



DF30015019999

DO NOT WRITE OR STAPLE IN THIS AREA

FISCAL YEAR 06 01 14 To 05 31 15

REV CODE 006

BUSINESS NAME

XYZ Horse Trading Co, LLC

ADDRESS

625 Technology Drive

CITY

Westborough

STATE

MA

ZIP CODE

01581

EMPLOYER IDENTIFICATION NUMBER

2 0 1 2 3 4 5 6 3

NATURE OF BUSINESS (SEE INSTRUCTIONS)

5 4 1 9 9 0

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? _____

C. TOTAL NUMBER OF PARTNERS: 4

D. YEAR PARTNERSHIP FORMED: 2005

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

INCOME:

| | | | | | | |
|--|-----|----------|----|--------|----|-----|
| 1. Ordinary income (loss) from Federal Form 1065, Schedule K, Line 1..... | 1 | -6349394 | 00 | 1 | | |
| 2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16..... | 2 | 0.1938 | % | 2 | | |
| 3. Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2..... | 3 | -12305 | 00 | 3 | | |
| 4. Enter in Column A the amount from Line 1..... Enter in Column B the amount from Line 3..... | 4 | -6349394 | 00 | -12305 | 00 | 4 |
| 5. Net income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2..... | 5 | | 00 | | 00 | 5 |
| 6. Net income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c..... | 6 | | 00 | | 00 | 6 |
| 7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4..... | 7 | | 00 | | 00 | 7 |
| 8. Interest income from Federal Form 1065, Schedule K, Line 5..... | 8 | | 00 | | 00 | 8 |
| 9. Dividend income from Federal Form 1065, Schedule K, Line 6(a)..... | 9 | | 00 | | 00 | 9 |
| 10. Royalty income from Federal Form 1065, Schedule K, Line 7..... | 10 | | 00 | | 00 | 10 |
| 11. Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8..... | 11 | | 00 | | 00 | 11 |
| 12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a)..... | 12a | | 00 | | 00 | 12a |
| b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b | 12b | | 00 | | 00 | 12b |
| c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c | 12c | | 00 | | 00 | 12c |
| 13. Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10..... | 13 | | 00 | | 00 | 13 |
| 14. Other income (loss) (Attach schedule) from Federal Form 1065, Schedule K, Line 11..... | 14 | | 00 | | 00 | 14 |
| 15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)..... | 15 | -6349394 | 00 | -12305 | 00 | 15 |

DEDUCTIONS:

| | | | | | | |
|--|----|--|----|--|----|----|
| 16. Charitable contributions from Federal Form 1065, Schedule K, Line 13(a)..... | 16 | | 00 | | 00 | 16 |
| 17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12..... | 17 | | 00 | | 00 | 17 |
| 18. Expenses related to portfolio income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c)..... | 18 | | 00 | | 00 | 18 |
| 19. Other deductions from Federal Form 1065, Schedule K, Line 13(d)..... | 19 | | 00 | | 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

| | COLUMN A Delaware Sourced | | COLUMN B Total Sourced (All Sources) | | |
|---|------------------------------|-------------|---|-------------|---|
| | Beginning of Year | End of Year | Beginning of Year | End of Year | |
| 1. Total real and tangible property owned..... | | | 29902448 | 29902448 | 1 |
| 2. Real tangible property rented (eight times annual rent paid)..... | | | 21864736 | 21864736 | 2 |
| 3. Total (Combine Lines 1 and 2)..... | 0 | 0 | 51767184 | 51767184 | 3 |
| 4. Less: value at original cost of real and tangible property (see instructions)..... | | | | | 4 |
| 5. Net Values (Subtract Line 4 from Line 3)..... | 0 | 0 | 51767184 | 51767184 | 5 |
| 6. Total (Combine Line 5 Beginning and End of Year Totals)..... | | 0 | 103534368 | | 6 |
| 7. Average values. (Divide Line 6 by 2)..... | | 0 | 51767184 | | 7 |

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

| | | | |
|---|--------|----------|----|
| 9. Gross receipts from sales of tangible personal property..... | | | 9 |
| 10. Gross income from other sources (see attachment)..... | 217035 | 37338953 | 10 |
| 11. Total..... | 217035 | 37338953 | 11 |

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

| | | | | |
|--|----------|---|----------|-----|
| 12a. Enter amount from Column A, Line 7..... | 0 | = | 0.0000 % | 12c |
| 12b. Enter amount from Column B, Line 7..... | 51767184 | | 0.0000 | |
| 13a. Enter amount from Column A, Line 8..... | 0 | = | % | 13c |
| 13b. Enter amount from Column B, Line 8..... | 541941 | | | |
| 14a. Enter amount from Column A, Line 11..... | 217035 | = | 0.5813 % | 14c |
| 14b. Enter amount from Column B, Line 11..... | 37338953 | | | |
| 15. Total (Combine Apportionment Percentages on Lines 12c, 13c and 14c)..... | | | 0.5813 | 15 |
| 16. Apportionment percentage (see specific instructions)..... | | | 0.1938 % | 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 06 01 15 and ending 05 31 16

