

TAXABLE YEAR **2011** **Beneficiary's Share of Income, Deductions, Credits, etc.**

CALIFORNIA SCHEDULE **K-1 (541)**

For calendar year 2011 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust

THE EMMA COOK TRUST OF APRIL 1, 1988

Beneficiary's SSN/TIN, California corporation no., SOS file no., or FEIN

558-46-5236

Estate's or trust's FEIN

68-6119380

Beneficiary's name, address (number and street, suite, Apt., PO Box, or PMB no.), City, State, and ZIP Code

**DAN J. COOK
2096 VALLOMBROSA AVENUE
CHICO, CA 95926**

Fiduciary's name, address (number and street, suite, Apt., PO Box, or PMB no.), City, State, and ZIP Code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

**JOSEPH E. COOK DAN J. COOK CO-TRUSTEES
1408 BROADWAY
CHICO, CA 95926-6528**

- A** Beneficiary's percentage of distribution at year end **50.000000%**
- B** Check here **only** if this is: • (1) A final Schedule K-1 (541) (2) An amended Schedule K-1 (541)
- C** What type of entity is this beneficiary? • (1) Individual (2) Estate/Trust (3) Qualified Exempt Organization (4) Other
- D** Is this beneficiary a resident of California? Yes No
- E** Is the fiduciary a resident of California? Yes No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (1041)	(c) California Adjustments	(d) Total amounts using California law. Combine column (b) and column (c)	(e) California source amounts and credits
Income (Loss)	1 Interest				
	2 Dividends	1,207.	50.	1,257.	1,257.
	3 Net capital gain or (loss)				
	5 Other portfolio and nonbusiness income				
	6 Ordinary business income				
	7 Net rental real estate income				
	8 Other rental income				
	Directly experienced deductions	9 a Depreciation			
b Depletion					
c Amortization					
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes			129.	129.
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items	202.	-73.	129.	129.
Credits	13 a Trust payments of estimate tax credited to beneficiary				
	b Total Withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S. Other State Tax Credit				
	d Other credits. Attach schedule				
Other income	14 a Tax-exempt interest	2,246.	-47.	2,199.	2,199.
	b Net investment income				
	c Gross farm and fishing income				
	d Other info				

BENEFICIARY 2

CAFA0301L 12/08/11