

2023

Trust Accumulation of  
Charitable Amounts

541-A

For calendar years only.

Name of trust	FEIN
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Name of trustee(s)
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Additional information (see instructions)
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Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox
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City	State	ZIP code
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Foreign country name	Foreign province/state/country	Foreign postal code
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## ANSWER THESE QUESTIONS:

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| <p><b>1</b> Date trust created (mm/dd/yyyy) . . . ● _____</p> <p><b>2</b> Were any of the trustees residents of California during any portion of the taxable year? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>3</b> Was the grantor or settlor of the trust a resident of California during the taxable year of the trust? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4</b> Name and address of grantor or settlor _____</p> | <p><b>5</b> Have you filed a tax return on Form 541 for the year covered by this tax return? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6</b> Do any of the amounts shown on this tax return differ from the corresponding amounts reported on federal Form 1041-A? If "Yes," attach a schedule explaining the differences. . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>7</b> Are you required to file federal Form 990-T for the unrelated business and/or lease indebtedness income? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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**Part I Income and Deductions.** See instructions for Form 541. If total income is \$25,000 or less, skip line 1 through line 8 and enter total income on line 9.

<b>Income</b>	<b>1</b> Interest income . . . . .	<b>1</b>	00
	<b>2</b> Dividends . . . . .	<b>2</b>	00
	<b>3</b> Business income or (loss). Attach federal Schedule C (Form 1040) . . . . . ●	<b>3</b>	00
	<b>4</b> Capital gain or (loss). Attach Schedule D (541) . . . . . ●	<b>4</b>	00
	<b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040) . . . . . ●	<b>5</b>	00
	<b>6</b> Farm income or (loss). Attach federal Schedule F (Form 1040) . . . . . ●	<b>6</b>	00
	<b>7</b> Ordinary gain or (loss). Attach Schedule D-1 . . . . . ●	<b>7</b>	00
	<b>8</b> Other income. State nature of income ► _____ . . . . . ●	<b>8</b>	00
	<b>9 Total income.</b> Add line 1 through line 8. . . . . ●	<b>9</b>	00
<b>Deductions</b>	<b>10</b> Interest . . . . .	<b>10</b>	00
	<b>11</b> Taxes . . . . .	<b>11</b>	00
	<b>12</b> Charitable deduction. Itemize by charitable purpose; include payee's name and address. See instructions for Part II and Part III. . . . . ●	<b>12</b>	00
	<b>13</b> Trustee fees . . . . . ●	<b>13</b>	00
	<b>14</b> Attorney, accountant, and tax return preparer fees . . . . . ●	<b>14</b>	00
	<b>15</b> Other deductions. Attach schedule. . . . . ●	<b>15</b>	00

**Part II Distributions of Income Set Aside in Prior Taxable Years for Charitable Purposes.** See instructions.

<b>16</b> Accumulated income set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c). . . . . ●	<b>16</b>	00
<b>17</b> Income set aside in prior taxable years for which a deduction was claimed under IRC Section 642(c) and which was distributed during the current taxable year. Itemize by charitable purpose; include payee's name and address.		
<b>a</b> _____	<b>17a</b>	00
<b>b</b> _____	<b>17b</b>	00
<b>c</b> _____	<b>17c</b>	00
<b>d</b> _____	<b>17d</b>	00
<b>e</b> _____	<b>17e</b>	00
<b>18</b> Total. Add line 17a through line 17e . . . . . ●	<b>18</b>	00
<b>19</b> Balance. Subtract line 18 from line 16 . . . . .	<b>19</b>	00
<b>20</b> Income set aside during the current taxable year for which a deduction was claimed under IRC Section 642(c) (included in Part I, line 12) . . . . .	<b>20</b>	00
<b>21</b> Carryover. Add line 19 and line 20 . . . . . ●	<b>21</b>	00

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

22	Principal distributed in prior taxable years for charitable purposes . . . . .	●	22		00
23	Principal distributed during the current taxable year for charitable purposes. Itemize by charitable purpose; include payee's name and address.				
a		23a		00	
b		23b		00	
c		23c		00	
d		23d		00	
e		23e		00	
24	Total. Add line 23a through line 23e . . . . .	●	24		00

**Part IV Balance Sheets.** If line 9 is \$25,000 or less, complete only line 38, line 42, and line 45.

		(a)	(b)
		Beginning-of-Year Book Value	End-of-Year Book Value
<b>Assets</b>			
25	Cash — non-interest bearing . . . . .	25	
26	Savings and temporary cash investments . . . . .	26	
27 a	Accounts receivable . . . . .	27a	
b	Less: allowance for doubtful accounts . . . . .	27b	
28 a	Notes and loans receivable. . . . .	28a	
b	Less: allowance for doubtful accounts . . . . .	28b	
29	Inventories for sale or use . . . . .	29	
30	Prepaid expenses and deferred charges . . . . .	30	
31	Investments — U.S. and state government obligations. Attach schedule. . . . .	31	
32	Investments — corporate stock. Attach schedule . . . . .	32	
33	Investments — corporate bonds. Attach schedule. . . . .	33	
34 a	Investments — land, buildings, and equipment: basis. . . . .	34a	
b	Less: accumulated depreciation . . . . .	34b	
35	Investments — other. Attach schedule. . . . .	35	
36 a	Land, buildings, and equipment (trade or business): basis . . . . .	36a	
b	Less: accumulated depreciation . . . . .	36b	
37	Other assets. Describe. ▶ . . . . .	37	
38	<b>Total assets.</b> Add line 25 through line 37 . . . . .	38	● ●
<b>Liabilities</b>			
39	Accounts payable and accrued expenses . . . . .	39	
40	Mortgages and other notes payable. Attach schedule. . . . .	40	
41	Other liabilities. Describe. ▶ . . . . .	41	
42	<b>Total liabilities.</b> Add line 39 through line 41 . . . . .	42	
<b>Net Assets</b>			
43	Trust principal or corpus . . . . .	43	● ●
44	Undistributed income and profits . . . . .	44	● ●
45	<b>Total net assets.</b> Add line 43 and line 44. . . . .	45	
46	<b>Total liabilities and net assets.</b> Add line 42 and line 45 . . . . .	46	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this tax 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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of trustee or officer representing trustee			Date
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed ▶ <input type="checkbox"/>	● 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)? . . . . . ● <input type="checkbox"/> Yes <input type="checkbox"/> No				