

TY2024 5227 MeF ATS Scenario 2

EIN:00-9522702

Forms Required: Form 5227, Form 1041(Schedule D), Form 8949 (2), Form 1041 Sch. K-1

Attachments: See Page 2

PreparerFirmGrp:

PreparerFirmEIN – 00-9111111

PreparerFirmName – Accurate CPAs

PreparerFirmUSAAddress – 555 Corporate Blvd. Los Angeles, CA 99999

MultiSoftwarePackagesUsedInd - no

OriginatorGrp

EFIN – as assigned

OriginatorTypeCd - ERO

PractitionerPINGrp -

EFIN – as assigned

PIN - 15522

PinEnteredByCd – ERO or N/A for online filer

SignatureOptionCd – PIN number or binary attachment 8453 signature document

ReturnTypeCd – 5227

TaxPeriodBeginDt – 1/1/2024

TaxPeriodEndDt - 12/31/2024

Filer

EIN – 00-9522702

BusinessName – Jones Family NIMCRUT #1

BusinessNameControlTxt – JONE

USAddress – 10301 Grist Mill Rd, New Sandisfield, MA 01250

Trustee

TrusteeBusinessName – New Sandisfield Trust Bank

PhoneNum – 508-867-5309

EmailAddressTxt – JonesFamily@test.com

SignatureDt – self-select

TaxpayerPIN – self-select

DiscussWithPaidPreparerInd - Y

PreparerPersonDetail

PreparerPersonNm – John Smith, CPA

PTIN – P09876543

PhoneNum – 855-555-1111

EmailAddressTxt –

PreparationDt – self-select

SelfEmployedInd – N

SigningOfficerGrp

PersonFirstNm – Fred

PersonLastNm –Williams

SSN – 695-00-5933

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt - 0

Attachments:

1. DeductionsOtherCategoriesSchedule (Part I, Line 21)
2. InvestmentsGovtObligationsSchedule (Part IV, Line 8a(b))
3. InvestmentsCorpStockSchedule (Part IV, Line 8b(b))
4. InvestmentsCorpBondsSchedule (Part IV, Line 8c(b))
5. InvestmentsOtherSchedule2 (Part IV, Line 10(b))
6. TrustAccountingIncomeStatement (Part VI, Line 5a)

DeductionsOtherCategoriesSchedule (Part I, Line 21)

Description	Amount
Administrative Expenses	707
Misc Expenses	1,041

InvestmentsGovtObligationsSchedule (Part IV, Line 8a(b))

Description	End of Year Book Value	End of Year FMV
U.S. govt obligations	19,882	11,091
State and local govt obligations	7,301	5,970

InvestmentsCorpStockSchedule (Part IV, Line 8b(b))

Entry #	Description	End of Year Book Value	End of Year FMV
1	5066 shares Requirement Fund	33,501	38,509
2	3500 shares Maine Fund	234,500	256,789
3	2853 shares Updated Ltd	65,432	78,445
4	1055 shares Certification Group	456,778	501,435
5	8843 shares Provisions Company	28,500	32,450
6	1712 shares That Fund	123,600	130,504
7	4322 shares Authorization Group	45,980	48,778
8	6500 shares Deletions Company	225,679	232,468
9	1450 shares Applicable Inc.	25,604	26,700
10	5345 shares Will Corp	23,489	25,843
11	6344 shares Employer Fund	223,616	240,615

InvestmentsCorpBondsSchedule (Part IV, Line 8c(b))

Entry #	Description	End of Year Book Value	End of Year FMV
1	Line International Inc. 5.35% Aug 27, 2032	7,562	6,945
2	Entity Corp. 4.25% May 31, 2032	35,671	32,490
3	It's Corp 3.85% Nov. 29, 2027	23,568	21,224
4	Filer Corp 5.40% Dec 15, 2029	17,044	18,456

InvestmentsOtherSchedule2 (Part IV, Line 10(b))

Description	End of Year Book Value	End of Year FMV
USA Growth Funds	19,367	21,267
Omaha International Funds	7,015	15,625

Trust Accounting Income Statement (Part VI, Line 5a)

	Description	Total	Allocated to Income	Allocated to Principal
1	Interest (incl. tax exempt)	14,489	14,489	0
2	Dividends (incl. qualified dividends)	38,379	38,379	0
3	Short term capital gain (loss)	(8,821)	(769)	(8,052)
4	Long term capital gain	83,461	18,844	64,617
5	Interest expense	(3)	(3)	0
6	Trustee fees	(7,620)	(3,810)	(3,810)
7	Other deductible (brokerage fees)	(1,748)	(699)	(1,049)
	Total Trust Accounting Income		66,431	

Split-Interest Trust Information Return

See separate instructions.

