

A Check all that apply:

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

For calendar year 2018 or fiscal year beginning _____, 2018, and ending _____, 20

Name of estate or trust (If a grantor type trust, see the instructions.)
BLACK AND ORANGE TRUST

Name and title of fiduciary
JOHN DOE FIDUCIARY

Number, street, and room or suite no. (If a P.O. box, see the instructions.)

City or town, state or province, country, and ZIP or foreign postal code

C Employer identification number
00-4000002

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

Described in sec. 4947(a)(1). Check here if not a private foundation . . .

Described in sec. 4947(a)(2)

F Check applicable boxes: Initial return Final return Amended return Net operating loss carryback
 Change in trust's name Change in fiduciary Change in fiduciary's name Change in fiduciary's address

B Number of Schedules K-1 attached (see instructions) **2**

G Check here if the estate or filing trust made a section 645 election . . . Trust TIN

Income	1 Interest income	1	25,000
	2a Total ordinary dividends	2a	
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust		
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	125,723
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4	
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6	(19,500)
	7 Ordinary gain or (loss). Attach Form 4797	7	
	8 Other income. List type and amount	8	
9 Total income. Combine lines 1, 2a, and 3 through 8	9		
Deductions	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11 Taxes	11	
	12 Fiduciary fees. If only a portion is deductible under section 67(e), see instructions	12	
	13 Charitable deduction (from Schedule A, line 7)	13	
	14 Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions	14	
	15a Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)	15a	1,600
	b Net operating loss deduction. See instructions	15b	
	16 Add lines 10 through 15b	16	1,600
	17 Adjusted total income or (loss). Subtract line 16 from line 9	17	129,623
	18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	129,623
	19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
20 Exemption	20		
21 Add lines 18 through 20	21		
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	
	23 Total tax (from Schedule G, line 7)	23	
	24 2018 net 965 tax liability paid from Form 965-A, Part II, column (k), line 2	24	
	25 Payments: a 2018 estimated tax payments and amount applied from 2017 return	25a	
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	25b	
	c Subtract line 25b from line 25a	25c	
	d Tax paid with Form 7004. See instructions	25d	
	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	25e	
	f 2018 net 965 tax liability from Form 965-A, Part I, column (f), line 2	25f	
	Other payments: g Form 2439 ; h Form 4136 ; Total	25i	
26 Total payments. Add lines 25c through 25f, and 25i	26		
27 Estimated tax penalty. See instructions	27		
28 Tax due. If line 26 is smaller than the total of lines 23, 24, and 27, enter amount owed	28		
29 Overpayment. If line 26 is larger than the total of lines 23, 24, and 27, enter amount overpaid	29		
30 Amount of line 29 to be: a Credited to 2019 ; b Refunded	30		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

Table with 7 rows for Schedule A Charitable Deduction. Columns include line numbers (1-7), descriptions, and input fields.

Schedule B Income Distribution Deduction

Table with 15 rows for Schedule B Income Distribution Deduction. Columns include line numbers (1-15), descriptions, and input fields.

Schedule G Tax Computation (see instructions)

Table with 7 main rows for Schedule G Tax Computation. Includes sub-rows (1a-1d, 2a-2e) for tax calculations. Columns include line numbers, descriptions, and input fields.

Other Information

Table with 10 rows for Other Information. Columns include line numbers (1-10), questions, and Yes/No checkboxes.

**SCHEDULE I
(Form 1041)**

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041.

2018

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

Name of estate or trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	129,623
2	Interest	2	
3	Taxes	3	
4	Reserved for future use	4	
5	Refund of taxes	5	()
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	()
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	129,623
Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44	26	129,623
27	Estate tax deduction (from Form 1041, line 19)	27	
28	Add lines 26 and 27	28	129,623
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	

If line 29 is:

- \$24,600 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 \$24,600, but less than \$180,300, go to line 45.
- \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-				43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26				44		

Part III Alternative Minimum Tax

45	Exemption amount				45	\$24,600	00
46	Enter the amount from line 29	46					
47	Phase-out of exemption amount	47	\$81,900	00			
48	Subtract line 47 from line 46. If zero or less, enter -0-	48					
49	Multiply line 48 by 25% (0.25)				49		
50	Subtract line 49 from line 45. If zero or less, enter -0-				50		
51	Subtract line 50 from line 46				51		
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— <ul style="list-style-type: none"> • \$191,100 or less, multiply line 51 by 26% (0.26). • Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result 				52		
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax. Subtract line 53 from line 52				54		
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)				55		
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c				56		

