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		Email
Mailing address		Street address (if diffe	erent)

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				Pa	rt 3 - Trustees			
	Ent	er names and	addresses. If a		is necessary, atta	ich a sheet.		
				Part 4 - II	RS Status and Ro	eturn		
Α.	IRS	status. Check	k box for approp					
					tus. <i>Provide a cop</i>	by of the IRS det	ermination letter.	
	Tho	truct has ann	ممد النبيية	ly for F01/0//2\	tay ayamat statu	. Dravida a ca	nu of the IDC data	umin ation
		trust has app er when it is re		iy ior 501(c)(3)	tax exempt statu	is. Provide a co	py of the iks dete	rinination
			obtain tax exen	npt status.				
_				•				
В.			k box for type o					
		990/990-EZ	990-PF	1041	1041-A	5227	Other	
						•		
_			-442	Part 5 -	- Trust Informat	ion		
Α.	_	www.st.agreement	Provide a copy	of the trust as	graamant			
		_		-	ther relevant cour	t filings		
							Vos	No
	Last will and testament. Provide a copy of the will and complete the following: 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							
			County					
					File number		_	
В.	Nat	ure of trust(choose one)		File number		_	
В.	Nat		choose one)			s to operate in p	 perpetuity withou	t an end date.
В.		A trust estab	choose one) lished wholly, o	r in part, for ch	File number			t an end date.
В.	i.	A trust estab	choose one) lished wholly, o lished solely for	r in part, for ch	File number	rminate, or has		t an end date.
В.	i.	A trust estab A trust estab predetermin	choose one) lished wholly, o lished solely for	or in part, for ch charitable pur t, such as a cha	File number naritable purpose rposes that will te	rminate, or has		t an end date.
В.	i.	A trust estab A trust estab predetermin Describe the	choose one) lished wholly, o lished solely for ed date or even	or in part, for ch charitable pur t, such as a cha	File number naritable purpose rposes that will te	rminate, or has		t an end date.
В.	i. ii.	A trust estab A trust estab predetermin Describe the Cite:	choose one) lished wholly, o lished solely for ed date or even termination pro	or in part, for che charitable pur it, such as a cha ovision:	File number naritable purpose poses that will te aritable lead trust	erminate, or has	terminated, on a	
В.	i. ii. iii.	A trust estab A trust estab predetermin Describe the Cite: A charitable	choose one) lished wholly, o lished solely for ed date or even termination pro	or in part, for charitable pur tt, such as a char ovision: t (including anr	File number naritable purpose poses that will te aritable lead trust	erminate, or has	terminated, on a	ed to register.
В.	i. ii. iii.	A trust estab A trust estab predetermin Describe the Cite: A charitable A living trust	choose one) lished wholly, o lished solely for ed date or even termination pro	or in part, for charitable pur ot, such as a char ovision: t (including and	File number naritable purpose poses that will te aritable lead trust	erminate, or has ests) that is irrevole and has term	terminated, on a ocable and requir inated or is termi	red to register.

Date:

Name:

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	Part 6 - Charitable Pu	rpose 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				
	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 be	enefit one or more char	ities or a ch	aritable pu	urpose. <i>Please</i>
	describe. Please note that you must separately regist			-	=
	reports separate financial information from the trust	you are currently regis	tering.		
	Other:				
В.		ngent charitable benefi	iciaries hy n:	ame city :	and state
ь.	Name of Charity	City, State	Type	-	Interest
	name or charty	City, State	Турс	\$	%
				\$	%
				\$	%
				\$	%
			+	\$	%
				\$	%
				\$	%
				\$	%
C.	When will distributions be made to all charitable beneficia	iaries?	- !-	-	
	All distributions have been made. Provide receipts for	the distributions to cho	ırity and a fi	nal accour	nting that
	details all fees and other expenses.				
	Distributions will/may be made at some later date. Ex	plain and cite:			
	Distributions are perpetual and made periodically				
	Distributions are perpetual and made periodically. Other:				
	Other.				
	Part 7 - Financ	cial Report			
Α.	Financial report. Provide a copy of the most recent financ	•	e box for the	e type of r	eport being
	provided. It must include a complete statement of receipts and disbursements and have a balance sheet. If the				et. If the IRS

Α.	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: 517-373-1152 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.

