

Split-Interest Trust Information Return

2014

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Information about Form 5227 and its instructions is at www.irs.gov/form5227.
▶ Do not enter social security numbers on this form (except on Schedule A) as it may be made public.

Open to Public Inspection

| | | | |
|---|--|--|--|
| Full name of trust | | A Employer identification number | |
| Name of trustee | | B Type of Entity | |
| Number, street, and room or suite no. (If a P.O. box, see the instructions.) | | (1) <input type="checkbox"/> Charitable lead trust | |
| City or town, state or province, country, and ZIP or foreign postal code | | (2) <input type="checkbox"/> Charitable remainder annuity trust described in section 664(d)(1) | |
| C Fair market value (FMV) of assets at end of tax year | | (3) <input type="checkbox"/> Charitable remainder unitrust described in section 664(d)(2) | |
| D Gross Income | | (4) <input type="checkbox"/> Pooled income fund described in section 642(c)(5) | |
| E Check applicable boxes (see instructions) | | (5) <input type="checkbox"/> Other—Attach explanation | |
| <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in trustee's Name <input type="checkbox"/> Address | | F Date the trust was created | |
| G If the trust is a section 664 trust, did it have unrelated business taxable income? If "Yes," file Form 4720 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part I Income and Deductions (All trusts complete Sections A through D)

Section A—Ordinary Income

| | | | |
|----|--|----|--|
| 1 | Interest income | 1 | |
| 2a | Ordinary dividends (including qualified dividends) | 2a | |
| b | Qualified dividends (see the instructions) | 2b | |
| 3 | Business income or (loss). Attach Schedule C or C-EZ (Form 1040) | 3 | |
| 4 | Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) | 4 | |
| 5 | Farm income or (loss). Attach Schedule F (Form 1040) | 5 | |
| 6 | Ordinary gain or (loss). Attach Form 4797 | 6 | |
| 7 | Other income. List type and amount ▶ | 7 | |
| 8 | Total ordinary income. Combine lines 1, 2a, and 3 through 7 ▶ | 8 | |

Section B—Capital Gains (Losses)

| | | | |
|----|--|----|--|
| 9 | Total short-term capital gain or (loss). Attach Schedule D, Part I (Form 1041) | 9 | |
| 10 | Total long-term capital gain or (loss). Attach Schedule D, Part II (Form 1041) | 10 | |
| 11 | Unrecaptured section 1250 gain | 11 | |
| 12 | 28% gain | 12 | |
| 13 | Total capital gains (losses). Combine lines 9 and 10 ▶ | 13 | |

Section C—Nontaxable Income

| | | | |
|----|---|----|--|
| 14 | Tax-exempt interest | 14 | |
| 15 | Other nontaxable income. List type and amount ▶ | 15 | |
| 16 | Total nontaxable income. Add lines 14 and 15 ▶ | 16 | |

Section D—Deductions

| | | | |
|----|---|----|--|
| 17 | Interest | 17 | |
| 18 | Taxes (see the instructions) | 18 | |
| 19 | Trustee fees | 19 | |
| 20 | Attorney, accountant, and return preparer fees | 20 | |
| 21 | Other allowable deductions. Attach statement (see the instructions) | 21 | |
| 22 | Total. Add lines 17 through 21 | 22 | |
| 23 | Charitable deduction | 23 | |

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

| | | | |
|-----|---|-----|--|
| 24a | Enter the amount from line 22 allocable to ordinary income | 24a | |
| b | Subtract line 24a from line 8 | 24b | |
| 25a | Enter the amount from line 22 allocable to capital gains (losses) | 25a | |
| b | Subtract line 25a from line 13 | 25b | |
| 26a | Enter the amount from line 22 allocable to nontaxable income | 26a | |
| b | Subtract line 26a from line 16 | 26b | |

Part II **Schedule of Distributable Income** (Section 664 trust only) See the instructions

| Accumulations | | (a) Ordinary income | | (b) Capital gains (losses) | | (c) Nontaxable income | |
|--|--|---------------------|---------------------------|----------------------------|---------------------------|-----------------------|---------------------------|
| | | Excluded Income | Accumulated NII post 2012 | Excluded Income | Accumulated NII post 2012 | Excluded Income | Accumulated NII post 2012 |
| Net Investment Income (NII) Classification | | | | | | | |
| 27 | Undistributed income from prior tax years | | | | | | |
| 28 | Current tax year net income (before distributions): • In column (a), enter the amount from line 24b • In column (b), enter the amount from line 25b • In column (c), enter the amount from line 26b | | | | | | |
| 29 | Total distributable income. Add lines 27 and 28 | | | | | | |

