

Mail To:

Minnesota Attorney General's Office
 ATTN: Charities Division
 445 Minnesota Street, Suite 1200
 St. Paul, MN 55101

STATE OF MINNESOTA
COURT SUPERVISED
CHARITABLE TRUST
ANNUAL ACCOUNTS SUMMARY



(Pursuant to Minn. Stat. § 501B.41)

Legal Name of Trust: _____

Trust EIN (if applicable): _____ Court File Number: _____

Minnesota County with Jurisdiction: _____ Next Hearing Date: _____

Trustee Contact Information	Attorney Contact Information
_____ Contact Person	_____ Contact Person
_____ Street Address	_____ Street Address
_____ City, State, and Zip Code	_____ City, State, and Zip Code
_____ Phone Number	_____ Phone Number

INSTRUCTIONS

1. Identify the trust's year-end date for each year for which it is seeking approval of its accounts.
2. Calculate and list the aggregate/total dollar amount of each requested item for each year at issue.

TRUST ANNUAL ACCOUNTS SUMMARY

	Most Recent Year End	2 nd Most Recent Year End	3 rd Most Recent Year End	4 th Most Recent Year End	5 th Most Recent Year End
<i>Year End Date:</i>					
Fair Market Value of Trust	\$	\$	\$	\$	\$
Total Trustee Compensation	\$	\$	\$	\$	\$
Total Fees and Expenses	\$	\$	\$	\$	\$
Total Amount Paid to/for Beneficiaries	\$	\$	\$	\$	\$