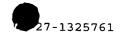
| | 990-T | Ex | empt Organ | ization | Bus | siness Inc | ome - | Fax Retur | n | OMB N | 1545-0687 |
|--|--|---|---|------------------------------|--------------|-----------------------------------|---|------------------------------------|--|--|-----------------------------|
| | | Ear asla | ndar year 2018 or other | | | | | | 1 9 | <u>എ</u> | 10 |
| _ | | For cale | | | | | | | ° - | <u>&</u> (| JIO |
| | ment of the Treasury Revenue Service | ▶ Do | ► Go to www.irs.g not enter SSN numbers | • | | | | - | ,,, - | Open to Pu | blic Inspection for |
| A T | Check box if | | Name of organization (| 1 1 | | me changed and se | | | | | ation number |
| | address changed | | | | | J | | , | (Emplo | yees' trust, see | instructions) |
| B Exe | empt under section | | GOTHIC HSP (| CORPORAT | ION | | | | | | |
| | | Print | | | | | | | | | |
| \vdash | 408(e) 220(e) | _ or | F Unrelated husines | | | | | | | s activity code | |
| \Box | | Type | 280 S MANGUN | √ STREET | STE | 210 | | | | structions) | ,,, |
| \vdash | | | | | | | code | | | | |
| | 529(a) ok valué of all assets | | City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 2 / / U1 | | | | | | | 90 | |
| | end of year | E Gro | up exemption number | | ione) l | | <u> </u> | | | | |
| 2 2 | 261 651 722 | | | | | | 504(-) | | 404(=) | 44 | 0415 5 5 6 5 |
| | | | eck organization type | | | | 501(c) | | 401(a) | | Other tru |
| | | | nization's unrelated tra | aes or busine | esses | | | | - | (or first) un | |
| | ade or business her | | | | | | | complete Parts I- | | | describe the |
| | | | e end of the previous s | sentence, cor | mplete | Parts I and II, co | mplete a S | chedule M for ead | h addition | nal | |
| | ade or business, the | | | | | | | | | | [, [v] |
| | - | | corporation a subsidia | | _ | | subsidiary c | controlled group? | | ▶ ∟ | Yes X |
| | | | Identifying number of | tne parent co | rporation | on ► | | e number ▶ 91 | 0-660 | 6020 | |
| | ne books are in care | | | | | | | | | 1 | |
| | | | or Business Incor | TIE TO | Γ | (A) Inco | пе | (B) Expen | ses | | C) Net |
| | Gross receipts or s | | | 4 | | | | | | | |
| b | Less returns and allowa | | | _ c Balance ▶ | | | | - | • | | |
| 2 | - | | lule A, line 7) | | _2 | | | | | | |
| 3 | | | 2 from line 1c | | 3 | | 0.55 | | | · · · · · · · · | |
| 4 a | Capital gain net in | ncome (a | attach Schedule D) | | 4a | 2,273 | .,057. | | | - | 2,271,05 |
| | | | Part II, line 17) (attach F | | 4b | | | | | | |
| С | Capital loss dedu | ction for t | trusts | | 4c | | | | _ | | |
| 5 | Income (loss) from a pa | artnership or | r an S corporation (attach state | ement) | 5 | -14,852 | 2,723. | ✓ATCH 2 | | -14 | , 852, 72 |
| 6 | Rent income (Sch | edule C) | | | 6 | | | | | | |
| 7 | Unrelated debt-fir | nanced in | ncome (Schedule E) . | | 7 | | | | | | |
| 8 | Interest, annuities, roya | ilties, and re | ents from a controlled organiza | ation (Schedule F) | 8 | | | | | | |
| 9 | Investment income of a | section 50 | 11(c)(7), (9), or (17) organizat | ion (Schedule G) | 9 | | | | | | |
| 10 | Exploited exempt | activity in | ncome (Schedule I) . | | 10 | | | | | | |
| 11 | Advertising incom | ie (Sched | dule J) | | 11 | | | | | | |
| 12 | | | ctions, attach schedule) | | | | | | | | |
| 13 | Total. Combine lin | nes 3 thr | ough 12 | <u> </u> | 13⁄ | -12,581 | ,666. | | | -12 | 2,581,66 |
| Par | t Deduction | ns Not | Taken Elsewhere | (See instr | ructio | ns for limitati | ons on d | eductions.) (E | xcept f | or contrib | utions, |
| | deduction | s must | be directly conne | cted with t | he ur | related busin | ess inco | me.) | | | _ |
| 14 | Compensation of | officers, | directors, and trustees | (Schedule K) | | . 6.60 | | | . 14 | | _ |
| 15 | Salaries and wage | s | | | . | RECEN | /ED | | . 15 | | |
| | Repairs and main | tenance | | / | . က | | | 있 | . 16 | | |
| 16 | | | | | 1001 | | 2020 | ≍ । | | | |
| 16 17 | Bad debts | | / | | . 6 | Ut.l. 0.4. | ZUZU | 임 | . 17 | 1 | |
| 16 17 18 | Bad debts Interest (attach so | hedule) (| (see instructions) | | 18 | UE (0.4. | ZUZIJ | <u> </u> | . 17 | | |
| 16 17 18 19 | Bad debts Interest (attach so Taxes and licenses | chedule) (| (see instructions).'ம.⊶ | | | OCDEN | ZUZIJ | 88 | . <u>17</u> . <u>18</u> | | 82,24 |
| 16 17 18 19 20 | Bad debts Interest (attach so Taxes and licenses Charitable contrib | chedule) (| (see instructions) | itation rules) | BO | OGDEN | ZUZU | ATCH. 1 | . 19 | | 82,24 |
| 19 20 | Taxes and licenses Charitable contrib | s outions (S | | itation rules) | : <u> </u> | OGDEN | .UT. | | . 19 | | 82,24 |
| 19 20 21 | Taxes and licenses Charitable contrib Depreciation (atta | s outions (S och Form | | itation rules) | : <u>L</u> : | OGDEN | <u>UT</u> | | . 19 | | 82,24 |
| 19 20 21 22 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation | s outions (S och Form claimed | | nitation rules) | eturn | OGDEN | 21 2a | ATCH. 1 | 7. 20 22b | | 82,24 |
| 19 20 21 22 23 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion | s putions (S ach Form claimed | See instructions for lime 4562) | nitation rules) | eturn | OGDEN | 21 2a | ATCH. 1 | 7. 20 22b . 23 | | 82,24 |
| 19 20 21 22 23 24 | Charitable contributions and licenses Charitable contribution (attall Less depreciation Depletion Contributions to design and contributions and contributions and contributions and contributions and contributions and contributions are contributions. | s putions (S ach Form claimed | See instructions for lim 4562) On Schedule A and el compensation plans | ntation rules) sewhere on re | eturn | OGDEN | 21 2a | ATCH. 1 | 7. 20 22b . 23 . 24 | | 82,24 |
| 19 20 21 22 23 24 25 | Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit | s putions (S ach Form claimed deferred of programs | See instructions for lim 4562) | intation rules) | eturn | OGDEN | 21 2a | ATCH. 1 | 7. 20 22b . 23 . 24 . 25 | | 82,24 |
| 19 20 21 22 23 24 25 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex | s putions (S ach Form claimed deferred (programs penses (S | See Instructions for lim 4562) | ntation rules) | eturn | OGDEN | 21 22 | ATCH. 1 | 22b . 23 . 24 . 25 . 26 | | 82,24 |
| 19 20 21 22 23 24 25 26 27 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership | s | See Instructions for lim 4562) | ntation rules) | eturn | OGDEN | 21 2a | ATCH. 1 | . 19 7. 20 22b . 23 . 24 . 25 . 26 . 27 | | |
| 19 20 21 22 23 24 25 26 27 28 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions | s | See instructions for lime (4562) | itation rules) | eturn | OGDEN | 21 22 22 | ATCH. 1 | . 19 7. 20 22b . 23 . 24 . 25 . 26 . 27 . 28 | | 44,81 |
| 19 20 21 22 23 24 25 26 27 28 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions | s putions (S ach Form claimed programs penses (S costs (S) (attach s | See instructions for lime 4562) | sewhere on re | eturn | OGDEN | 21 2a | ATCH. 1 | . 19 7. 20 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 | -12 | 44,81 127,05 |
| 19 20 21 22 23 24 25 26 27 28 29 | Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busines | s cutions (S) ach Form claimed programs penses (S) costs (S) (attach s Add line ss taxab | See instructions for lim 4562) | isewhere on re | eturn | deduction Subt | 21 2a | ATCH. 1. ATCH. 3 | . 19 7. 20 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 3 | -12 | 44,81 127,05 |
| 19 20 21 22 23 24 25 26 27 28 29 30 | Taxes and licenses. Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busines Deduction for net | s cutions (S) ach Form claimed claimed programs penses (S) (attach s) Add line ss taxab operating | See instructions for lime 4562) | isewhere on re | eturn | deduction Subtor after January 1, | 21 2a ract line 2018 (see | ATCH. 1. ATCH. 3. 29 from line 1 | . 19 7. 20 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 3 30 . 31 | | 44,81 127,05 2,708,72 |



