

DO NOT WRITE OR STAPLE IN THIS AREA



DF30019019999

FISCAL YEAR 01 01 19 12 31 19

REV CODE 0006

BUSINESS NAME: XYZ HORSE TRADING CO LLC
ADDRESS: 625 TECHNOLOGY DR
CITY: WESTBOROUGH STATE: MA ZIP CODE: 01581

EMPLOYER IDENTIFICATION NUMBER
NATURE OF BUSINESS (SEE INSTRUCTIONS)

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE
C. TOTAL NUMBERS OF PARTNERS: 2
D. YEAR PARTNERSHIP FORMED: 1984

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

Table with 5 columns: Line number, Description, Column A Total, Column B Within Delaware, and Line number. Rows include Ordinary Income, Apportionment percentage, Net Income, and various Deductions.

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 4 columns: Description, COLUMN A (Delaware Sourced) Beginning/End of Year, COLUMN B (Total Sourced) Beginning/End of Year, and Line Number. Rows include Total real and tangible property owned, Real tangible property rented, Total, Less: value at original cost, Net Values, Total, and Average values.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... 541941 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 3 columns: Description, Amount, and Line Number. Rows include Gross receipts from sales of tangible personal property, Gross income from other sources, and Total.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table for determining apportionment percentages. Rows 12a-12c, 13a-13c, 14a-14c, 15, and 16 show calculations of percentages based on amounts from previous sections.

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703



or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

Partner's Identifying Number 222222221 EIN SSN Partnership's Identifying Number _____

Partner's Business Name

Partner's Address
2 BANCROFT PKWY

-OR-

City WILMINGTON State DE Zip-Code 19805 - _____

Partner's First Name
JOE

Country

Partner's Last Name
JONES

Attention

Partner's Type of Entity (see instructions)

| Code | Description |
|------|-------------|
| 5 1 | INDIVIDUAL |

Resident
 Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | Ending |
|----------|--------------------|--------------------|
| Profit: | <u>32.670000</u> % | <u>32.670000</u> % |
| Loss: | <u>32.670000</u> % | <u>32.670000</u> % |
| Capital: | <u>32.670000</u> % | <u>32.670000</u> % |

| Allocable Share of Income | Column A Federal 1065, Schedule K-1 Amount | Column B Portion of Items Derived from Sources in DE |
|---|---|---|
| 1. Ordinary income (Loss) from Trade of Business Activities.. | | |
| 2. Net Income (Loss) from Rental Real Estate Activities..... | | |
| 3. Net Income (Loss) from Other Rental Activities..... | | |
| 4. Guaranteed Payment to Partner..... | | |
| 5. Interest | | |
| 6. Dividends..... | | |
| 7. Royalties..... | | |
| 8. Net Short-term Capital Gain (Loss)..... | | |
| 9. Net Long-term Capital Gain (Loss)..... | | |
| 10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft)..... | | |
| 11. Other Income (Loss)..... | | |
| 12. Total Income (Combine Line 1 to Line 11)..... | | |

| Allocable Share of Deductions | Column A Federal 1065, Schedule K-1 Amount | Column B Portion of Items Derived from Sources in DE |
|---|---|---|
| 13. Charitable Contribution..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Investment Income | | |
| 16. Other Deductions/Credits (Attach Schedule)..... | | |



DO NOT WRITE OR STAPLE IN THIS AREA



DF30019019999

FISCAL YEAR MM DD YY MM DD YY

REV CODE 0006

BUSINESS NAME

BOB'S RENTALS LLC

EMPLOYER IDENTIFICATION NUMBER

Employer ID Number input fields

ADDRESS

30732 NOWHERE ROAD

NATURE OF BUSINESS (SEE INSTRUCTIONS)

Nature of Business input fields: 5, 3, 1, 1, 1, 0

CITY STATE ZIP CODE HARBESON DE 19954

A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? LOCATION MAILING BILLING

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY? 1

C. TOTAL NUMBERS OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2012

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

Table with 5 columns: Line number, Description, Column A Total, Column B Within Delaware, and Line number. Rows 1-15 showing income items like Ordinary Income, Apportionment percentage, Net Income, etc.