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 2024 or tax year beginning _____, 2024, and ending _____, 20____

2024**Open to Public
Inspection**

A Full name of trust Jones Family NIMCRUT #1		B Employer identification number 00-9522702
Name of trustee New Sandisfield Trust Bank		C Type of Entity (1) <input type="checkbox"/> Charitable lead trust (2) <input type="checkbox"/> Charitable remainder annuity trust described in section 664(d)(1) (3) <input checked="" type="checkbox"/> Charitable remainder unitrust described in section 664(d)(2) (4) <input type="checkbox"/> Pooled income fund described in section 642(c)(5) (5) <input type="checkbox"/> Other—Attach explanation
Number, street, and room or suite no. (If a P.O. box, see the instructions.) 10301 Grist Mill Rd		
City or town, state or province, country, and ZIP or foreign postal code New Sandisfield, MA 01250		
D Fair market value (FMV) of assets at end of tax year 1,972,226	E Gross Income 228,537	G Date the trust was created 06/15/2001
F Check applicable boxes (see instructions) <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return incl. amended K-1s, if nec. <input type="checkbox"/> Change in trustee's Name <input type="checkbox"/> Address		

Part I Income and Deductions (All trusts complete Sections A through D)**Section A—Ordinary Income**

1	Interest income	1	6,605
2a	Ordinary dividends (including qualified dividends)	2a	38,379
b	Qualified dividends (see instructions)	2b	17,624
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	44,984

Section B—Capital Gains (Losses)

9	Total short-term capital gain or (loss). Attach Schedule D, Part I (Form 1041)	9	(7,929)
10	Total long-term capital gain or (loss). Attach Schedule D, Part II (Form 1041)	10	191,483
11	Unrecaptured section 1250 gain	11	
12	28% gain	12	
13	Total capital gains (losses). Combine lines 9 and 10	13	183,554

Section C—Nontaxable Income

14	Tax-exempt interest	14	7,884
15	Other nontaxable income. List type and amount	15	
16	Total nontaxable income. Add lines 14 and 15	16	7,884

Section D—Deductions

17	Interest	17	3
18	Taxes (see the instructions)	18	
19	Trustee fees	19	7,620
20	Attorney, accountant, and return preparer fees	20	
21	Other allowable deductions. Attach statement (see the instructions)	21	1,748
22	Total. Add lines 17 through 21	22	9,371
23	Charitable deduction	23	

Section E—Deductions Allocable to Income Categories (Section 664 trust only)

24a	Enter the amount from line 22 allocable to ordinary income	24a	1,783
b	Subtract line 24a from line 8	24b	43,201
25a	Enter the amount from line 22 allocable to capital gains (losses)	25a	7,588
b	Subtract line 25a from line 13	25b	175,965
26a	Enter the amount from line 22 allocable to nontaxable income	26a	0
b	Subtract line 26a from line 16	26b	7,884

Part II **Schedule of Distributable Income** (Section 664 trust only) (See instructions)

Accumulations		(a) Ordinary income		(b) Capital gains (losses)		(c) Nontaxable 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	272	3,462	1,102,704	118,153	259,024	0
2	Current tax year net income (before distributions): • In column (a), enter the amount from Part I, line 24b • In column (b), enter the amount from Part I, line 25b • In column (c), enter the amount from Part I, line 26b	0	43,201	0	175,965	7,884	0
3	Total distributable income. Add lines 1 and 2	272	46,663	1,102,704	294,118	266,908	0

Part III **Distributions of Principal for Charitable Purposes****Section A**

1	Principal distributed in prior tax years for charitable purposes			1	
2	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)				
	(A) Payee's name and address	(B) Date of distribution	(C) Charitable purpose and description of assets distributed		
a	-----		-----		
	-----		-----	2a	
b	-----		-----		
	-----		-----	2b	
c	-----		-----		
	-----		-----	2c	
3	Attachment total			3	
4	Total. Add lines 1 through 3			4	0

Accumulated Income Set Aside and Income Distributions for Charitable Purposes

Grantor type trusts complete only lines 7 through 9 (see instructions)