Form 990-T (2018) Page 2 **Total Unrelated Business Taxable Income** Part !ii 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see: 33 713,285. 34 Amounts paid for disallowed fringes 34 35 Deduction for net operating loss arising in tax years 1, 2018 ATCH 18. 713,285. 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum 36 of lines 33 and 34. 136 37 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, n Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21). . . 40 Taxable at Trust Rates. See instructions for tax computation the amount on line 38 from Tax rate schedule or Schedule D (Form 1041). 40 41 41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only). 42 43 Tax on Noncompliant Facility Income. See instructions 43 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies . 44 Part V ((Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 45a 45b **b** Other credits (see instructions). C General business credit Attach Form 3800 (see instructions) 45d Credit for prior year minimum tax (attach Form 8801 or 8827). . Total credits. Add lines 45a through 45d 45e 46 Subtract line 45e from line 44. 46 47 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 47 48 Total tax. Add lines 46 and 47 (see instructions) . 48 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column 49 line 2. 36,006. 50 a Payments A 2017 overpayment credited to 2018 . . . 5,0a 50b **b** 2018 estimated tax payments C Tax deposited with Form 8868. 50c 50d Foreign organizations Tax paid or withheld at source (see instructions) 396 *5*0€ Credit for small employer health insurance premiums (attach Form 8941) 50f Other credits, adjustments, and payments Form 2439 X Other F8827 24,362 Form 4136 Total > 60,764. 51 Total payments. Add lines 50a through 50g 51 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached. . . 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 60,764. 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. 54 60,764. Statements Regarding Certain Activities and Other Information (see instructions) Part VI At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ▶ VARIOUS Х Х 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. . . . If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year > \$277,254 58 Under penalties of penury, 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Mav the IRS discuss this return |05/12/2020 HEAD OF FINANCE Here with the preparer shown below Signature of officer Date Title (see instructions)? X Yes Print/Type preparer's name Preparer's signature Date PTIN Check Paid 05/11/2020 KAVITA GADA P01773072 self-employed Preparer ► KPMG LLP Firm's name 13-5565207 Firm's EIN **Use Only** Firm's address ▶ 300 NORTH GREENE STREET, STE. 400, GREENSBORO, Phone no 336-275-3394 NC 27401

Form **990-T** (2018)