DEDUCTIONS:

Table with 5 columns: Line number, Description, Column A Total, Column B Within Delaware, and Line number. Rows 16-19 showing deduction items like Charitable Contributions, Section 179 expense deduction, etc.

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 4 columns: COLUMN A Delaware Sourced (Beginning of Year, End of Year), COLUMN B Total Sourced (All Sources) (Beginning of Year, End of Year). Rows 1-7 detailing property owned, rented, and net values.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... [] [] 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... [] [] 9
10. Gross income from other sources (see attachment)..... [] [] 10
11. Total..... [] [] 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... [0] = [.000000 %] 12c
12b. Enter amount from Column B, Line 7..... [0] = [.000000 %] 12c
13a. Enter amount from Column A, Line 8..... [0] = [.000000 %] 13c
13b. Enter amount from Column B, Line 8..... [0] = [.000000 %] 13c
14a. Enter amount from Column A, Line 11..... [0] = [.000000 %] 14c
14b. Enter amount from Column B, Line 11..... [0] = [.000000 %] 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... [0.000000] 15
16. Apportionment percentage (see specific instructions)..... [0.000000 %] 16

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703



or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

Partner's Identifying Number 123456789 EIN SSN Partnership's Identifying Number _____

Partner's Business Name

Partner's Address
30732 NEW AVENUE

-OR-

City State Zip-Code
HARBESON DE 19954 - _____

Partner's First Name
JOE

Country

Partner's Last Name
SMITH

Attention

Partner's Type of Entity (see instructions)

| Code | Description |
|------|-------------|
| 1 | INDIVIDUAL |

Resident
 Non-Resident

| Partner's Share of Profit, Loss and Capital: | | | |
|--|-----------|---|-----------|
| | Beginning | | Ending |
| Profit: | 50.000000 | % | 50.000000 |
| Loss: | 50.000000 | % | 50.000000 |
| Capital: | 50.000000 | % | 50.000000 |

| Allocable Share of Income | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 1. Ordinary income (Loss) from Trade of Business Activities.. | | |
| 2. Net Income (Loss) from Rental Real Estate Activities..... | | |
| 3. Net Income (Loss) from Other Rental Activities..... | | |
| 4. Guaranteed Payment to Partner..... | | |
| 5. Interest | | |
| 6. Dividends..... | | |
| 7. Royalties..... | | |
| 8. Net Short-term Capital Gain (Loss)..... | | |
| 9. Net Long-term Capital Gain (Loss)..... | | |
| 10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft)..... | | |
| 11. Other Income (Loss)..... | | |
| 12. Total Income (Combine Line 1 to Line 11)..... | | |

| Allocable Share of Deductions | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 13. Charitable Contribution..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Investment Income | | |
| 16. Other Deductions/Credits (Attach Schedule)..... | | |



DO NOT WRITE OR STAPLE IN THIS AREA



DF30019019999

FISCAL YEAR MM | DD | YY MM | DD | YY

REV CODE 0006

BUSINESS NAME

PACIFIC REHAB HEALTH CENTER

EMPLOYER IDENTIFICATION NUMBER

Employer ID number input fields

ADDRESS

14 SOLOMON DRIVE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

Nature of business code input fields: 5, 2, 3, 9, 0, 0

CITY STATE ZIP CODE

MONSEY NY 10952

A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? LOCATION MAILING BILLING

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY? 1

C. TOTAL NUMBERS OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2009

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

Table with 15 columns: Line number, Description, Column A Total, Column B Within Delaware, and Line number. Rows include Ordinary Income, Apportionment percentage, Net Income from rental activities, Guaranteed payments, Interest Income, Dividend Income, Royalty Income, Net short term capital gain, Net long term capital gain, Net gain under Section 1231, Other Income, Total Income, and DEDUCTIONS: Charitable Contributions, Section 179 expense deduction, Expenses related to investment income, and Other deductions.

