

**Part A - General Information**

1. For the period beginning (mm/dd/yyyy) \_\_\_\_\_ / 2024 and ending (mm/dd/yyyy) \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 2. Check if applicable for NYS:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial filing<br><input type="checkbox"/> Final filing<br><input type="checkbox"/> Amended filing<br><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) | Room/suite                                  | 6. NY State registration no. (##-##-##) |
|   | 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  |

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