Section B

5a	Income set aside in prior tax years for which a deduction was claimed under section 642(c)			5a	
b	Enter the amount shown on Part I, line 23			5b	
6	Add lines 5a and 5b			6	
7	Distributions made during the tax year (see the instructions): • 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 deduction was claimed under section 642(c) in the current tax year, or • For charitable purposes by a grantor type trust for which a charitable deduction was claimed under section 170 upon contribution to the trust Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the line to the right.				
	(A) Payee's name and address	(B) Date of distribution	(C) Charitable purpose and description of assets distributed		
a	-----		-----		
	-----		-----	7a	
b	-----		-----		
	-----		-----	7b	
c	-----		-----		
	-----		-----	7c	
8	Attachment total			8	
9	Add lines 7a through 8			9	
10	Carryover. Subtract line 9 from line 6			10	0

Part IV Balance Sheet (see instructions)

Assets		(a) Beginning-of-Year Book Value	(b) End-of-Year Book Value	(c) FMV (see the instructions)
1	Cash—non-interest-bearing	1 1,644	2,374	2,374
2	Savings and temporary cash investments	2 109,110	169,507	160,632
3a	Accounts receivable 3a			
b	Less: allowance for doubtful accounts 3b			
4	Receivables due from officers, directors, trustees, and other disqualified persons (attach statement) 4			
5a	Other notes and loans receivable 5a			
b	Less: allowance for doubtful accounts 5b			
6	Inventories for sale or use 6			
7	Prepaid expenses and deferred charges 7			
8a	Investments—U.S. and state government obligations (attach statement) 8a	17,088	27,183	17,061
b	Investments—corporate stock (attach statement) 8b	1,498,033	1,486,679	1,612,536
c	Investments—corporate bonds (attach statement) 8c	76,987	83,845	79,115
9a	Investments—land, buildings, and equipment: basis (attach statement) 9a			
b	Less: accumulated depreciation 9b			
10	Investments—other (attach statement) 10	31,943	26,382	36,892
11a	Land, buildings, and equipment: basis 11a			
b	Less: accumulated depreciation 11b			
12	Other assets. Describe 12	43,494	43,838	63,615
13	Total assets. Add lines 1 through 12 (must equal line 23) 13	1,778,299	1,839,808	1,972,225
Liabilities				
14	Accounts payable and accrued expenses 14	7,570	17,600	17,600
15	Deferred revenue 15			
16	Loans from officers, directors, trustees, and other disqualified persons 16			
17	Mortgages and other notes payable (attach statement) 17			
18	Other liabilities. Describe 18			
19	Total liabilities. Add lines 14 through 18 19	7,570	17,600	17,600
Net Assets				
20	Trust principal or corpus 20	287,114	275,096	
21a	Undistributed income 21a	3,734	6,543	
b	Undistributed capital gains 21b	1,220,857	1,274,346	
c	Undistributed nontaxable income 21c	259,024	266,223	
22	Total net assets. Add lines 20 through 21c 22	1,770,729	1,822,208	
23	Total liabilities and net assets. Add lines 19 and 22 23	1,778,299	1,839,808	

Part V Charitable Remainder Annuity Trust (CRAT) Information (to be completed **only** by a Section 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 VI Charitable Remainder Unitrust (CRUT) Information (to be completed **only** by a Section 664 CRUT)
(See instructions)

- 1** Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(1)? ☐ Yes ☒ No
- 2** Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(2)? ☒ Yes ☐ No
- 3** Did the trust change its method of payment during the tax year? ☐ Yes ☒ No
If "Yes," describe the triggering event including the date of the event and the old method of payment _____

- 4a** Enter the unitrust fixed percentage to be paid to the recipients **4a** 5 %
- b Unitrust amount.** Subtract Part IV, line 19, column (c), from Part IV, line 13, column (c), and multiply the result by the percentage on line 4a. Do not enter less than -0- **4b** 97,731
- 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 **5a** 66,431
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**
- 6a** Total accumulated distribution deficiencies from previous years (see instructions) **6a** 1,024,952
- b** Add lines 4b and 6a **6b** 1,122,683
- If lines 6a and 6b are completed, enter the smaller of line 5a or line 6b on line 7.**
- 7** Required unitrust distribution for 2024 **7** 66,431
- 8** Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 2). Subtract line 7 from line 6b **8** 1,056,252
- 9** If this is the final return, enter the initial FMV of all assets placed in trust by the donor **9**
- 10** Did the trustee change the method of determining the FMV of the assets? ☐ Yes ☒ No
If "Yes," attach an explanation.
- 11** Were any additional contributions received by the trust during 2024? ☐ Yes ☒ No
If "Yes," be sure to complete all columns of line 2 in Schedule A, Part V.