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 4 columns: Description, COLUMN A (Delaware Sourced) Beginning/End of Year, COLUMN B (Total Sourced) Beginning/End of Year, and Line Number. Rows include Total real and tangible property owned, Real tangible property rented, Total, Less: value at original cost, Net Values, Total, and Average values.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... 103345 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... 9
10. Gross income from other sources (see attachment)..... 641005320 657208555 10
11. Total..... 641005320 657208555 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... 0
12b. Enter amount from Column B, Line 7..... 44248664 = .000000% 12c
13a. Enter amount from Column A, Line 8..... 0
13b. Enter amount from Column B, Line 8..... 103345 = .000000% 13c
14a. Enter amount from Column A, Line 11..... 641005320
14b. Enter amount from Column B, Line 11..... 657208555 = 97.534536% 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... 97.534536 15
16. Apportionment percentage (see specific instructions)..... 32.511512% 16

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703



or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

Partner's Identifying Number 261235412 EIN SSN Partnership's Identifying Number _____

Partner's Business Name
PETES CORNER DELI

Partner's Address
625 ROCK MANOR DRIVE

-OR-

City State Zip-Code
WEST ROCKLAND ROAD GA 30309 -

Partner's First Name

Country

Partner's Last Name

Attention

Partner's Type of Entity (see instructions)

| Code | Description |
|------|-------------|
| 4 | DOM CORP |

Resident
 Non-Resident

| Partner's Share of Profit, Loss and Capital: | | | |
|--|-----------|---|-----------|
| | Beginning | | Ending |
| Profit: | 99.019800 | % | 99.011272 |
| Loss: | 99.019800 | % | 99.011272 |
| Capital: | 98.937101 | % | 98.855673 |

| Allocable Share of Income | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 1. Ordinary income (Loss) from Trade of Business Activities.. | | |
| 2. Net Income (Loss) from Rental Real Estate Activities..... | | |
| 3. Net Income (Loss) from Other Rental Activities..... | | |
| 4. Guaranteed Payment to Partner..... | | |
| 5. Interest | | |
| 6. Dividends..... | | |
| 7. Royalties..... | | |
| 8. Net Short-term Capital Gain (Loss)..... | | |
| 9. Net Long-term Capital Gain (Loss)..... | | |
| 10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft)..... | | |
| 11. Other Income (Loss)..... | | |
| 12. Total Income (Combine Line 1 to Line 11)..... | | |

| Allocable Share of Deductions | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 13. Charitable Contribution..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Investment Income | | |
| 16. Other Deductions/Credits (Attach Schedule)..... | | |



DO NOT WRITE OR STAPLE IN THIS AREA



DF30019019999

FISCAL YEAR MM DD YY MM DD YY

REV CODE 0006

BUSINESS NAME

BOB's OPERATING PARTNERSHIP LP

EMPLOYER IDENTIFICATION NUMBER

Employer ID number input fields

ADDRESS

1023 SMALL PLACE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

6 2 3 0 0 0

CITY STATE ZIP CODE WILMINGTON DE 19805

A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? LOCATION MAILING BILLING

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY? 1

C. TOTAL NUMBERS OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2008

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

Table with 15 rows for income and 19 rows for deductions. Columns include description, line number, Column A Total, and Column B Within Delaware.

