This ATS Scenario should only be used if supporting Form 8975

October 1, 2023 – These are the most current forms available.

Tax Year 2023 1041 MeF ATS Scenario 6 Red Apples Trust 00-4000666

Please Note: Form 8975 Schedule A, Part II, Line 1 accepts addresses per the form instructions. Part II, Line 2 accepts one or more entity identification numbers, such as a company registration number for the constituent entity when filed electronically

Forms Included in Scenario 6

Form 1041 Schedule I (Form1041) Schedule C (Form1040) Schedule D (Form 1041) Form 4797 Form 8858 Form 8960 8975 8975 – Schedule A (3) Form 8453-FE Schedule K-1 (4)

Taxpayer Name, Address, and TIN Red Apples Trust 5 Test Street Lanham, MD 20706 00-4000666

Total Prior Year Income Amount: 824,500,000

Signature Information

Practitioner Signature PIN Method

K1 Data

- · Interest Income must be distributed equally to the beneficiaries
- Ordinary Dividends must be distributed equally to the beneficiaries

• Schedule C Income must be distributed equally to the beneficiaries

Form 8995 or Form 8995-A is not required for this scenario.

Tax Exempt Expense Allocation Statement

| Expense | Total Expenses | Amount | Amount | Explanation |
|-----------|----------------|--------------|----------------|---------------|
| | | Allocated to | Allocated to | |
| | | Tax Exempt | Taxable Income | |
| | | Income | | |
| Expense 1 | 1,000,000 | 400,000 | 600,000 | Test scenario |
| | | | | data only |
| Expense 2 | 1,000,000 | 100,000 | 900,000 | Test scenario |
| | | | | data only |
| Total | 2,000,000 | 500,000 | 1,500,000 | |

Department of the Treasury—Internal Revenue Service U.S. Income Tax Return for Estates and Trusts Go to www.irs.gov/Form1041 for instructions and the latest information.

| <u> </u> | 2023 |
|----------|------|
|----------|------|

OMB No. 1545-0092

| A (| Check | all tha | at apply: | For calendar year 2023 or f | iscal year beginning | | , 2023, and e | endir | ng | | , 20 |
|--------------|--------|---|--------------------|--|-------------------------------------|---------------|----------------------|----------|---------------------|------------|---------------------------|
| _ | | dent's e | | · · · · · · · · · · · · · · · · · · · | antor type trust, see the instruct | ons.) | | С | Employe | r ident | ification number |
| _ | | e trust | | RED APPLES TRUST | | | | | | 00-40 | 000666 |
| = | | lex tru: | | Name and title of fiduciary | | | | D | Date entity created | | |
| = | | | | KIM APPLES, CPA | | | | | | luly 1 | 2, 2023 |
| = | | | tion only) | | uite no. (If a P.O. box, see the in | structions.) | | E | | | itable and split-interest |
| = | | or type | | | | , | | | | eck app | olicable box(es). |
| = | | | | E Toot Stroot | | | | | | | . 4947(a)(1). Check here |
| \equiv | | | estate—Ch. 11 | 5 Test Street City or town, state or province. | country, and ZIP or foreign pos | stal code | | ┤└ | | | oundation |
| = | | | me fund | | | | | $ \Box$ | | | c. 4947(a)(2) |
| _ | | | Schedules K-1 | Lanham, MD 20706 F Check | Final return | | nended return | | | | erating loss carryback |
| á | attach | ed (se | е | applicable | | | nange in fiduciary | 'o no | = | | in fiduciary's address |
| _ | | ctions) | | boxes: Change in tring trust made a section 645 elec | | | Trust TIN | Silai | ne | Change | ill liduciary's address |
| <u>u</u> | 1 | | | | | Ц | Trust Tilv | | | 4 | (70,000,000 |
| | - | | terest incom | | | | | • | | 1 | 672,000,000 |
| | 2 | | - | dividends | | | | ٠ | | 2a | 40,000,000 |
| | | | | nds allocable to: (1) Benefic | | | | | | | |
| ne | 3 | | | me or (loss). Attach Sche | , | | | | | 3 | 18,500,000 |
| Income | 4 | | | (loss). Attach Schedule [| * | | | | | 4 | 94,000,000 |
| <u> </u> | 5 | | - | s, partnerships, other est | | ch Schedul | e = (F01111 104 | ·U) | | 5 | |
| | 6 | | | or (loss). Attach Schedule | | | | | | 6 | |
| | 7 | | | or (loss). Attach Form 479 | 97 | | <u> </u> | | | 7 | |
| | 8 | | | List type and amount | | | | | <i></i> - | 8 | |
| | Ť | | | Combine lines 1, 2a, and | | | | | | 9 | 824,500,000 |
| | | 10 Interest. Check if Form 4952 is attached | | | | | | | | 10 | |
| | 11 | | axes | ry fees. If only a portion is deductible under section 67(e), see instructions | | | | | | 11 | |
| | 12 | | - | | | | | | | 12 | 900,000 |
| | 13 | | | duction (from Schedule A, line 7) | | | | | | 13 | |
| | 14 | | ee instruction | ountant, and return preparer fees. If only a portion is deductible under section | | | | | | | |
| Deductions | 4- | | | | | | | | | 14 | 600,000 |
| 뇄 | 15 | | | ons (attach schedule). See instructions for deductions allowable under section | | | | | | 15a 15b | 180,000 |
| ğ | | | | loss deduction. See instructions | | | | | | | |
| ec | 16 | | dd lines 10 th | | | | 7.4 | | | 16 | 1,680,000 |
| | 17 | | - | income or (loss). Subtrac | | | | | ,820,000 | | |
| | 18 | | | ution deduction (from Scl | | | • | | | 18 19 | 728,820,000 |
| | 19 | | | duction including certain generation-skipping taxes (attach computation) | | | | | | | |
| | 20 | | | ness income deduction. A | attach Form 8995 or 8995 | o-A | | ٠ | | 20 | |
| | 21 | | xemption . | | | | | ٠ | | 21 | 300 |
| | 22 | | | nrough 21 | | | | | | 22 | 728,820,300 |
| and Payments | 23 | | | ne. Subtract line 22 from I | | | | | | 23 | 93,999,700 |
| Je. | 24 | | | n Schedule G, Part I, line | | | | | | 24 | 18,798,758 |
| Ž | 25 | | - | et 965 tax liability paid fro | | | | | | 25 | 0 |
| P | 26 | | | ts (from Schedule G, Par | | | | | | 26 | 0 |
| pu | 27 | | | ted tax penalty. See instructions | | | | | | 27 | 0 |
| ā | 28 | | | | | | | | | 28 | 18,798,758 |
| Тах | 29 | | | • | | | | | | 29 | |
| _ | 30 | | | e 29 to be: a Credited to a erjury, I declare that I have exam | | | nded | | | 30 | of my knowledge and |
| Qi, | , l | | | ct, and complete. Declaration of | | | | | | | |
| Sig | - 1 | | | | 1 | 1 | | | | | e IRS discuss this return |
| He | ere | Ciar | atura of fiderala- | y or officer representing fiduciary | / Data | EINI of fict. | ciony if a financi-l | inc+ | tution | | e preparer shown below? |
| | | Signa | | , , , , , , | T | EIN OI IIQU | ciary if a financial | IIISti | | | |
| Pa | id | | Print/Type prep | Jaiel S Haille | Preparer's signature | | Date | | Check self-em | _ , | PTIN |
| Pre | ера | rer | | | | | | | | pioyeu | |
| Us | e O | nly | Firm's name | | | | | | s EIN | | |
| _ | _ | - | Firm's address | | | | | ₽hor | e no. | | |

Form 1041 (2023)

| i Oiiii iv | 941 (2020) | | raye Z |
|------------|---|----|---------------|
| Sch | edule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund. | | • |
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income. See instructions | 1 | |
| 2 | Tax-exempt income allocable to charitable contributions. See instructions | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable | | |
| | purposes | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable | | |
| | purposes. See instructions | 6 | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | 7 | |
| Sch | edule B Income Distribution Deduction | | |
| 1 | Adjusted total income. See instructions | 1 | 822,820,000 |
| 2 | Adjusted tax-exempt interest | 2 | 500,000 |
| 3 | Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions | 3 | |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | |
| 5 | Capital gains for the tax year included on Schedule A, line 1. See instructions | 5 | |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a | | |
| | positive number | 6 | -94,000,000 |
| 7 | Distributable net income. Combine lines 1 through 6. If zero or less, enter -0 | 7 | 729,320,000 |
| 8 | If a complex trust, enter accounting income for the tax year as determined | | |
| | under the governing instrument and applicable local law | | |
| 9 | Income required to be distributed currently | 9 | 729,320,000 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 10 | |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | 11 | 729,320,000 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | 500,000 |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 13 | 728,820,000 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0 | 14 | 728,820,000 |
| 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 . | 15 | 728,820,000 |
| Sch | edule G Tax Computation and Payments (see instructions) | | |
| Part | I — Tax Computation | | |
| 1 | Tax: | | |
| а | Tax on taxable income. See instructions | | |
| b | Tax on lump-sum distributions. Attach Form 4972 | | |
| С | Alternative minimum tax (from Schedule I (Form 1041), line 54) 1c 60 | | |
| d | Total. Add lines 1a through 1c | 1d | 18,798,758 |
| 2a | Foreign tax credit. Attach Form 1116 | | |
| b | General business credit. Attach Form 3800 | | |
| С | Credit for prior year minimum tax. Attach Form 8801 | | |
| d | Bond credits. Attach Form 8912 | | |
| е | Total credits. Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1d. If zero or less, enter -0 | 3 | 18,798,758 |
| 4 | Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions | 4 | |
| 5 | Net investment income tax from Form 8960, line 21 | 5 | 0 |
| 6a | Recapture tax from Form 4255 | 6a | |
| b | Recapture tax from Form 8611 | 6b | |
| С | Other recapture taxes: | 6c | |
| 7 | Household employment taxes. Attach Schedule H (Form 1040) | 7 | |
| 8 | Other taxes and amounts due | 8 | |
| 9 | Total tax. Add lines 3 through 8. Enter here and on page 1, line 24 | 9 | 18,798,758 |