JSA

| Form 990-T (2018) | GOTHIC | 1131 CO | | /IV | | | - 21- | 1323761 | Page |
|--|-------------------------------|------------|-----------------|--|--|--|---|--|---------------|
| Schedule A - Cost of Goo | ds Sold. Er | ter method | d of invento | ry valuation | | <u> </u> | | | |
| 1 Inventory at beginning of year | 1 - | | | | | ar | 6 | | |
| 2 Purchases | | | | | | old. Subtract line | | | |
| 3 Cost of labor | | | | | _ | nter here and in | | | |
| 4a Additional section 263A costs | | | | | | | 7 | | |
| (attach schedule) | 1 1 | | | 8 Do the | rules of | section 263A (v | | espect to | Yes No |
| b Other costs (attach schedule) | | | | | | or acquired for | | · – | 100 110 |
| 5 Total. Add lines 1 through 4b | - | | | | | | | | l x |
| Schedule C - Rent Income (| | ronerty a | nd Person | al Propert | L eased V | Mith Poal Propo | | | ^ |
| (see instructions) | i ioni iteai i | iopeity a | iiu i cisoi | iai r ropert | , Leaseu I | vitti Keai Fiope | ıty <i>)</i> | | |
| Description of property | | | | | | | | _ | |
| (1) | | | - | | | | | | · |
| (2) | | | | | | | | | |
| | | | | | | | | | |
| (3) | | | | | | | | | _ |
| (4) | 2 Post recei | | | | | <u> </u> | | | |
| | 2. Rent recei | | | | | - | | | |
| for personal property is more than 10% but not percent | | | age of rent for | personal propert personal proper based on profit o | ty exceeds | | ons directly connected with the income nns 2(a) and 2(b) (attach schedule) | | |
| (1) | | | | - | | | | - | |
| (2) | | | | | | | | | |
| (3) | | | | *************************************** | | | , | | |
| (4) | | ···· | | | | *************************************** | | | |
| Total | | Total | | | | - | | | |
| (c) Total income. Add totals of colu | mns 2(a) and 2(| | | | | (b) Total deduction | | | |
| nere and on page 1, Part I, line 6, co | | | | | | Enter here and or Part I, line 6, colur | | | |
| Schedule E - Unrelated Deb | | | e instruction | ons) | | | (2) | <u> </u> | |
| | | | | | 3.1 | Deductions directly cor | nected | with or allocable | e to |
| 1. Description of debt-fit | nanced property | | | ncome from or odebt-financed | | | financed property | | |
| | | | 1 | operty | | ht line depreciation ich schedule) | (| b) Other deduct(attach schedu | |
| (1) | | | | | | <u> </u> | | | |
| (2) | | | | | | | | | |
| (3) | • | | | | | | | | |
| (4) | | | | | | | | | |
| 4. Amount of average | 5. Average adju | sted basis | | | | | | | |
| acquisition debt on or allocable to debt-financed | of or alloca debt-financed | | | Column divided | | income reportable | | Allocable deduction 6 x total of | |
| property (attach schedule) | (attach sche | | by c | olumn 5 | (colum | n 2 x column 6) | , | 3(a) and 3(b) | |
| (1) | | | | % | , | | | | |
| (2) | | | | % | - | | | | |
| (3) | | | | % | · · · · · · · · · · · · · · · · · · · · | | | | *-* |
| 4) | | | | % | + | | | | |
| | | | · | | Enter her | re and on page 1, ne 7, column (A) | | r here and on I, line 7, colur | |

Form 990-T (2018)

Total dividends-received deductions included in column 8

| GOTHIC | HSP | CORPORATION | 27-1325761 |
|--------|-----|-------------|------------|
| | | | |

| Schedule F-Interest, Annu | uities, Royaltie | | | | _ | | ions (see | e instruction | ons) | | |
|---|---|--|--|--|--|---------------------------|--|---|---------|--|--|
| | | Exe | mpt Co | ontrolled Org | ganızatı | ons | | | | - | |
| Name of controlled organization | 2. Employer identification numb |) ei | | lated income instructions) | 1 | of specified ents made | ıncluded | of column 4 to I in the contr tion's gross in | olling | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | _ | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | _ | | | | | | | |
| (4) | | | _ | | | | - | | i | | |
| Nonexempt Controlled Organia | zations | | | | | | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | | | incli | | includ | | | | Deductions directly nected with income in column 10 | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | <u></u> | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | | | <u> </u> | | | Part I | here and on , line 8, colu (See ins | mn (A) | | er here and on page 1, rt I, line 8, column (B) | |
| 1. Description of income | 2. Amount of income | | | 3. Deduction directly cortain (attach sch | nected | /21122 | | et-asides n schedule) | | 5. Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | _ | * | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | Enter here and | | | | | | | | | Enter here and on page 1, | |
| Totals ▶ Schedule I – Exploited Exe | Part I, line 9, c | | ther Th | nan Adverti | sing Ir | ncome (s | see instru | uctions) | | Part I, line 9, column (B) | |
| Description of exploited activity . | 2. Gross unrelated business income from trade or business | 3. Expe direct connecte product unrela business | enses etly ed with ion of ated | 4. Net inconfrom unrelat or business 2 minus col if a gain, co cols 5 thro | ne (loss) ed trade (column umn 3) ompute | 5 Gros from ac | s income tivity that inrelated s income | 6. Expe attributa colum | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | _ | | | | | | ļ | | | |
| (2) | | | | <u> </u> | | | | | | | |
| (3) | | | | | _ | | | | | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, col (A) | Enter here page 1, line 10, c | Part I, | | | | | <u> </u> | | Enter here and on page 1, Part II, line 26 | |
| Schedule J- Advertising In | come (see instr | uctions) | | | | | | | | | |
| Part I Income From Per | iodicals Report | ted on a (| Consol | idated Bas | is | | | | | | |
| . 1 Name of periodical | 2 Gross advertising income | 3. Dir advertisin | ect | 4. Advert gain or (los 2 minus co a gain, cor cols 5 thro | ising s) (col I 3) If mpute | _ | culation ome | 6. Reade | • | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | - | | | | | i | |
| (2) | | | | 1 | | | | | | | |
| (3) | | | | 1 | | | | | | ⊢ ì | |
| (4) | | | | 1 | | | ··········· | - | | վ՝ | |
| | | | | - | - | | | | | - | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | | |

Form **990-T** (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | _ | | , | - | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| - - | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | | | | | | |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | - |
| (3) | | % | |
| (4) | | % | _ _ |
| Total. Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2018)

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service Name

► Go to www.irs.gov/Form1120 for instructions and the latest information.