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.							
57	Enter the amount from line 51				57		
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	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-	59					
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60					
61	Enter the smaller of line 57 or line 60				61		
62	Subtract line 61 from line 57				62		
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract \$3,822 from the result				63		
64	Maximum amount subject to the 0% rate	64	\$2,600	00			
65	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, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65					
66	Subtract line 65 from line 64. If zero or less, enter -0-	66					
67	Enter the smaller of line 57 or line 58	67					
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68					
69	Subtract line 68 from line 67	69					

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	\$12,700	00		
71	Enter the amount from line 66	71				
72	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 22; if zero or less, enter -0-	72				
73	Add line 71 and line 72	73				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74				
75	Enter the smaller of line 69 or 74	75				
76	Multiply line 75 by 15% (0.15)	76				
77	Add lines 68 and 75 If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.	77				
78	Subtract line 77 from line 67	78				
79	Multiply line 78 by 20% (0.20) If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.	79				
80	Add lines 62, 77, and 78	80				
81	Subtract line 80 from line 57	81				
82	Multiply line 81 by 25% (0.25)	82				
83	Add lines 63, 76, 79, and 82	83				
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract \$3,822 from the result	84				
85	Enter the smaller of line 83 or line 84 here and on line 52	85				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor CATERING FOOD SERVICE		Social security number (SSN)
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions ▶ 7 2 2 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E 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) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2018, check here		<input type="checkbox"/>
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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	1		75,350
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	75,350	
4 Cost of goods sold (from line 42)	4	28,900	
5 Gross profit. Subtract line 4 from line 3	5	46,450	
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	7		

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	1,250	18 Office expense (see instructions)	18	350
9 Car and truck expenses (see instructions)	9	2,500	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	956
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	2,135
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	295
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	9,600	a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	425	25 Utilities	25	540
26 Wages (less employment credits)	26		27a Other expenses (from line 48)	27a	
27b Reserved for future use	27b				

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		18,051
29 Tentative profit or (loss). Subtract line 28 from line 7	29		28,399

30 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: _____. Use the Simplified 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 12** (or **Form 1040NR, line 13**) 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.**
- 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 12** (or **Form 1040NR, line 13**) 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.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	49,238
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	19,475
38	Materials and supplies	38	863
39	Other costs	39	
40	Add lines 35 through 39	40	69,576
41	Inventory at end of year	41	40,676
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	28,900

DRAFT AS OF
July 12, 2018
DO NOT FILE

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /
- 44** Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting (see instructions) _____ **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
- b** If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 Total other expenses. Enter here and on line 27a	48	

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor
BLACK AND ORANGE TRUST

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions
▶ 3 | 3 | 2 | 0 | 0 | 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **500 TEST DRIVE**
City, town or post office, state, and ZIP code **OMAHA, NE 68701**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2018, check here

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

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 <input type="checkbox"/>	1	249,832
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	249,832
4	Cost of goods sold (from line 42)	4	148,350
5	Gross profit. Subtract line 4 from line 3	5	101,482
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	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	1,000	18	Office expense (see instructions)	18	528
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	1,425
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	
b	Other	16b		b	Deductible meals (see instructions)	25	780
17	Legal and professional services	17	425	25	Utilities	26	
				26	Wages (less employment credits)	27a	
				27a	Other expenses (from line 48)	27b	
				b	Reserved for future use		

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	4,158
29	Tentative profit or (loss). Subtract line 28 from line 7	29	97,324

30 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: _____. Use the Simplified 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 12** (or **Form 1040NR, line 13**) 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**.
- 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 12** (or **Form 1040NR, line 13**) 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.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	31,938
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	37,150
38	Materials and supplies	38	85,000
39	Other costs	39	
40	Add lines 35 through 39	40	154,088
41	Inventory at end of year	41	5,738
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	148,350

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /
- 44** Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting (see instructions) _____ **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
- b** If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a	48

**SCHEDULE F
(Form 1040)**

Profit or Loss From Farming

OMB No. 1545-0074

2018
Attachment
Sequence No. **14**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.**
▶ **Go to www.irs.gov/ScheduleF for instructions and the latest information.**