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 5 columns: Description, Column A (Delaware Sourced) Beginning of Year, Column A (Delaware Sourced) End of Year, Column B (Total Sourced (All Sources)) Beginning of Year, Column B (Total Sourced (All Sources)) End of Year. Rows include property owned, rented, total, less value at original cost, net values, and average values.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... [] [] 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... [] [] 9
10. Gross income from other sources (see attachment)..... [] [] 10
11. Total..... [] [] 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... 1154610
12b. Enter amount from Column B, Line 7..... 1154610 = 100.000000% 12c
13a. Enter amount from Column A, Line 8..... 0
13b. Enter amount from Column B, Line 8..... 0 = 0.000000% 13c
14a. Enter amount from Column A, Line 11..... 0
14b. Enter amount from Column B, Line 11..... 0 = 0.000000% 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... 100.000000 15
16. Apportionment percentage (see specific instructions)..... 100.000000% 16

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703



or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

Partner's Identifying Number 222222224 EIN SSN Partnership's Identifying Number _____

Partner's Business Name

Partner's Address
14 SOLOMAN DRIVE

-OR-

City State Zip-Code
MONSEY NY 10952 - _____

Partner's First Name
DENISE

Country

Partner's Last Name
DENNIS

Attention

Partner's Type of Entity (see instructions)

| Code | Description |
|------|-------------|
| 1 | INDIVIDUAL |

Resident
 Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | Ending |
|----------|------------|------------|
| Profit: | 1.000000 % | 1.000000 % |
| Loss: | 1.000000 % | 1.000000 % |
| Capital: | 1.000000 % | 1.000000 % |

| Allocable Share of Income | Column A Federal 1065, Schedule K-1 Amount | Column B Portion of Items Derived from Sources in DE |
|---|---|---|
| 1. Ordinary income (Loss) from Trade of Business Activities.. | | |
| 2. Net Income (Loss) from Rental Real Estate Activities..... | | |
| 3. Net Income (Loss) from Other Rental Activities..... | | |
| 4. Guaranteed Payment to Partner..... | | |
| 5. Interest | | |
| 6. Dividends..... | | |
| 7. Royalties..... | | |
| 8. Net Short-term Capital Gain (Loss)..... | | |
| 9. Net Long-term Capital Gain (Loss)..... | | |
| 10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft)..... | | |
| 11. Other Income (Loss)..... | | |
| 12. Total Income (Combine Line 1 to Line 11)..... | | |

| Allocable Share of Deductions | Column A Federal 1065, Schedule K-1 Amount | Column B Portion of Items Derived from Sources in DE |
|---|---|---|
| 13. Charitable Contribution..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Investment Income | | |
| 16. Other Deductions/Credits (Attach Schedule)..... | | |



DO NOT WRITE OR STAPLE IN THIS AREA



DF30019019999

FISCAL YEAR MM | DD | YY MM | DD | YY

REV CODE 0006

BUSINESS NAME

JOE'S PROPERTY LP

EMPLOYER IDENTIFICATION NUMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

ADDRESS

5 CHESTFIELD RD

NATURE OF BUSINESS (SEE INSTRUCTIONS)

| | | | | | |
|---|---|---|---|---|---|
| 5 | 3 | 1 | 1 | 2 | 0 |
|---|---|---|---|---|---|

CITY STATE ZIP CODE
MALVERN PA 19355

A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? LOCATION MAILING BILLING

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE YES NO
DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY? 1

