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Form **5227**

Split-Interest Trust Information Return

See separate instructions.

Go to www.irs.gov/Form5227 for instructions and the latest information.

OMB No. 1545-0196

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A Full I	ame of trust	Employer ident	uncation number				
	f trustee C, street, and room or suite no. (If a P.O. box, see the instructions.)		ritable lead trust				
	IIILASOILIA	desc	ritable remainder annuity trust cribed in section 664(d)(1)				
City or t	own, state or province, country, and ZIP or foreign postal code		ritable remainder unitrust cribed in section 664(d)(2)				
Oity Oi t	own, state of province, country, and zill of foreign postal code		led income fund described in ion 642(c)(5)				
D Fair r	er—Attach explanation						
F Chec	ck applicable Initial return Final return Amended return incl. amended K-1s, if nec.	Date the trust	was created				
instru	uctions) Change in trustee's Name Address						
Part							
	Section A—Ordinary Income						
1	Interest income		1 2a				
2a b			Zd				
3	Business income or (loss). Attach Schedule C (Form 1040)		3				
4	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	+	4				
5	Farm income or (loss). Attach Schedule F (Form 1040)		5				
6	Ordinary gain or (loss). Attach Form 4797		6				
7	Other income. List type and amount		7				
8	Total ordinary income. Combine lines 1, 2a, and 3 through 7		8				
	Section B—Capital Gains (Losses)						
9	Total short-term capital gain or (loss). Attach Schedule D, Part I (Form 1041)		9				
10	Total long-term capital gain or (loss). Attach Schedule D, Part II (Form 1041)		10				
11	Unrecaptured section 1250 gain						
12	28% gain						
_13	Total capital gains (losses). Combine lines 9 and 10		13				
	Section C—Nontaxable Income	ļ					
14	Tax-exempt interest		14				
15	Other nontaxable income. List type and amount		4-				
40	Table and analysis in a second Add Base 4.4 and 4.5		15				
16	Total nontaxable income. Add lines 14 and 15		16				
17	Interest		17				
18	Taxes (see the instructions)		18				
19	Trustee fees		19				
20	Attorney, accountant, and return preparer fees	-	20				
21	Other allowable deductions. Attach statement (see the instructions)	+	21				
22	Total. Add lines 17 through 21	-	22				
23	Charitable deduction	İ					
	Section E-Deductions Allocable to Income Categories (Section 664 trust or	nly)					
24a	Enter the amount from line 22 allocable to ordinary income	[24a				
b	Subtract line 24a from line 8		24b				
25a	Enter the amount from line 22 allocable to capital gains (losses)	L	25a				
b	Subtract line 25a from line 13		25b				
26a	Enter the amount from line 22 allocable to nontaxable income	-	26a				
h	Subtract line 26a from line 16		26h				

Part	Schedule of Distributable income	Section 664 t	rust only) (Se	e instructi	ons)		
	Accumulations	(a) Ordir	nary income	(b) Capital	gains (losses)	(c) Nontax	able income
	Net Investment Income (NII) Classification	Excluded Income	Accumulated NII post 2012	Excluded Income	Accumulated NII post 2012	Excluded Income	Accumulated NII post 2012
1	Undistributed income from prior tax years						
2	Current tax year net income (before distributions):					
	• In column (a), enter the amount from Part I, line 24				/ = ==		
	• In column (b), enter the amount from Part I, line 25						
	• In column (c), enter the amount from Part I, line 26	3b					
3	Total distributable income. Add lines 1 and 2 .						
Part	Distributions of Principal for Chari	table Purpos	es				•
	Section	on A					
1	Principal distributed in prior tax years for charital	ble purposes				1	
2	Principal distributed during the current tax year	r for charitable	purposes. Fil	I in the info	rmation for		
_	Principal distributed during the current tax year for charitable purposes. Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the space to the right. (see the instructions)						
	, , , , , , , , , , , , , , , , , , , ,	(D)		(0)			
	(A) Payee's name and address Date of	(B) of distribution (Charitable purpose an	(C) d description of a	assets distributed		
а							
_							
						2a	
b							
						2b	
С	A 1 1 6 1 1 1						
						2c	
3	Attachment total					3	
4	Total. Add lines 1 through 3					4	
	Accumulated Income Set Aside				ritable Purp	oses	
	Grantor type trusts complete only		gh 9 (see ins	tructions)			
	Section						
5a	Income set aside in prior tax years f	or which a	deduction	was claim	ned under		
_	section 642(c)					5a	
_	Enter the amount shown on Part I, line 23					5b	
6	Add lines 5a and 5b						
7	Distributions made during the tax year (see the in				- 040(-)		
	• For income set aside in prior tax years for which a deduction was claimed under section 642(c),						
	 For charitable purposes for which a charitable current tax year, or 	deduction was	cialmed under	r section 64	2(c) in the		
	 For charitable purposes by a grantor type trust 	for which a ch	aritable deduc	tion was cla	aimed		
	under section 170 upon contribution to the trus		arriable deduc	tion was die	iiiied		
	Fill in the information for columns (A), (B), and (C		amount distrib	buted on the	e line to the		
	right.	, and onto the	arriodrit diotri				
	(A) Payee's name and address Date of	(B) of distribution Ch	naritable purpose an	(C) d description of	assets distributed		
а							
_							
						7a	
b							
						7b	
С							
		ļ					
						7c	
8	Attachment total					8	
9	Add lines 7a through 8					9	
10	Carryover Subtract line 9 from line 6					10	

