

Split-Interest Trust Information Return

1996

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

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 page 3 of the instructions.)		
City, state, and ZIP code		
C Fair market value (FMV) of assets at end of tax year	D Date the trust was created	
E Check applicable boxes (see instructions) <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in trustee's ▶ <input type="checkbox"/> Name <input type="checkbox"/> Address		(1) <input type="checkbox"/> Charitable lead trust (2) <input type="checkbox"/> Charitable remainder annuity trust described in section 664(d)(1) (3) <input type="checkbox"/> Charitable remainder unitrust described in section 664(d)(2) (4) <input type="checkbox"/> Pooled income fund described in section 642(c)(5) (5) <input type="checkbox"/> Other
F Did the split-interest trust have any unrelated business taxable income (section 664 trusts only)? If "Yes," file Form 1041 <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Ordinary Income (Section 664 trust only)

1 Interest income	1		
2 Dividends	2		
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 (state nature of income).....	7		
8 Total ordinary income (combine lines 1 through 7)	8		
Deductions Allocable to Ordinary Income			
9 Interest	9		
10 Taxes	10		
11 Other deductions (attach a separate sheet listing deductions)	11		
12 Total deductions (add lines 9 through 11)	12		
13 Ordinary income less deductions (subtract line 12 from line 8). Enter here and on line 21, column (a)	13		
Capital Gains (Losses) and Allocable Deductions			
14 Total short-term capital gain (loss) for tax year (attach Schedule D (Form 1041))	14		
15 Deductions allocable to short-term capital gains	15		
16 Balance (subtract line 15 from line 14). Enter here and on line 21, column (b)	16		
17 Total long-term capital gain (loss) for tax year (attach Schedule D (Form 1041))	17		
18 Deductions allocable to long-term capital gains	18		
19 Balance (subtract line 18 from line 17). Enter here and on line 21, column (c)	19		

Part II Accumulation Schedule (Section 664 trust only)

Accumulations	(a) Ordinary income	Capital gains and (losses)		(d) Nontaxable income
		(b) Net short-term	(c) Net long-term	
20 Undistributed from prior tax years				
21 Current tax year (before distributions)				
22 Total (add lines 20 and 21)				
23 Undistributed at end of tax year				

Part III Current Distributions Schedule (Section 664 trust only)

Name of recipient	Identifying number	(a) Ordinary income	Capital gains		(d) Nontaxable income	(e) Corpus
			(b) Short-term	(c) Long-term		
24a						
b						
c						

Part IV Balance Sheet (see page 5 of the instructions)

		(a) Beginning-of-Year Book Value	(b) End-of-Year Book Value	(c) FMV (see instructions)
Assets				
25	Cash — non-interest bearing	25		
26	Savings and temporary cash investments	26		
27a	Accounts receivable	27a		
b	Less: allowance for doubtful accounts	27b		
28	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule)	28		
29a	Other notes and loans receivable	29a		
b	Less: allowance for doubtful accounts	29b		
30	Inventories for sale or use	30		
31	Prepaid expenses and deferred charges	31		
32a	Investments — U.S. and state government obligations (attach schedule)	32a		
b	Investments — corporate stock (attach schedule)	32b		
c	Investments — corporate bonds (attach schedule)	32c		
33a	Investments — land, buildings, and equipment: basis (attach schedule)	33a		
b	Less: accumulated depreciation	33b		
34	Investments — other (attach schedule)	34		
35a	Land, buildings, and equipment: basis	35a		
b	Less: accumulated depreciation	35b		
36	Other assets (describe ►)	36		
37	Total assets (add lines 25 through 36) (must equal line 47).	37		
Liabilities				
38	Accounts payable and accrued expenses	38		
39	Deferred revenue	39		
40	Loans from officers, directors, trustees, and other disqualified persons	40		
41	Mortgages and other notes payable (attach schedule)	41		
42	Other liabilities (describe ►)	42		
43	Total liabilities (add lines 38 through 42).	43		
Net Assets				
44	Trust principal or corpus	44		
45a	Undistributed income	45a		
b	Undistributed capital gains	45b		
c	Undistributed nontaxable income	45c		
46	Total net assets (add lines 44 through 45c).	46		
47	Total liabilities and net assets (add lines 43 and 46)	47		