C. TOTAL NUMBERS OF PARTNERS: 67

D. YEAR PARTNERSHIP FORMED: 1994

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

| | | Column A Total | Column B Within Delaware | |
|--------------------|---|-------------------|-----------------------------|-----|
| 1. | Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1..... | | | 1 |
| | | -8245269 | 00 | 1 |
| 2. | Apportionment percentage from Delaware Form 300, Schedule 2, Line 16..... | | | 2 |
| | | 0.242072 | % | 2 |
| 3. | Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2..... | | | 3 |
| | | -19959 | 00 | 3 |
| 4. | Enter In Column A the amount from Line 1..... | | | 4 |
| | Enter In Column B the amount from Line 3..... | -8245269 | 00 | 4 |
| 5. | Net Income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2..... | 132695421 | 00 | 5 |
| 6. | Net Income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c..... | | 00 | 6 |
| 7. | Guaranteed payments from Federal Form 1065, Schedule K, Line 4..... | | 00 | 7 |
| 8. | Interest Income from Federal Form 1065, Schedule K, Line 5..... | 36644816 | 00 | 8 |
| 9. | Dividend Income from Federal Form 1065, Schedule K, Line 6(a)..... | 11684250 | 00 | 9 |
| 10. | Royalty Income from Federal Form 1065, Schedule K, Line 7..... | | 00 | 10 |
| 11. | Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8..... | -2000 | 00 | 11 |
| 12a. | Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a)..... | -15365831 | 00 | 12a |
| | b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b | | 00 | 12b |
| | c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c | | 00 | 12c |
| 13. | Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10..... | 69759763 | 00 | 13 |
| 14. | Other Income (loss) (Attach Schedule) from Federal Form 1065, Schedule K, Line 11..... | 12464614 | 00 | 14 |
| 15. | Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)..... | 239635764 | 00 | 15 |
| DEDUCTIONS: | | | | |
| 16. | Charitable Contributions from Federal Form 1065, Schedule K, Line 13(a)..... | 339000 | 00 | 16 |
| 17. | Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12..... | | 00 | 17 |
| 18. | Expenses related to investment income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c)..... | | 00 | 18 |
| 19. | Other deductions from Federal Form 1065, Schedule K, Line 13(d)..... | | 00 | 19 |

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 4 columns: Description, Column A (Delaware Sourced) Beginning/End of Year, Column B (Total Sourced) Beginning/End of Year. Rows 1-7.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 3 columns: Description, Column A, Column B. Rows 9-11.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table with 4 columns: Description, Column A, Column B, Percentage. Rows 12a-16.

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703



or Fiscal Year beginning MM | DD | YY and ending MM | DD | YY

Partner's Identifying Number 789451234 EIN SSN Partnership's Identifying Number _____

Partner's Business Name

Partner's Address
789 AVON AVENUE

-OR-

City State Zip-Code
TAMPA FL 33617 - _____

Partner's First Name
STEPHANIE

Country

Partner's Last Name
STEVENS

Attention

Partner's Type of Entity (see instructions)

| Code | Description |
|------|-------------|
| 1 | INDIVIDUAL |

Resident
 Non-Resident

Partner's Share of Profit, Loss and Capital:
Beginning Ending

| | | | |
|----------|-------------------|----------|-------------------|
| Profit: | <u>0.043916</u> % | Profit: | <u>0.038674</u> % |
| Loss: | <u>0.043916</u> % | Loss: | <u>0.038674</u> % |
| Capital: | <u>0.043916</u> % | Capital: | <u>0.038674</u> % |

| Allocable Share of Income | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 1. Ordinary income (Loss) from Trade of Business Activities.. | | |
| 2. Net Income (Loss) from Rental Real Estate Activities..... | | |
| 3. Net Income (Loss) from Other Rental Activities..... | | |
| 4. Guaranteed Payment to Partner..... | | |
| 5. Interest | | |
| 6. Dividends..... | | |
| 7. Royalties..... | | |
| 8. Net Short-term Capital Gain (Loss)..... | | |
| 9. Net Long-term Capital Gain (Loss)..... | | |
| 10. Net Gain (loss) under 1231 (other than Due to Casualty and Theft)..... | | |
| 11. Other Income (Loss)..... | | |
| 12. Total Income (Combine Line 1 to Line 11)..... | | |

| Allocable Share of Deductions | Column A | Column B |
|---|-----------------------------------|---|
| | Federal 1065, Schedule K-1 Amount | Portion of Items Derived from Sources in DE |
| 13. Charitable Contribution..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Investment Income | | |
| 16. Other Deductions/Credits (Attach Schedule)..... | | |

