CALIFORNIA FORM

Charitable Remainder and Pooled Income Trusts

541-B

2020	and	Pooled Incon	ne Trusts					541	·B
Name of trust			· · · · · · · · · · · · · · · · · · ·			FEIN	1		
Name of trust	ee(s)								
Additional info	ormation (see instru	uctions)							
Street address	s (number and stre	eet) or PO box				Apt. no./s	ste. no.	PMB/private m	ailbox
City						State	ZIP code)	
Foreign count	ry name		Foreign provir	nce/state/county		_	Foreign	postal code	
		/yy)ble lead trust (2) Charitab	le remainder annuity trus	st (3) Charitable	remainder unitrus	(4) F	Pooled inc	ome fund (5)	Other
		ets at end of taxable year		Gross Income	10				
Check the a	pplicable box:	☐ Initial Tax Return ●	Final Tax Return	Amended Ta	x Return	New T	rustee	New Add	dress
		ctions (All Trusts complete S	Sections A through D)						
	Ordinary Income								
		ما مین الات		· ·			1		00
		ding qualified dividends)				00	2a		00
		nstructions)				00			
	•	s). Attach federal Schedule C				•	3		00
		hips, other estates and trust					4		00
		ttach federal Schedule F (Fo					5		00
		ttach Schedule D-1				•	6		00
		re of income		\rightarrow		•	7		00
		dd lines 1, 2a, and 3 through	7			•	8		00
	Capital Gains (Lo								
		m Schedule D (541), line 8.					9		00
		carryover from Schedule D (10		00
11 Unrecap	tured IRC Section	n 1250 gain				00			
		s). Combine lines 9 and 10 .					12		00
	Nontaxable Incor						40		
	·						13		00
		List type and amount					14		00
15 Total nor		7100 111100 10 0110 11111111	mined this toy return include			nto and to	15 the best o	f my knowlodgo on	d balief it is
Sign Here	true, correct, and co	perjury, I declare that I have exar omplete. Declaration of preparer	(other than taxpayer) is ba	sed on all information of	f which preparer ha	s any know	rledge.	r my knowledge an	a beller, it is
	Signature of truste	ee or officer representing truste	90			Date	Э		
	Preparer's signatu	ire		Date	Check if se		PTIN		
Paid Preparer's	Firm's name (or yo	ours, if self-employed) and addre	ess		1, 1, 1, 1		Firm's FEI	IN	
Use Only						Tele	phone		
							,priorie		
	May the FTB disc	uss this tax return with the pre	parer shown above (see	instructions)?			Yes	☐ No	

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	Ļ)	
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	25 a	(00
b Subtract line 25a from line 15	25b		00

Part II Unrelated Business Taxable Income				
26 Did the trust have any unrelated business taxal	ole income?			. Yes No
If "Yes," file a separate Form 541 to report the				
Part III Schedule of Distributable Income (RC Section 664 trust only)			
Accumulations	(a) Ordinary income	(b) Capital gains (losses)		c) ble 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 	I .			
• 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		X		
Part IV-A Distributions of Principal for Chari				
30 Principal distributed in prior taxable years for o			30	00
31 Principal distributed during the current taxable	•	stributed on the area at at the right		
Fill in the information for columns (A), (B), and		stributed on the space to the right.		
(A) Payee's name and address	(B) Date of distribution Cha (mm/dd/yyyy)	ritable purpose and description of assets distribute		
a				
			210	00
b			31a	00
	- X		V	
			_	
			31b	00
С				
			31c	00
32 Total. Add lines 30 through 31c				00
Part IV-B Accumulated Income Set Aside an	d Income Distributions for C	haritable Purposes		
33a Accumulated income set aside in prior taxable				00
$\textbf{33b} \ \text{Enter the amount shown on Side 2, line 22} \ \dots$				00
			34	00
35 Distributions made during the taxable year:				
• For income set aside in prior taxable years for				
 For charitable purposes for which a charitable Fill in the information for columns (A), (B), and 			ear.	
		stributed on the line to the right.		
(A) Payee's name and address	(B) Date of distribution Cha (mm/dd/yyyy)	ritable purpose and description of assets distribute	t	
a				
b			35a	00
			_	
			35b	00
C				
			35c	00
36 Add lines 35a through 35c			36	00
37 Carryover. Subtract line 36 from line 34			37	00
			1 1	

7023203 Form 541-B 202**0 Side 3**

Part V Balance Sheet					
Assets			(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	- / X		
44 Prepaid expenses and deferred charges		44			
45 a Investments – U.S. and state government obligations.		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):		71			
basis	48a				
b Less: accumulated depreciation	48b				
49 Other assets. Describe	400	49			
		50			
7 Total assets. Add lines 38 through 49					•
		E4			
51 Accounts payable and accrued expenses		51			
52 Deferred revenue		52			
53 Loans from officers, directors, trustees, and other disqua		53			
Mortgages and other notes payable. Attach schedule		54	*		
55 Other liabilities. Describe56 Total liabilities. Add lines 51 through 55		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			•	•	
60 Total liabilities and net assets. Add line 56 and line 59.		60			