Name of proprietor BLACK AND ORANGE TRUST		Social security number (SSN)	
A Principal crop or activity BEEF CATTLE RANCHING AND FARMING	B Enter code from Part IV 1 1 2 1 1 1	C Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	D Employer ID number (EIN), (see instr)
E Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on passive losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		F Did you make any payments in 2018 that would require you to file Form(s) 1099 (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of livestock and other resale items (see instructions)	1a		
b Cost or other basis of livestock or other items reported on line 1a	1b		
c Subtract line 1b from line 1a			
2 Sales of livestock, produce, grains, and other products purchased	2		
3a Cooperative distributions (Form(s) 1099-PA*)	3a	3b Taxable amount	3b
4a Agricultural program payments (see instructions)	4a	4b Taxable amount	4b
5a Commodity Credit Corporation (CCC) loans reported under election		5a	
b CCC loans forfeited	5b	5c Taxable amount	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions)			
a Amount received in 2018	6a	6b Taxable amount	6b
c If election to defer to 2019 is attached, check here <input type="checkbox"/>		6d Amount deferred from 2017	6d
7 Custom hire (machine work) income	7		
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	8		
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	9		235,000

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10 Car and truck expenses (see instructions). Also attach Form 4562	10	2,000	23 Pension and profit-sharing plans	23	
11 Chemicals	11		24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	18,000
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14		25 Repairs and maintenance	25	2,000
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16	75,000	27 Storage and warehousing	27	
17 Fertilizers and lime	17		28 Supplies	28	3,000
18 Freight and trucking	18	20,000	29 Taxes	29	15,000
19 Gasoline, fuel, and oil	19	15,000	30 Utilities	30	10,000
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	8,500
21 Interest (see instructions)			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a		a -----	32a	11,000
b Other	21b		b -----	32b	
22 Labor hired (less employment credits)	22	75,000	c -----	32c	
			d -----	32d	
			e -----	32e	
			f -----	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions	33			33	
34 Net farm profit or (loss). Subtract line 33 from line 9	34			34	
If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.					
35 Reserved for future use.					
36 Check the box that describes your investment in this activity and see instructions for where to report your loss.					
a <input type="checkbox"/> All investment is at risk.	b <input type="checkbox"/> Some investment is not at risk.				

Part III Farm Income—Accrual Method (see instructions).

37	Sales of livestock, produce, grains, and other products (see instructions)			37	299,268
38a	Cooperative distributions (Form(s) 1099-PATR)	38a		38b	Taxable amount
39a	Agricultural program payments	39a		39b	Taxable amount
40	Commodity Credit Corporation (CCC) loans:				
a	CCC loans reported under election	40a			
b	CCC loans forfeited	40b		40c	Taxable amount
41	Crop insurance proceeds				
42	Custom hire (machine work) income			42	
43	Other income (see instructions)			43	732
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)			44	300,000
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797	45			
46	Cost of livestock, produce, grains, and other products purchased during the year	46	110,000		
47	Add lines 45 and 46	47	110,000		
48	Inventory of livestock, produce, grains, and other products at end of year	48	45,000		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49			65,000
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9			50	

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

- Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

- 111100 Oilseed and grain farming
- 111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming
- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

Animal Production

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Aquaculture
- 112900 Other animal production

Forestry and Logging

- 113000 Forestry and logging (including forest nurseries and timber tracts)

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

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

2018

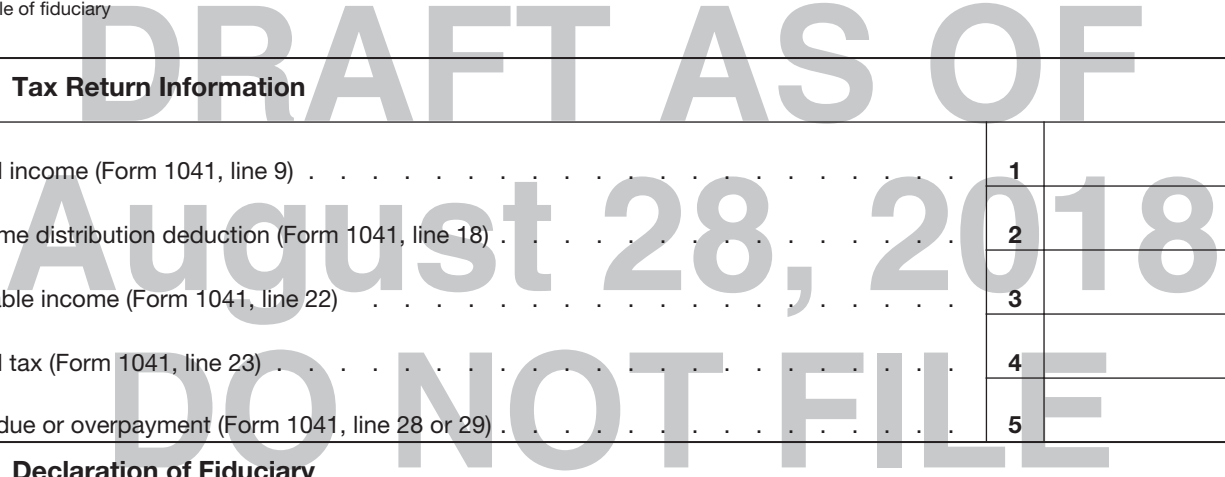
Department of the Treasury
Internal Revenue Service

