

Charitable Remainder and Pooled Income Trusts

2018

541-B

Name of trust FEIN

Name of trustee(s)

Additional information (see instructions)

Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox

City State ZIP code

Foreign country name Foreign province/state/county Foreign postal code

- Date trust created (mm/dd/yyyy)
Type of trust (1) Charitable lead trust (2) Charitable remainder annuity trust (3) Charitable remainder unitrust (4) Pooled income fund (5) Other

Fair Market Value (FMV) of assets at end of taxable year Gross Income

Check the applicable box: Initial Tax Return Final Tax Return Amended Tax Return New Trustee New Address

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

Section A - Ordinary Income

Table with 3 columns: Description, Line Number, Amount. Rows include Interest income, Ordinary dividends, Business income, Rents, royalties, partnerships, etc., Farm income, Ordinary gain, Other income, Total ordinary income.

Section B - Capital Gains (Losses)

Table with 3 columns: Description, Line Number, Amount. Rows include Net capital gain (loss) from Schedule D, Add unused capital loss carryover from Schedule D, Unrecaptured IRC Section 1250 gain, Total capital gains (losses).

Section C - Nontaxable Income

Table with 3 columns: Description, Line Number, Amount. Rows include Tax-exempt interest, Other nontaxable income, Total nontaxable income.

Sign Here: Declaration of preparer, Signature of trustee or officer representing trustee, Date.
Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, PTIN, Firm's name (or yours, if self-employed) and address, Firm's FEIN, Telephone, May the FTB discuss this tax return with the preparer shown above (see instructions)?

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)

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

Part II Unrelated Business Taxable Income

26 Did the trust have any unrelated business taxable income? Yes No
 If "Yes," file a separate Form 541 to report the tax due . . . \$ _____ or overpaid tax . . . \$ _____

Part III Schedule of Distributable Income (IRC Section 664 trust only)

Accumulations	(a) Ordinary income	(b) Capital gains (losses)	(c) Nontaxable income
27 Undistributed income from prior taxable years			
28 Current taxable year net income year (before distributions) • In column (a), enter the amount from line 23b • In column (b), enter the amount from line 24b • In column (c), enter the amount from line 25b			
29 Total distributable income. Add lines 27 and 28			

Part IV-A Distributions of Principal for Charitable Purposes

30 Principal distributed in prior taxable years for charitable purposes	30		00
31 Principal distributed during the current taxable 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.			
	(A) Payee's name and address	(B) Date of distribution (mm/dd/yyyy)	(C) Charitable purpose and description of assets distributed
a			
			31a
b			
			31b
c			
			31c
32 Total. Add lines 30 through 31c.	32		00

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

33a Accumulated income set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c)	33a		00
33b Enter the amount shown on Side 2, line 22	33b		00
34 Add lines 33a and 33b	34		00
35 Distributions made during the taxable year: • For income set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c), • For charitable purposes for which a charitable deduction was claimed under IRC Section 642(c) in the current taxable year. 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 (mm/dd/yyyy)	(C) Charitable purpose and description of assets distributed
a			
			35a
b			
			35b
c			
			35c
36 Add lines 35a through 35c	36		00
37 Carryover. Subtract line 36 from line 34.	37		00

Part V Balance Sheet

		(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. Attach schedule.	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 _____	49		
50	Total assets. Add lines 38 through 49	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 schedule.	54		
55	Other liabilities. Describe _____	55		
56	Total liabilities. Add lines 51 through 55	56	●	●
Net 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		

Part VI-A Charitable Remainder Annuity Trust (CRAT) Information (Complete **only** if a IRC Section 664 CRAT)

61 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

Part 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 1.664-3(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 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 a Trust's accounting income for 2018. Attach schedule.	● 66a		00
If "Yes," on line 62, go to line 66b. If "Yes," on line 63, skip line 66b and go to line 67a.			
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
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.			
68 Required unitrust distribution for 2018.	● 68		00
69 Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 63.) 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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
72 Were any additional contributions received by the trust during 2018? If "Yes," complete Side 6, Schedule A, Part III			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VII Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts

Section A – All Trusts

- 73** Check this box if any of the split-interest trust's income interests expired during 2018.
- 74** Check this box if all of the split-interest trust's income interests expired before 2018.
 If either box is checked and this is not a final tax return, attach an explanation. _____

Section B – Charitable Lead Trusts

75 Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2018.	75		00
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Section C – Pooled Income Funds

76 Enter the amount of contributions received during 2018.	76		00
77 Enter the amount required to be distributed for 2018 to satisfy the remainder interest	77		00
78 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed.	78		00
79 Enter the amount of income required to be paid to the charitable remainder beneficiary for 2018	79		00

Section D – Charitable Remainder Trusts

- 80** 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.
- 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) to treat income generated from certain property distributions (other than cash) by the trust as occurring on the last day of the taxable year.
- 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**
- 84a** If this is the final tax return, were final distributions made according to the trust instrument? **Yes** **No**
b If "Yes," did you complete Side 3, Part IV-A, line 31? **Yes** **No**
c If "No," explain why. _____
- 85** 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. _____
- 86** At any time during the calendar year 2018, 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**
 If "Yes," enter the name of the country: _____

Schedule A – Distributions, Assets, and Donor Information

Part 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 2018: _____			
2b 2018 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 recipient		(b) Identifying number	(c) Percentage of total unitrust amount payable (if applicable)	
	(d) Ordinary income	(e) Capital gains	(f) Nontaxable income	(g) Corpus	(h) Total. Add cols. (d) through (g)
4a	●	●	●		%
4b	●	●	●		%
4c					%
4a	●	●		●	
4b	●	●		●	
4c					
Total					

If Part II-A Total, column (h) does not agree with line 61b for a CRAT or line 68 for a CRUT, check here 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 2018 \$ _____

Part III Assets and Donor Information

6 Is this the initial tax return or were additional assets contributed to the trust in 2018? Yes 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			