Part III-A **Distributions of Principal for Charitable Purposes**

| | | | | |
|-----------|---|--------------------------|--|------------|
| 30 | Principal distributed in prior tax years for charitable purposes | 30 | | |
| 31 | Principal distributed during the current tax year for charitable purposes. Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the space to the right. (see the instructions) | | | |
| | (A) Payee's name and address | (B) Date of distribution | (C) Charitable purpose and description of assets distributed | |
| a | ----- ----- | | ----- ----- | 31a |
| b | ----- ----- | | ----- ----- | 31b |
| c | ----- ----- | | ----- ----- | 31c |
| 32 | Total. Add lines 30 through 31c | 32 | | |

Part III-B **Accumulated Income Set Aside and Income Distributions for Charitable Purposes**

Grantor type trusts complete only lines 35 and 36 (see the instructions)

| | | | | |
|------------|---|--------------------------|--|------------|
| 33a | Accumulated income set aside in prior tax years for which a deduction was claimed under section 642(c) | 33a | | |
| b | Enter the amount shown on line 23 | 33b | | |
| 34 | Add lines 33a and 33b | 34 | | |
| 35 | Distributions made during the tax year (see the instructions): • For income set aside in prior tax years for which a deduction was claimed under section 642(c), • For charitable purposes for which a charitable deduction was claimed under section 642(c) in the current tax year, or • For charitable purposes by a grantor type trust for which a charitable deduction was claimed under section 170 upon contribution to the trust Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the line to the right. | | | |
| | (A) Payee's name and address | (B) Date of distribution | (C) Charitable purpose and description of assets distributed | |
| a | ----- ----- | | ----- ----- | 35a |
| b | ----- ----- | | ----- ----- | 35b |
| c | ----- ----- | | ----- ----- | 35c |
| 36 | Add lines 35a through 35c | 36 | | |
| 37 | Carryover. Subtract line 36 from line 34 | 37 | | |

Part IV Balance Sheet (see the instructions)

| Assets | | (a) Beginning-of-Year Book Value | (b) End-of-Year Book Value | (c) FMV (see the instructions) |
|--------------------|---|----------------------------------|----------------------------|--------------------------------|
| 38 | Cash—non-interest-bearing | 38 | | |
| 39 | Savings and temporary cash investments | 39 | | |
| 40a | Accounts receivable | 40a | | |
| b | Less: allowance for doubtful accounts | 40b | | |
| 41 | Receivables due from officers, directors, trustees, and other disqualified persons (attach statement) | 41 | | |
| 42a | 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 | | |
| 45a | Investments—U.S. and state government obligations (attach statement) | 45a | | |
| b | Investments—corporate stock (attach statement) | 45b | | |
| c | Investments—corporate bonds (attach statement) | 45c | | |
| 46a | Investments—land, buildings, and equipment: basis (attach statement) | 46a | | |
| b | Less: accumulated depreciation | 46b | | |
| 47 | Investments—other (attach statement) | 47 | | |
| 48a | Land, buildings, and equipment: basis | 48a | | |
| b | Less: accumulated depreciation | 48b | | |
| 49 | Other assets. Describe ► _____ | 49 | | |
| 50 | Total assets. Add lines 38 through 49 (must equal line 60) ► | 50 | | |
| Liabilities | | | | |
| 51 | Accounts payable and accrued expenses | 51 | | |
| 52 | Deferred revenue | 52 | | |
| 53 | Loans from officers, directors, trustees, and other disqualified persons | 53 | | |
| 54 | Mortgages and other notes payable (attach statement) | 54 | | |
| 55 | Other liabilities. Describe ► _____ | 55 | | |
| 56 | Total liabilities. Add lines 51 through 55 ► | 56 | | |
| Net Assets | | | | |
| 57 | Trust principal or corpus | 57 | | |
| 58a | 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 lines 56 and 59 | 60 | | |

Part V-A Charitable Remainder Annuity Trust (CRAT) Information (to be completed **only** by a Section 664 CRAT)

| | | | |
|------------|---|------------|--|
| 61a | Enter the initial fair market value (FMV) of the property placed in the trust | 61a | |
| b | Enter the total annual annuity amounts for all recipients | 61b | |