Page 3

Form 1041 (2023)

| Sch | edule G Tax Computation and Payments (see instructions) (continued) | | | | | |
|-------------|--|-------------|------------|-----|----|--|
| Part | I – Payments | | | | | |
| 10 | Current year's estimated tax payments and amount applied from preceding year's return | 10 | | | | |
| 11 | Estimated tax payments allocated to beneficiaries (from Form 1041-T) | 11 | | | | |
| 12 | Subtract line 11 from line 10 | 12 | | | | |
| 13 | Tax paid with Form 7004. See instructions | 13 | | | | |
| 14 | Federal income tax withheld. If any is from Form(s) 1099, check here | 14 | | | | |
| 15 | Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions) | 15 | | | | |
| 16 | Payments from Form 2439 | 16 | | | | |
| 17 | Payments from Form 4136 | 17 | | | | |
| 18a | Elective payment election amount from Form 3800 | 18a | | | | |
| b | Other credits or payments (see instructions) | 18b | | | | |
| 19 | Total payments. Add lines 12 through 18b. Enter here and on page 1, line 26 | 19 | | | | |
| Othe | r Information | | | Yes | No | |
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of ex | penses | 3. | ✓ | | |
| | Enter the amount of tax-exempt interest income and exempt-interest dividends | 1,000 | , | | | |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensat | | | | | |
| | individual by reason of a contract assignment or similar arrangement? | | | | | |
| 3 | At any time during calendar year 2023, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | | | | |
| 4 | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a | | | | | |
| 5 | foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions | | | | | |
| 6 7 8 | If this is an estate or a complex trust making the section 663(b) election, check here. See instructions To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in estate, and check here | closing | _ g the | | | |
| 9 10 | Are any present or future trust beneficiaries skip persons? See instructions | | | | | |
| 11a | Did the estate or trust distribute S corporation stock for which it made a section 965(i) election? | | | | | |
| b | If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instruction | ıs | | | | |
| 12 | Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an eligible 965(i) transferee for S corporation stock held on the last day of the tax year? See instructions | | | | | |
| 13 | At any time during the tax year, did the estate or trust: (a) receive (as a reward, award, or payment for services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a dig See instructions | | | | X | |
| 14 | ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions | | | | | |
| 15 | ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see in | structic | ons | | | |

SCHEDULE I (Form 1041)

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2023

Department of the Treasury Internal Revenue Service Attach to Form 1041.
Go to www.irs.gov/Form1041 for instructions and the latest information.

Name of estate or trust **Employer identification number RED APPLES TRUST** 00-4000666 Part I Estate's or Trust's Share of Alternative Minimum Taxable Income Adjusted total income or (loss) (from Form 1041, line 17). **ESBTs**, see instructions . 1 822,820,000 2 2 3 3 4 4 Depletion (difference between regular tax and AMT) 5 5 6 Net operating loss deduction. Enter as a positive amount 6 Interest from specified private activity bonds exempt from the regular tax. 7 7 8 Qualified small business stock (see instructions) 8 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 9 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 11 Disposition of property (difference between AMT and regular tax gain or loss) . . . 11 12 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 12 13 Passive activities (difference between AMT and regular tax income or loss) . 13 14 Loss limitations (difference between AMT and regular tax income or loss). 14 Circulation costs (difference between regular tax and AMT) 15 15 16 Long-term contracts (difference between AMT and regular tax income) 16 17 17 Research and experimental costs (difference between regular tax and AMT) . 18 18 Income from certain installment sales before January 1, 1987 . . . 19 19 20 20 21 Other adjustments, including income-based related adjustments 21 22 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 22 23 23 Adjusted alternative minimum taxable income. Combine lines 1 through 22 822,820,000 Complete Part II below before going to line 24. 24 Income distribution deduction from Part II, line 42 25 Estate tax deduction (from Form 1041, line 19) 25 240 26 Add lines 24 and 25 26 728,820,000 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 27 94,000,000 If line 27 is: • \$28,400 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. Over \$28,400, but less than \$208,200, go to line 43. • \$208,200 or more, enter the amount from line 27 on line 49 and go to line 50. • ESBTs, see instructions. Part II **Income Distribution Deduction on a Minimum Tax Basis** 28 Adjusted alternative minimum taxable income (see instructions) 28 822,820,000 Adjusted tax-exempt interest (other than amounts included on line 7) 29 29 500,000 30 Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-30 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable 31 31 32 32 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 33 33 94,000,000) 34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount . . . 34 35 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero 35 729,320,000 36 Income required to be distributed currently (from Form 1041, Schedule B, line 9) 36 729,320,000 37 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) 37 0 38 38 729,320,000 39 Tax-exempt income included on line 38 (other than amounts included on line 7) 39 500,000

Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 . . .

40

728,820,000

40

| Schedu | e I (Form 1041) 2023 | | | Page 2 |
|-------------------|--|-----------------------|-----|---------------|
| Part | II Income Distribution Deduction on a Minimum Tax Basis (continued | a) | | |
| 41 | Tentative income distribution deduction on a minimum tax basis. Subtract line 29 or less, enter -0- | from line 35. If zero | 41 | 728,820,000 |
| 42 | Income distribution deduction on a minimum tax basis. Enter the smaller of | : ina 40 ar lina 41 | 71 | 728,820,000 |
| 42 | | | 42 | 728,820,000 |
| Part | Enter here and on line 24 | | 72 | 728,820,000 |
| 43 | Exemption amount | | 43 | \$28,400 |
| 44 | | 94.000.000 | | Ψ20,100 |
| 45 | | 45 \$94,600 | | |
| 46 | · | 16 93,905,400 | | |
| 47 | Multiply line 46 by 25% (0.25) | 75,705,400 | 47 | 23,476,350 |
| 48 | Subtract line 47 from line 43. If zero or less, enter -0- | | 48_ | 23,470,330 |
| 49 | Subtract line 48 from line 44 | | 49 | 94,000,000 |
| 50 | Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividing on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the Otherwise, if line 49 is: | | | 74,800,000 |
| | • \$220,700 or less, multiply line 49 by 26% (0.26). | | | |
| -4 | • Over \$220,700, multiply line 49 by 28% (0.28) and subtract \$4,414 from the result | | 50 | 18,798,818 |
| 51 | Alternative minimum foreign tax credit (see instructions) | | 51 | 0 |
| 52 | Tentative minimum tax. Subtract line 51 from line 50 | 0-1 | 52 | 18,798,818 |
| 53 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from | • | 53 | 18,798,758 |
| 54 | Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-Form 1041, Schedule G, line 1c | Enter here and on | 54 | 60 |
| Part | V Line 50 Computation Using Maximum Capital Gains Rates | | | |
| Qualifi his pa | | | EE | 0.4.000.000 |
| 55 56 | Enter the amount from line 49 | 56 94.000.000 | 55 | 94,000,000 |
| 57 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0 | 57 0 | | |
| 58 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax | 58 94,000,000 | | |
| 59 | Enter the smaller of line 55 or line 58 | | 59 | 94,000,000 |
| 60 | Subtract line 59 from line 55 | | 60 | 0 |
| 61 | If line 60 is \$220,700 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line and subtract \$4,414 from the result | | 61 | 0 |
| 62 | | 62 \$3,000 | 0. | |
| 63 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, | 63 | | |
| 64 | <u> </u> | 64 3000 | | |
| 65 | | 65 94,000,000 | | |
| 66 | | 3000 | | |
| 67 | | 67 93,997,000 | | |

