Tax Year 2024 Form 1065 MeF ATS Scenario 2

FORMS REQUIRED: 1065, 1065 Sch K-1 (3), *8822-B

ATTACHMENTS: ItemizedOtherDeductionsStatement

BINARY ATTACHMENTS: Form 8822-B

HEADER INFO:

Tax Period: Calendar Year 2024

Preparer Firm: EIN: 69-0000098

Name: Electronic Tax Filers, Inc

Address: 1065 Efile Dr

Anytown, NV 89501

Multiple Software Packages Used: Yes or No

Originator: EFIN: Self-select

Type: ERO

Practitioner PIN: None PIN Entered by: ERO

Signature Option: PIN Number

Return Identifier: Type: 1065

Filer: EIN: 00-2000002

Business Name: Jennings Boats LLC

Name Control: JENN Address: Rt 1 Box 843

Bar Harbor, ME 04609

Partner: Name: Daniel Jennings

Title: President

Taxpayer PIN: 02000 **Officer TIN:** 000-00-0234 **Phone:** 555-555-5555

Email Address: Anymail@email.com

Date Signed: 03/15/2025

Responsible Party Current: No

Preparer: Name: John Smith

PTIN: P00000001 **Phone**: 555-631-1212

Email Address: Anymail@email.com

Date Prepared: 03/15/2025

Self Employed: No

Prior Year Income Amt: 100,200,356

ItemizedOtherDeductionsStatement (Other Deductions, Form 1065, Page 1 Line 21)

Туре	Amount
Legal and Accounting	26,124,657
Bank Fees	6,022,367
Professional Fees	10,421,080
Insurance	9,554,447
Total	52,122,551

_	106	35		U.S. R	eturn of Part	nership Inc	ome			OM	IB No. 1545-0123
Form	100		For cale	ndar year 2024, or tax year	· beginning	, 2024, ending		, :	20		0004
	ment of that Revenue	ne Treasury			/ <i>Form1065</i> for instru					_ [20 24
		ness activity		Name of partnership						D Em	ployer identification number
	SALES			JENNINGS BOATS LLC							00-2000002
		ict or service	Туре	Number, street, and room	or suite no. If a P.O. box,	see instructions.				E Da	te business started
	S & SERVI		or	RT 1 BOX 843							01/01/2023
C Bus	siness coo	de number	Print	City or town, state or provi	nce, country, and ZIP or	foreign postal code				l l	tal assets
	44400			BAR HARBOR ME 04609						(se	e instructions)
	44122							_		\$	2,749,483
	-			(1) Initial return (2		_		_ Address c	hange	e (5) _	Amended return
) Accrual (3	3) Other (specify	/): 				
				Attach one for each personal tracks	on who was a partner	at any time during	the tax y	/ear:			
-				d M-3 are attached Aggregated activities for							
				or business income ar							
Oddi		Gross rece			b Less returns and alle					1c	435,300,387
	1			old (attach Form 1125						2	133,300,307
4	1	_		btract line 2 from line	,					3	435,300,387
Income				e (loss) from other part						4	,,
Ö	1	-		loss) (attach Schedule	·	· ·				5	
<u>-</u>	1			om Form 4797, Part II	' ''					6	
		_		oss) (attach statement)		·				7	
				oss). Combine lines 3						8	435,300,387
				ges (other than to part						9	
(S		Guarante	10								
tion	1			intenance						11	
m Eta										12	
uctions (see instructions for limitations)	13									13	
ons				ses						14	
ucti				tructions)						15	
instr	1			required, attach Form			16a				
ees)		-	-	on reported on Form 1	•		16b			16c	
JS		-		ot deduct oil and gas			·			17	
<u>.</u> <u>ē</u>	1	-		s, etc						18	
n C	19	Employe	e benet	fit programs						19	
Ded				commercial buildings						20	
Δ	21	Other de	duction	s (attach statement)						21	52,122,551
	22	Total de	ductio	ns. Add the amounts s	hown in the far righ	t column for lines	9 throu	ıgh 21		22	52,122,551
				ess income (loss). Su						23	383,177,836
	1			ler the look-back meth						24	
Tax and Payment				ler the look-back meth		•		,		25	
Ĕ				ed underpayment (see	,					26	
a	1		•	•						27	
<u>Б</u>	1			lue. Add lines 24 throu	•					28	
au		-	-	nt election amount fron						29	
X										30	
Ë				If the sum of line 29 ar						31	
	32			f the sum of line 29 an						32	
		and belief	naities of , it is true	perjury, I declare that I have e, correct, and complete. De	examined this return, inc claration of preparer (oth	iuding accompanying er than partner or limi	schedule ted liabili	s and stateme ty company m	nts, ar ember	na to the b r) is based	est of my knowledge on all information of
Sig	n	which prep	oarer has	any knowledge.							
Her	е					0.3	3/15/20	25			discuss this return barer shown below?
		Signatur	e of partr	ner or limited liability compan	v member	Ox	JI 10120				ns. Yes No
_		Print/Type			Preparer's signature	Date	Da	ate			. PTIN
Paid		JOHN SM			1			3/15/2025		eck if -employed	
	oarer	Firm's nan		LECTRONIC TAX FILERS INC	•		1 0	0, 10/2020		's EIN	69-0000098
Use	Only	Firm's add	1	065 EFILE DR ANYTOWN, N						ne no.	555-631-1212