Employer identification number

| GOT | HIC HSP CORPORATION | ŀ | 27-1325761 | | | | |
|------------|---|---------------------------------|---------------------------------|--|--|---|--|
| Part | Short-Term Capital Gains and Losses | (See instructions. |) | | | | |
| | See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales pnce) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part I, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) | |
| | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | _ | | |
| 1 t | Totals for all transactions reported on Form(s) 8949 with Box A checked | , | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | 2,013. | | - | -2,013. | |
| 4 5 | Short-term capital gain from installment sales from F | | | | 4 5 | | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | () | |
| | Net short-term capital gain or (loss) Combine lines 1 | | h <u></u> | <u> </u> | 7 | -2,013. | |
| Part | | (See instructions) | | | | | |
| | See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales pnce) | (e) Cost (or other basis) | or loss from Form | g) Adjustments to gain or (loss) or loss from Form(s) 1949, Part II, line 2, column (g) 1949, with column (g) 1949, Part II, line 2, column (d) and combine the result with column (g) | | |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | | |
| 86 | Totals for all transactions reported on Form(s) 8949 | | | | | | |
| | with Box D checked | | | _ | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | 1,027,605. | | | | 1,027,605. | |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | | 11 | 1,245,465. | |
| 12 | Long-term capital gain from installment sales from F | orm 6252, line 26 or 37 | , | | 12 | | |
| 13 | Long-term capital gain or (loss) from like-kind exchan | 13 | | | | | |
| 14 | Capital gain distributions (see instructions) | | | | 14 | | |
| 15 Part | Net long-term capital gain or (loss) Combine lines 8: | a through 14 in column | h | · · · · · · · · · · · · · · · · · · · | 15 | 2,273,070. | |
| 16 | Enter excess of net short-term capital gain (line 7) or | ver net long-term capital | l loss (line 15) | | 16 | | |
| 17 | Net capital gain Enter excess of net long-term capit | | · | | 17 | 2,271,057. | |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital losses in the | | roper line on other retu | ırns | 18 | 2,271,057. | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

8949

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment

Name(s) shown on return GOTHIC HSP CORPORATION Social security number or taxpayer identification number

27-1325761

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

| complete a se | eck Box A, B, or C be eparate Form 8949, are of the boxes, com | page 1, for e | ach applicab | le box If you ha | ve more short- | term transact | | |
|----------------------------|--|------------------------------------|-------------------------------|--------------------------------------|---|--|--|--|
| (A) Short | rt-term transactions in rt-term transactions in rt-term transactions in | reported on F reported on F | orm(s) 1099 orm(s) 1099 | -B showing basis -B showing basis | was reported t | to the IRS (see | e Note above) | |
| 1 | (a) ption of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (d) Cost or other basis Proceeds See the Note below | Adjustment, if a If you enter an a enter a coo See the sepa | (h) Gain or (loss). Subtract column (e | |
| | 100 sh XYZ Co) | (Mo , day, yr) | disposed of (Mo , day, yr) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| STCL FROM PAR | TNERSHIPS | VARIOUS | VARIOUS | | 2,013 | | | -2,013 |
| | | | | | | | | |
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| | | | | | | | | |
| negative am Schedule D, | the amounts in columns ounts) Enter each total line 1b (if Box A above ked), or line 3 (if Box C ab | here and incl is checked), line | ude on your e 2 (if Box B | | 2,013 | | - | -2,013 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions

Form **8949** (2018)

| 0040 | (2010) | |
|----------|--------|--|

GOTHIC HSP CORPORATION

Attachment Sequence No 12A

Page 2

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

27-1325761

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

| 201/20000000000000000000000000000000000 | | | | | | |
|--|--------------------------------|-------------------------------|---------------------------------|--|---|---|
| You must check Box D, E, or F a separate Form 8949, page 2, f more of the boxes, complete as n | or each applic | able box If yo | ou have more | long-term transa | | |
| (D) Long-term transactions (E) Long-term transactions (F) Long-term transactions | reported on Foreported on Fore | orm(s) 1099- orm(s) 1099-l | B showing bas B showing basi | is was reported to | · · | |
| 1 (a) | (b) | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions. | (h) Gain or (loss). Subtract column (e) |

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see Column (e) | If you enter an enter a co | (h) Gain or (loss). Subtract column (e) from column (d) and | |
|---|---------------------------------|------------------------------|----------------------------------|---|-------------------------------------|---|---------------------------------------|
| (Example 100 sh XYZ Co) | (Mo , day, yr) | (Mo , day, yr) | (see instructions) | in the separate | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) |
| LTCG FROM PARTNERSHIPS | VARIOUS | VARIOUS | 1,027,605 | | - - | | 1,027,605. |
| | <u> </u> | | | | | | |
| | <u> </u> | | | _ | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | here and inclins checked), line | ude on your 9 (if Box E | 1,027,605 | | | | 1,027,605 |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)

JSA 8X2616 1 000

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

| Name of organization | | | | | | | |
|----------------------|-----|-------------|--|--|--|--|--|
| COTHIC | HSP | CORPORATION | | | | | |

Employer identification number 27-1325761

Unrelated business activity code (see instructions) ▶ 525990 Describe the unrelated trade or business ▶ PASS THROUGH INCOME FROM BLACKWELL PARTNERS LLC SERIES A

| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|---------------|------------|--------------------------|------------------|
| 1 a | Gross receipts or sales | T^{-1} | | | |
| b | Less returns and allowances C Balance | ▶ 1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | - |
| С | Capital loss deduction for trusts | 4c | | | - |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) ATCH 4 | 5 | -95,599. | | -95 , 599 |
| 6 | Rent income (Schedule C) | $\overline{}$ | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | | ۱ | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | , | |
| | organization (Schedule G) | 9 | | | |
| 0 | Exploited exempt activity income (Schedule I) | | | | |
| 1 | Advertising income (Schedule J) | | | | • |
| 12 | Other income (See instructions, attach schedule) | | | | |
| 13 | Total. Combine lines 3 through 12 | | -95,599. | | -95,599 |
| Pa | Tt II Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unit of the unit of the connected with the unit of the | ons for I | | .) (Except for contribut | ions, |
| 4 | Compensation of officers, directors, and trustees (Schedule K | 3 | | 14 | |

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | I | |
| 17 | Bad debts, | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | | 625. |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | | |
| 25 | Employee benefit programs | | |
| 26 | Excess exempt expenses (Schedule I) | | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | 340. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 965. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -96,564. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | -96,564. |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

JSA

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Go to www.irs.gov/Form9901 for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

GOTHIC HSP CORPORATION

Unrelated business activity code (see instructions) ► 525990

Describe the unrelated trade or business ►PASS THROUGH INCOME FROM CANYON BLUE CREDIT INVESTMENT FUND, LP

| Pai | TI Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|-----|------------|--------------|----------|
| 1 a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance ▶ | .1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | 102,376. | | 102,376. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| С | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) ATCH 6 . | 5 | 49,138. | | 49,138. |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | 1 1 | | | |
| | organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 151,514. | | 151,514. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | | |
| 17 | Bad debts | | |
| 18 | Interest (attach schedule) (see instructions) | | , |
| 19 | Taxes and licenses | 19 | 990. |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | ı | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | ſ | |
| 27 | Excess readership costs (Schedule J) | ſ | |
| 28 | Other deductions (attach schedule) | I | 540. |
| 29 | Total deductions. Add lines 14 through 28 | | 1,530. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 149,984. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | 149,984. |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE D (Form 1120)