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Part IV Balance Sheet (see instructions) (a) Beginning-of-(b) End-of-Year (c) FMV (see the **Assets** Year Book Value Book Value instructions) Cash—non-interest-bearing 1 1 2 2 Savings and temporary cash investments . . . 3a Accounts receivable 3a 3b Less: allowance for doubtful accounts . . 4 Receivables due from officers, directors, trustees, and other disqualified persons (attach statement) Other notes and loans receivable . . . 5a Less: allowance for doubtful accounts 6 Inventories for sale or use 6 Prepaid expenses and deferred charges 7 7 Investments – U.S. and state government obligations (attach statement) 8a 8a Investments—corporate stock (attach statement). 8b 8c Investments—corporate bonds (attach statement) С Investments-land, buildings, and equipment: 9a basis (attach statement) 9a **b** Less: accumulated depreciation . 9b 10 Investments—other (attach statement) 10 Land, buildings, and equipment: basis 11a 11a Less: accumulated depreciation . . . 11b 12 Other assets. Describe 12 13 Total assets. Add lines 1 through 12 (must equal line 23) . 13 Liabilities Accounts payable and accrued expenses 14 14 15 15 16 Loans from officers, directors, trustees, and other disqualified persons 16 17 17 Mortgages and other notes payable (attach statement) . . . 18 Other liabilities. Describe 18 Total liabilities. Add lines 14 through 18 19 19 **Net Assets** Trust principal or corpus 20 20 21a Undistributed income 21a Undistributed capital gains 21b 21c Undistributed nontaxable income . . . Total net assets. Add lines 20 through 21c 22 22 23 **Total liabilities and net assets.** Add lines 19 and 22 23

Form **5227** (2024)

Form 5227 (2024) Charitable Remainder Annuity Trust (CRAT) Information (to be completed only by a Section 664 CRAT) Part V 1a Enter the initial fair market value (FMV) of the property placed in the trust **b** Enter the total annual annuity amounts for all recipients Part VI Charitable Remainder Unitrust (CRUT) Information (to be completed only by a Section 664 CRUT) (See instructions) Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in Regulations section Yes No Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in Regulations 2 3 Yes No If "Yes," describe the triggering event including the date of the event and the old method of payment Unitrust amount. Subtract Part IV, line 19, column (c), from Part IV, line 13, column (c), and multiply 4b If the answer is "Yes" on line 1 or line 2, go to line 5a. Otherwise, skip lines 5a through 6b and enter the line 4b amount on line 7. **5a** Trust's accounting income for 2024. Attach statement. If the answer is "Yes" on line 1, go to line 5b. If the answer is "Yes" on line 2, skip line 5b and go to line 6a. **b** Enter the smaller of line 4b or line 5a here and on line 7. Skip lines 6a and 6b . . . 5b Total accumulated distribution deficiencies from previous years (see instructions) . . . 6a 6b If lines 6a and 6b are completed, enter the smaller of line 5a or line 6b on line 7. 7 7 8 Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 2). 8 If this is the final return, enter the initial FMV of all assets placed in trust by the donor 9 9 Did the trustee change the method of determining the FMV of the assets? 10 Yes If "Yes," attach an explanation.

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

Were any additional contributions received by the trust during 2024? .

If "Yes," be sure to complete all columns of line 2 in Schedule A, Part V.

