

Trust Accumulation of Charitable Amounts

2019

541-A

For calendar years only.

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/country Foreign postal code

ANSWER THESE QUESTIONS:

- 1 Date trust created (mm/dd/yyyy)
2 Were any of the trustees residents of California during any portion of the taxable year?
3 Was the grantor or settlor of the trust a resident of California during the taxable year of the trust?
4 Name and address of grantor or settlor
5 Have you filed a tax return on Form 541 for the year covered by this tax return?
6 Do any of the amounts shown on this tax return differ from the corresponding amounts reported on federal Form 1041-A?
7 Are you required to file federal Form 990-T for the unrelated business and/or lease indebtedness income?

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.

Table with 3 columns: Description, Line Number, Amount. Rows include Interest income, Dividends, Business income, Capital gain, Rents, royalties, Farm income, Ordinary gain, Other income, Total income, Interest, Taxes, Charitable deduction, Trustee fees, Attorney fees, Other deductions.

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

Table with 3 columns: Description, Line Number, Amount. Rows include Accumulated income set aside, Income set aside in prior taxable years (17a-17e), Total, Balance, Income set aside during current year, Carryover.

**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	

**Sign Here** 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 \_\_\_\_\_

**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)?  Yes  No