f      | or bequests from a   |                       |                                 |   |   |  |
|                     | Yes," complet<br>leeded, attach | space  |                    |  |                       |                                 |   |   |  |
|                     | (a)<br>e of gift<br>pequest     |  |                    | (b) Description of property receive  |                       | (c)<br>FMV of property received |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
| Total               |                                 |  |                    |  |                       |                                 | <b>\$</b>                               |   |  |
| fore                | eign partnersh                  | nip? See instructions                                    | s regarding relate | an \$15,102 that you treated<br>ed donors<br>ect to each such gift. If mod |                       |                                 | on or a                                 | 0 |  |
| (a)<br>Date of gift |                                 | <b>(b)</b><br>Name of foreign donor                      |                    | (c)<br>Address of foreign donor  |                       |                                 | (d)<br>Identification number,<br>if any |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
| Check the           | (e<br>e box that appli          | )<br>ies to the foreign dono                             | or                 | (f) Description of prop  | erty received         |                                 | (g) FMV of property received            |   |  |
| Corpo               | oration                         | Partnership  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    |  |                       |                                 |   |   |  |
|                     |                                 |  |                    | donor, in making any gift over person? If "Yes," see in                    |                       | ped in lines 54 a               | nd 55,<br>· · <b>Yes N</b>              | 0 |  |
|                     |                                 | f perjury, I declare that<br>elief, it is true, correct, |                    | his return, including any accor  | npanying reports, scl | hedules, or statem              | ents, and to the best of my  Date       |   |  |
| Paid<br>Preparer    | Print/Type pro                  | eparer's name  | Preparer's signat  | ure  | Date                  | Check if self-employed          | PTIN                                    |   |  |
| Use Only            | Firm's name                     | <b>&gt;</b>  | •                  |  |                       | Firm's EIN ▶                    | •                                       |   |  |
|                     | Firm's address ▶ Phone no.      |  |                    |  |                       |                                 |   |   |  |