Part VII Statements Regarding Activities (see instructions)

- | | | Yes | No |
|--|----------|-----|----|
| 1 Are the requirements of section 508(e) satisfied either: | | | |
| • By the language in the governing instrument; or | | | |
| • 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? | 1 | ✓ | |
| 2 Are you using this return only to report the income and assets of a segregated amount under section 4947(a)(2)(B)? | 2 | | ✓ |

Part VIII Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column (to the right), unless an exception applies.**

	Yes	No
1 Self-dealing (section 4941):		
a During 2024, did the trust (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	✓
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	✓
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	✓
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	✓
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	✓
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the trust agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	✓
b If any answer is "Yes" to lines 1a(1) through (6), did any of the acts fail to qualify under the exceptions described in Regulations sections 53.4941(d)-3 and 4, or in a current Notice regarding disaster assistance (see instructions)?	1b	
c Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the trust engage in a prior year in any of the acts described in line 1a, other than excepted acts, that were not corrected before January 1, 2024?	1d	✓
2 Does section 4947(b)(3)(A) or (B) apply? (see instructions)	2	✓
If "Yes," check the "N/A" box in lines 3 and 4.		
3a Taxes on excess business holdings (section 4943): <input type="checkbox"/> N/A		
b Did the trust hold more than a 2% direct or indirect interest in any business enterprise at any time during 2024?	3b	✓
c If "Yes," did the trust have excess business holdings in 2024 as a result of (1) any purchase by the trust or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?	3c	
Use Form 4720, Schedule C, to determine if the trust had excess business holdings in 2024.		
4a Taxes on investments that jeopardize charitable purposes (section 4944): <input type="checkbox"/> N/A		
b Did the trust invest during 2024 any amount in a manner that would jeopardize its charitable purpose?	4b	✓
c Did the trust make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before January 1, 2024?	4c	✓
5 Taxes on taxable expenditures (section 4945) and political expenditures (section 4955):		
a During 2024, did the trust pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)	✓
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	✓
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	✓
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	5a(4)	✓
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational, or for the prevention of cruelty to children or animals?	5a(5)	✓
b If any answer is "Yes" to lines 5a(1) through (5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945, or in a current Notice regarding disaster assistance (see instructions)?	5b	
c Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to line 5a(4), does the trust claim exemption from the tax because it maintained expenditure responsibility for the grant?	5d	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6 Personal benefit contracts (section 170(f)(10)):		
a Did the trust, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	✓
b Did the trust, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	✓
If "Yes" to line 6b, file Form 8870 (see instructions).		
7 Section 664 trusts: Did the trust have unrelated business taxable income during the year?	7	✓
If "Yes," file Form 4720.		

Part IX Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts
(see instructions)**Section A—All Trusts**

- 1 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

- 3 Does the governing instrument require income in excess of the required annuity or unitrust payments to be paid for charitable purposes? ☐ Yes ☐ No
- 4 Enter the amount of any excess income required to be paid for charitable purposes for 2024 **4**
- 5 Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2024 **5**

Section C—Pooled Income Funds

- 6 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 **8**
- 9 Enter the amount of income required to be paid to the charitable remainder beneficiary for 2024 **9**

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 charitable interests involve only cemeteries or war veterans' posts ☐
- 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 corporation or a qualified electing fund? (see instructions) ☐ Yes ☒ No
- 13 Is this the initial return? If "Yes," attach a copy of the trust instrument ☐ Yes ☒ No
- 14 Was the trust instrument amended during the year? If "Yes," attach a copy ☐ Yes ☒ No
- 15a If this is the final return, were final distributions made according to the trust instrument? ☐ Yes ☐ No
- b If "Yes," did you complete Part III, Section A, line 2? ☐ Yes ☐ No
- c If either line 15a or 15b is "No," explain why _____
- _____
- _____
- _____
- 16 At any time during calendar year 2024, did the trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? ☐ Yes ☒ No
- See the instructions for exceptions and filing requirements for FinCEN Form 114.
- If "Yes," enter the name of the foreign country _____

**Sign
Here**

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.

Signature of trustee or officer representing trustee

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

John Smith, CPA

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

P09876543

Firm's name Accurate CPAs

Firm's EIN

00-9111111

Firm's address 555 Corporate Blvd., Los Angeles, CA 99999

Phone no.

