

Registration and Inventory Form for Trusts

Who should file this form? See the optional flow chart on page 5. However, generally, the following trusts should file:

- Trusts with a current charitable interest (including charitable lead trusts and living or revocable trusts that are now irrevocable);
- Charitable remainder trusts without a current charitable interest if one of the following is true:
 - the charitable remainder beneficiaries have not been irrevocably named;
 - a charitable remainder beneficiary may be controlled by the grantor, testator, executor, trustee, or a member of the grantor's or testator's family.

Who should not file this form?

- Trusts with no charitable interest;
- Trusts that are revocable;
- Trusts with remote, contingent charitable interests (e.g., a charity will only receive a distribution if the grantor's spouse and children all predecease the grantor).

(Corporations and unincorporated associations should not use this form. See form CTS-05 available on our website at www.michigan.gov/agcharity.)

Some answers in the following sections require a citation to the page and section of the trust or will. Please provide a citation in the following format: *Cite: p. 3, sec. 5; 4th Amendment - p. 2, sec. 3*

| Part I - General Information | | | |
|-------------------------------|--------------------------------------|-------------------|------------------|
| Legal name of trust | Employer identification number (EIN) | | |
| All other names used by trust | Fiscal year end (mm/dd) | State established | Date established |

| Part 2 - Contact Information | | |
|------------------------------|-------------------------------|-------|
| Contact person name | Telephone | Email |
| Mailing address | Street address (if different) | |

**Michigan Department of Attorney General
Registration and Inventory for Trusts**

| Part 3 - Trustees |
|---|
| Enter names and addresses. If additional room is necessary, attach a sheet. |
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| Part 4 - IRS Status and Return |
|---|
| <p>A. IRS status. Check box for appropriate status:</p> <p><input type="checkbox"/> The trust has received 501(c)(3) tax exempt status. <i>Provide a copy of the IRS determination letter.</i></p> <p><input type="checkbox"/> The trust has applied, or will apply for 501(c)(3) tax exempt status. <i>Provide a copy of the IRS determination letter when it is received.</i></p> <p><input type="checkbox"/> The trust will not obtain tax exempt status.</p> |
| <p>B. IRS Return. Check box for type of return filed with IRS.</p> <p><input type="checkbox"/> 990/990-EZ <input type="checkbox"/> 990-PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1041-A <input type="checkbox"/> 5227 <input type="checkbox"/> Other</p> |

| Part 5 - Trust Information | | | | | | |
|---|--------------------------|--------------------------|-----------|--|--------------------------|--------------------------|
| <p>A. How was this trust created?</p> <p><input type="checkbox"/> Trust agreement. <i>Provide a copy of the trust agreement.</i></p> <p><input type="checkbox"/> Court order. <i>Provide a copy of the order and other relevant court filings.</i></p> <p><input type="checkbox"/> Last will and testament. <i>Provide a copy of the will and complete the following:</i></p> <table style="width:100%; border: none;"> <tr> <td style="width: 80%;"></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>i. Has a file been opened in a county probate court?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> <p style="margin-left: 40px;">If Yes, enter the county and probate file number.</p> <p style="margin-left: 40px;">County _____ File number _____</p> | | Yes | No | i. Has a file been opened in a county probate court? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | | | | |
| i. Has a file been opened in a county probate court? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <p>B. Nature of trust (choose one)</p> <p><input type="checkbox"/> <i>i.</i> A trust established wholly, or in part, for charitable purposes to operate in perpetuity without an end date.</p> <p><input type="checkbox"/> <i>ii.</i> A trust established solely for charitable purposes that will terminate, or has terminated, on a predetermined date or event, such as a charitable lead trust.</p> <p style="margin-left: 20px;">Describe the termination provision:</p> <p>_____</p> <p><i>Cite:</i> _____</p> <p><input type="checkbox"/> <i>iii.</i> A charitable remainder trust (including annuities and unitrusts) that is irrevocable and required to register.</p> <p><input type="checkbox"/> <i>iv.</i> A living trust (such as a will substitute) that is now irrevocable and has terminated or is terminating.</p> <p style="margin-left: 20px;">NOTE: If the trust referenced in iii. or iv. above was made irrevocable upon the death of the grantor or other person(s), identify the individual(s) and date(s) of death:</p> <p style="margin-left: 40px;">Name: _____ Date: / /</p> | | | | | | |

