



This Schedule must be completed if the trust owned cryptocurrency during 2025 to properly account for trust income and expenses for the year, and to accurately reflect the value of the cryptocurrency as of December 31, 2025. Please answer the questions that follow and provide the requested supporting documentation.

► Action Items

1. Complete a Cryptocurrency Schedule for each item of cryptocurrency owned by the trust during 2025 (Please make additional copies, as needed.)

2. Attach supporting documentation. (If not already provided.)

If the cryptocurrency was sold by the trust during 2025, include a copy of the document that was used to evidence the transfer of the title to the purchaser (e.g., bill of sale).

3. Email this completed form to Renaissance Administration LLC at ops@reninc.com by February 1, 2026.

NOTE: If any information requested herein is in the custody of both the Primary Trustee and an Independent Trustee, only one report need be provided. Therefore, the Primary and Independent Special Trustee may wish to coordinate their efforts to assemble and provide the requested documentary evidence.

► Required Information

Name of Cryptocurrency	This is Exhibit No.*	of
Description of Item		
Physical Location of Item**		
Date cryptocurrency was contributed to the Trust or purchased by the Trust in 2025		
If acquired other than by contribution, what is the relationship of the seller to the Trust?		
Was this item sold by the trust in 2025 <input type="checkbox"/> No <input type="checkbox"/> Yes		
If "yes", the date of the sale was	Purchaser	
	Relation to Donor	

\* Complete a separate Schedule for each item of tangible personal property. \*\* Provide wallet Location and/or URL.

**Independent Trustee's 2025 Cryptocurrency Report**

Total (ordinary) income (if any) received by the trust and derived from the cryptocurrency in 2025:	\$
Total income received by the trust for the use of this item that must be classified as <i>unrelated business income</i> (for federal income tax purposes):	\$
Total <i>short-term</i> capital gain (loss) (if any) upon a disposition of the item in 2025	\$
Total <i>long-term</i> capital gain (loss) (if any) upon a disposition of the item in 2025	\$
During 2025 did you pay expenses related to the trust's cryptocurrency from personal funds for which you wish to be reimbursed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "yes", specify the total amount for which you seek reimbursement, and provide a copy of paid invoices or receipts.	\$

**Independent Trustee's 2025 Cryptocurrency Expense Report. 2025 expenses paid from trust assets are as follows:**

A. Transaction fees	\$	C. Other	\$
B. Wallet fees	\$	Total (A-C)	\$

\* Complete a separate Schedule for each item of tangible personal property. \*\* Provide address where the item is located or being stored.



► **Valuation†**

Valuation of Cryptocurrency as of December 31, 2025	\$
Annual Valuation Date (for distribution purposes)	
Annual Valuation Amount (could be January 1 or first business day of the year/please refer to the legal trust document)	\$

† Qualified appraisal required if donor who serves as trustee supplies this information. [Treas. Reg. §1.664-1(a)(7)]

► **Certification**

*This section to be signed by a duly appointed Independent Special Trustee or Independent Trustee*

I certify that the information provided in this Schedule (and any Supporting Schedules and Exhibits attached to this Schedule) is true and correct to the best of my knowledge and belief:

Printed Name	Date
Signature	
Street Address	
City/State/Zip	Fax
Phone	Email

If Ren has questions about this asset, we should contact:

Name	Phone
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*This section to be signed by the Trustee when there is a duly appointed Independent Special Trustee*

I certify that the individual named above is a duly appointed Independent Special Trustee of the above referenced trust and is authorized to report the value and/or activity of the hard-to-value asset reported on this form (and any Supporting Schedules and Exhibits attached to this Schedule).

Signature of Trustee	Date
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*This section to be signed by the Trustee when THERE IS NO duly appointed Independent Special Trustee*

I certify that the information provided in this Schedule (and any Supporting Schedules and Exhibits attached to this Schedule) is true and correct to the best of my knowledge and belief. As trustee, I have elected to NOT appoint an Independent Special Trustee to value the trust assets. I understand that failure to comply with the Independent Special Trustee provisions of the trust agreement governing the trust may cause the tax exempt status of the trust to be compromised, the disqualification of the trust, and the loss of certain income tax, gift tax, and/or estate tax benefits that the creator of the trust is otherwise eligible to claim.

Signature of Trustee	Date
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