Form 1065 (2024) Page **2**

Sch	edule B Other Information										
1	What type of entity is filing this return? Check the	applica	ble box:					Yes	No		
а	☐ Domestic general partnership b	☐ Don	nestic limited	partnershi	р						
С	c ☑ Domestic limited liability company d ☐ Domestic limited liability partnership										
е											
2 a											
	B-1, Information on Partners Owning 50% or More of the Partnership										
b	Did any individual or estate own, directly or indir								✓		
b	the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information										
2	·										
a	At the end of the tax year, did the partnership: a Own directly 20% or more, or own, directly or indirectly, 50% or more, of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below										
	(i) Name of corporation		(ii) Employer id	dentification	(i	ii) Country of	(iv) Per	centage	✓		
	<u> </u>		number	if any)	ì	ncorporation	owned in v	oting sto	ock		
b	Own directly an interest of 20% or more, or own,										
	or capital in any foreign or domestic partnership interest of a trust? For rules of constructive owners								✓		
	(i) Name of entity		i) Employer entification	(iii) Type	e of	(iv) Country of		Maximun age own			
			mber (if any)	entity	/	organization		ss, or ca			
4	Does the partnership satisfy all four of the following	ng conc	litions?					Yes	No		
а	The partnership's total receipts for the tax year we										
b	The partnership's total assets at the end of the tax	-									
С	Schedules K-1 are filed with the return and furnish for the partnership return.	ed to th	e partners on	or before t	the due	date (including	extensions)				
d	The partnership is not filing and is not required to	file Sch	edule M-3						✓		
	If "Yes," the partnership is not required to compl	ete Sch	edules L, M-	1, and M-2	2; item	F on page 1 of	Form 1065;				
	or item L on Schedule K-1.										
5	Is this partnership a publicly traded partnership, a								✓		
6	During the tax year, did the partnership have any										
	so as to reduce the principal amount of the debt?								✓		
7	Has this partnership filed, or is it required to file										
	information on any reportable transaction?								✓		
8	At any time during calendar year 2024, did the pa										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country										
_									√		
9	At any time during the tax year, did the partnershi to, a foreign trust? If "Yes," the partnership may h Foreign Trusts and Receipt of Certain Foreign Gift	ave to fi	le Form 3520	, Annual R	eturn T	o Report Transa	actions With		√		
10a	Is the partnership making, or had it previously ma	ade (and	not revoked	d), a section	n 754 e	election? If "Yes	s," enter the				
									✓		
b	For this tax year, did the partnership make an optic		See instructions for details regarding a section 754 election.								
		niai bas	is adjustment	under sect	1011 1 4	י(ט): וו וכס, כוו	itoi tiio totai				
	aggregate net positive amount \$	and t	he total aggre	gate net neg	gative ar	nount \$ ()				
	aggregate net positive amount \$ of such section 743(b) adjustments for all partners showing the computation and allocation of each ba	and t made in	he total aggre the tax year.	gate net neg The partne	gative ar ership m	nount \$ (nust also attach	a statement		.1		