Statements Regarding Activities (see instructions)

Are the requirements of section 508(e) satisfied either:

• By the language in the governing instrument; or

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Part VII

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Yes No

Yes

No

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Part IX Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts (see instructions) Section A-All Trusts Check this box if any of the split-interest trust's income interests expired during 2024 2 Check this box if all of the split-interest trust's income interests expired before 2024 . If line 2 is checked and this is **not** a final return, attach an explanation. Section B-Charitable Lead Trusts Does the governing instrument require income in excess of the required annuity or unitrust payments to be ☐ Yes ☐ No Enter the amount of any excess income required to be paid for charitable purposes for 2024. Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2024 Section C—Pooled Income Funds Enter the amount of contributions received during 2024 6 7 Enter the amount required to be distributed for 2024 to satisfy the remainder interest. 7 8 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed \ Enter the amount of income required to be paid to the charitable remainder beneficiary for 2024 Section D—Charitable Remainder Trusts 10 Check this box if you are filing for a charitable remainder annuity trust or a charitable remainder unitrust whose 11 Check this box if you are making an election under Regulations section 1.664-2(a)(1)(i)(a)(2) or 1.664-3(a)(1)(i)(g)(2) to treat income generated from certain property distributions (other than cash) by the trust as occurring on the last day of the tax year. (see instructions) 12 Are you making an election under Regulations section 1.1411-10(g) with respect to a controlled foreign Is this the initial return? If "Yes," attach a copy of the trust instrument Yes 13 If this is the final return, were final distributions made according to the trust instrument? 15a ☐ Yes ☐ No If "Yes," did you complete Part III, Section A, line 2? If either line 15a or 15b is "No," explain why At any time during calendar year 2024, did the trust have an interest in or a signature or other authority over a 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than trustee) is based on all information of which preparer has any knowledge. Sign Here Date Signature of trustee or officer representing trustee Print/Type preparer's name Preparer's signature Check | if **Paid** self-employed **Preparer** Firm's name Firm's EIN **Use Only** Firm's address Phone no.

Full name of trust

Employer identification number

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Schedule A-Distributions, Assets, and Donor Information

Par	Accumulation Schedule (S	ection 664 tri	ust only)	(see instruction	ons)			
	Accumulations	,		inary income	(b) Capita	l gain (loss)	(c) Nontaxable income	
	Net Investment Income (NII) Classification		Excluded Income	Accumulated NII	Excluded Income	Accumulated NII	Excluded Income	Accumulated NII
1	Total distributable income. Enter the are Part II, line 3							
2a	Total distributions for 2024:							
b	2024 distributions from income							
3	Undistributed income at end of tax year line 2b from line 1	ar. Subtract						
Part	I Simplified Net Investment	Income Calc	culation					
	(a) Accumulated NII	(b)	Current Yea	ar NII	(c) Dist	ributions	(d) End	ding NII
1		11 (0	0041			\		
Part	Current Distributions Sche	eaule (Section	n 664 tru	ist only) (see i	nstructions	5)	_	
	Name of recipient	_ Y	н	Identify	(b) ing number	Perc	(c) entage of total u payable (if app	
1a								%
b								%
	Ordinary Incor		n (f) Lor	Nonta inco	xable ((h) Corpus	(i) Add cols.) through (h)	(j) Net investment income
1a								
b								
2	Attachment total			_		_		
<u>3</u>	Total	o with Dort V I	ing 1h of	Form 5227 for	o CDAT or F	Port VI line 7	of Form 522	7 for 0
7	CRUT, check here and attach and		ine ib or	1011113227 101	a Chai di i	art vi, iiile i	011 01111 322	1 101 a
Part			usts or p	ooled income	funds only	/) (see instru	uctions)	
1	Enter the amount required to be paid to							
Part								
1	Is this the initial return or were addition	al assets contr	ributed to	the trust in 202	24?		🗆	Yes 🗌 No
	If "Yes," complete the schedule below							
	If "No," complete only column (a) of	the schedule	below.					
	(a) Name and address of donor D	(b) escription of each	asset donat		(c) FMV of each t on date of dor	nation	(d) Date of d	
2a								
2b								
20								
2c								
3	Attachment total							
4	Total							
5	For charitable remainder trusts: If this verby all parties to the trust?		ear, was a	an early termina	ation agreen	nent signed	☐ Yes ☐	No 🗌 N/A
	If "Yes," attach a copy of the signed ag	reement.						