Part V-B Charitable Remainder Unitrust (CRUT) Information (to be completed **only** by a Section 664 CRUT)
See the instructions

| | | | |
|-----------|--|------------------------------|-----------------------------|
| 62 | Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(1)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63 | Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 64 | Did the trust change its method of payment during the tax year? If "Yes," describe the triggering event including the date of the event and the old method of payment ► | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|------------|---|------------------------------|-----------------------------|---|
| 65a | 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 on line 65a. Do not enter less than -0- If the answer is "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. | 65b | | |
| 66a | Trust's accounting income for 2014. Attach statement If the answer is "Yes" on line 62, go to line 66b. If the answer is "Yes" on line 63, skip line 66b and go to line 67a. | 66a | | |
| b | Enter the smaller of line 65b or line 66a here and on line 68. Skip lines 67a and 67b | 66b | | |
| 67a | Total accumulated distribution deficiencies from previous years (see the instructions) | 67a | | |
| b | Add lines 65b and 67a If lines 67a and 67b are completed, enter the smaller of line 66a or line 67b on line 68. | 67b | | |
| 68 | Required unitrust distribution for 2014 | 68 | | |
| 69 | Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 63). Subtract line 68 from line 67b | 69 | | |
| 70 | If this is the final return, enter the initial FMV of all assets placed in trust by the donor | 70 | | |
| 71 | Did the trustee change the method of determining the fair market value of the assets? If "Yes," attach an explanation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 72 | Were any additional contributions received by the trust during 2014? If "Yes," be sure to complete all columns of line 7 in Schedule A, Part III. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Part VI-A Statements Regarding Activities (see the instructions)

| | | | | |
|-----------|---|--|------------|-----------|
| 73 | Are the requirements of section 508(e) satisfied either: • By the language in the governing instrument; or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | Yes | No |
| 74 | Are you using this return only to report the income and assets of a segregated amount under section 4947(a)(2)(B)? | | | |

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column (to the right), unless an exception applies.

| | | Yes | No |
|-----------|--|------------|----|
| 75 | Self-dealing (section 4941): | | |
| a | During 2014, did the trust (either directly or indirectly): | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the trust agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b | If any answer is "Yes" to lines 75a(1) through (6), did any of the acts fail to qualify under the exceptions described in Regulations sections 53.4941(d)-3 and 4, or in a current Notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 75b | |
| | Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| c | Did the trust engage in a prior year in any of the acts described in line 75a, other than excepted acts, that were not corrected before January 1, 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No | 75c | |
| 76 | Does section 4947(b)(3)(A) or (B) apply? (see the instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," check the "N/A" box in lines 77 and 78. | | |
| 77 | Taxes on excess business holdings (section 4943): <input type="checkbox"/> N/A | | |
| a | Did the trust hold more than a 2% direct or indirect interest in any business enterprise at any time during 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b | If "Yes," did the trust have excess business holdings in 2014 as a result of (1) any purchase by the trust or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? <input type="checkbox"/> Yes <input type="checkbox"/> No | 77b | |
| | Use Schedule C, Form 4720, to determine if the trust had excess business holdings in 2014. | | |
| 78 | Taxes on investments that jeopardize charitable purposes (section 4944): <input type="checkbox"/> N/A | | |
| a | Did the trust invest during 2014 any amount in a manner that would jeopardize its charitable purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No | 78a | |
| b | Did the trust make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before January 1, 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No | 78b | |
| 79 | Taxes on taxable expenditures (section 4945) and political expenditures (section 4955): | | |
| a | During 2014, did the trust pay or incur any amount to: | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b | If any answer is "Yes" to lines 79a(1) through (5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945, or in a current Notice regarding disaster assistance (see the instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 79b | |
| | Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| c | If the answer is "Yes" to line 79a(4), does the trust claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | |
| 80 | Personal benefit contracts (section 170(f)(10)): | | |
| a | Did the trust, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b | Did the trust, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | 80b | |
| | If "Yes" to line 80b, file Form 8870 (see the instructions). | | |

Part VII Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts (see the instructions)

Section A—All Trusts

- 81 Check this box if any of the split-interest trust's income interests expired during 2014
 - 82 Check this box if all of the split-interest trust's income interests expired before 2014
- If line 82 (above) is checked and this is **not** a final return, attach an explanation.

