

Renaissance

Previously Administered Trust

DISCLOSURE FORM

This form must be completed, signed by the Donor(s) and returned to Gift Administration Services, Inc., 6100 W. 96th St., Suite 100, Indianapolis, IN 46278.

Balances

Balances needed from the trust's most recent tax returns (as of 12/31/____)

Ordinary Income	Unrecaptured Sec 1250 Gain or Losses
Short-Term Capital Gain or Losses	Non-taxable Income
Long-Term Capital Gain or Losses	Principal Balance
Mid-term Capital Gain or Losses	Make-up Account Balance Carryforward*

Instruments

<u>Name of Instrument</u>	<u>Cusip/Symbol</u>	<u># of Shares</u>	<u>Purchase Date</u>	<u>Cost Basis</u>	<u>Fair Market Value</u> (as of 12/31)
1. _____	_____	_____	/ /	\$ _____	\$ _____
2. _____	_____	_____	/ /	\$ _____	\$ _____
3. _____	_____	_____	/ /	\$ _____	\$ _____
4. _____	_____	_____	/ /	\$ _____	\$ _____
5. _____	_____	_____	/ /	\$ _____	\$ _____
6. _____	_____	_____	/ /	\$ _____	\$ _____
7. _____	_____	_____	/ /	\$ _____	\$ _____
8. _____	_____	_____	/ /	\$ _____	\$ _____
9. _____	_____	_____	/ /	\$ _____	\$ _____
10. _____	_____	_____	/ /	\$ _____	\$ _____

I certify that this information is true and correct to the best of my knowledge and belief.

Signature of Trustee

Printed Name

Date

*This item applies to Net-Income and Flip Trusts only.