Page 3

Form 1065 (2024)

Sch	edule B Other Information (continued)	Yes	No
С	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ and the total aggregate net negative amount \$ () of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		√
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		✓
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		√
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		√
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a b	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		✓
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18 19	Enter the number of partners that are foreign governments under section 892		√
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		· ✓
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		√
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		√
	If "Yes," enter the total amount of the disallowed deductions		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		/
24	Does the partnership satisfy one or more of the following? See instructions		✓
a b	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the partnership has business interest expense.		
С	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15		√
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
	Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		✓
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		√
29	Is the partnership required to file Form 7208, Excise Tax on Repurchase of Corporate Stock (see instructions):		,
а	Under the applicable foreign corporation rules?		✓

Form 1065 (2024) Page 4 Schedule B Other Information (continued) No Yes ✓ If "Yes" to either (a) or (b), complete Form 7208. See the Instructions for Form 7208. 30 At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See / 31 32 Check this box if an election out of subchapter K under section 761 is being made. See instructions 33 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, If "No," complete Designation of Partnership Representative below. **Designation of Partnership Representative** (see instructions) Enter below the information for the partnership representative (PR) for the tax year covered by this return. Name of PR Daniel Jennings PO BOX 1589 U.S. address U.S. phone BAR HARBOR, ME 04609 number of PR of PR 555-555-5555 If the PR is an entity, name of the designated individual for the PR

designated individual

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U.S. phone number of

designated individual

Form 106	5 (2024			Page 5
Sche	dule	Partners' Distributive Share Items	1	Total amount
	1	Ordinary business income (loss) (page 1, line 23)	1	383,177,836
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement)		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments: a Services 4a b Capital 4b		
Income (Loss)		c Total. Add lines 4a and 4b	4c	
ی	5	Interest income	5	
<u>e</u>	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
E		b Qualified dividends 6b c Dividend equivalents 6c		
ညိ	7	Royalties	7	
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)		
	С	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type:	11	
	12	Section 179 deduction (attach Form 4562)	12	
Suc	13a	Cash contributions	13a	
뜷	b	Noncash contributions	13b	
<u>3</u>	С	Investment interest expense	13c	
Deductions	d	Section 59(e)(2) expenditures: (1) Type: (2) Amount:	13d(2)	
	е	Other deductions (see instructions) Type:	13e	
٠ ڄُ ٠	14a	Net earnings (loss) from self-employment	14a	
Self- mploy ment	b	Gross farming or fishing income	14b	
Self- Employ- ment	С	Gross nonfarm income	14c	
	15a	Low-income housing credit (section 42(j)(5))	15a	
(O	b	Low-income housing credit (other)	15b	
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
ē	d	Other rental real estate credits (see instructions) Type:	15d	
O	е	Other rental credits (see instructions) Type:	15e	
	f	Other credits (see instructions) Type:	15f	
r- nal	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check		
Inter- national	10	this box to indicate that you are reporting items of international tax relevance		
	170		17a	
e ax sc	17a b	Post-1986 depreciation adjustment	17a	
n Tien		Depletion (other than oil and gas)	17c	
rne ru (C	Oil, gas, and geothermal properties—gross income	17d	
Alternative Minimum Tay (AMT) Items	d	Oil, gas, and geothermal properties—gross income	17a	
Alternative Minimum Tax (AMT) Items	e f		17e	
	18a	Other AMT items (attach statement)	18a	
Ē	b		18b	
엹		Other tax-exempt income	18c	
πa	с 19а	Nondeductible expenses	19a	1,201,400
or	i 9a b	Distributions of other property	19a	1,201,700
直	20a		20a	
ē	20a b	Investment income	20a	
Other Information		Investment expenses	200	
0	21		21	
	4 1	Total foreign taxes paid or accrued	41	