**Michigan Department of Attorney General
Registration and Inventory for Trusts**

Part 6 - Charitable Purpose Beneficiaries

A. What is the charitable purpose of this trust?

Cite: _____

Check all that apply.

- It benefits a specific charity or charities named in the instrument. *Complete item B below.*
- It may support any 501(c)(3) purpose organization. *Go to item C below.*
- It supports a specific charitable purpose (e.g., alleviate hunger, scholarships). *Describe the purpose, then go to item C below.* _____

- It creates another charitable trust or foundation, to benefit one or more charities or a charitable purpose. *Please describe. Please note that you must separately register any charitable trust or foundation that maintains or reports separate financial information from the trust you are currently registering.*

Other: _____

B. Charitable Beneficiaries. List all current, future, and contingent charitable beneficiaries by name, city, and state.

| Name of Charity | City, State | Type | Interest |
|-----------------|-------------|------|----------|
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |
| | | | \$ % |

C. When will distributions be made to all charitable beneficiaries?

- All distributions have been made. *Provide receipts for the distributions to charity and a final accounting that details all fees and other expenses.*
- Distributions will/may be made at some later date. Explain and cite: _____
- Distributions are perpetual and made periodically.
- Other: _____

Part 7 - Financial Report

A. Financial report. Provide a copy of the most recent financial report and check the box for the type of report being provided. It must include a complete statement of receipts and disbursements and have a balance sheet. If the IRS return does not completely account for all receipts and disbursements or have a balance sheet, provide a financial report in another format.

- IRS return.
- Probate court account.
- Audited financial statements.
- Account statement (only if trustee is a financial institution).
- Trust has not yet completed a fiscal period. *(Complete Part 8.)*
- Other: _____

B. Check this box if you are submitting a final accounting for the trust.

**Michigan Department of Attorney General
Registration and Inventory for Trusts**

Part 8 - List of Assets and Liabilities

Complete the following only if a financial report described in Part 7 is not provided.

Enter date of valuation: _____
Date

| | |
|---------------------------|----------|
| Cash and cash equivalents | \$ _____ |
| Stock | \$ _____ |
| Bonds | \$ _____ |
| Real estate | \$ _____ |
| Other assets (describe) | \$ _____ |

| | | |
|-------------------|----------|--------------------------|
| Total assets | \$ _____ | |
| Total liabilities | \$ _____ | Enter as negative number |
| Net assets | \$ _____ | |

Part 9 - Attachments

Check list of documents to provide with this form:

- Creating document such as trust agreement or will, plus all amendments or codicils.
- All court orders affecting trust.
- If tax exempt, copy of IRS determination letter.
- Financial report or listing of assets and liabilities. See Parts 7 and 8.
- If this is a trust that is terminating (or has terminated), provide an accounting and receipts for distributions to charitable beneficiaries made to date.

Part 10 - Certification

Under penalty of perjury, I certify that I am authorized to sign this document and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete.

| | |
|------------|-------|
| Signature | Date |
| Print name | Title |

Return the completed form:
By email: ct_email@michigan.gov

By mail:

Michigan Department of Attorney General
Charitable Trust Section
PO Box 30214
Lansing, MI 48909

Contact information:
Telephone: 517-373-1152
Fax: 517-241-7074
Website: www.michigan.gov/agcharity

This is a public record, copies of which are sent, upon request, to any interested person.

Do you need to register as a charitable trust?

Note: Complete this only if you are unsure whether you must register or submit documents to the Attorney General's Charitable Trust Section at this time.

