



DF30015019999

DO NOT WRITE OR STAPLE IN THIS AREA

FISCAL YEAR MM/DD/YY To MM/DD/YY

REV CODE 006

BUSINESS NAME

Pacific Rehab Health Center

ADDRESS

14 Solomon Drive

CITY

Monsey

STATE

NY

ZIP CODE

10952

EMPLOYER IDENTIFICATION NUMBER

2 1 5 2 1 1 1 2 3

NATURE OF BUSINESS (SEE INSTRUCTIONS)

6 2 3 0 0 0

A. CHECK APPLICABLE BOX: ☐ AMENDED RETURN ☐ PARTNERSHIP DISSOLVED OR INACTIVE ☐ CHANGE OF ADDRESSIF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? ☐ LOCATION ☐ MAILING ☐ BILLINGB. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? ☒ YES ☐ NODID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? ☐ YES ☒ NO HOW MANY? _____

C. TOTAL NUMBER 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

INCOME:

1.	Ordinary income (loss) from Federal Form 1065, Schedule K, Line 1.....	1	1505625	00	1
2.	Apportionment percentage from Delaware Form 300, Schedule 2, Line 16.....	2	100.0000	%	2
3.	Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2.....	3	1505625	00	3
4.	Enter in Column A the amount from Line 1.....	4	1505625	00	4
	Enter in Column B the amount from Line 3.....				
5.	Net income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2.....	5		00	5
6.	Net income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c.....	6		00	6
7.	Guaranteed payments from Federal Form 1065, Schedule K, Line 4.....	7		00	7
8.	Interest income from Federal Form 1065, Schedule K, Line 5.....	8		00	8
9.	Dividend income from Federal Form 1065, Schedule K, Line 6(a).....	9		00	9
10.	Royalty income from Federal Form 1065, Schedule K, Line 7.....	10		00	10
11.	Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8.....	11		00	11
12a.	Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a).....	12a		00	12a
	b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	12b		00	12b
	c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c	12c		00	12c
13.	Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10.....	13		00	13
14.	Other income (loss) (Attach schedule) from Federal Form 1065, Schedule K, Line 11.....	14		00	14
15.	Total Income (Combine Lines 4 through 12a, Line 13, and Line 14).....	15	1505625	00	1505625 00 15

DEDUCTIONS:

16.	Charitable contributions from Federal Form 1065, Schedule K, Line 13(a).....	16		00	16
17.	Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12.....	17	11851	00	11851 00 17
18.	Expenses related to portfolio income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c).....	18		00	18
19.	Other deductions from Federal Form 1065, Schedule K, Line 13(d).....	19		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.....	1154610	1154610	1154610	1154610	1
2. Real tangible property rented (eight times annual rent paid).....					2
3. Total (Combine Lines 1 and 2).....	1154610	1154610	1154610	1154610	3
4. Less: value at original cost of real and tangible property (see instructions).....					4
5. Net Values (Subtract Line 4 from Line 3).....	1154610	1154610	1154610	1154610	5
6. Total (Combine Line 5 Beginning and End of Year Totals).....	2309220		2309220		6
7. Average values. (Divide Line 6 by 2).....	1154610		1154610		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

9. Gross receipts from sales of tangible personal property..... 9

10. Gross income from other sources (see attachment)..... 10

11. Total..... 0 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 = 100.0000 % 12c

13a. Enter amount from Column A, Line 8..... 0

13b. Enter amount from Column B, Line 8..... 0 = % 13c

14a. Enter amount from Column A, Line 11..... 0

14b. Enter amount from Column B, Line 11..... 0 = % 14c

15. Total (Combine Apportionment Percentages on Lines 12c, 13c and 14c)..... 100.0000000 15

16. Apportionment percentage (see specific instructions)..... % 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 ▶ 123-65-4789

☐ EIN☒ SSN

Partnership's Identifying Number ▶ 215211123

Partner's Business Name

Partner's Address

14 SOLOMON DRIVE

City

State

Zip-Code

MONSEY

NY

10952

Country

USA

Attention

- OR -

Partner's First Name

TROY

Partner's Last Name

RUTH

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:	1.000000	%	Profit: 1.000000 %
Loss:	1.000000	%	Loss: 1.000000 %
Capital:	1.000000	%	Capital: 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 or Business Activities...	15056	15056
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).....	15056	15056

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.....	119	119
15. Expenses from Portfolio Income.....		
16. Other Deduction/Credits (Attach Schedule).....		



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

Partner's Identifying Number ▶ 888-55-2211



EIN



SSN

Partnership's Identifying Number ▶ 215211123

Partner's Business Name

Partner's Address

14 SOLOMON DRIVE

City

State

Zip-Code

MONSEY

NY

10952

Country

USA

Attention

- OR -

Partner's First Name

ROY

Partner's Last Name

RUTH

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:	99.000000	%	Profit: 99.000000 %
Loss:	99.000000	%	Loss: 99.000000 %
Capital:	99.000000	%	Capital: 99.000000 %

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...	1490569	1490569
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).....	1490569	1490569
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.....	11732	11732
15. Expenses from Portfolio Income.....		
16. Other Deduction/Credits (Attach Schedule).....		