Form 1065 (2024) Page **6**

Analy	rsis of Net Income (Loss) per Retu							
1	Net income (loss). Combine Schedule K, lines 12 through 13e, and	e K, lines 1 throu 21	ugh 11. Fro	om the	result, subtract t	he sum of	1	383,177,836
2	Analysis by (i) Corporate partner type:	(ii) Individual (active)	(iii) Indiv (passiv		(iv) Partnership	(v) Exempt organization		(vi) Nominee/Other
а	General partners							
b	Limited partners							
Sch	edule L Balance Sheets per B	ooks	Beg	ginning	of tax year	End	of tax	x year
	Assets		(a)		(b)	(c)		(d)
1	Cash				431,052			523,808
2a	Trade notes and accounts receivable.							
b	Less allowance for bad debts							
3	Inventories							
4	U.S. Government obligations	1						
5	Tax-exempt securities							
6	Other current assets (attach statement				42,140			2,225,675
7a	Loans to partners (or persons related t							
b	8 8							
8	Other investments (attach statement) .							
9a	Buildings and other depreciable assets	- t						
b	Less accumulated depreciation							
10a	Depletable assets	+						
b	Less accumulated depletion	- t						
11	Land (net of any amortization)							
12a	Intangible assets (amortizable only) .							
b	Less accumulated amortization							
13	Other assets (attach statement)				473,192			2,749,483
14	Total assets				4/3,192			2,749,463
45	Liabilities and Capital							
15	Accounts payable							
16 17	Mortgages, notes, bonds payable in le	-						
18	Other current liabilities (attach statemed All nonrecourse loans							
19a	Loans from partners (or persons relate							
b	Mortgages, notes, bonds payable in 1							
20	Other liabilities (attach statement)							
21	Partners' capital accounts				473,192			2,749,483
22		1			473,192			2,749,483
	edule M-1 Reconciliation of Inco		Rooks Wi			ome (Less)	por E	
Conc	Note: The partnership ma					Offic (LOSS)	pei i	retuiii
1	Net income (loss) per books	 			ecorded on books this	s vear not includ	ed	
2	Income included on Schedule K, lines 1, 2, 30				edule K, lines 1 thro			
_	5, 6a, 7, 8, 9a, 10, and 11, not recorded o				empt interest \$			
	books this year (itemize):							
3	Guaranteed payments (other than healt	h	7	Deducti	ons included or	n Schedule	K,	
	insurance)				through 13e, and			
4	Expenses recorded on books this year	ır		against	book income this	year (itemize):	:	
	not included on Schedule K, lines	1	a l	Depreci	ation \$			
	through 13e, and 21 (itemize):							
а	Depreciation \$		8	Add line	es 6 and 7			
b	Travel and entertainment \$. L			(loss) (Analysis of N			
5	Add lines 1 through 4	383,177,8		per Retu	rn, line 1). Subtract	line 8 from line	5	383,177,836
Sche	edule M-2 Analysis of Partners'	Capital Accoun	its					
1	Balance at beginning of year		193 6 I	Distribu	tions: a Cash			86,250
2	Capital contributed: a Cash							
	b Property		7 (Other d	ecreases (itemize)	:	_	
3	Net income (loss) (see instructions) .		603				L	
4	Other increases (itemize):				es 6 and 7			86,250
5	Add lines 1 through 4	2,796,7	796 9 [Balance a	at end of vear. Subtra	ct line 8 from line	5	2,710,546