Schedule I (Form 1041) 2023

| Schedu | ule I (Form 1041) 2023 | | | | Page 3 |
|--------|--|-------|----------------|----|---------------|
| Part | IV Line 50 Computation Using Maximum Capital Gains Rates (conti | inuec | 7) | | |
| 68 | Maximum amount subject to rates below 20% | 68 | \$14,650 | | |
| 69 | Enter the amount from line 64 | 69 | 3,000 | | |
| 70 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0 | 70 | 0 | | |
| 71 | Add line 69 and line 70 | 71 | 3,000 | | |
| 72 | Subtract line 71 from line 68. If zero or less, enter -0 | 72 | 11,650 | | |
| 73 | Enter the smaller of line 67 or line 72 | 73 | 11,650 | | |
| 74 | Multiply line 73 by 15% (0.15) | | | 74 | 1,748 |
| 75 | Add lines 66 and 73 | 75 | 14,650 | | |
| | If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherward | vise, | go to line 76. | | |
| 76 | Subtract line 75 from line 65 | 76 | 93,985,350 | | |
| 77 | Multiply line 76 by 20% (0.20) | | | 77 | 18,797,070 |
| | If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwi | se, g | o to line 78. | | |
| 78 | Add lines 60, 75, and 76 | 78 | 94,000,000 | | |
| 79 | Subtract line 78 from line 55 | 79 | 0 | | |
| 80 | Multiply line 79 by 25% (0.25) | | | 80 | 0 |
| 81 | Add lines 61, 74, 77, and 80 | | | 81 | 18,798,818 |
| 82 | If line 55 is \$220,700 or less, multiply line 55 by 26% (0.26). Otherwise, multiply and subtract \$4,414 from the result | | | 82 | 26,315,586 |
| 83 | Enter the smaller of line 81 or line 82 here and on line 50 | | | 83 | 18,798,818 |

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

| 2 11 3 Subtract line 2 from line 1 | |
|--|-------------------------------------|
| S S S S S S S S S S | |
| Business name. If no separate business name, leave blank. RED APPLES CONVINIENT STORE Business address (including suite or room no.) 1500 TEST DRIVE City, town or post office, state, and ZIP code FORT DODGE IA 50501 F Accounting method: (1) | ons |
| RED APPLES CONVINIENT STORE Business address (including suite or room no.) 1500 TEST DRIVE City, town or post office, state, and ZIP code FORT DODGE IA 50501 F Accounting method: (1) | |
| Business address (including suite or room no.) 1500 TEST DRIVE City, town or post office, state, and ZIP code FORT DODGE IA 50501 F Accounting method: (1) | (see instr.) |
| City, town or post office, state, and ZIP code FORT DODGE IA 50501 F Accounting method: (1) | 6 6 |
| City, town or post office, state, and ZIP code FORT DODGE IA 50501 F Accounting method: (1) | |
| Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses. Yes If you started or acquired this business during 2023, check here. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. Yes Income Term V-2 and the "Statutory employee" box on that form was checked. Returns and allowances. Subtract line 2 from line 1. Cost of goods sold (from line 42). Gross profit. Subtract line 4 from line 3. Cother income, including federal and state gasoline or fuel tax credit or refund (see instructions). Returns and truck expenses. By Car and truck expenses. | |
| G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses | |
| H If you started or acquired this business during 2023, check here | ☐ No |
| Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes | |
| Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | ✓ No |
| Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | ☐ No |
| Form W-2 and the "Statutory employee" box on that form was checked | |
| 5 Gross profit. Subtract line 4 from line 3 | 0,000,000 0,000,000 0,000,000 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 Gross income. Add lines 5 and 6 | 00,000د |
| 7 Gross income. Add lines 5 and 6 | 1 <u>,500,000</u> |
| Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising | j |
| 8 Advertising | 1,500,000 |
| 9 Car and truck expenses 19 / 1 d pr iit-shang p ns 19 | |
| | |
| (see instructions) 9 7,000,000 20 Rent or lease (see instructions): | |
| 10 Commissions and fees . 10 a Vehicles, machinery, and equipment 20a | |
| 11 Contract labor (see instructions) 11 Other busing property 20b 2 | 0,000,000 |
| 12 Depletion | 5,000,000 |
| 14 Employee benefit programs a Travel | |
| (other than on line 19) . 14 b Deductible meals (see instructions) 24b | |
| 15 Insurance (other than health) | 5,000,000 |
| 16 Interest (see instructions): 26 Wages (less employment credits) 26 | |
| a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a | |
| b Other b Energy efficient commercial bldgs | |
| 17 Legal and professional services 17 10,000,000 deduction (attach Form 7205) 27b | |
| | 3,000,000 |
| | 3,500,000 |
| 20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: and (b) the part of your home used for business: | |
| Method Worksheet in the instructions to figure the amount to enter on line 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | |
| • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. | ,500 ,000 |
| • If a loss, you must go to line 32. | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. | |
| If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. | |

Schedule C (Form 1040) 2023

| Part | Cost of Goods Sold (see instructions) | | | |
|------------|--|---------|-------------|------------|
| 33 | Method(s) used to | | | |
| | value closing inventory: a Cost b Lower of cost or market c Other (atta | | planation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation | ry? | . Yes | ☐ No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | 55,000,000 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | 30,000,000 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | 85,000,000 |
| 41 | Inventory at end of year | 41 | | 36,500,000 |
| 42 Part | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | | | |
| 43 44 | When did you place your vehicle in service for business purposes? (month/day/year) 01 / 01 / 2 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your | | e for: | |
| а | Business 6,000 b Commuting (see instructions) 10,000 c | Other | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | ✓ Yes | ☐ No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | 🗸 Yes | ☐ No |
| 47a | Do you have evidence to support your deduction? | | 🗸 Yes | ☐ No |
| | If "Yes," is the evidence written? | | <u>Yes</u> | ☐ No |
| Part | V Other Expenses. List below business expenses not included on lines 8–26, line | 27b, | or line 30. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 48 | Total other expenses. Enter here and on line 27a | 48 | | |
| | | | | |

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

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

2023

Employer identification number

RED APPLES TRUST 00-4000666 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. Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (d) Adjustments Subtract column (e) (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, (sales price) (or other basis) combine the result with whole dollars. line 2, column (g) 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 Totals for all transactions reported on Form(s) 8949 with 191,000,000 Totals for all transactions reported on Form(s) 8949 with 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 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss 6 Net short-term capital ain (loss). Combine lines 1a through 6 in column (b). Erfor here and on 191,000,000 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than 1 Year (see instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter on the (g) (d) (e) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, combine the result with (sales price) whole dollars. line 2, column (g) 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 Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . 12 13 13 Gain from Form 4797, Part I 14 14 94,000,000 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 16 16 94,000,000 Schedule D (Form 1041) 2023 Page **2**

| Part | III Summary of Parts I and II | | (1) Beneficiaries' | (2) Estate's | (3) Total |
|------|--|-----|--------------------|--------------|--------------------|
| | Caution: Read the instructions before completing this part. | | (see instr.) | or trust's | (3) 10tai |
| 17 | Net short-term gain or (loss) | 17 | | | |
| 18 | Net long-term gain or (loss): | | | | |
| а | Total for year | 18a | | 94,000,000 | 94,000,000 |
| b | Unrecaptured section 1250 gain (see line 18 of the worksheet)1 | 18b | | | |
| С | 28% rate gain | 18c | | | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a | 19 | | 94,000,000 | 94,000,000 |
| | | | | | |

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: | | | |
| а | The loss on line 19, column (3) or b \$3,000 | 20 | (| |
| | 16 H | | | |

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, col. (2), or line 18c, col. (2), is more than zero, or
- 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, col. (2), or line 18c, col. (2), is more than zero.

| 21 | Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) | 21 | 93,999,700 | | |
|----|---|----|-------------|----|------------|
| 22 | Enter the smaller of line 18a or 19 in column (2) but not | | | | |
| | less than zero | | | | |
| 23 | Enter the estate's or trust's qualified dividends from | | | | |
| | Form 1041, line 2b(2) (or enter the qualified dividends | | J -4 | | |
| | included in income in Part I of Form 990-T) 23 | | | | |
| 24 | Add lines 22 and 23 | | | | |
| 25 | If the estate or trust is filing Form 4952, enter the | | | | |
| | amount from line 4g; otherwise, enter -0 | | | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0 | 26 | 94,000,000 | | |
| 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 \$3,000 | 28 | 2,800 | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 | 0 | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 09 | 1 | | 30 | 2,800 |
| 31 | Enter the smaller of line 21 or line 26 | 31 | 93,999,700 | | |
| 32 | Subtract line 30 from line 26 | 32 | 93,997,200 | | |
| 33 | Enter the smaller of line 21 or \$14,650 | 33 | 13,700 | | |
| 34 | Add lines 27 and 30 | 34 | 2,800 | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0 | 35 | 10,900 | | |
| 36 | Enter the smaller of line 32 or line 35 | 36 | 10,900 | | |
| 37 | Multiply line 36 by 15% (0.15) | | | 37 | 1,635 |
| 38 | Enter the amount from line 31 | 38 | 93,999,700 | | |
| 39 | Add lines 30 and 36 | 39 | 13,700 | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0 | 40 | 93,986,000 | | |
| 41 | Multiply line 40 by 20% (0.20) | | | 41 | 18,797,200 |
| 42 | Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates | | | | |
| | and Trusts (see the Schedule G instructions in the Instructions for Form 1041) | 42 | 0 | | |
| 43 | Add lines 37, 41, and 42 | 43 | 18,798,835 | | |
| 44 | Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates | | | | |
| | and Trusts (see the Schedule G instructions in the Instructions for Form 1041) | 44 | 34,778,152 | | |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Fo | | | | |
| | Part I. line 1a (or Form 990-T. Part II. line 2) | | | 45 | 10 700 025 |

