Form **5227**

Split-Interest Trust Information Return

See separate instructions.

, 2022, and ending

OMB No. 1545-0196

Open to Public Inspection

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Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form5227 for instructions and the latest information. Do not enter social security numbers on this form (except on Schedule A) as it may be made public.

For the calendar year 2022 or tax year beginning

A Full r	ame of trust	B Employer identification number							
Name o	f trustee	C Type of Entity							
Nimala	aturat and are an existence (If a D.O. bear and the instructions)	(1) Charitable lead trust							
Number	, street, and room or suite no. (If a P.O. box, see the instructions.)	(2) Charitable remainder annuity trust							
		described in section 664(d)(1) (3) Charitable remainder unitrust							
City or t	own, state or province, country, and ZIP or foreign postal code		(3)			nainder unitrust section 664(d)(2)			
City or i	own, state or province, country, and ZIP or loreign postal code		(4)			e fund described in			
D Fair	narket value (FMV) of assets at end of tax year	E Gross Income	(E)		ection 642(c				
Diani	nainet value (i iviv) of assets at end of tax year	E Gloss income	(5)	⊔ч	nner – Attaci	n explanation			
F Ch	eck applicable Initial return Final return	Amended return incl. amended K-1s, if nec.	G Date	the tru	st was creat	ed			
	tes (see ructions) Change in trustee's Name	Address							
Part	,								
	Section A-Ordina	<u>_</u>							
1	Interest income	-			1				
2a	Ordinary dividends (including qualified dividends)				2a				
b	Qualified dividends (see instructions)	1 1							
3	Business income or (loss). Attach Schedule C (Form				3				
4	Rents, royalties, partnerships, other estates and trus	· · · · · · · · · · · · · · · · · · ·			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 t	through 7			8				
	Section B—Capital G			• •					
9	Total short-term capital gain or (loss). Attach Schedu	•			9				
	,	-							
10	Total long-term capital gain or (loss). Attach Schedule D, Part II (Form 1041)								
11 12									
	28% gain				- 12				
13	Total capital gains (losses). Combine lines 9 and 10 Section C – Nontaxa			• •	13				
4.4					11				
14	' <u> </u>								
15	Other nontaxable income. List type and amount								
40									
16	Total nontaxable income. Add lines 14 and 15 .				16				
47	Section D-Ded	uctions			4-7				
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	•			21	_			
22	Total. Add lines 17 through 21	22							
23	Charitable deduction		1 1 . \						
	Section E—Deductions Allocable to Income	• ,	• .						
24a	Enter the amount from line 22 allocable to ordinary in				24a				
b					24b				
25a	Enter the amount from line 22 allocable to capital gai				25a				
b	Subtract line 25a from line 13				25b				
26a	Enter the amount from line 22 allocable to nontaxable	26a							
b	Subtract line 26a from line 16								