				Final K-	1 Amended	d K-1	OMB No. 1545-0123
Sch	nedule K-1	2024	Pa	art III	Partner's Share o	f Cur	rent Year Income,
(For	rm 1065)				Deductions, Cred	its, a	nd Other Items
	rtment of the Treasury nal Revenue Service For c	calendar year 2024, or tax year	1	Ordinary	business income (loss) 114,953,351	14	Self-employment earnings (loss)
_	beginning 01 / 01 / 2024 end	<u> </u>	2	Net renta	al real estate income (loss)		
	rtner's Share of Income, Dedu	,	3	Other ne	et rental income (loss)	15	Credits
	edits, etc.	See separate instructions.					
P	Part I Information About the Par	rtnership	4a	Guarante	eed payments for services		
Α	Partnership's employer identification number 00-2000002		4b	Guarante	eed payments for capital	16	Schedule K-3 is attached if
В	Partnership's name, address, city, state, and ZIF	ode code				\perp	checked
^	NNINGS BOATS LLC 1 BOX 843 BAR HARBOR ME 04609		4c	Total gua	aranteed payments	17	Alternative minimum tax (AMT) items
			5	Interest i	income		
С	IRS center where partnership filed return: EFII	LE					
D	Check if this is a publicly traded partnership	. ,	6a	Ordinary	/ dividends		
P	art II Information About the Par	rtner					
E	Partner's SSN or TIN (Do not use TIN of a disreg 000-10-0002	garded entity. See instructions.)	6b	Qualified	d dividends	18	Tax-exempt income and nondeductible expenses
F JAN	Name, address, city, state, and ZIP code for partn MES STEPHENS	er entered in E. See instructions.	6c	Dividend	d equivalents		
464	40 MADISON LANE BOSTON MA 012	209	7	Royalties	S		
G		ted partner or other LLC	8	Net shor	rt-term capital gain (loss)	<u></u>	
	member-manager men	nber				19	Distributions
H1 H2	Domestic partner If the partner is a disregarded entity (DE), er	eign partner	9a	Net long	g-term capital gain (loss)	Α	360,420
	TIN Name	itor the partitor o.	9b	Collectib	oles (28%) gain (loss)	1	
11	What type of entity is this partner? INDIVI	DUAL				20	Other information
12	If this partner is a retirement plan (IRA/SEP/Keog	gh/etc.), check here .	9с	Unrecap	otured section 1250 gain	Z	114,953,351
J	Partner's share of profit, loss, and capital (see in	structions):				_	114,955,551
	Beginning	Ending	10	Net sect	tion 1231 gain (loss)		
	Profit 30 %	30 %					
	Loss 30 %	30 %	11	Other inc	come (loss)		
	Capital 30 %	30 %					
	Check if decrease is due to:						
	Sale or Exchange of partnership inter	est. See instructions.				 	
K1	Partner's share of liabilities:		12	Section	179 deduction	21	Foreign taxes paid or accrued
	Beginning	Ending	-10	011 1	1 1	_	
	Nonrecourse \$	\$	13	Other de	eductions		
	Qualified nonrecourse					-	
	financing \$	\$ \$					
K2	Recourse \$ Check this box if item K1 includes liability amounts					-	
K3	Check if any of the above liability is subject						
No	payment obligations by the partner. See instruct	S	22	More	e than one activity for at-ris	k purpe	nene*
L	Partner's Capital Account	Analysis	23	=	e than one activity for passi		
-	Beginning capital account \$				hed statement for ad		
	Capital contributed during the year . \$			o arraoi	Tiod otatomont for ad	<u>antionic</u>	ar imormation.
	Current year net income (loss) \$						
	Other increase (decrease) (attach explanation) \$	125 107	<u>></u>				
	Withdrawals and distributions \$ (10.000	o				
	Ending capital account \$	824,845	lse				
М	Did the partner contribute property with a built-i	· · · · · · · · · · · · · · · · · · ·	S				
	Yes No If "Yes," attach statement	• , ,	For IRS Use Only				
N	Partner's Share of Net Unrecognized Sec		For				
	Beginning		_				
	Ending						