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27 Name(s) shown on return Identifying number **RED APPLES TRUST** 00-4000666 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or 1a 2,750,000 Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 1c Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (a) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross 2 allowed or basis, plus Subtract (f) from the of property sales price allowable since improvements and (mo., day, yr.) (mo., day, yr.) sum of (d) and (e) acquisition expense of sale Building 09/27/2012 09/07/2016 191,000,000 97,000,000 94,000,000 3 Gain, if any, from Form 4684, line 39 . 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 94,000,000 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions . 8 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 9 capital gain on the Schedule D filed with your return. See instructions 94,000,000 Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 11 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . 16 16 Combine lines 10 through 16 17 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

Form 4797 (2023) Page **2**

| Par | Gain From Disposition of Property Und (see instructions) | ler Se | ctions 1245, 12 | 250, 1252, 1 | 254, | and 1255 | | |
|---------------|--|------------------|-------------------|-----------------|-------|-----------------------------|---------------|-------------------------------|
| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 125 | 5 prope | erty: | | | (b) Date acque (mo., day,) | | (c) Date sold (mo., day, yr.) |
| Α | | | | | | | | |
| В | | | | | | | | |
| С | | | | | | | | |
| D | | | | | | | | |
| | These columns relate to the properties on lines 19A through 19D |). | Property A | Property | В | Property | С | Property D |
| 20 | Gross sales price (Note: See line 1a before completing.) . | 20 | | | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | \rightarrow | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | | | |
| <u></u> 25 | If section 1245 property: | - | | | | | | |
| а | Depreciation allowed or allowable from line 22 | 25a | | | | | | |
| b | Enter the smaller of line 24 or 25a | 25b | | | | | | |
| 26 | If section 1250 property: If straight line depreciation was used, | | | | | | | |
| | enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | | |
| а | Additional depreciation after 1975. See instructions . | 26a | | | _ | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | . U | DE | | | | |
| С | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26- | | | | _ | | |
| d | Additional depreciation after 1969 and before 1976 | 26d | | | | | | |
| е | Enter the smaller of line 26c or 26d | 26e | | | | | | |
| f | Section 291 amount (corporations only) | 26f | | | | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | | | | |
| 27 | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | 1 | 7. 2 | 202 | 2 | 3 | | |
| а | Soil, water, and land clearing expenses | 27a | | | | | | |
| b | Line 27a multiplied by applicable percentage. See instructions | 27b | | | | | | |
| C | Enter the smaller of line 24 or 27b | 27c | | | | | \rightarrow | |
| 28 | If section 1254 property: | | | | | | | |
| а | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | | | |
| b | Enter the smaller of line 24 or 28a | 28b | | | | | | |
| 29 | If section 1255 property: | | | | | | | |
| а | Applicable percentage of payments excluded from | | | | | | | |
| | income under section 126. See instructions | 29a | | | | | \rightarrow | |
| | Enter the smaller of line 24 or 29a. See instructions . nmary of Part III Gains. Complete property column | 29b | through D throu | gh ling 20h h | oforc | aoina to lin | 20 | |
| Suli | milary of Part III Gains. Complete property coun | IIIIS A | inrough D inrou | gir iirie 29b b | eiore | going to iii | E 30. | |
| 30 | Total gains for all properties. Add property columns A thro | • | | | | | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 2 | | | | | | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casu other than casualty or theft on Form 4797, line 6 | | theft on Form 468 | | | portion from | 32 | |
| Par | Recapture Amounts Under Sections 17 (see instructions) | | | | | e Drops to | | or Less |
| | | | | | | (a) Section 179 | n | (b) Section 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable | in prior | vears | | 33 | | | |
| 34 | | | years | | 34 | | -+ | |
| 35 | Recomputed depreciation, declinistrations 1 | | | nort | 35 | | | |

(Rev. September 2021)

Information Return of U.S. Persons With Respect to Foreign **Disregarded Entities (FDEs) and Foreign Branches (FBs)**

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) 23 Attachment

Department of the Treasury January 1, 20, 23, and ending Internal Revenue Service

Sequence No. 140

OMB No. 1545-1910

| Name of person filing this return | | | | Filer's identifying number |
|---|---|---------------------------------------|-------------------------------|---|
| Red Apples Trust | | | | |
| Number, street, and rossissite no feet and box number if mail | ree | t addres - \ | | |
| 5 Test Street | | AC | | |
| City or town, state, and ZIP code | | | | _ |
| Lanham, Md. 20706 | _ | | | |
| Filer's tax year beginning | , 20 | , and ending | | , 20 |
| Important: Fill in all applicable lines and schedu | | ation must be i | n English. All amour | nts must be stated in |
| U.S. dollars unless otherwise indicat | ed. | | | |
| Check here FDE of a U.S. person FD | E of a controlled fore | eign corporation (CFC | FDE of a c | controlled foreign partnership |
| FB of a U.S. person | of a CFC | | FB of a co | ontrolled foreign partnership |
| Check here | n 8858 | | | |
| 1a Name and address of FDE or FB | | b(1) U.S. identifying | g number, if any | |
| Courtland Apples | | | 00-4000666 | |
| 74 Main Street Taipa, Macau | b(2) Reference ID r | number (see instructions) | _ | |
| c For FDE, country(ies) under whose laws organized and entity type | e under local tax law | | d Date(s) of organization | e Effective date as FDE |
| Macau Foreign Entity | | | 12/30/2023 | |
| | | | | 12/31/2023 |
| f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number | g Country in which activity is condu- | | h Principal business activity | i Functional currency |
| modifie of the FBE of FB, officer the treaty and article frames | donvity to correct | 5104 | donvity | |
| | | | | |
| | | | | |
| 2 Provide the following information for the FDE's or FB's accounting | | | <i>r</i> 1 <i>r</i> 1 1 | |
| a Name, address, and identifying number of branch office or agent the United States | (if any) in | | | artment, if applicable) of person(s) e FDE or FB, and the location of |
| the officer states | | such books and | records, if different | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3 For the tax owner of the FDE or FB (if different from the filer), pro | ovide the following (se | | as period sovered by the ret | urn (aga instructions) |
| a Name and address | | b Annual accountil | ng period covered by the ret | um (see instructions) |
| McIntosh Apples 54 Any Street | | c(1) U.S. identifying | a number if any | |
| Grand Bahama F-44735 | | C(1) O.S. Identifying | g number, it any | |
| | | c(2) Reference ID r | number (see instructions) | |
| | | (2) Holoronoo ib i | MAB17890 | |
| | | d Country under w | hose laws organized | e Functional currency |
| | | a country and on the | | |
| | | | | |
| 4 For the direct owner of the FDE or FB (if different from the tax ov | vner), provide the foll | l owing (see instructio | ns)· | |
| a Name and address | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , , | hose laws organized | |
| | | | · · | |
| | | | | |
| | | | | |
| | | c U.S. identifying n | umber, if any | d Functional currency |
| | | | | |
| | | | | •——— |

| | | _ |
|------------|-------------------------------------|---|
| Schedule C | Income Statement (see instructions) | |