Part	Schedule of Distributable in	come (Section	004 U	rust only) (Se	e instructi	ons)		
	Accumulations	((a) Ordin	ary income	(b) Capital	gains (losses)	(c) Nonta	xable income
	Net Investment Income (NII) Classification		cluded come	Accumulated NII post 2012	Excluded Income	Accumulated NII post 2012	Excluded Income	Accumulated NII post 2012
1	Undistributed income from prior tax years	3						
2	Current tax year net income (before distri	butions):						
	• In column (a), enter the amount from Part	,						
	• In column (b), enter the amount from Part	I, line 25b						
	• In column (c), enter the amount from Part	I, line 26b						
3	Total distributable income. Add lines 1 ar	nd 2 .						
Part			ırpose			1		
		Section A	p					
1	Principal distributed in prior tax years for		292				1	
2	Principal distributed during the current							
2	columns (A), (B), and (C) and enter the							
	instructions)	amount distric	Julea C	on the space	to the rigi	it. (See the		
	india deliene)							
	(A)	(B)	_		(C)			
	Payee's name and address	Date of distribution	on C	haritable purpose an	d description of a	assets distributed		
а								
							_	
							2a	
b								
							2b	
С								
							2c	
3	Attachment total						3	
4	Total. Add lines 1 through 3						4	
	Accumulated Income Set As					ble Purpose	es	
	Grantor type trusts complete	<u> </u>			tions)			
			ction					
5a	Income set aside in prior tax y			deduction	was claim	ned under		
	section 642(c)						5a	
b	Enter the amount shown on Part I, line 23	3					5b	
6	Add lines 5a and 5b						6	
7	Distributions made during the tax year (se	ee the instruction	าร):					
	• For income set aside in prior tax years	or which a dedu	ction v	vas claimed u	nder sectior	n 642(c),		
	• For charitable purposes for which a the current tax year, or	charitable deduc	ction w	as claimed u	inder section	on 642(c) in		
	 For charitable purposes by a grantor 	type trust for v	vhich a	a charitable d	leduction w	as claimed		
	under section 170 upon contribution to				W			
	Fill in the information for columns (A),		l enter	the amount	distributed	on the line		
	to the right.	(=), aa (0) aa						
	3							
	(A) Payee's name and address	(B) Date of distribution	n C	haritable purpose an	(C)	annata diatributad		
	r ayee 3 hame and address	Date of distribution)	nantable purpose an	u description or a	assets distributed		
а								
							70	
							7a	
b								
							71.	
							7b	
С								
							_	
	A						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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Balance Sheet (see instructions) Part IV (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 Savings and temporary cash investments 2 За Accounts receivable 3a 3b Less: allowance for doubtful accounts . . . Receivables due from officers, directors, trustees, and other disqualified 4 5a Other notes and loans receivable Less: allowance for doubtful accounts . . . 6 6 7 7 8a Investments—U.S. and state government obligations (attach statement) 8a Investments—corporate stock (attach statement) 8b Investments—corporate bonds (attach statement) 8с 9a Investments—land, buildings, and equipment: basis (attach statement) 9a Less: accumulated depreciation b 10 Investments—other (attach statement) 10 Land, buildings, and equipment: basis . . . 11a 11a Less: accumulated depreciation 11b 12 Other assets. Describe 12 Total assets. Add lines 1 through 12 (must equal line 23) 13 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) Other liabilities. Describe 18 18 19 **Total liabilities.** Add lines 14 through 18 19 **Net Assets** Trust principal or corpus 20 20 21a Undistributed income 21a 21b 21c Total net assets. Add lines 20 through 21c 22 22 23 Total liabilities and net assets. Add lines 19 and 22 23

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Part	V Charitable Remainder Annuity Trust (CRAT) Information (to be completed only by	a Sect	ion 664 CRAT	_
1a	Enter the initial fair market value (FMV) of the property placed in the trust	1a		
b	Enter the total annual annuity amounts for all recipients	1b		_
Part	— Observatella Danasia den Haitanast (ODLIT) lafannastian (ka ha asanalata danka ka a o	ction 66	64 CRUT)	
1	Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in Regulations 1.664-3(a)(1)(i)(b)(1)?		☐Yes ☐ No	_ o
2	Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in Reg section 1.664-3(a)(1)(i)(b)(2)?		☐Yes ☐No	0
3	Did the trust change its method of payment during the tax year?			
4a b	Enter the unitrust fixed percentage to be paid to the recipients	4a 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 2022. Attach statement	5a		
b	Enter the smaller of line 4b or line 5a here and on line 7. Skip lines 6a and 6b	5b		
6a	Total accumulated distribution deficiencies from previous years (see instructions)	6a		
b	Add lines 4b and 6a	6b		_
	If lines 6a and 6b are completed, enter the smaller of line 5a or line 6b on line 7.			
7	Required unitrust distribution for 2022	7		
8	Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 2). Subtract line 7 from line 6b			
•		8		_
9	If this is the final return, enter the initial FMV of all assets placed in trust by the donor	9	DVaa DN	_
10	Did the trustee change the method of determining the FMV of the assets?		Yes No	J
11	Were any additional contributions received by the trust during 2022?		☐Yes ☐Ne	_
• • •	If "Yes," be sure to complete all columns of line 2 in Schedule A, Part V.			J
Part '				_
1	Are the requirements of section 508(e) satisfied either:		Yes No	—)
	By the language in the governing instrument; or			
	By state legislation that effectively amends the governing instrument so that no mandatory dis-	rections		
	that conflict with the state law remain in the governing instrument?		1	
2	Are you using this return only to report the income and assets of a segregated amount under $4947(a)(2)(B)$?		2	
			E007	_