Capital Gains and Losses

OMB No 1545-0123

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest Information.

| | HIC HSP CORPORATION | | | | <u> </u> | 1325761 |
|------------|---|----------------------------------|---------------------------------|---|-------------|--|
| Part | Short-Term Capital Gains and Losses | (See instructions. |) | | | |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to or loss from Form 8949, Part I, line column (g) | ı(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | | | , · | -· - | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | 27,294 | | | | 27,294 |
| 4 | Short-term capital gain from installment sales from | | 7 | | 4 | 21,234 |
| | Short-term capital gain or (loss) from like-kind excha | | | | 5 | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | (|
| | Net short-term capital gain or (loss) Combine lines | 1a through 6 in column l | h | | 7 | 27,294 |
| Part | Long-Term Capital Gains and Losses | (See instructions.) | | | | |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to or loss from Form 8949, Part II, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8 a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| 8 b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | • | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | 75,082 | | | | 75,082 |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | , | 11 | ., |
| 12 | Long-term capital gain from installment sales from F | Form 6252, line 26 or 37 | , | | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchar | nges from Form 8824 | | | 13 | |
| 14 | Capital gain distributions (see instructions) | | | | 14 | |
| 15 Part | Net long-term capital gain or (loss) Combine lines 8 | a through 14 in column | h | | 15 | 75,082 |
| ταιι | - Cammary Or Farts Fand II | | | | Γ | |
| 16 | Enter excess of net short-term capital gain (line 7) o | ver net long-term capita | l loss (line 15) | | 16 | 27,294 |
| 17 | Net capital gain. Enter excess of net long-term capit | | | | 17 | 75,082 |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, | | proper line on other re | turns | 18 | 102,376 |

Sale and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

| 1441110(3) 31101 | **** **** | tuiii | |
|------------------|-----------|--------|----|
| COTHIC | HSP | CORPOR | ΔТ |

(C) Short-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification number

27-1325761

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| (a) | | (c) Date sold or | (d) Proceeds (sales pnce) (see instructions) | (e) Cost or other basis See the Note below | If you enter an a enter a co- | (h) Gain or (loss). Subtract column (e | |
|--|---------------------------------------|-------------------------------|--|---|-------------------------------------|--|--|
| Description of property (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed of (Mo , day, yr) | | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| STCG FROM PARTNERSHIP | VARIOUS | VARIOUS | 27,294 | | | | 27,294 |
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| 2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C a | al here and inc e is checked), lin | lude on your e 2 (if Box B | 27,294 | | | | 27,294 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Social security number or taxpayer identification number

GOTHIC HSP CORPORATION

27-1325761

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D. line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property | | (b) (c) Date sold or disposed of | | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if If you enter an enter a co See the sepa | Gain or (loss). Subtract column (e) | | |
|----------|-----------------------------|---|-----------------------------------|----------------------------|-------------------------------------|---|---|--|--|--|
| | (Example | 100 sh XYZ Co) | (Mo , day, yr) | (Mo , day, yr) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) | |
| LTC | G FROM | PARTNERSHIP | VARIOUS | VARIOUS | 75,082 | | | | 75,082 | |
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| ne Sc | gative amo hedule D, I | he amounts in columns unts) Enter each total ine 8b (if Box D above | here and inclusion checked), line | ide on your 9 (if Box E | 75.082 | | | | 75.082 | |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending

27-1325761

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number

GOTHIC HSP CORPORATION Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ PASS THROUGH INCOME FROM CD FUND, LP

| Pai | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|---|-------------|------------|--------------|--------------|
| 1 a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance | ▶ 1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | . 2 | | | <u>-</u> |
| 3 | Gross profit Subtract line 2 from line 1c | . 3 | | | • |
| 4 a | Capital gain net income (attach Schedule D) | . 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). | . 4b | | | , <u> </u> |
| С | Capital loss deduction for trusts | . 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) ATCH 8 | . 5 | 14. | | 14. |
| 6 | Rent income (Schedule C) | . 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | | | " |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | . 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | |
| | organization (Schedule G) | . 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | . 10 | | | |
| 11 | Advertising income (Schedule J) | | | | |
| 12 | Other income (See instructions, attach schedule) | . 12 | | | |
| 13 | Total. Combine lines 3 through 12 | | 14. | | 14. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|-----|
| 15 | Salaries and wages | | |
| 16 | Repairs and maintenance | | |
| 17 | Bad debts | | |
| 18 | Interest (attach schedule) (see instructions) | l | , |
| 19 | Taxes and licenses | | |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | \ | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | ı | |
| 25 | Employee benefit programs | | |
| 26 | Excess exempt expenses (Schedule I) | | |
| 27 | Excess readership costs (Schedule J) | | |
| 28 | Other deductions (attach schedule) | | |
| 29 | Total deductions. Add lines 14 through 28, | | |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 14. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | _ | |
| | instructions) | 31 | 1 |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | 14. |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\underline{07/01}$, 2018, a

07/01 , 2018, and ending 06/30 , 20 19

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

Name of organization
GOTHIC HSP CORPORATION

Employer identification number 27-1325761

Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ PASS THROUGH INCOME FROM CONCEPTUAL HOLDINGS, LLC

| Pai | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|----------|------------|--------------|----------|
| 1 a | Gross receipts or sales | | | | • |
| b | Less returns and allowances C Bala | nce ▶ 1c | | | ļ |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | ··· |
| 4 a | Capital gain net income (attach Schedule D) | | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479 | 7) 4b | | | - |
| С | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (at | tach | | | |
| | statement) ATCH | . 9. 5 | 413,993. | | 413,993. |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | , ,_, =, == | |
| | organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | | 413,993. | | 413,993. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|--|--|--|
| | | |
| | 1 | |
| | 1 | |
| | 1 | |
| | | 2,706. |
| | | |
| 1 1 | _ | |
| | 22b | |
| | 23 | |
| | 1 | |
| | | |
| | | |
| | | |
| | | 1,475. |
| | | 4,181. |
| | 30 | 409,812. |
| | | |
| • | 31 | |
| | | 409,812. |
| | Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). | Less depreciation claimed on Schedule A and elsewhere on return Depletion |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