| Sch | edule C Income Statement (see instructions) | | | | |
|-------|---|-------|----------------------------------|--------------|-----------|
| Impo | rtant: Report all information in functional currency in accordance with U.S. GA | AP. | Also. report each | amour | t in U.S. |
| | rs translated from functional currency (using GAAP translation rules or the aver | | | | |
| | on 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. | | | | |
| | al rules for FDEs or FBs that use U.S. dollar approximate separate transactions | | | | |
| | are using the average exchange rate (determined under section 989(b)), check | | | | |
| | | | Functional Currency | | Oollars |
| 1 | Gross receipts or sales (net of returns and allowances) | 1 | | | |
| 2 | | 2 | | | |
| | Cost of goods sold | 3 | | | |
| 3 | | _ | | | |
| 4 | Dividends | 4 | | | |
| 5 | Interest. | 5 | | | |
| 6 | Gross rents, royalties, and license fees | 6 | MAYA | | |
| 7 | Gross income from performance of services | 7 | | | |
| 8 | Foreign currency gain (loss) | 8 | | | |
| 9 | Other income | 9 | | | |
| 10 | Total income (add lines 3 through 9) | 10 | | | |
| 11 | Total deductions (exclude income tax expense) | 11 | | | |
| 12 | Income tax expense | 12 | | | |
| 13 | Income tax expense | 13 | | | |
| 14 | Net income (loss) per books | 14 | | | |
| Sch | edule C-1 Section 987 Gain or Loss Information | • | | | |
| | Notes Constitution of the | | (a) | (| b) |
| | Note: See the instructions if there are multiple recipients of remittances from | | Amount stated in | Amount | stated in |
| | the FDE or FB. | | functional currency of FDE or FB | | pient |
| 1 | Remittances from the FDE or FB | 1 | | | |
| 2 | Section 987 gain (loss) recognized by recipient | 2 | | | |
| 3 | Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach | _ | | | |
| J | statement) | 3 | | | |
| | | | | Yes | No |
| 4 | Were all remittances from the FDE or FB treated as made to the direct owner? | | | | 110 |
| 5 | Did the tax owner change its method of accounting for section 987 gain or loss with r | | | | |
| 3 | from the FDE or FB during the tax year? If "Yes," attach a statement describing the | | | | |
| | the change and new method of accounting | | | | |
| Sch | edule F Balance Sheet | • | | | |
| | rtant: Report all amounts in U.S. dollars computed in functional currency and | tranc | lated into II S. d | allare in | |
| | rdance with U.S. GAAP. See instructions for an exception for FDEs or FBs that | | | Jiiai S II I | |
| accor | dance with 6.5. GAAL. Gee instructions for an exception for 1 DES of 1 DS that | | (a) | | b) |
| | Assets | | Beginning of annual | End o | fannual |
| | Cook and alban assurant accets | - | accounting period | accounti | ng period |
| 1 | Cash and other current assets | 1 | | | |
| 2 | Other assets | 2 | | | |
| 3 | Total assets | 3 | | | |
| | Liabilities and Owner's Equity | | | | |
| | | | | | |
| 4 | Liabilities | 4 | | | |
| 5 | Owner's equity | 5 | | | |
| 6 | Total liabilities and owner's equity | 6 | | | |
| Sch | edule G Other Information | | | | |
| | | | | Yes | No |

During the tax year, did the FDE or FB own an interest in any trust? During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election? . . . During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?

| Sch | edule G Other Information (continued) | | - |
|-------|---|-----|----|
| | | Yes | No |
| 6 | Is the FDE or FB a qualified business unit as defined in section 989(a)? | | |
| | Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of | | |
| | FBs and FDEs. | | |
| 7a | During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a | | |
| | base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from | | |
| | a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b | | |
| | and 7c. | | |
| b | Enter the total amount of the base erosion payments \$ | | |
| С | Enter the total amount of the base erosion tax benefit \$ | | |
| 8a | During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c | | |
| b | Enter the total amount of the base erosion payments \$ | | |
| С | Enter the total amount of the base erosion tax benefit \$ | | |
| 9 | Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between | | |
| | the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? | | |
| | Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a | | |
| | U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is | | |
| | treated as a U.S. corporation solely for purposes of these questions. | | |
| 10a | If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not | | |
| | part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? | | |
| la la | | | |
| b | If "Yes," enter the amount of the dual consolidated loss | | |
| 11a | If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under | | |
| | Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c | | |
| b | Enter the amount of the dual consolidated loss for the combined separate unit | | |
| c | Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined | | |
| Ū | under Regulations section 1.1503(d)-5(c)(4)(ii)(A) | | |
| 12a | Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 | | |
| b | Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If | | |
| С | "Yes," see the instructions and go to line 12c. If "No," go to line 12d | | |
| | 1.1503(d)-6 attached to the return? After answering this question, go to line 13a | | |
| d | If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e | | |
| е | Enter the separate unit's contribution to the cumulative consolidated taxable income | | |
| | ("cumulative register") as of the beginning of the tax year ▶ \$ See instructions. | | |
| 13a | During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring | | |
| | recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as | | |
| h | part of a combined separate unit, in any prior tax years? | | |
| | If "Yes," enter the total amount of recapture | | |
| | | | |
| 1 | tant: Enter the amounts on lines 1 through 6 in functional currency. Current year net income (loss) per foreign books of account | | |
| 2 | Total net additions | | |
| 3 | Total net subtractions | | |
| 4 | Current earnings and profits (or taxable income—see instructions) (line 1 plus line 2 minus line 3) 4 | | |
| 5 | DASTM gain (loss) (if applicable) | | |
| 6 | Combine lines 4 and 5 | | |
| 7 | Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average | | |
| | exchange rate determined under section 989(b) and the related regulations (see instructions)) | | |
| 8 | Enter exchange rate used for line 7 | | |

Page 3

Form 8858 (Rev. 9-2021) Page 4 Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 1 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the 3 transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . Enter the transferred loss amount included in gross income as required under section 91. See instructions . Schedule J Income Taxes Paid or Accrued (see instructions) Foreign Income Taxes **Foreign Tax Credit Separate Categories** (a) (f) Foreign Branch (c) (d) (g) Passive (i) Other (e) U.S. Dollars Foreign Tax Year Country or Foreign Currency Conversion Rate (YYYY-MM-DD)

Totals

Form **8858** (Rev. 9-2021)

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2022 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN Red Apples Trust 00-4000666 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 672,000,000 2 2 40,000,000 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) 5a 5a 94,000,000 Net gain or loss from disposition of property that is not subject to net 5b -94,000,000 Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 712,000,000 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 712,000,000 Individuals: 13 13 14 15 15 16 16 0 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0 **Estates and Trusts:** 18a 712,000,000 Deductions for distributions of net investment income and deductions under 18b 712,000,000 Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a 93,999,700 Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 14,450 Subtract line 19b from line 19a. If zero or less, enter -0- 19c 93,985,250 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

| Form 8975 | | Country | -by-Country R | eport | | | | | | | |
|---|---|-------------------|-------------------------------|------------------|-----------------|--------------------|-------------------|--|--|--|--|
| (June 2017) | For reporting period beginning | January | , 20 ²³ , a | nd ending | December 31 | , 20 23 | OMB No. 1545-2272 | | | | |
| Department of the Treasury Internal Revenue Service | ▶ Information ab | out Form 8975 and | its separate instruction | ons is at www.ir | s.gov/form8975. | | | | | | |
| If this is an amended | report, check here | | - | | | | | | | | |
| Entar the number of | Sahadulaa A (Earm 2075) attached t | to this Esum 2075 | | | 3 | | | | | | |
| Part I Identifica | Schedules A (Form 8975) attached to tion of Filer | o this Form 6975 | <u> </u> | | | | | | | | |
| 1a Name of the reporting entity1b Reporting role code1c EIN | | | | | | | | | | | |
| Red Apples Trust | | | | | ULT | | 00-4000666 | | | | |
| 2 Number, street, a 5 Test Street | and room or suite no. (if P.O. box, see | instructions) | | | | | | | | | |
| 3a City or town | | 3b State or prov | vince | | 3c Country, an | d ZIP or foreign p | oostal code | | | | |
| Part II Additiona | I lofe our all an | MD | | | | | | | | | |
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Cat. No. 37798N

For Paperwork Reduction Act Notice, see separate instructions.

Form **8975** (6-2017)

| Form 8975 (| 6-2017) Additional Information (continued) | Page 2 |
|-------------|--|---------------------------|
| Part II | Additional Information (continued) | |
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| | | Form 8975 (6-2017) |

| SCHEDULE A (Form 8975) | I AY IIIPISAICTION AND CONSTITUENT ENTITY INFORMATION | | | | | | | | | | | | | |
|---|---|-------------------|---|-----------------------|---|-------------------------------------|---|---------------|----------------------|-------|---|--------------|--|--|
| (Rev. December 2020) | For repo | rting period beg | inning | (| 01/01 | , 20 | 23 , and e | nding | 1 | 2/31/ | , 20 | 23 | OMB No. 1545-2272 | |
| Department of the Treas Internal Revenue Service | | A separate Schedu | le A (Form 8975) is to be completed for each tax jurisdiction of the multinational enterprise group. ▶ Go to www.irs.gov/Form8975 for instructions and the latest information. | | | | | | | | | | | |
| Name of the reporting | entity | | | | | | | | | | | EIN | | |
| Red Apples Trust | | | | | | | | | | | | | 00-4000666 | |
| | Jurisdiction Info | rmation. All fina | ancial ar | nounts n | nust be stated | in U | .S. dollars. S | See inst | ructions. | | | | | |
| Tax jurisdiction | | | | | | | | | | | | | | |
| MX | | | | | | | | | | | | | | |
| | 1. Revenues | | | oss) before ne tax | Income tax paid (on cash basis) | | 4. Income tax | 5. Sta | ted capital | | cumulated | 7. Number of | 8. Tangible assets other than cash and | |
| (a) Unrelated party | (b) Related party | (c) Total | incon | ne tax | (Off Cash basis) | a | year | | | ea | arnings | employees | cash equivalents | |
| 23,974,000 | | 24,810,000 | | 7,443,000 | 2,232,90 | 00 | 1,674,67 | 5 6,202,500 | | 0 | 2,170,875 | 31 | 22,329,000 | |
| Part II Cons | stituent Entity In | formation | | | | | | | | | | | | |
| 1. Co | nstituent entities reside | nt in | 2. Entity | | 3. TIN | Tax jurisdiction of organization or | | | | | 5. Main busine | | | |
| the tax jurisdiction | | | role | | | ind diffe | corporation of erent from tax urisdiction of residence | | (a) Activity code | | (b) If you entered the code for business | | for "Other," describe the | |
| Manzana Roja | | | | MR | 1120417R24 | | | CBC511 | | | | | | |
| Empire Apples | | | | AEP031212F8P | | | | CBC511 | | | | | | |
| Braeburn Apples | | | | URA1116049Q1 | | | | CBC511 | | | | | | |
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Cat. No. 69310N

Schedule A (Form 8975) (Rev. 12-2020)

For Paperwork Reduction Act Notice, see separate instructions.