855-555-1111

NOT Open To Public Inspection

Schedule A—Distributions, Assets, and Donor Information

Part I Accumulation Schedule (Section 664 trust only) (see instructions)

Accumulations	(a) Ordinary income		(b) Capital 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 amount from Part II, line 3	272	46,663	1,102,704	294,118	266,908	0
2a Total distributions for 2024: 66,431						
b 2024 distributions from income	272	46,663	0	19,496	0	0
3 Undistributed income at end of tax year. Subtract line 2b from line 1	0	0	1,102,704	274,622	266,908	0

Part II Simplified Net Investment Income Calculation

	(a) Accumulated NII	(b) Current Year NII	(c) Distributions	(d) Ending NII
1				

Part III Current Distributions Schedule (Section 664 trust only) (see instructions)

	(a) Name of recipient	(b) Identifying number	(c) Percentage of total unitrust amount payable (if applicable)
1a	Millie Jones	123-00-2001	100 %
b			%

	(d) Ordinary Income	Capital gains		(g) Nontaxable income	(h) Corpus	(i) Add cols. (d) through (h)	(j) Net investment income
		(e) Short-term	(f) Long-term				
1a	44,954	0	19,496	0	0	66,431	66,159
b							
2 Attachment total . . .							
3 Total	44,954	0	19,496	0	0	66,431	66,159
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 <input type="checkbox"/> and attach an explanation.						

Part IV Current Distributions (charitable lead trusts or pooled income funds only) (see instructions)

1 Enter the amount required to be paid to private beneficiaries for 2024

Part V Assets and Donor Information (Section 664 trust or charitable lead trust only)

1 Is this the initial return or were additional assets contributed to the trust in 2024? ☐ Yes ☒ No

If "Yes," complete the schedule below.

If "No," complete only column (a) of the schedule below.

	(a) Name and address of donor	(b) Description of each asset donated	(c) FMV of each asset on date of donation	(d) Date of donation
2a	Robert Jones 1 Jones Place New Sandisfield, MA 01250			
2b				
2c				
3 Attachment total				
4 Total				
5	For charitable remainder trusts: If this was the final year, was an early termination agreement signed by all parties to the trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
	If "Yes," attach a copy of the signed agreement.			

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust

Jones Family NIMCRUT #1

Employer identification number

00-9522702

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	486,573	493,805		-7,232
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	41,535	42,232		-697
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5 -892
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7 -8,821

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	385,672	327,786		59,886
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	252,755	240,783		11,972
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				12
13 Capital gain distributions				13 11,603
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)				16 83,461

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a	19		

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	20 ()
a	The loss on line 19, column (3); or b \$3,000	

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$3,150	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$15,450	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **12A**

Name(s) shown on return

Jones Family NIMCRUT #1

Social security number or taxpayer identification number

00-9522702

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1,000 shares Well Fund	04/05/2023	01/15/2024	15,575	16,778			-1,203
	1,450 shares Own Ltd	08/08/2023	04/15/2024	25,960	25,454			506
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				41,535	42,232			-697

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

00-9522702

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Jones Family NIMCRUT #1

00-9522702

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	5,295 shares Well Fund	12/10/2023	06/30/2024	110,351	112,551			-2,200
	689 shares Applicable Inc	11/15/2023	05/06/2024	45,689	46,678			-989
	1893 shares List Ltd	12/21/2023	10/15/2024	115,982	112,678			3,304
	2,456 shares Employer Fund	06/07/2023	02/16/2024	214,551	221,898			-7,347
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				486,573	493,805			-7,232

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

00-9522702

Schedule K-1
(Form 1041)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning / / 2024 ending / /

Beneficiary's Share of Income, Deductions, Credits, etc.

See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

00-9522702

B Estate's or trust's name

Jones Family NIMCrut #1

C Fiduciary's name, address, city, state, and ZIP code

New Sandisfield Trust Bank
10301 Grist Mill Road
New Sandisfield, MA 01250

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

123-00-2001

G Beneficiary's name, address, city, state, and ZIP code

Millie Jones
10301 Grist Mill Road
New Sandisfield, MA 01250

H ☒ Domestic beneficiary

☐ Foreign beneficiary

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0092

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	6,605	11	Final year deductions
2a	Ordinary dividends	38,349		
2b	Qualified dividends	17,485		
3	Net short-term capital gain			
4a	Net long-term capital gain	21,477		
4b	28% rate gain		12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain			
5	Other portfolio and nonbusiness income			
6	Ordinary business income			
7	Net rental real estate income		13	Credits and credit recapture
8	Other rental income			
9	Directly apportioned deductions		14	Other information
10	Estate tax deduction			

* See attached statement for additional information.

Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only