▶ **File electronically with the estate's or trust's return. Do not file paper copies.**
▶ **Go to www.irs.gov/Form8453FE for the latest information.**

Name of estate or trust

Employer identification number

Name and title of fiduciary



Part I Tax Return Information

1	Total income (Form 1041, line 9)	1
2	Income distribution deduction (Form 1041, line 18)	2
3	Taxable income (Form 1041, line 22)	3
4	Total tax (Form 1041, line 23)	4
5	Tax due or overpayment (Form 1041, line 28 or 29)	5

Part II Declaration of Fiduciary

6 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 2018 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 transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return(s) is accepted, and, if rejected, the reason(s) for the rejection.

Sign Here

Signature of fiduciary or officer representing fiduciary

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above estate or trust return(s) and that the entries on Form 8453-FE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or an officer representing the fiduciary will have signed this form before I submit the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.	

Under penalties of perjury, I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

**Schedule K-1
(Form 1041)**

Department of the Treasury
Internal Revenue Service

2018

For calendar year 2018, or tax year

beginning / / ending / /

Beneficiary's Share of Income, Deductions, Credits, etc. ▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
00-400002

B Estate's or trust's name
BLACK AND ORANGE TRUST

C Fiduciary's name, address, city, state, and ZIP code
JOHN DOE FIDUCIARY
500 TEST STREET
MARION, AL. 36756

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

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

Part II Information About the Beneficiary

F Beneficiary's identifying number
452-00-4321

G Beneficiary's name, address, city, state, and ZIP code
JOHN BLUE
500 TEST DRIVE
OMAHA, NE 68701

H Domestic beneficiary Foreign beneficiary

Final K-1 Amended K-1 OMB No. 1545-0092

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Interest income 12,500	11 Final year deductions
2a Ordinary dividends	
2b Qualified dividends	
3 Net short-term capital gain	
4a Net long-term capital gain	
4b 28% rate gain	12 Alternative minimum tax adjustment
4c Unrecaptured section 1250 gain	
5 Other portfolio and nonbusiness income	
6 Ordinary business income 52,311	
7 Net rental real estate income	13 Credits and credit recapture
8 Other rental income	
9 Directly apportioned deductions	14 Other information
10 Estate tax deduction	

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

For IRS Use Only

**Schedule K-1
(Form 1041)**

Department of the Treasury
Internal Revenue Service

2018

For calendar year 2018, or tax year

beginning / / ending / /

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

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
00-400002

B Estate's or trust's name
BLACK AND ORANGE TRUST

C Fiduciary's name, address, city, state, and ZIP code
JOHN DOE FIDUCIARY
500 TEST STREET
MARION, AL. 36756

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

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

Part II Information About the Beneficiary

F Beneficiary's identifying number
452-00-4322

G Beneficiary's name, address, city, state, and ZIP code
JOHN GOLD
1500 TEST DRIVE
FORT DODGE, IA. 50501

H Domestic beneficiary Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Interest income 12,500	11 Final year deductions
2a Ordinary dividends	
2b Qualified dividends	
3 Net short-term capital gain	
4a Net long-term capital gain	
4b 28% rate gain	12 Alternative minimum tax adjustment
4c Unrecaptured section 1250 gain	
5 Other portfolio and nonbusiness income	
6 Ordinary business income 52,311	
7 Net rental real estate income	13 Credits and credit recapture
8 Other rental income	
9 Directly apportioned deductions	
	14 Other information
10 Estate tax deduction	
<p>*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.</p>	

For IRS Use Only