Schedule A (Form 8975) (Rev. 12-2020) Page 2 Part II Constituent Entity Information (continued) Constituent entities resident in the tax jurisdiction Tax jurisdiction of organization or incorporation if different from tax jurisdiction of residence 2. Entity 3. TIN 5. Main business activities (a) Activity code (b)
If you entered the code for "Other," describe the business activity. Part III Additional Information Enter any additional information related to the information reported in Part I and II.

| SCHEDULE A (Form 8975) | Tax Jurisdiction and Constituent Entity Information | | | | | | | | | | | |
|--|---|--------------------------|------------|-----------------------|--------------------|--|----------------------|--------------|-----------|--|---------------|--|
| (Rev. December 2020) | For rep | orting period beg | inning | | 01/01 | , 20 23 , and e | ending | 1 | 2/31/ | , 20 | 23 | OMB No. 1545-2272 |
| Department of the Trea Internal Revenue Service | sury | A separate Schedu | le A (Form | n 8975) is 1 | to be completed f | | ction of tl | he multinat | ional ent | | | |
| Name of the reporting | entity | | | | | | | | | | EII | , N |
| Red Apples Trust | | | | | | | | | | | | 00-4000666 |
| | Jurisdiction Inf | ormation. All fin | ancial ar | nounts r | nust be stated | in U.S. dollars. | See inst | ructions. | | | | |
| Tax jurisdiction | | | | | | | | | | | | |
| US | | | | | | | | | | | | |
| | 1. Revenues | T | | oss) before ne tax | 3. Income tax paid | 4. Income tax accrued—current | | ated capital | | cumulated | 7. Number of | f 8. Tangible assets other than cash and |
| (a) Unrelated party | (b) Related party | (c) Total | incon | ie tax | (on cash basis) | year year | | | е. | arnings | employees | cash equivalents |
| 846,184,800 | 4,386,000 | 850,570,800 |) 25 | 5,171,240 | 102,067,49 | 76,551,3 | 72 | 212,642,70 | 0 | 74,424,945 542 | | 765,513,720 |
| Part II Con | stituent Entity I | nformation | | | | • | | | | • | | |
| 1. C | onstituent entities resid | lent in | 2. Entity | 3. TIN | | 4. Tax jurisdiction of organization or | | | | 5. Main busine | ss activities | |
| the tax jurisdiction | | | role | | | incorporation of incorporation if different from tax jurisdiction of residence | (a) Activity code | | 1 | If you entered the code for business a | | r "Other," describe the |
| Gala Apples | | | | 1 | 35973948 | | CBC506 | | | | | |
| Honeycrisp Apples | 6 | | | 175939473 | | | CBC511 | | | | | |
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Cat. No. 69310N

Schedule A (Form 8975) (Rev. 12-2020)

For Paperwork Reduction Act Notice, see separate instructions.

Schedule A (Form 8975) (Rev. 12-2020) Page 2 Part II Constituent Entity Information (continued) Constituent entities resident in the tax jurisdiction Tax jurisdiction of organization or incorporation if different from tax jurisdiction of residence 2. Entity 3. TIN 5. Main business activities (a) Activity code (b)
If you entered the code for "Other," describe the business activity. Part III Additional Information Enter any additional information related to the information reported in Part I and II.

| SCHEDULE A (Form 8975) | | Та | x Juris | | | stituent Er | ntit | ty In | format | tion | | | |
|--|-------------------------|--------------------|-----------|--------------|--------------------|---|------|----------------------|-------------|-------|--|---------------|--------------------------------------|
| (Rev. December 2020) | For rep | orting period beg | inning | (| 01/01 | , 20 23 , and | enc | ding | 1 | 2/31/ | , 20 | 23 | OMB No. 1545-2272 |
| Department of the Treasu Internal Revenue Service | ry | A separate Schedu | | n 8975) is t | to be completed | for each tax juriso instructions and t | | | | | | | |
| Name of the reporting en | itity | | | | | | | | | | | EIN | |
| Red Apples Trust | | | | | | | | | | | | | 00-4000666 |
| Part I Tax J | urisdiction Inf | ormation. All fina | ancial ar | nounts n | nust be stated | in U.S. dollars. | Se | e instr | ructions. | | | • | |
| Tax jurisdiction | | | | | | | | | | | | | _ |
| HK | | | | | | | | | | | | | |
| | 1. Revenues | | | oss) before | 3. Income tax paid | | | 5. Sta | ted capital | | cumulated | 7. Number of | 8. Tangible assets |
| (a) Unrelated party | (b) Related party | (c) Total | incon | ne tax | (on cash basis) | accrued-currer year | nt | | | ea | | employees | other than cash and cash equivalents |
| 7,984,000 | (| 7,984,000 | | 2,395,000 | | 0 | 0 | | 1,996,00 | 0 | 698,600 | 7 | 7,185,600 |
| Part II Const | ituent Entity I | nformation | | | | | | | | | | | |
| 1. Con | stituent entities resid | lent in | 2. Entity | | 3. TIN | 4. Tax jurisdiction of | | | | | 5. Main busine | ss activities | |
| the tax jurisdiction | | | role | role | | organization or incorporation if different from tax jurisdiction of residence | | (a) Activity code | | | (b) If you entered the code for "Other," describ business activity. | | |
| | | | | | | | | | | | | | |
| Mcintosh Apples | | | | | No TIN | | C | BC506 | CBC511 | | | | |
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Cat. No. 69310N

Schedule A (Form 8975) (Rev. 12-2020)

For Paperwork Reduction Act Notice, see separate instructions.

Schedule A (Form 8975) (Rev. 12-2020) Page 2 Part II Constituent Entity Information (continued) Constituent entities resident in the tax jurisdiction Tax jurisdiction of organization or incorporation if different from tax jurisdiction of residence 2. Entity 3. TIN 5. Main business activities (a) Activity code (b)
If you entered the code for "Other," describe the business activity. Part III Additional Information Enter any additional information related to the information reported in Part I and II.

Form **8453-FE**

U.S. Estate or Trust Declaration for an IRS *e-file* Return

| OMB No. | 1545-0967 |
|---------|-----------|
|---------|-----------|

Department of the Treasury Internal Revenue Service

| Name of estate | or trust | | | | | | Employer identification number | | | | |
|---|--|--|--|---|--|---|--|--|--|--|--|
| RED APPLES | STRUST | | | | | | 00-4000666 | | | | |
| Name and title of | of fiduciant | | TA | | | | | | | | |
| Part I | ax Return Information | | | | | | | | | | |
| Inc ne | | ie 3). | er | 1 | 9. | . | 1 824,500,000 2 728 20,000 | | | | |
| 3 Taxable | e income (Form 1041, line 23) | . | 93,999,700 | | | | | | | | |
| | ax (Form 1041, line 24) | - | 4 18,798,933 | | | | | | | | |
| | e or overpayment (Form 1041, line 28 | 01 29) . | | <u> </u> | | <u>•</u> | 18,798,933 | | | | |
| Part II | eclaration of Fiduciary | | | | | | | | | | |
| under penalties the electronic paccompanying s | I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2023 U.S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronically with the IRS, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the IRS by the return transmitter. I also consent to the IRS's sending the ERO and/or | | | | | | | | | | |
| Sign | | | | | | | | | | | |
| | ature of fiduciary or officer representing fiduciary | , | | | Date | | | | | | |
| Part III | Declaration of Electronic Return | Origina | tor (ERO) and Pa | id Prepa | irer (see | instru | ctions) | | | | |
| collector, I am n the fiduciary will with the IRS, ar Paid Preparer, u | nave reviewed the above estate or trust return(s) of responsible for reviewing the return(s), and or have signed this form before I submit the return d have followed all other requirements describe under penalties of perjury I declare that I have ex and belief, they are true, correct, and complete. | nly declare to the second of t | that this form accurately r ve the fiduciary or officer 1164, Modernized e-File (above estate or trust ret of preparer is based on al | reflects the c representing MeF) Guide urn(s) and a I information | data on the re the fiduciary for Software ccompanying of which the | eturn(s). / a copy Develo sched prepar | The fiduciary or an officer representing of all forms and information to be filed opers and Transmitters. If I am also the ules and statements, and to the best of er has any knowledge. | | | | |
| ERO's | ERO's signature | | Date | Check if also paid preparer | Check self-employ | | ERO's SSN or PTIN | | | | |
| Use | Firm's name (or yours if self-employed), | | , | | EIN | | | | | | |
| Only | address, and ZIP code | | | | Phone | no. | | | | | |
| | of perjury, I declare that I have examined the ab are true, correct, and complete. Declaration of pr | | | | | | | | | | |
| Paid | Print/Type preparer's name | Preparer's | s signature | | Date | | Check if PTIN | | | | |
| Preparer | | | | | | | self-employed | | | | |
| Use Only | Firm's name | | | | | Firm' | s EIN | | | | |
| | Firm's address | | | | | Phon | e no. | | | | |

