

**Part A - General Information**

1. For the period beginning (mm/dd/yyyy) \_\_\_\_\_ / **2010** and ending (mm/dd/yyyy) \_\_\_\_\_

2. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	3. Name of charitable lead trust		5. Fed. employer ID no. (EIN) (##-####-####)
	4. Number and street (or P.O. box if mail not delivered to street address)		6. NY State registration no. (##-##-##)
	Room/suite	7. Telephone number	8. Email address
	City or town, state or country and zip + 4		

**Part B - Certification - Signature Required**

I certify under penalties of perjury that I reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Authorized Representative	_____ Signature	_____ Printed Name	_____ Title	_____ Date
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**Part C - Fee Submitted**

Indicate the EPTL filing fee you are submitting along with this form:

Total amount distributed to charity is less than \$50,000 .....	<b>\$25</b> <input type="checkbox"/>	<i>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</i>
Total amount distributed to charity is \$50,000 or more, but less than \$250,000 .....	<b>\$50</b> <input type="checkbox"/>	
Total amount distributed to charity is \$250,000 or more, but less than \$1,000,000 .....	<b>\$100</b> <input type="checkbox"/>	
Total amount distributed to charity is \$1,000,000 or more, but less than \$10,000,000 .....	<b>\$250</b> <input type="checkbox"/>	
Total amount distributed to charity is \$10,000,000 or more, but less than \$50,000,000 .....	<b>\$750</b> <input type="checkbox"/>	
Total amount distributed to charity is \$50,000,000 or more .....	<b>\$1500</b> <input type="checkbox"/>	

**Part D - Attachments - All Documents Required**

Attach a copy of the trust's IRS Form 5227 (Split Interest Trust Information Return)

**Part E - Financial Report**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2"><b>a. CHARGES</b></td></tr> <tr><td>i. Principal received</td><td style="text-align: right;">\$</td></tr> <tr><td>ii. Income collected</td><td style="text-align: right;">\$</td></tr> <tr><td>iii. Realized increases</td><td style="text-align: right;">\$</td></tr> <tr><td>iv. Total charges (lines i thru iv)</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2"><b>b. CREDITS</b></td></tr> <tr><td>v. Realized decreases</td><td style="text-align: right;">\$</td></tr> <tr><td>vi. Administrative expenses</td><td style="text-align: right;">\$</td></tr> <tr><td>vii. Distributions to charity</td><td style="text-align: right;">\$</td></tr> <tr><td>viii. Distributions to others</td><td style="text-align: right;">\$</td></tr> <tr><td>ix. Total credits (lines v thru viii)</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2"><b>c. FUND BALANCE</b></td></tr> <tr><td>x. Increase (or decrease) for the year (subtract line ix from line iv)</td><td style="text-align: right;">\$</td></tr> <tr><td>xi. Beginning fund balance</td><td style="text-align: right;">\$</td></tr> <tr><td>xii. Other changes in fund balance</td><td style="text-align: right;">\$</td></tr> <tr><td>xiii. Ending fund balance (lines x thru xii)</td><td style="text-align: right;">\$</td></tr> </table>	<b>a. CHARGES</b>		i. Principal received	\$	ii. Income collected	\$	iii. Realized increases	\$	iv. Total charges (lines i thru iv)	\$	<b>b. CREDITS</b>		v. Realized decreases	\$	vi. Administrative expenses	\$	vii. Distributions to charity	\$	viii. Distributions to others	\$	ix. Total credits (lines v thru viii)	\$	<b>c. FUND BALANCE</b>		x. Increase (or decrease) for the year (subtract line ix from line iv)	\$	xi. Beginning fund balance	\$	xii. Other changes in fund balance	\$	xiii. Ending fund balance (lines x thru xii)	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2"><b>DISTRIBUTION TO CHARITY (to line vii)</b></td></tr> <tr><td style="text-align: left;">Beneficiary</td><td style="text-align: right;">Amount</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Total Distributions to Charity</b></td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2"><b>DISTRIBUTION TO OTHERS (to line viii)</b></td></tr> <tr><td style="text-align: left;">Beneficiary</td><td style="text-align: right;">Amount</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Total Distributions to Others</b></td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	<b>DISTRIBUTION TO CHARITY (to line vii)</b>		Beneficiary	Amount		\$		\$		\$		\$		\$		\$		\$	<b>Total Distributions to Charity</b>			\$	<b>DISTRIBUTION TO OTHERS (to line viii)</b>		Beneficiary	Amount		\$		\$		\$		\$		\$		\$		\$	<b>Total Distributions to Others</b>			\$
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- Mail completed form with **required fee and attachments** to the address at the top of this page -