Version A, Cycle 4 Fillable Fields: Font=10pt Helvetica LT Std; Color=Black; Checkmark=Cross **L51123**

				Final K-	1 Amende	d K-1	OMB No. 1545-0123
Sch	edule K-1	9 09 1					rent Year Income,
(For	m 1065)	2024			Deductions, Cred	its, a	nd Other Items
Depa	rtment of the Treasury		1		business income (loss)	14	Self-employment earnings (loss)
Intern	al Revenue Service For cal	endar year 2024, or tax year			153,271,134	:	
	beginning 01 / 01 / 2024 ending	12 / 31 / 2024	2	Net renta	al real estate income (loss)		
_					,		
	tner's Share of Income, Deduc	ctions,	3	Other ne	et rental income (loss)	15	Credits
Cre	dits, etc.	See separate instructions.		0 1.10. 110	a roma moomo (roce)		S. Salis
	art I Information About the Part	nershin	4a	Guarante	eed payments for services		
		ПСТОПІР		Gaaran	oou paymonto tot corridoo		
Α	Partnership's employer identification number 00-2000002		4b	Guarante	eed payments for capital	16	Schedule K-3 is attached if
<u> </u>			"	duarant	cea payments for capital		checked
B	Partnership's name, address, city, state, and ZIP of	code	4c	Total qui	aranteed payments	17	Alternative minimum tax (AMT) items
l ´	NNINGS BOATS LLC		40	Total gu	aranteeu payments	''	Alternative minimum tax (AWT) items
KI	1 BOX 843 BAR HARBOR ME 04609		_	latanat i		+	
<u> </u>	Dell'i	?	5	Interest	income		
С	IRS center where partnership filed return: EFILE			0 "			
D	Check if this is a publicly traded partnership (,	6a	Ordinary	dividends		
P	art II Information About the Part	ner					
E	Partner's SSN or TIN (Do not use TIN of a disregar	rded entity. See instructions.)	6b	Qualified	d dividends	18	Tax-exempt income and nondeductible expenses
	000-10-0001						nondeductible expenses
F	Name, address, city, state, and ZIP code for partner	entered in E. See instructions.	6c	Dividend	d equivalents		
DA	NIEL JENNINGS						
PO	BOX 1589 BAR HARBOR ME 04609		7	Royalties	S		
G	X General partner or LLC Limited	d partner or other LLC	8	Net shor	t-term capital gain (loss)		
	member-manager memb	er				19	Distributions
H1	■ Domestic partner	n partner	9a	Net long	-term capital gain (loss)	Α	480,560
H2	If the partner is a disregarded entity (DE), enter	·					
	TIN Name		9b	Collectib	oles (28%) gain (loss)	1	
11	What type of entity is this partner? INDIVID	UAL				20	Other information
12	If this partner is a retirement plan (IRA/SEP/Keogh,		9с	Unrecap	tured section 1250 gain	 _	152 271 124
J	Partner's share of profit, loss, and capital (see inst				-	Z	153,271,134
	Beginning	Ending	10	Net sect	ion 1231 gain (loss)		
	Profit 40 %	40 %			3 ()		
	40	40 %	11	Other inc	come (loss)	+	
	Loss 40 % Capital 40 %	40 %	''		()		
	70	10 70					
	Check if decrease is due to:	t 0 itt					
	Sale or Exchange of partnership interes	t. See instructions.	12	Section	179 deduction	21	Foreign taxes paid or accrued
K1	Partner's share of liabilities: Beginning	Ending	'-	Occion	175 deddelloll	-	Toroigh taxes paid of accided
		1 100 000	13	Othor do	eductions		
	Nonrecourse \$	\$ 1,100,000	'`	Cale de	AGGUOID		
	Qualified nonrecourse		-				
	financing \$	\$					
	Recourse \$					-	
K2	Check this box if item K1 includes liability amounts fro						
K3	Check if any of the above liability is subject t payment obligations by the partner. See instruction			<u></u>			
<u> </u>			22	=	than one activity for at-ris		
L	Partner's Capital Account A		23		than one activity for pass		· · ·
	Beginning capital account \$		^56	ee attaci	hed statement for ad	dition	al information.
	Capital contributed during the year . \$						
	Current year net income (loss) \$	(0= 00.1)					
	Other increase (decrease) (attach explanation) \$		Ĕ				
	Withdrawals and distributions \$ (1,650)) e				
<u> </u>	Ending capital account \$	1,099,793	For IRS Use Only				
м	Did the partner contribute property with a built-in	gain (loss)?	Š				
	Yes X No If "Yes," attach statemen	t. See instructions.	=				
N	Partner's Share of Net Unrecognized Section		요				
	Beginning						
	Ending						