Pa	rt VI-A Charitable Remainder Annuity Trust (CRAT) Information (Complete only if an 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
Pa	rt VI-B Charitable Remainder Unitrust (CRUT) Information (Complete only if an 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 1.66	4-3(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		<u>%</u>
	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.	00		100
bb	a Trust's accounting income for 2029. 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.	CCh		00
	b Enter the smaller of line 65b or line 66a here and on line 68. Skip lines 67a and 67b	66b		00
6/	a Total accumulated distribution deficiencies from previous years	67a		00
	b Add lines 65b and 67a	67b		00
co	If lines 67a and 67b are completed, enter the smaller of line 66a or line 67b on line 68.	co		00
	Required unitrust distribution for 2020	68		00
09	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.			00
	Did the trustee change the method of determining the FMV of the assets? If "Yes," attach an explanation.		Yes	□ No
	Were any additional contributions received by the trust during 2029? If "ves," complete Side 6, Schedule A, Part III			☐ No
_	rt VII Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts		163	
_	ction A – All Trusts			
73	Check this box if any of the split-interest trust's income interests expired during 2020.			
	Check this box if all of the split-interest trust's income interests expired before 2020.			=
	If either box is checked and this is not a final tax return, attach an explanation.			
Sec	ction B – Charitable Lead Trusts			
_	Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2029	75		00
	ction C – Pooled Income Funds			100
	Enter the amount of contributions received during 2029	76		00
	Enter the amount required to be distributed for 2029 to satisfy the remainder interest	77		00
	Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed	78		00
	Enter the amount of income required to be paid to the charitable remainder beneficiary for 2029			00
Sec	ction 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 is	nterests		
	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 taxa			🔲
82	Is this the initial tax return? If "Yes," attach a copy of the trust instrument		Yes	☐ No
	Was the trust instrument amended during the year? If "Yes," attach a copy			☐ No
	If this is the final tax return, were final distributions made according to the trust instrument?		Yes	☐ No
				□ Na
	olf "Yes," did you complete Side 3, Part IV-A, line 31?			∐ No
(Yes	
	o If "Yes," did you complete Side 3, Part IV-A, line 31?			
	If "Yes," did you complete Side 3, Part IV-A, line 31?			
85	If "Yes," altach a copy of the signed agreement.		Yes No	
85	If "Yes," did you complete Side 3, Part IV-A, line 31?		Yes No	
85	If "Yes," altach a copy of the signed agreement.	curities,	Yes No	

7025203 Form 541-B 2020 **Side 5**

	Schedule A – Di	stributions, As	sets, and D	onor Information			
Paı	rt I Accumulation Schedule (IRC Section 664 trust only))					
	Accumulations	(a) Ordinary ir	(a) (b) Ilinary income Capital gains (losse		(c) Nontaxable income		
	Total distributable income. Enter the amount from Side 3, Part III, line 29						
2a	Total distributions for 2029,						
	2020 distributions from income						
	Undistributed income at end of taxable year. Subtract line 2b from line 1						
	Oubtract line 25 from line 1				I		
Pai	rt II-A Current Distributions Schedule (IRC Section 664 t	rust only)					
	(a)		(b)		(c)	,	
4a	Name of recipient	Identify	ying number	Percentage of to	Percentage of total unitrust amount payable (if applicable)		
4a 4b	•	•				/ 6	
4c						%	
	(d) (e)		(f)	(g)	(h)		
4a	Ordinary income Capital gains	Nontax	cable income	Corpus	Total. Add cols. (d) throug	h (g)	
4a 4b				/:			
4c							
Tota	1						
If Pa	art II-A Total, column (h) does not agree with line 61b for a CI	RAT or line 68 for	a CRUT, check	here and attach explanat	ion		
	rt II-B Current Distributions (charitable lead trust or po				Φ.		
5	Enter the amount required to be paid to private beneficiaries	101 202 0			φ		
Pai	rt III Assets and Donor Information			<u> </u>			
	Is this the initial tax return or were additional assets contribu	ted to the trust in	2020?		Yes	□ No	
	If "Yes," complete the schedule below. If "No," complete only column (a) of the schedule below.						
	(a) (b) Name and address of donor Description of each	n asset donated	FMV of each	(c) asset on date of donation	(d) Date of donation (mm/dd/yyyy)		
7a							
7b							
10							
7c							
7d	Total . Add lines 7a through 7c						
1			1				