Part V-A Charitable Remainder Annuity Trust Information (to be completed ONLY by a section 664 charitable remainder annuity trust)

48a	Enter the initial fair market value (FMV) of the property placed in the trust	48a	
b	Enter the total annual annuity amounts for all recipients (attach schedule showing the amount for each recipient if more than one).	48b	

Part V-B Charitable Remainder Unitrust Information (to be completed ONLY by a section 664 charitable remainder unitrust)

49a	Enter the unitrust fixed percentage to be paid to the recipients	49a		%
If there is more than one recipient, attach a schedule showing the percentage of the total unitrust dollar amount payable to each recipient.				
b	Unitrust amount. Subtract line 43, column (c), from line 37, column (c), and multiply the result by the percentage on line 49a	49b		
Note: Complete lines 50a through 51b ONLY for those unitrusts whose governing instruments provide for determining required distributions with reference to the unitrust's income. Otherwise, enter the amount from line 49b on line 52.				
50a	Trust's accounting income for 1996.	50a		
b	Enter the smaller of line 49b or line 50a here, and on line 52 below, unless the Caution below applies	50b		
Caution: Lines 51a and b need to be completed by those unitrusts whose governing instruments provide for current distributions to make up for any distribution deficiencies in previous years due to the trust income limit. See Regulations section 1.664-3(a)(1)(i)(b)(2). For these trusts, when completing line 52 enter the smaller of line 50a or line 51b.				

51a	Total accrued distribution deficiencies from previous years (see page 6 of the instructions).	51a	
b	Add lines 49b and 51a.	51b	
52	Unitrust distributions for 1996	52	
53	Carryover of distribution deficiency (subtract line 52 from line 51b).	53	
54	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
55	Were any additional contributions received by the trust during 1996? If "Yes," attach a schedule that lists the assets, and the date(s) received.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI-A Statements Regarding Activities (see page 7 of the instructions)

		Yes	No
1	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?		
2	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
1	Self-dealing (section 4941):		
a	During 1996, 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 1a(1)—(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 page 7 of the instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No Organizations relying on a current Notice regarding disaster assistance check here <input type="checkbox"/>	1b	
c	Did the trust engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before January 1, 1996?	1c	
2	Does section 4947(b)(3)(A) or (B) apply? (See page 7 of the instructions.) (If "Yes," check the "N/A" box in questions 3 and 4.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	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 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did the trust have excess business holdings in 1996 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? Use Schedule C, Form 4720, to determine if the trust had excess business holdings in 1996.	3b	
4	Taxes on investments that jeopardize charitable purposes (section 4944): <input type="checkbox"/> N/A		
a	Did the trust invest during 1996 any amount in a manner that would jeopardize its charitable purpose?	4a	
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, 1996?	4b	
5	Taxes on taxable expenditures (section 4945) and political expenditures (section 4955):		
a	During 1996 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 purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5b If any answer is "Yes" to 5a(1)—(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 page 8 of the instructions)? Yes No

	Yes	No
5b		

Organizations relying on a current Notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the trust claim exemption from the tax because it maintained expenditure responsibility for the grant? (See page 8 of the instructions.) Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

Part VII Questionnaire for Charitable Lead Trusts and Pooled Income Funds

Section A—Charitable Lead Trusts

1 Does the governing instrument require income in excess of the required annuity or unitrust payments to be paid for charitable purposes? Yes No

2 Enter the amount of any excess income required to be paid for charitable purposes for 1996	2		
3 Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 1996	3		
4 Enter the amount of annuity or unitrust payments required to be paid to private beneficiaries for 1996	4		

Section B—Pooled Income Funds

1 Enter the amount of contributions received during 1996	1		
2 Enter the amount required to be distributed for 1996 to satisfy the remainder interest	2		
3 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed	3		
4 Enter the amount of income required to be paid to private beneficiaries for 1996	4		
5 Enter the amount of income required to be paid to the charitable remainder beneficiary for 1996	5		

Other Information (All split-interest trusts, check applicable boxes.)

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

Check this box if any of the split-interest trust's income interests expired during 1996

Please 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.

Signature of trustee or officer representing trustee _____ Date _____

Paid Preparer's Use Only

Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____
Firm's name (or yours, if self-employed) and address _____	EIN _____	ZIP code _____	