Cat. No. 65092M

| | X | Final K-1 | [| Amend | ded K-1 | OMB No. 1545-0092 |
|--|--|-----------|-------------------|------------------|---------|---|
| Schedule K-1 (Form 1041) 20 23 | Pa | rt III | | | | of Current Year Income, and Other Items |
| Department of the Treasury For calendar year 2023, or tax year Internal Revenue Service | 1 | Interest | | , | 11 | Final year deductions |
| | | | | 000,000 | | |
| beginning 1 / / 2023 ending 12 / / 2023 | 2a | Ordinar | y dividends | | | |
| Beneficiary's Share of Income, Deductions, | | | | 000,000 |) | |
| Credite eta | 2b | Qualifie | d dividends | | | |
| | | NI-4 -b - | | | | |
| Part I Information About the Estate or Trust A Estate's or trust's employer identification number | 3 | Net sno | rt-term capital | gain | | |
| Estate's or trust's employer identification number | 4a | Net Iono | g-term capital | gain | | |
| 00 4000444 | 4 a | 140t long | g tomi capital | gam | | |
| 00-4000666 B Estate's or trust's name | 4b | 28% rat | te gain | | 12 | Alternative minimum tax adjustment |
| | | | · · | | | · |
| | 4c | Unrecap | otured section | 1250 gain | | |
| | | | | | | |
| RED APPLES TRUST | 5 | Other p | ortfolio and | | | |
| C Fiduciary's name, address, city, state, and ZIP code | э | | iness income | | | |
| | | | | | | |
| | 6 | Ordinar | y business inc | ome | | |
| | | | | <u> 205,</u> 000 | | |
| Kim Apples, CPA | 7 | Net rent | tal real estate i | ncome | | |
| Kim Apples, CPA | | Other | | | 13 | Credits and credit recapture |
| b Test Street | 8 | Other re | ental income | | | |
| Lanham, Md. 20706 | 9 | Directly | apportioned de | ductions | - | |
| Charles Francisco 4044 Turns Flad and a transfer of the state of the s | | Directly | abbortioned de | ductions | | |
| D Check if Form 1041-T was filed and enter the date it was filed | -/ Z | | | \rightarrow | | |
| | | | | | 14 | Other information |
| E Check if this is the final Form 1041 for the estate or trust | | | | | Α | 125,000 |
| Shock if this is the limit of the sould of these | | | | | | 123,000 |
| Part II Information At) t' P an fi iar / | 10 | Estate t | ax deduction |) LP | ĮΕ | 178,000,000 |
| F Beneficiary's identifying number | | | | | | |
| 213-08-8715 | | _ | | _ | | |
| G Beneficiary's name, address, city, state, and ZIP code | | | | | | |
| | | | | | | |
| Green Red Kiwi 6th | | | | | | |
| Test Street | | | | | | |
| Lanham, Md. 20706 | | | | | | |
| | *\$c | e attac | hed statem | ent for a | dditic | nnal information |
| | *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 | | | | | |
| | | | al activity. | | | |
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| | For IRS Use Only | | | | | |
| H X Domestic beneficiary Foreign beneficiary | Ъ | | | | | |

| | X | Final K-1 | | | ded K-1 | |
|---|--|-----------|-----------------|-------------------|---------|---|
| Schedule K-1 (Form 1041) 20 23 | Pa | rt III | | | | of Current Year Income, and Other Items |
| Department of the Treasury For calendar year 2023, or tax year Internal Revenue Service | 1 | Interest | income | | 11 | Final year deductions |
| beginning 1 / / 2023 ending 12 / / 2023 | 2a | Ordinar | y dividends | 000,000 |) | |
| Beneficiary's Share of Income, Deductions, | 2b | Qualifie | 10, | 000,000 |) | |
| Credits, etc. See back of form and instructions. | 20 | Qualifie | a dividends | | | |
| Part I Information About the Estate or Trust | 3 | Net sho | ort-term capita | l gain | | |
| A Estate's or trust's employer identification number | 4a | Net Ion | g-term capital | gain | | |
| 00-4000666 | ⁷⁰ | 11001011 | g tomi oupitui | gani | | |
| B Estate's or trust's name | 4b | 28% ra | te gain | | 12 | Alternative minimum tax adjustment |
| | 4c | Unreca | ptured section | 1250 gain | | |
| RED APPLES TRUST | 5 | Other p | ortfolio and | | | |
| C Fiduciary's name, address, city, state, and ZIP code | | | iness income | | | |
| | 6 | Ordinar | y business inc | ome | | |
| Kim Apples, CPA 5 Test Street | 7 | | tal real estate | 205,000 income | 13 | Credits and credit recapture |
| Lanham, Md. 20706 | | | | | | |
| Check if Form 1041-T was filed and enter the date it was filed | 9 | Directly | apportioned de | eductions | 14 | Other information |
| E Check if this is the final Form 1041 for the estate or trust | | | | | Α | 125,000 |
| Part II Information At transfer to transfer to the sense of the sense | 10 | Estate t | ax deduction | 2,6 | E | 178,000,000 |
| Blue Red Coconut | | | | | | |
| 6th Test Street Lanham, Md. 20706 | | | | | | |
| | *Se | e attac | hed statem | ent for a | dditic | nal 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 | | | | | |
| H X Domestic beneficiary Foreign beneficiary | Г | | | | | |