Section B—Charitable Lead Trusts

- 83 Does the governing instrument require income in excess of the required annuity or unitrust payments to be paid for charitable purposes? Yes No
- 84 Enter the amount of any excess income required to be paid for charitable purposes for 2014 **84**

| |
|--|
| |
|--|
- 85 Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2014 **85**

| |
|--|
| |
|--|

Section C—Pooled Income Funds

- 86 Enter the amount of contributions received during 2014 **86**

| |
|--|
| |
|--|
- 87 Enter the amount required to be distributed for 2014 to satisfy the remainder interest **87**

| |
|--|
| |
|--|
- 88 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed **88**

| |
|--|
| |
|--|
- 89 Enter the amount of income required to be paid to the charitable remainder beneficiary for 2014 **89**

| |
|--|
| |
|--|

Section D—Charitable Remainder Trusts

- 90 Check this box if you are filing for a charitable remainder annuity trust or a charitable remainder unitrust whose charitable interests involve only cemeteries or war veterans' posts
- 91 Check this box if you are making an election under Regulations section 1.664-2(a)(1)(i)(a)(2) or 1.664-3(a)(1)(i)(g)(2) to treat income generated from certain property distributions (other than cash) by the trust as occurring on the last day of the tax year. (see the instructions)
- 92 Are you making an election under Regulations section 1.1411-10(g) with respect to a controlled foreign corporation or a qualified electing fund? (see the instructions) Yes No
- 93 Is this the initial return? If "Yes," attach a copy of the trust instrument Yes No
- 94 Was the trust instrument amended during the year? If "Yes," attach a copy Yes No
- 95a If this is the final return, were final distributions made according to the trust instrument? Yes No
 - b If "Yes," did you complete line 31? Yes No
 - c If either line 95a or 95b is "No," explain why

- 96 At any time during calendar year 2014, did the trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No
 See the instructions for exceptions and filing requirements for FinCEN Form 114.
 If "Yes," enter the name of the foreign country -----

| | | | | | |
|-------------------------------|---|--|------|---|------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than trustee) is based on all information of which preparer has any knowledge. | | | | |
| | <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/> Signature of trustee or officer representing trustee | <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/> Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name <input type="checkbox"/> | | | Firm's EIN <input type="checkbox"/> | |
| | Firm's address <input type="checkbox"/> | | | Phone no. | |

Full name of trust

Employer identification number

NOT Open To Public Inspection

Schedule A—Distributions, Assets, and Donor Information

Part I-A Accumulation Schedule (Section 664 trust only) (see the instructions)

Table with columns: Accumulations, (a) Ordinary income, (b) Capital gain (loss), (c) Nontaxable income. Rows include Net Investment Income (NII) Classification, Total distributable income, Total distributions for 2014, and Undistributed income at end of tax year.

Part I-B Simplified Net Investment Income Calculation

Table with columns: (a) Accumulated NII, (b) Current Year NII, (c) Distributions, (d) Ending NII. Row 4.

Part II-A Current Distributions Schedule (Section 664 trust only) (see the instructions)

Table with columns: (a) Name of recipient, (b) Identifying number, (c) Percentage of total unitrust amount payable, (d) Ordinary Income, (e) Short-term Capital gains, (f) Long-term Capital gains, (g) Nontaxable Income, (h) Corpus, (i) Total (add cols. (d) through (h)), (j) Net investment income. Rows 4a, b, c, Total.

If Part II-A, Total, column (i) does not agree with line 61b of Form 5227 for a CRAT or line 68 of Form 5227 for a CRUT, check here and attach an explanation.

Part II-B Current Distributions (charitable lead trusts or pooled income funds only) (see the instructions)

5 Enter the amount required to be paid to private beneficiaries for 2014

Part III Assets and Donor Information (Section 664 trust or charitable lead trust only)

6 Is this the initial return or were additional assets contributed to the trust in 2014? Yes No

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

Table with columns: (a) Name and address of donor, (b) Description of each asset donated, (c) Fair market value of each asset on date of donation, (d) Date of donation. Rows 7a, 7b, 7c.

7d Total

8 For charitable remainder trusts: If this was the final year, was an early termination agreement signed by all parties to the trust? Yes No N/A

If "Yes," attach a copy of the signed agreement.