

Split-Interest Trust Information Return

See separate instructions.

Form header section with fields for: Full name of trust, Name of trustee, Number, street, and room or suite no., City, state, and ZIP code, Fair market value (FMV) of assets at end of tax year, Date the trust was created, Check applicable boxes, and Did the split-interest trust have any unrelated business taxable income.

Part I Ordinary Income (Section 664 trust only)

Table with 7 rows for Ordinary Income: Interest income, Dividends, Business income or (loss), Rents, royalties, partnerships, other estates and trusts, etc., Farm income or (loss), Ordinary gain or (loss), Other income. Includes a Total line for ordinary income.

Deductions Allocable to Ordinary Income

Table with 4 rows for Deductions: Interest, Taxes, Other deductions, Total deductions. Includes a line for Ordinary income less deductions.

Capital Gains (Losses) and Allocable Deductions

Table with 5 rows for Capital Gains: Total short-term capital gain or (loss), Deductions allocable to short-term capital gains, Balance, Long-term capital gain or (loss) (with sub-rows a, b, c), Deductions allocable to long-term capital gains, Balance.

Part II Accumulation Schedule (Section 664 trust only)

Table with 4 columns: Accumulations, (a) Ordinary income, Capital gains and (losses) (with sub-columns (b) Net short-term, (c) Net long-term), (d) Nontaxable income. Rows include Undistributed from prior tax years, Current tax year, Total, and Undistributed at end of tax year.

Part III Current Distributions Schedule (Section 664 trust only)

Table with 6 columns: Name of recipient, Identifying number, (a) Ordinary income, Capital gains (with sub-columns (b) Short-term, (c) Long-term), (d) Nontaxable income, (e) Corpus. Rows include 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)
<b>Assets</b>				
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	<b>Total assets</b> (add lines 25 through 36) (must equal line 47) . . . . .	37		
<b>Liabilities</b>				
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	<b>Total liabilities</b> (add lines 38 through 42) . . . . .	43		
<b>Net Assets</b>				
44	Trust principal or corpus . . . . .	44		
45a	Undistributed income . . . . .	45a		
b	Undistributed capital gains . . . . .	45b		
c	Undistributed nontaxable income . . . . .	45c		
46	<b>Total net assets</b> (add lines 44 through 45c) . . . . .	46		
47	<b>Total liabilities and net assets</b> (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	<b>Unitrust amount.</b> Subtract line 43, column (c), from line 37, column (c), and multiply the result by the percentage on line 49a . . . . .	49b	
<b>Note:</b> 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 1999 . . . . .	50a	
b	Enter the smaller of line 49b or line 50a here, and on line 52 on page 3, unless the <b>Caution</b> below applies	50b	
<b>Caution:</b> 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 1999	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 1999? 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 6 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 1999, 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? ( <b>Exception.</b> 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 <b>ANY</b> 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	1b	
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 1a, other than excepted acts, that were not corrected before January 1, 1999? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 1999? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If "Yes," did the trust have excess business holdings in 1999 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 1999.	3b	
4 Taxes on investments that jeopardize charitable purposes (section 4944): <input type="checkbox"/> N/A		
a Did the trust invest during 1999 any amount in a manner that would jeopardize its charitable purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No	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, 1999? <input type="checkbox"/> Yes <input type="checkbox"/> No	4b	
5 Taxes on taxable expenditures (section 4945) and political expenditures (section 4955):		
a During 1999 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		

**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 7 of the instructions)? . . . . .  Yes  No

	Yes	No
<b>5b</b>		

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 7 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, Pooled Income Funds, and Charitable Remainder Trusts**

**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

<b>2</b> Enter the amount of any excess income required to be paid for charitable purposes for 1999 . . . . .	<b>2</b>		
<b>3</b> Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 1999 . . . . .	<b>3</b>		
<b>4</b> Enter the amount of annuity or unitrust payments required to be paid to private beneficiaries for 1999 . . . . .	<b>4</b>		

**Section B—Pooled Income Funds**

<b>1</b> Enter the amount of contributions received during 1999 . . . . .	<b>1</b>		
<b>2</b> Enter the amount required to be distributed for 1999 to satisfy the remainder interest . . . . .	<b>2</b>		
<b>3</b> Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed . . . . .	<b>3</b>		
<b>4</b> Enter the amount of income required to be paid to private beneficiaries for 1999 . . . . .	<b>4</b>		
<b>5</b> Enter the amount of income required to be paid to the charitable remainder beneficiary for 1999 . . . . .	<b>5</b>		

**Section C—Charitable Remainder Trusts and Other Information**

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

- 1** 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 . . . . .
- 2** 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 page 8 of the instructions.) . . . . .
- 3** Check this box if any of the split-interest trust's income interests expired during 1999. . . . .

<b>Please Sign Here</b>	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 <input type="text"/>		Date <input type="text"/>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
	Firm's name (or yours if self-employed) and address <input type="text"/>		EIN <input type="text"/>	ZIP code <input type="text"/>