| Department of the Treasury Internal Revenue Service For calendar year 2023, or tax year Internal Revenue Service For calendar year 2023, or tax year Internal Revenue Service To calendar year 2023, or tax year Interest income To calendar year 2023 To calendar year 2023, or tax year To calendar year 2023, or tax y | | X | Final K-1 | | Amend | ded K-1 | OMB No. 1545-0092 |
|--|--|----------|------------|----------------|-----------|---------|------------------------------------|
| Department of the Treasury interest Perceated Services 1 | Schedule K-1 (Form 1041) 20 23 | Pa | rt III | | _ | | |
| 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 rame OU-4000666 B Estate's or trust's rame OU-4000666 C Estate's rame rame OU-4000666 OU-40 | · | - | Interest i | | ons, Cre | | |
| Beneficiary's Share of Income, Deductions, See back of from an instructions, Part I Information About the Estate or Trust A Estate's or found's employer identification number O0-4000666 B Estate's or found's ranne O0-4000666 Codinary business and part of the state or Trust A Estate's or found's ranne, address, city, state, and ZIP code RED APPLES TRUST C Fishulary's name, address, city, state, and ZIP code Constitution of the state or trust Constitution of trust Constitution of the state or trust Constitution of trust Constitution of the state or trust Constitution of the state or trust Constitution of tru | Internal Revenue Service | Ι' | interest | | 000 000 | | That year deddellons |
| Beneficiary's Share of Income, Deductions, Credits, etc. Part I Information About the Estate or Trust A Estate's or frust's employer identification number 00-4000666 B Estate's or frust's employer identification number 00-4000666 C Houciary's name, address, city, state, and ZIP code RED APPLES TRUST C Houciary's name, address, city, state, and ZIP code C Hiduciary's name, address, city, state, and ZIP code C Hiduciary's name, address, city, state, and ZIP code C Houciary to insight the from 1041-T was filed and enter this cate in was fled. D C Check if from 1041-T was filed and enter this cate in was fled. Part II Information At 1 t' 1 P 1 filer / F Beneficiary's dentifying number 213-03-8713 C Beneficiary's dentifying number 213-03-8713 C Beneficiary's name, address, city, state, and ZIP code "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. A See attached 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. | heginning 1 / / 2023 ending 12 / / 2023 | 2a | Ordinary | | 000,000 | , | |
| Credits, etc. See back of form and instructions, 25 Check and 25 or hours's employer identification number (0.0-4000666) B. Estate's or hours's employer identification number (0.0-4000666) B. Check if hours's number (0.0-4000666) B. Estate's or hours's employer identification number (0.0-4000666) B. Check if hours's number (0.0-40006666) B. Check if hours's number (0.0-400066666) B. Check if hours's number (0.0-4000666666) B. Check if hours's number (0.0-4000666666) B. Check if hours's number (0.0-40006666666) B. Check if hours's number (0.0-40006666666) B. Check if hours's number (0.0-40006666666) B. Check if hours's number (0.0-4000666666666) B. Check if hours's number (0.0-400066666666666666666666666666666666 | | | | 10. | 000.000 | | |
| Part Information About the Estate or Trust | | 2b | Qualified | | | | |
| A Estate's or trust's employer identification number (00-4000666 | | | | | | | |
| ## Net long-term capital gain ## Net long-term capital gain ## Net long-term capital gain ## Description of the control of | | 3 | Net shor | t-term capita | l gain | | |
| B Estate's or trust's name O0-4000666 4b 28% rate gain 12 Alternative minimum tax adjustment 4c Unnocaptured section 1250 gain FED APPLES TRUST C Fisualary's name, address, city, state, and ZIP code 6 Ordinary business income 4,205,000 7 Nat re-trial real estate incomes 4,205,000 7 Nat re-trial real estate incomes 4,205,000 8 Other pental income 10 Check if Form 1041-T was filed and enter the date it was filed. E Check if the is the final Form 1041 for the estate or frust Fert III Information At | A Estate's or trust's employer identification number | 40 | Net long | -term canital | gain | | |
| B Estate's or trust's name 4b 28% rate gain 12 Alternative minimum tax adjustment 4c Unrecaptured section 1250 gain Fiduciary's name, address, city, state, and ZIP code 5 Other portfolio and nonbusiness income 4, 205,000 7 Net rental real estate income 4, 205,000 7 Net rental real estate income 6 Ordinary business income 7 Net rental real estate income 9 Directly amontoned deductions 1d Other information For information At 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 00 4000444 | 4a | Nethong | -тепп сарпа | gairi | | |
| RED APPLES TRUST © Fiducinry's name, address, city, state, and ZIP code 6 Ordinary business income 4, 205,000 7 Net rental lead soats income 8 Other rental income 13 Oredits and credit resouture 9 Directly noordined dedictions 14 Other information 15 Check if this is the final Form 1041 for the estate or trust 16 Check if this is the final Form 1041 for the estate or trust 178,000,000 Part III Information At 1 1 F an fi far / F Beneficiary's identifying number 213-09-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 See attached statement for additional information. Note: A statement must be attached showing the beneficiary's share of income and directly apportinged deductions from each business, rental real estate, and other rental activity. | | 4b | 28% rate | e gain | | 12 | Alternative minimum tax adjustment |
| RED APPLES TRUST © Fiduciary's name, address, city, state, and ZIP code 6 | | | | | | | |
| C. Fiduciary's name, address, city, state, and ZIP code Continuity business income Continuity busi | | 4c | Unrecap | tured section | 1250 gain | | |
| C. Fiduciary's name, address, city, state, and ZIP code Continuity business income Continuity busi | | | | | | | |
| Kim Apples, CPA 5 Test Street Lanham, Md. 20706 p 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 At t ' I P. n. fi 'iar / F Beneficiary's identifying number 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code *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. | RED APPLES TRUST | 5 | | | | | |
| Kim Apples, CPA 5 Test Street Lanham, Md. 20706 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 Fart II Information At 1 t' i P in fi iar / F Beneficiary's identifying number 213-03-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | C Fiduciary's name, address, city, state, and ZIP code | | nonbusir | ness income | | | |
| Kim Apples, CPA 5 Test Street Lanham, Md. 20706 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 Fart II Information At 1 t' i P in fi iar / F Beneficiary's identifying number 213-03-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | | 6 | Ordinary | husiness inc | ome | - | |
| Kim Apples, CPA 5 Test Street Lanham, Md. 20706 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 At 1 1 P as fi 'ar / F Beneficiary's identifying number 213- 08-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 61th Test Street Lanham, Md. 20706 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. | | ľ | Ordinary | | | | |
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| Check if Form 1041-T was filed and enter the date it was filed Check if Form 1041-T was filed and enter the date it was filed Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust Check if this is the final Form 1041 for the estate or trust A | Kim Apples, CPA | | | | | 13 | Credits and credit recapture |
| Check if Form 1041-T was filed and enter the date it was filed Check if this is the final Form 1041 for the estate or trust 14 | 5 Test Street | 8 | Other rei | ntal income | | | |
| 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 At 1 t 1 P. in fill tar / F Beneficiary's identifying number 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code Fushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | Lanham, Md. 20706 | | | | | | |
| Check if this is the final Form 1041 for the estate or trust 14 Other Information A 125,000 | BBAET | 9 | Directly a | apportioned de | eductions | | |
| Part II Information At > t' F /n fi iar / F Beneficiary's identifying number 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | D Check if Form 1041-T was filed and enter the date it was filed | -// | | | | | |
| Part II Information At 1 t' 1 F / 1 fi 'ar / F Beneficiary's identifying number 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 "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. | | | | | | 14 | Other information |
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| F Beneficiary's identifying number 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code Pushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | B / 4 6 | Į | | | | | 120,000 |
| 213-08-8713 G Beneficiary's name, address, city, state, and ZIP code Fushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | | 10 | Estate ta | ax deduction | | E | 178,000,000 |
| Fushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | | <u> </u> | | 777 | | | |
| Fushia Red Lime 6th Test Street Lanham, Md. 20706 *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. | | | | | | | |
| 6th Test Street Lanham, Md. 20706 *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. Pool | d beneficiary's fiame, address, city, state, and zir code | | | | | | |
| 6th Test Street Lanham, Md. 20706 *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. 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. | | | | | | | |
| *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. | | | | | | | |
| *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. | | | | | | | |
| 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. | Lamam, Ma. 20700 | | | | | | |
| beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity. Alpha Section Paragraphic Pa | | 1 | | | | | |
| deductions from each business, rental real estate, and other rental activity. | | | | | | | |
| other rental activity. All Des Out of the control | | | | | | | |
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| | X | Final K-1 | | Amen | ded K-1 | OMB No. 1545-0092 |
|---|--|-----------|------------------------------|--------------|---------|---|
| Schedule K-1 (Form 1041) 20 23 | | rt III | Benefic | | | of Current Year Income, and Other Items |
| Department of the Treasury For calendar year 2023, or tax year | 1 | Interest | income | ono, on | 11 | Final year deductions |
| Internal Revenue Service | | | 168 | ,000,000 | | |
| beginning 1 / / 2023 ending 12 / / 2023 | 2a | Ordinar | y dividends | , , | | |
| Beneficiary's Share of Income, Deductions, | | | 10, | ,000,000 |) | |
| | 2b | Qualifie | d dividends | | | |
| Credits, etc. See back of form and instructions. | | | | | | |
| Part I Information About the Estate or Trust | 3 | Net sho | ort-term capita | al gain | | |
| A Estate's or trust's employer identification number | | | | | | |
| | 4a | Net long | g-term capital | gain | | |
| 00-4000666 | 46 | 28% rat | to gain | | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | 4b | 207014 | te gairi | | '2 | Alternative minimum tax adjustment |
| | 4c | Unreca | ptured section | 1250 gain | - | |
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| RED APPLES TRUST | | Othorro | autalia and | | 1 | |
| C Fiduciary's name, address, city, state, and ZIP code | 5 | | ortfolio and iness income | | | |
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| | 6 | Ordinar | y business inc | come | + | |
| | | | 4 | ,205,000 | | |
| | 7 | Net ren | tal real estate | | | |
| Kim Apples, CPA | | | | | 13 | Credits and credit recapture |
| 5 Test Street | 8 | Other re | ental income | | | |
| Lanham, Md. 20706 | | | | | | |
| | 9 | Directly | apportioned d | eductions | 1 | |
| Check if Form 1041-T was filed and enter the date it was filed | | | | | | |
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| | | | | | 14 | Other information |
| E Check if this is the final Form 1041 for the estate or trust | | | | | Α | 125,000 |
| | | _6 | 1-2- | 2.6 | | |
| Part II Information Ak) t' P an fi iar / | 10 | Estate t | ax deduction | | E | 178,000,000 |
| F Beneficiary's identifying number | | | -7.7.7 | | 7 | |
| 213-08-8712 G Beneficiary's name, address, city, state, and ZIP code | | | | | - | |
| G Deficilitiary's flattie, address, city, state, and zir code | | | | | | |
| Duby Dod Crapa | | | | | | |
| Ruby Red Grape 6th Test Street | | | | | | |
| Lanham, Md. 20706 | | | | | | |
| Edillatti, Md. 20700 | | | | | | |
| | *Se | e attac | onal information. | | | |
| | Note: A statement must be attached showing the beneficiary's share of income and directly apportione | | | | | ed showing the |
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| | | | | h busine: | ss, rer | ntal real estate, and |
| | oth | er renta | al activity. | | | |
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