				Final K-	1 Amende	d K-1	OMB No. 1545-0123
Sch	nedule K-1	2024	Pa	art III	Partner's Share o	f Cur	rent Year Income,
(For	rm 1065)				Deductions, Cred	lits, a	nd Other Items
	rtment of the Treasury nal Revenue Service For c	alendar year 2024, or tax year	1	Ordinary	business income (loss) 114,953,351	14	Self-employment earnings (loss)
_	beginning 01 / 01 / 2024 endi	<u> </u>	2	Net renta	al real estate income (loss)		
	rtner's Share of Income, Dedu	,	3	Other ne	et rental income (loss)	15	Credits
Cre	edits, etc.	See separate instructions.					
P	Part I Information About the Par	tnership	4a	Guarante	eed payments for services		
Α	Partnership's employer identification number 002000002		4b	Guarante	eed payments for capital	16	Schedule K-3 is attached if
В	Partnership's name, address, city, state, and ZIF	ocode code					checked
^	NNINGS BOATS LLC 1 BOX 843 BAR HARBOR ME 04609		4c	Total gua	aranteed payments	17	Alternative minimum tax (AMT) items
1(1	T BOTT OTS BETTE THAT OTTO		5	Interest i	income	1	
С	IRS center where partnership filed return: EFII	LE					
D	Check if this is a publicly traded partnership	(PTP)	6a	Ordinary	dividends	1	
P	art II Information About the Par	tner					
E	Partner's SSN or TIN (Do not use TIN of a disreg	arded entity. See instructions.)	6b	Qualified	d dividends	18	Tax-exempt income and nondeductible expenses
	000-10-0003			D: : 1		_	Tionadadubio oxponoco
F GA	Name, address, city, state, and ZIP code for partn IL STEPHENS	er entered in E. See instructions.	6c	Dividend	d equivalents		
464	40 MADISON LANE BOSTON MA 012	209	7	Royalties	3	1	
						_	
G	General partner or LLC X Limit member-manager mem	ted partner or other LLC nber	8	Net shor	t-term capital gain (loss)	19	Distributions
H1		ign partner	9a	Net long	-term capital gain (loss)	Α	360,420
H2	If the partner is a disregarded entity (DE), en	ter the partner's:		0 " "		_	
	TINName	DITAI	9b	Collectib	oles (28%) gain (loss)		O41
l1	What type of entity is this partner? INDIVI		0-	11		20	Other information
12	If this partner is a retirement plan (IRA/SEP/Keog		9с	Unrecap	tured section 1250 gain	Z	114,953,351
J	Partner's share of profit, loss, and capital (see in Beginning	structions): Ending	10	Not soct	ion 1231 gain (loss)	+	
	20	30 %	10	iver sect	1011 1231 gail1 (1055)		
	20	30 %	11	Other inc	come (loss)	+	
	Loss 30 % Solution 30 % Soluti	30 %		0 1.101 1.10	, o o o o o		
	Check if decrease is due to:	2 3 70					
	Sale or Exchange of partnership interest	est. See instructions					
K1	Partner's share of liabilities:	odi. God motraditorio.	12	Section	179 deduction	21	Foreign taxes paid or accrued
	Beginning	Ending					
	Nonrecourse \$	\$	13	Other de	eductions		
	Qualified nonrecourse						
	financing \$	\$					
	Recourse \$	\$				_	
K2	Check this box if item K1 includes liability amounts to	—					
К3	Check if any of the above liability is subject payment obligations by the partner. See instruct	Ü					
			22	=	e than one activity for at-ris		
L	Partner's Capital Account		23		than one activity for pass		
	Beginning capital account \$		- 56	ee attaci	hed statement for ad	Idition	ai information.
	Capital contributed during the year . \$						
	Current year net income (loss) \$	125 107	>				
	Other increase (decrease) (attach explanation) \$	10.000	Onl				
	Withdrawals and distributions \$ (824,845	se (
B4	Ending capital account \$	· · · · · · · · · · · · · · · · · · ·	Ü				
М	Did the partner contribute property with a built-in Yes No If "Yes," attach statements	• , ,	For IRS Use Only				
N	Partner's Share of Net Unrecognized Sect		-o-				
"	Beginning						
	Ending						