004

2018

OMB No 1545-0687

Department of the Treasury
Internal Revenue Service

Name of organization

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number

GOTHIC HSP CORPORATION

Unrelated business activity code (see instructions) ▶ 211120

27-1325761

Describe the unrelated trade or business ▶ PASS THROUGH INCOME FROM EMG FUND IV SABLE CO-INVESTMENT, LP Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... 2 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach -94,182.-94,182. statement) ATCH 11 5 6 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 -94,182. -94,182. Total. Combine lines 3 through 12..... 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K). | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 1 | |
| 17 | Bad debts | | |
| 18 | Interest (attach schedule) (see instructions) | | |
| 19 | Taxes and licenses | | 616. |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | | |
| 25 | Employee benefit programs | | |
| 26 | Excess exempt expenses (Schedule I) | | |
| 27 | Excess readership costs (Schedule J) | | |
| 28 | Other deductions (attach schedule) | | 335. |
| 29 | Total deductions. Add lines 14 through 28 | | 951. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -95,133. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | -95,133. |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

Name of organization

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

| COTHIC | HSP | CORPORATIO |
|--------|-----|------------|

Employer identification number 27-1325761

Unrelated business activity code (see instructions) ► 525990

Describe the unrelated trade or business ► PASS THROUGH INCOME FROM FIVE POINT ENERGY FUND I-A LP

| Pai | tI Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | |
|-----|---|----------|------------|--------------|----------|--|
| 1 a | Gross receipts or sales | | *** | | | |
| b | Less returns and allowances C Bala | nce ▶ 1c | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | _ | <u> </u> | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479) | 7) 4b | | | | |
| С | Capital loss deduction for trusts | | | | _ | |
| 5 | Income (loss) from a partnership or an S corporation (at | | | | | |
| | statement) ATCH | | -40,631. | | -40,631. | |
| 6 | Rent income (Schedule C) | | - | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | | - <u>-</u> | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Schedule F) | 8 | | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | - | |
| | organization (Schedule G) | 9 | - | | | |
| 10 | Exploited exempt activity income (Schedule I) | | | | - | |
| 11 | Advertising income (Schedule J) | | | | | |
| 12 | Other income (See instructions, attach schedule) | | | | _ | |
| 13 | Total. Combine lines 3 through 12 | | -40,631. | | -40,631. | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | | |
| 18 | Interest (attach schedule) (see instructions) | | |
| 19 | Taxes and licenses | | 266. |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | _ | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | |
| 23 | Depletion | 23 | <u>-</u> |
| 24 | Contributions to deferred compensation plans | | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | |
| 27 | Excess readership costs (Schedule J) | | |
| 28 | Other deductions (attach schedule) | | 145. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 411. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -41,042. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | , | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | -41;042. |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{0}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

GOTHIC HSP CORPORATION

Employer identification number 27-1325761

Unrelated business activity code (see instructions) ► 531390

Describe the unrelated trade or business ► PASS THROUGH INCOME FROM GPE HOLDCO LLC

| Pai | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | ' (C) Net | |
|-----|--|----------|------------|--------------|-----------|----------|
| 1 a | Gross receipts or sales | | | | | ,, |
| b | Less returns and allowances C Ba | alance 🕨 | 1c | | | <u> </u> |
| 2 | Cost of goods sold (Schedule A, line 7) | [| 2 | _ | | |
| 3 | Gross profit Subtract line 2 from line 1c | [| 3 | | | |
| 4 a | Capital gain net income (attach Schedule D) | [| 4a | 146,361. | - | 146,361. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47 | 797) | 4b | | | |
| С | Capital loss deduction for trusts | [| 4 c | | | |
| 5 | Income (loss) from a partnership or an S corporation (statement) | | 5 | 8,679. | | 8,679. |
| 6 | Rent income (Schedule C) | | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | 7 | | - | |
| 8 | Interest, annuities, royalties, and rents from a controlle organization (Schedule F) | ed | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | | 10 | | | |
| 11 | Advertising income (Schedule J) | [| 11 | | | |
| 12 | Other income (See instructions, attach schedule) | | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | [| 13 | 155,040. | · | 155,040. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 1 | |
| 17 | Bad debts | 1 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | 1,013. |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 | Depreciation (attach Form 4562) | _ | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | , |
| 26 | Excess exempt expenses (Schedule I) | 1 | |
| 27 | Excess readership costs (Schedule J) | | |
| 28 | Other deductions (attach schedule) | | 552. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 1,565. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 153,475. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions), | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | 153,475. |

For Paperwork Reduction Act Notice, see instructions.

SCHEDULE D (Form 1120)

Name

Capital Gains and Losses

OMB No 1545-0123

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

| GOT | HIC HSP CORPORATION | | | | 27-1 | 1325761 |
|-----------------|---|----------------------------------|---------------------------------|---|------|--|
| Part | Short-Term Capital Gains and Losses | (See instructions. |) | | | |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part I, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 109-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| ⁻ 1b | vith Box A checked | # *** * | | - | ~ . | |
| 2 | | | | | | - |
| | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term capital gain from installment sales from F | Form 6252, line 26 or 3 | 7 | | 4 | |
| 5 | Short-term capital gain or (loss) from like-kind exchar | nges from Form 8824 | | | 5 | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | (|
| | Net short-term capital gain or (loss). Combine lines 1 | | | | 7 | |
| Pari | | (See instructions.) | | | | |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales pnce) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part II, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | , | | |
| 86 | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | 146,361 | | | | 146,361 |
| · 11 | Enter gain from Form 4797, line 7 or 9 | , | | | 11 | |
| 12 | Long-term capital gain from installment sales from F | orm 6252, line 26 or 37 | 7 | | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchan | ges from Form 8824 | | | 13 | |
| 14 | Capital gain distributions (see instructions) | | | | 14 | |
| 15 Pari | Net long-term capital gain or (loss) Combine lines 8: Summary of Parts I and II | a through 14 in column | h | <u></u> | 15 | 146,361 |
| 16 | Enter excess of net short-term capital gain (line 7) or | er net long-term capita | l loss (line 15) | | 16 | |
| 17 | Net capital gain Enter excess of net long-term capit | al gain (line 15) over no | | | 17 | 146,361 |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital losses in the | · - | proper line on other ret | urns | 18 | 146,361 |