Partner's Identifying Number ▶ 777-66-5544



EIN



SSN

Partnership's Identifying Number ▶

201234563

Partner's Business Name

Partner's Address

23 FARM ROAD

City

State

Zip-Code

SHREWSBURY

MA

01545

Country

USA

Attention

- OR -

Partner's First Name

JOSEPH

Partner's Last Name

JOHNSON

Partner's Type of Entity (See Instructions)

| Code | Description |
|------|-------------|
| 0 1 | INDIVIDUAL |



Resident



Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | | Ending |
|----------|-----------|---|----------------------|
| Profit: | 32.670000 | % | Profit: 32.670000 % |
| Loss: | 32.670000 | % | Loss: 32.670000 % |
| Capital: | 32.670000 | % | Capital: 32.670000 % |

| 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 or Business Activities... | -2074347 | -4020 |
| 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)..... | -2074347 | -4020 |
| Allocable Share of Deductions | Column A Federal 1065, Schedule K-1 Amount | Column B Portion of Items Derived from Sources in DE |
| 13. Charitable Contributions..... | | |
| 14. Section 179 Expense Deductions..... | | |
| 15. Expenses from Portfolio Income..... | | |
| 16. Other Deduction/Credits (Attach Schedule)..... | | |



or Fiscal Year beginning 06 01 15 and ending 05 31 16

Partner's Identifying Number ▶ 777-11-2233



EIN



SSN

Partnership's Identifying Number ▶

201234563

Partner's Business Name

Partner's Address

23 FARM ROAD

City

State

Zip-Code

SHREWSBURY

MA

01545

Country

USA

Attention

- OR -

Partner's First Name

MARY

Partner's Last Name

JOHNSON

Partner's Type of Entity (See Instructions)

| Code | Description |
|------|-------------|
| 0 1 | INDIVIDUAL |



Resident



Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | | Ending |
|----------|-----------|---|----------------------|
| Profit: | 32.670000 | % | Profit: 32.670000 % |
| Loss: | 32.670000 | % | Loss: 32.670000 % |
| Capital: | 32.670000 | % | Capital: 32.670000 % |

| 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 or Business Activities... | -2074347 | -4020 |
| 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)..... | -2074347 | -4020 |

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



or Fiscal Year beginning 06 01 15 and ending 05 31 16

Partner's Identifying Number ▶ 22-1234567

☒ EIN☐ SSN

Partnership's Identifying Number ▶ 201234563

Partner's Business Name

STORM HEALTHCORP, INC.

- OR -

Partner's First Name

Partner's Last Name

Partner's Address

7532 OLD ROAD - SUITE 302

City

ROSWELL

State

GA

Zip-Code

30076

Country

USA

Attention

Partner's Type of Entity (See Instructions)

| Code | Description |
|------|-------------|
| 0 4 | DOMESTIC CO |

☐ Resident☒ Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | | Ending |
|----------|-----------|---|---------------------|
| Profit: | 2.000000 | % | Profit: 2.000000 % |
| Loss: | 2.000000 | % | Loss: 2.000000 % |
| Capital: | 2.000000 | % | Capital: 2.000000 % |

| 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 or Business Activities... | -126988 | -246 |
| 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)..... | -126988 | -246 |

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



or Fiscal Year beginning 06 01 15 and ending 05 31 16

Partner's Identifying Number ▶ 222-66-1234



EIN



SSN

Partnership's Identifying Number ▶

201234563

Partner's Business Name

Partner's Address

23 FARM ROAD

City

State

Zip-Code

SHREWSBURY

MA

01545

Country

USA

Attention

- OR -

Partner's First Name

Jeff

Partner's Last Name

Littleton

Partner's Type of Entity (See Instructions)

| Code | Description |
|------|-------------|
| 0 1 | INDIVIDUAL |



Resident



Non-Resident

Partner's Share of Profit, Loss and Capital:

| | Beginning | | Ending |
|----------|-----------|---|----------------------|
| Profit: | 32.660000 | % | Profit: 32.660000 % |
| Loss: | 32.660000 | % | Loss: 32.660000 % |
| Capital: | 32.660000 | % | Capital: 32.660000 % |

| 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 or Business Activities... | -2073712 | -4019 |
| 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)..... | -2073712 | -4019 |

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

