

Schedule K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

Control: 1

For calendar year 2024, or tax year

beginning 2024 ending

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

See separate instructions.

2024

651123

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	14 Self-employment earnings (loss)
2 Net rental real estate income (loss) (217)	
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	
4b Guaranteed payments for capital	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4c Total guaranteed payments	17 Alternative minimum tax (AMT) items
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss)	19 Distributions
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	20 Other information
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

For IRS Use Only

*See attached statement for additional information.

Part I Information About the Partnership

A Partnership's employer identification number 81-5107223
B Partnership's name, address, city, state, and ZIP code KSV COMPANY LLC 5252 SO 162 ST OMAHA, NE 68135
C IRS center where partnership filed return: OGDEN
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 493-13-8487																
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. VENUGOPAL RAO BOINPALLY 804 SO 198 ST ELKHORN, NE 68022																
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																
H1 <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____																
I1 What type of entity is this partner? INDIVIDUAL																
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J Partner's share of profit, loss, and capital (see instructions): <table><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>34.0000000</td><td>%</td><td>34.0000000</td></tr><tr><td>Loss</td><td>34.0000000</td><td>%</td><td>34.0000000</td></tr><tr><td>Capital</td><td>34.0000000</td><td>%</td><td>34.0000000</td></tr></tbody></table> Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.		Beginning		Ending	Profit	34.0000000	%	34.0000000	Loss	34.0000000	%	34.0000000	Capital	34.0000000	%	34.0000000
	Beginning		Ending													
Profit	34.0000000	%	34.0000000													
Loss	34.0000000	%	34.0000000													
Capital	34.0000000	%	34.0000000													
K1 Partner's share of liabilities: <table><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Nonrecourse \$</td><td></td><td>\$</td><td></td></tr><tr><td>Qualified nonrecourse financing \$</td><td></td><td>\$</td><td></td></tr><tr><td>Recourse \$</td><td>142,146</td><td>\$</td><td>136,165</td></tr></tbody></table>		Beginning		Ending	Nonrecourse \$		\$		Qualified nonrecourse financing \$		\$		Recourse \$	142,146	\$	136,165
	Beginning		Ending													
Nonrecourse \$		\$														
Qualified nonrecourse financing \$		\$														
Recourse \$	142,146	\$	136,165													
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships <input type="checkbox"/>																
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions <input type="checkbox"/>																

L Partner's Capital Account Analysis

Beginning capital account \$	53,380
Capital contributed during the year . . . \$	
Current year net income (loss) \$	(217)
Other increase (decrease) (attach explanation) \$	(67)
Withdrawals and distributions \$ ()
Ending capital account \$	53,096
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning \$	
Ending \$	

Schedule K-1 Supplemental Information

2024 PG01

Partner's name

VENUGOPAL RAO BOINPALLY

Partner's ID Number

493-13-8487

Name of Partnership

KSV COMPANY LLC

Partnership EIN

81-5107223

SECTION L: CURRENT YEAR NET INCOME (LOSS) Statement #99

DESCRIPTION

AMOUNT

NET RENTAL REAL ESTATE INCOME (LOSS)

(217)

TOTAL

(217)

Schedule K-1 Supplemental Information**2024**

Partner's name

VENUGOPAL RAO BOINPALLY

Name of Partnership

KSV COMPANY LLC

Partner's ID Number

493-13-8487

Partnership EIN

81-5107223**Schedule K-3 Notification**

The partnership has met the following criteria for tax year 2024, presently exempting it from filing Schedule K-3 (Form 1065), Partner's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Partnership had no or limited foreign activity

Criteria 2 - Each of the partners was a U.S. citizen, resident alien, or certain domestic trust

With respect to the partnership meeting criteria 1 and 2, partners are hereby notified they will not be receiving a Schedule K-3 from the partnership unless the partner specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

Nebraska Schedule K-1N -
Partner's Share of Income, Deductions, Modifications, and Credits

Partnership's Name and Mailing Address			Partner's Name and Mailing Address (If partner is a disregarded entity (DE), use beneficial owner information not DE's).		
Name Doing Business As (dba)			Name		
Legal Name KSV COMPANY LLC			VENUGOPAL RAO BOINPALLY		
Street or Other Mailing Address 5252 SO 162 ST			Street or Other Mailing Address 804 SO 198 ST		
City OMAHA	State NE	ZIP Code 68135	City ELKHORN	State NE	ZIP Code 68022
Check One: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC			Nebraska ID Number 14143909		
Nebraska ID Number 14143909		Federal ID Number 81-5107223	Social Security Number 493-13-8487		Spouse's Social Security Number
Taxable Year of Organization Beginning 01-01-2024 and Ending 12-31-2024			Check One: <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Nonresident Individual <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Partnership's Nebraska Apportionment Factor 100 %	Nebraska Receipts 0	Total Receipts 0	Partner's Share of Income Percentage 34 %	If applicable, check the appropriate box: <input type="checkbox"/> Final <input type="checkbox"/> Amended	

Part A - Partner's Share of Income and Deductions

1 Ordinary business income (loss)	1	
2 Net rental real estate income (loss)	2	(217)
3 Other net rental income (loss)	3	
4 Guaranteed payments	4	
5 Interest income	5	
6 Ordinary dividends	6	
7 Royalties	7	
8 Net short-term capital gain (loss)	8	
9 Net long-term capital gain (loss)	9	
10 Net Section 1231 gain (loss)	10	
11 Other income (loss) (list below or attach schedule)		
a List type: _____ b Amount: \$ _____		
Total other income (loss). Enter total of lines 11b	11	
12 Contributions	12	
13 Section 179 deduction	13	
14 Other deductions (list below or attach schedule)		
a List type: _____ b Amount: \$ _____		
Total other deductions. Enter total of lines 14b	14	
15 Nebraska and local income, sales, and use taxes deducted on Federal Form 1065 under section 164 of the IRC	15	

Part B - Partner's Share of Modifications

16 Qualified U.S. government interest deduction	16	
17 State and local bond interest and dividend income	17	
18 Income (loss) from non-Nebraska sources (use only if you checked the LLC box above)	18	

Part C - Partner's Share of Credits

19 Community Development Assistance Act credit	19	
20 Creating High Impact Economic Futures (CHIEF) credit	20	
21 Form 3800N credits (see Form 1065N Schedule K-1N instructions)		
Enter Code to identify the 3800N credit	Amount of 3800N credit	
	\$	
	\$	
	\$	
	\$	
Total of 3800N credits (Enter here and on line 21)	\$	21
22 Contractor income tax withholding (see instructions)	22	
23 Nebraska income tax withheld (see instructions)	23	
24 Total PTET credit (see instructions)		
a 2018 \$ _____ b 2019 \$ _____ c 2020 \$ _____		
d 2021 \$ _____ e 2022 \$ _____ f 2024 \$ _____		24
25 Opportunity Scholarships Act credit for contributors	25	
26 School Readiness Tax Credit for Providers	26	

