CTS - 06 Authority: 1961 PA 101 Penalty: Civil

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 identifica	tion 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	E	Email
Mailing address	Stree	et address (if differe	ent)

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				Pa	rt 3 - Trustees			
	Ent	er names and	addresses. If a	dditional room	is necessary, atta	ach a sheet.		
				Part 4 - II	RS Status and R	eturn		
A.	IRS	status. Check	k box for approp					
					tus. <i>Provide a co</i>	py of the IRS det	ermination letter	· •
	Tho	truct has ann	died er will ann	by for E01/c)(2)) tax exempt statu	ıs Provide a co	ny of the IPS date	ermination
		er when it is re	• • •	ny 101 301(c)(3)	tax exempt statt	is. Frovide a co	py of the ms dete	Tillilation
			obtain tax exer	npt status.				
D	IDC	Paturn Char	k box for type	of return filed	with IDS			
Б.						5227	Other	
		990/990-EZ	990-PF	1041	1041-A	5227	Other	
				Part 5	- Trust Informat	tion		
Δ.	Hov	w was this tru	st created?	Tures	Trust IIIIoi IIIa			
	_		Provide a copy	v of the trust ac	areement.			
		_	• •	-	ther relevant cour	rt filings.		
					vill and complete		Yes	No
	i. Has a file been opened in a county probate court?							
	If Yes, enter the county and probate file number.							
	County File number							
В.	Nat	ure of trust(choose one)					
	i. A trust established wholly, or in part, for charitable purposes to operate in perpetuity without an end date.							
	ii.		-	-				
	ii. 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.							
	Describe the termination provision:							
	Describe the termination provision.							
		Cite:						
	iii.	A charitable	remainder trus	t (including an	nuities and unitru	ısts) that is irrev	ocable and requi	red to register.
	iii. A charitable remainder trust (including annuities and unitrusts) that is irrevocable and required to registeriv. A living trust (such as a will substitute) that is now irrevocable and has terminated or is terminating.							
	iv.	A living trust	(such as a will:	substitute) that		-	· ·	inating.
	iv.	_	-	-		ole and has term	inated or is term	=

Date:

Name:

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	Part 6 - Charitable Pur	pose Beneficiaries			
Α.	What is the charitable purpose of this trust? Cite:				
	Check all that apply.				
	It benefits a specific charity or charities named in the in	strument. Complete i	item B below	·.	
	It may support any 501(c)(3) purpose organization. Go				
	It supports a specific charitable purpose (e.g., alleviate h	nunger, scholarships).	Describe the	e purpose, the	n go to
	item C below.				
	It creates another charitable trust or foundation, to ben	nefit one or more char	rities or a cha	aritable purpos	se. <i>Please</i>
	describe. Please note that you must separately registe				
	reports separate financial information from the trust y	=	=		
	Other:				
В.	Charitable Beneficiaries. List all current, future, and conting	gent charitable benef	iciaries by na	 me. city, and (state.
	Name of Charity	City, State	Type	Intere	
	,			\$	%
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%
C.	When will distributions be made to all charitable beneficia	ries?		<u> </u>	
	All distributions have been made. Provide receipts for the	he distributions to cho	arity and a fir	nal accounting	j that
	details all fees and other expenses.				
	Distributions will/may be made at some later date. Exp	lain and cite:			
	51.11.1				
	Distributions are perpetual and made periodically.				
	Other:				
	Part 7 - Financi	ial Report			
A.	Financial report. Provide a copy of the most recent financia	•	e box for the	type of repor	t being
	provided. It must include a complete statement of receipts				

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. Account statement (only if trustee is a financial institution).

Probate court account. Trust has not yet completed a fiscal period. (Complete Part 8.)

Audited financial statements. Other:

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

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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:		-		
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 Contact information:

Charitable Trust Section Telephone: 517-335-7571 PO Box 30214 Fax: 517-241-7074

Lansing, MI 48909 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.