Form **8827**

Creait for Prior Year Minimum Tax - Corporations



OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

| Name | | Em | ployer identification number |
|------|--|-----|------------------------------|
| GOT | HIC HSP CORPORATION | 27- | 1325761 |
| 1 | Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 | 1 | |
| 2 | Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 | 2 | 24,362 |
| 3 | Enter any 2017 unallowed qualified electric vehicle credit (see instructions) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 24,362 |
| 5 | Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see | | |
| | ınstructions) | 5 | |
| 6 | Enter the refundable minimum tax credit (see instructions) | 6 | 24,362 |
| 7 | Add lines 5 and 6 | 7 | 24,362 |
| 8a | Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has | | |
| | pre-acquisition excess credits, see instructions | 8a | 24,362 |
| b | Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, | | |
| | Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a | | |
| | post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you | | |
| | made an entry on line 6, go to line 8c. Otherwise, skip line 8c | 8b | |
| С | Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this | | |
| | amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) | 8c | 24,362 |
| 9 | Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this | | |
| | amount to carry forward and use in future years | 9 | |

Instructions

Section references are to the Internal Revenue Code unless otherwise noted

What's New

Refundable minimum tax credit. For tax years beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. See the instructions for line 6

Purpose of Form

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward

Who Should File

Form 8827 should be filed by corporations that had

- An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3)

Line 3

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations

Line 5

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(B), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2)

l ine 6

Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability. Complete the Worksheet for Calculating the Refundable Minimum Tax Credit Amount, later in the instructions. Enter the amount from line 6 of the worksheet on Form 8827, line 6.

Note: A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year.

Department of the Treasury Internal Revenue Service (99)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

Name(s) shown on return

GOTHIC HSP CORPORATION

Identifying number 27-1325761

| art I | Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II) | ') | |
|--------------|---|-----------|------------------|
| 4 | | 1 | 31,087 |
| 1 | General business credit from line 2 of all Parts III with box A checked | | 31,007 |
| 2 | | 3 | |
| 3 | Enter the applicable passive activity credits allowed for 2018. See instructions | - | |
| 4 | Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with | 4 | 79,031 |
| | box C checked See instructions for statement to attach | -4 | 79,031 |
| 5 | Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked See instructions | 5 | |
| c | | 6 | 110,118 |
| 6 Part II | Add lines 1, 3, 4, and 5 | | 110,110 |
| | | | |
| 7 | Regular tax before credits | | |
| | • Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 | | |
| | (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 | | |
| | Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return. | 7 | |
| | applicable line of your return | ├∸┤ | |
| | lines 1a and 1b, or the amount from the applicable line of your return | | |
| . 8 | Alternative minimum tax | | |
| 0 | Individuals Enter the amount from Form 6251, line 11 | | |
| | • Corporations Enter -0 | 8 | |
| | • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 | | |
| | C Estates and trusts. Enter the amount from Schedule I (1 offin 1041), mile 30 | | |
| 9 | Add lines 7 and 8 | 9 | |
| • | | · | |
| 10a | Foreign tax credit | | |
| b | Certain allowable credits (see instructions) | | |
| | Add lines 10a and 10b | 10c | |
| - | | | |
| 11 | Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 12 | Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- | | |
| | | | |
| 13 | Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See | | |
| | Instructions |] | |
| 14 | Tentative minimum tax | | |
| | • Individuals Enter the amount from Form 6251, line 9 | | |
| | Individuals Enter the amount from Form 6251, line 9 Corporations. Enter -0 |] | |
| | Estates and trusts Enter the amount from Schedule I | | |
| | (Form 1041), line 54 | | |
| 15 | Enter the greater of line 13 or line 14 | 15 | |
| 16 | Subtract line 15 from line 11 If zero or less, enter -0 | 16 | |
| 17 | Enter the smaller of line 6 or line 16 | 17 | |
| | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, | | |
| | or reorganization | | |
| or Pan | erwork Reduction Act Notice, see senarate instructions | | Form 3800 (2018) |



| Note: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter | er -0- (| on line 26 |
|-------|---|----------|------------|
| 18 | Multiply line 14 by 75% (0 75) See instructions | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0 | 20 | |
| 21 | Subtract line 17 from line 20 If zero or less, enter -0 | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | 125 |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked 23 | | |
| 24 | Enter the applicable passive activity credit allowed for 2018. See instructions | 24 | |
| 25 | Add lines 22 and 24 | 25 | 125 |
| 26 | Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25 | 26 | |
| 27 | Subtract line 13 from line 11 If zero or less, enter -0 | 27 | |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | 63,509 |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked 32 | | |
| 33 | Enter the applicable passive activity credits allowed for 2018 See instructions | 33 | |
| 34 | Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked. See instructions | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | 36 | 63,509 |
| 37 | Enter the smaller of line 29 or line 36 | 37 | |
| 38 | Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c | 38 | |

Form 3800 (2018) Page 3 Name(s) shown on return Identifying number

| GOTHIC | HSP | CORPORATION | | | 27-132 | 25761 |
|--------|-----|-------------|--|--|--------|-------|
| | | | | | | |