Form **8822-B** (Rev. December 2019)

Department of the Treasury Internal Revenue Service **Change of Address or Responsible Party — Business**

▶ Please type or print.

► See instructions on back. ► Do not attach this form to your return. ► Go to www.irs.gov/Form8822B for the latest information.

Before	you begin: If you are also changing your home addre	ss, use	Form 8822 to report that change) .							
If you a	re a tax-exempt organization (see instructions), check	here									
Check a	all boxes this change affects. Employment, excise, income, and other business re	turns (F	Forms 720, 940, 941, 990, 1041, 1	065, 1120), etc.)						
2	2 Employee plan returns (Forms 5500, 5500-EZ, etc.)										
3 🗌	Business location										
4а в	usiness name			4b Empl	oyer identification number						
5 0	Jennings Boats LLC O0-2000002 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.										
Fo	oreign country name	Foreign	province/county	Forei	gn postal code						
New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.											
Fo	oreign country name	Foreign	province/county	Forei	gn postal code						
7 N	ew business location (no., street, room or suite no., city or town, sta	L ate, and Z	IP code). If a foreign address, also comple	ete spaces be	elow, see instructions.						
Fo	preign country name	Foreign	province/county	Forei	gn postal code						
Add Dor	ew responsible party's name nald Duck ew responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST	REFER 1	O THE INSTRUCTIONS FOR FORM SS-	4 TO SEE W	HO MAY LISE AN FIN)						
		abc-22	-1234								
	gnature. Under penalties of perjury, I declare that I have examined the aytime telephone number of person to contact (optional)	nis applic	ation, and to the best of my knowledge an	d belief, it is	true, correct, and complete.						
Sign Here	Signature of owner, officer, or representative Partner				Date						
	Title										
	e To File										
	nis form to the address shown here that applies to you	J									
IF your	old business address was in			THE	N use this address						
Indiana New Ha Pennsy	cticut, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigampshire, New Jersey, New York, North Carolina, Ohilvania, Rhode Island, South Carolina, Tennessee, Ver, West Virginia, Wisconsin			al Revenue Service as City, MO 64999							
Hawaii, Missou Oklaho	na, Alaska, Arizona, Arkansas, California, Colorado, Fle Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississip ri, Montana, Nebraska, Nevada, New Mexico, North D ma, Oregon, South Dakota, Texas, Utah, Washington ng, any place outside the United States			al Revenue Service en, UT 84201-0023							