

INSTRUCTIONS

1. Gain or loss on sale or exchange of trust property shall be recognized in Schedule B, page 2, and not on line 10, page 1, unless the instrument creating the trust provides otherwise.
2. Items 9 through 14 need only be completed **IF** a charity has vested interest in the trust estate, present or future.
3. Contributions received should be included in line 5, page 1, unless the instrument creating the trust provides otherwise.
4. For questions about this filing, you may contact the Charitable Trust Unit at (401) 274-4400 ext. 2111 or charitabletrust@riag.ri.gov.



Attorney General
Peter F. Neronha

ANNUAL REPORT FOR CHARITABLE TRUSTS

(R.I.G.L. § 18-9-13)

*To satisfy this filing, you may, instead, submit a copy of your federal annual tax filing for your charitable or nonprofit organization.

ACCOUNT OF

..... Trustee
Name & Address of Trustee

Under the
Name of Trust

For the Fiscal Year from 20__ to 20__

Federal Identification Number: Attorney General Number:

SUMMARY

Principal Account

- | | |
|--|---------|
| 1. Investments (Book Value), Prior Tax Year | ..... |
| 2. Cash, Prior Tax Year | ..... |
| 3. Other Assets, Prior Tax Year | ..... |
| 4. Balance, Prior Tax Year | ..... |
| 5. Contributions added to Principal per Schedule A | ..... |
| 6. Other Receipts on Account of Principal per Schedule B | ..... |
| 7. Charges against Principal Balance per Schedule C | (.....) |
| 8. Principal Balance, End of Fiscal Year | _____ |

Income Account

- 9. Income Balance, Prior Tax Year
- 10. Income Received
- 11. Charges against Income (*Attach Schedule*)
- 12. Disbursements to Charities (*Attach Schedule*)
- 13. Disbursements to other Beneficiaries (*Attach Schedule*)
- 14. Income Transferred to Principal
- 15. Income Balance, End of Fiscal Year _____

I/we, the undersigned, hereby certify that this report and schedules and statements herein contained are true, correct and complete within our knowledge and belief.

Name of Trust:

Annual Report Preparer(s) (*if different from Trustee(s)*):

.....
Signature

.....
Name

.....
Street

.....
City *State* *Zip*

.....
Telephone Number *E-mail*

Trustee(s) Signature:

SCHEDULES

Schedule A - Contributions

Securities Received <i>(Attach Schedule)</i>	.....
Cash Contributions	.....
Other Contributions	.....
Total <i>(Enter on line 5, pg. 1)</i>	_____

Schedule B - Receipts on Principal Account

Gain or (Loss) on Sale or Exchange of Property	.....
Appreciation or (Depreciation) on Property, Equipment, etc.	.....
Other Receipts	.....
Total <i>(Enter on line 6, pg. 1)</i>	_____

Schedule C - Charges against Principal Account

Expenses chargeable to Principal Account <i>(Attach Schedule)</i>	.....
Payments to Charitable Beneficiaries	.....
Payments to other Beneficiaries <i>(Attach Schedule)</i>	.....
Other Charges <i>(Attach Schedule)</i>	.....
Total <i>(Enter on line 7, pg. 1)</i>	_____

INVENTORY

No.	Description	Book Value
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
9.	_____	
10.	_____	
11.	_____	
12.	_____	
13.	_____	
14.	_____	
15.	_____	
16.	_____	
17.	_____	
18.	_____	
19.	_____	
20.	_____	
Total Book Value of Investments	
Principal Cash	
Total Principal	

I. Date of Event on which the Trust is to Terminate:

**** The following information is required only when there has been a change of beneficiaries and/or trustees during the period covered by this report ****

II. State the Name(s) and Address(es) of Former Beneficiaries

III. State the Name(s) and Address(es) of the New Beneficiaries

IV. State the Name(s) and Address(es) of Former Trustees

V. State the Name(s) and Address(es) of Present Trustees

VI. State briefly the cause(s) for change and manner by which the change was accomplished. (Attach additional sheets if necessary).