Section 664 trusts: Did the trust have unrelated business taxable income during the year?

If "Yes" to line 6b, file Form 8870 (see instructions).

If "Yes," file Form 4720.

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Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts Part IX (see instructions) Section A-All Trusts 2 Check this box if all of the split-interest trust's income interests expired before 2022 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 2022 . . . Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2022 Section C-Pooled Income Funds Enter the amount of contributions received during 2022 6 7 Enter the amount required to be distributed for 2022 to satisfy the remainder interest 7 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed 8 Enter the amount of income required to be paid to the charitable remainder beneficiary for 2022 . Section D—Charitable Remainder Trusts Check this box if you are filing for a charitable remainder annuity trust or a charitable remainder unitrust whose 10 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) Are you making an election under Regulations section 1.1411-10(g) with respect to a controlled foreign 12 ☐ Yes ☐ No 13 ☐ Yes ☐ No 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 2022, did the trust have an interest in or a signature or other authority over a 16 ☐ Yes ☐ No 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 Sign has any knowledge. 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 EIN Firm's name **Use Only** Firm's address Phone no.

Full name of trust

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Employer identification number

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Schedule A-Distributions, Assets, and Donor Information

Par	t I Accumulation Schedu	e (Sec	ction 664 t	rust on	ly) (s	see in	struction	ons)						
	Accumulations			(a) Ordinary income			(b) Capital gain (loss)			s)	(c) Nontaxable income			
	Net Investment Income (NII) Classification			Exclud Incom			Accumulated NII		ded ne			Excluded Income	Accumulated NII	
1 2a b 3	Undistributed income at end of ta line 2b from line 1		Subtract	Iculatio	on									
	(a) Accumulated NII) Current Year NII				(c) Distributions				(d) E	nding NII	
1														
Part	Current Distributions S	ched	ule (Section	on 664	trust	t only) (see i	nstruc	tions)				
	(a) Name of rec	(a) Name of recipient			Identi			(b) iying number			Perce	(c) Percentage of total unitrust amount payable (if applicable)		
1a													%	
b													%	
		(d) Ordinary Income (e) Short-t		apital gain		Nont		i) xable ome	(h) Corpus		(i) Add cols. (d) through (h)		(j) Net investment income	
1a														
b														
2	Attachment total													
3	Total	o aroo	with Dort V	ling 1h	of E	orm 5	227 for	o CDA	Γος Γ	ort \/L I	ino 7	of Form 50	27 for a	
4	4 If line 3, Total, column (i) does not agree with Part V, line 1b of Form 5227 for a CRAT or Part VI, line 7 of Form 5227 for a CRUT, check here and attach an explanation.													
Part				rusts o	r pod	oled i	ncome	funds	only) (see i	nstru	ctions)		
1	Enter the amount required to be p											,		
Part	V Assets and Donor Info	rmatio	on (Sectio	n 664 tı	rust	or ch	aritable	e lead	trust	only)				
Is this the initial return or were additional assets contributed to the trust in 2022?														
	(a) Name and address of donor	```		, I		1	(c) FMV of each asset on date of don				(d) Date of donation			
2a														
2b						.								
2c						.								
3 4	Attachment total													
5	For charitable remainder trusts: If by all parties to the trust?			year, wa	s an	early	termina	ation aç	reem	ent sig	ned	☐ Yes [□ No □ N/A	
	If "Yes," attach a copy of the signe	a agre	ement.											