| Par | General Business Credits or Eligible Small Business Credits (see ins | structi | ons) | | | |
|--------|---|------------|--|------------------------------|--|--|
| Com | plete a separate Part III for each box checked below. See instructions | | | , | | |
| Α [| X General Business Credit From a Non-Passive Activity E Reserved | | | | | |
| в | General Business Credit From a Passive Activity F Reserved | | | | | |
| c | X General Business Credit Carryforwards G Eligible Smal | l Busi | ness Credit Carryfor | wards | | |
| D [| General Business Credit Carrybacks H Reserved | | | | | |
| | f you are filing more than one Part III with box A or B checked, complete and attach first an a | | | | | |
| I | II with box A or B checked Check here if this is the consolidated Part III | | | | | |
| | (a) Description of credit | | (b) | (c) | | |
| | On any line where the credit is from more than one source, a separate Part III is needed for e | each | If claiming the credit from a pass-through | Enter the appropriate amount | | |
| | through entity | | entity, enter the EIN | amount | | |
| | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | | | | |
| b | Reserved | 1 <u>b</u> | ATTACHMENT 18 | 20 412 | | |
| C | Increasing research activities (Form 6765) | 1c | ATTACHMENT 18 | 39,412 | | |
| d | Low-income housing (Form 8586, Part I only) | 1d 1e | | | | |
| e | Disabled access (Form 8826) (see instructions for limitation) | 1e 1f | ATTACHMENT 18 | 69,807 | | |
| f | | | ATTACMAENT TO | 03,007 | | |
| g h | Indian employment (Form 8845) | 1g 1h | | | | |
| i | Orphan drug (Form 8820) | 1i | | · - | | |
| : | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | <u>''</u> | | | | |
| , k | Employer-provided child care facilities and services (Form 8882) (see | <u>''</u> | | | | |
| • | instructions for limitation) | 1k | | | | |
| 1 | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | | | |
| m | | 1m | | | | |
| n | Distilled spirits (Form 8906) | 1n | | | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | | | |
| р | Energy efficient home (Form 8908) | 1p | | | | |
| q | Energy efficient appliance (carryforward only) | 1q | | | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | | | |
| s | Alternative fuel vehicle refueling property (Form 8911) | 1s | | | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | | | |
| u | Mine rescue team training (Form 8923) | 1u | | | | |
| V | Agricultural chemicals security (carryforward only) | 1v | | | | |
| W | Employer differential wage payments (Form 8932) | 1w | | | | |
| X | Carbon oxide sequestration (Form 8933) | 1x | | | | |
| У | Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | | | |
| | Qualified plug-in electric vehicle (carryforward only) | 1z | | | | |
| aa | Employee retention (Form 5884-A) | 1aa | ATTACHMENT 18 | 899 | | |
| | General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | | | |
| ZZ | Other Oil and gas production from marginal wells (Form 8904) and certain | | | | | |
| _ | other credits (see instructions) | 1zz | 3 mm3 GUV mvm 10 | 110 110 | | |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | ATTACHMENT 18 | 110,118 | | |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | ATTACRMENT 10 | 125 | | |
| 4a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | | | |
| b | Work opportunity (Form 5884) Biofuel producer (Form 6478) | 4b 4c | | | | |
| c d | Low-income housing (Form 8586, Part II) | 4d | | | | |
| e | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | | | | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | ATTACHMENT 18 | 63,509 | | |
| g | Qualified railroad track maintenance (Form 8900) | 4g | | 33,333 | | |
| 9 h | Small employer health insurance premiums (Form 8941) | 4h | | | | |
| i | Increasing research activities (Form 6765) | 4i | | | | |
| i | Employer credit for paid family and medical leave (Form 8994) | 4j | | | | |
| Z | Other | 4z | | - | | |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | ATTACHMENT 18 | 63,509 | | |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | ATTACHMENT 18 | 173,752 | | |
| | | | | | | |

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| lama(c) chown on rotum | | Idontifuine numbor | |

GOTHIC HSP CORPORATION

27-1325761

| Part | General Business Credits or Eligible Small Business Credits (see ins | tructi | ons) | | | |
|-------|---|---------|---|------------------------|--|--|
| Com | plete a separate Part III for each box checked below. See instructions | | | · | | |
| Α | X General Business Credit From a Non-Passive Activity E Reserved | | | | | |
| в「 | General Business Credit From a Passive Activity F Reserved | | | | | |
| c「 | General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards | | | | | |
| ρſ | General Business Credit Carrybacks H Reserved | | • | | | |
| 1 1 | you are filing more than one Part III with box A or B checked, complete and attach first an a | idditio | nal Part III combining | amounts from all Parts | | |
| 1 | I with box A or B checked. Check here if this is the consolidated Part III | | | ▶ □ | | |
| | (a) Description of credit | | (b) | (c) | | |
| Note: | On any line where the credit is from more than one source, a separate Part III is needed for | each | If claiming the credit from a pass-through | Enter the appropriate | | |
| | hrough entity | | entity, enter the EIN | amount | | |
| 1 a | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | | | | |
| b | Reserved | 1b | | | | |
| c | Increasing research activities (Form 6765) | 1¢ | ATTACHMENT 18 | 31,087 | | |
| d | Low-income housing (Form 8586, Part I only) | 1d | | | | |
| е | Disabled access (Form 8826) (see instructions for limitation) | 1e | | | | |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | | | |
| g | Indian employment (Form 8845) | 1g | | | | |
| h | Orphan drug (Form 8820) | 1h | | | | |
| i | New markets (Form 8874) | 1i | | | | |
| j | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | | | | |
| k | Employer-provided child care facilities and services (Form 8882) (see | | | | | |
| | instructions for limitation) | 1k | | L | | |
| - 1 | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | | | |
| m | | 1m | | | | |
| n | Distilled spirits (Form 8906) | 1n | | | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | | | |
| р | Energy efficient home (Form 8908) | 1p | | | | |
| q | Energy efficient appliance (carryforward only) | 1q | | | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | | | |
| s | Alternative fuel vehicle refueling property (Form 8911) | 1s | | | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | | | |
| u | Mine rescue team training (Form 8923) | 1u | | | | |
| v | Agricultural chemicals security (carryforward only) | 1v | | | | |
| w | Employer differential wage payments (Form 8932) | 1w | | | | |
| x | Carbon oxide sequestration (Form 8933) | 1x | | | | |
| у | Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | | | |
| z | Qualified plug-in electric vehicle (carryforward only) | 1z | | | | |
| aa | Employee retention (Form 5884-A) | 1aa | | | | |
| bb | General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | | | |
| ZZ | Other Oil and gas production from marginal wells (Form 8904) and certain | | | | | |
| | other credits (see instructions) | 1zz | | | | |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | ATTACHMENT 18 | 31,087 | | |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | | | |
| 4a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | | | |
| b | Work opportunity (Form 5884) | 4b | | | | |
| С | Biofuel producer (Form 6478) | 4c | | | | |
| d | Low-income housing (Form 8586, Part II) | 4d | | | | |
| е | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | | | | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | ATTACHMENT 18 | 36,211 | | |
| g | Qualified railroad track maintenance (Form 8900) | 4g | | | | |
| h | Small employer health insurance premiums (Form 8941) | 4h | | | | |
| i | Increasing research activities (Form 6765) | 4i | | | | |
| j | Employer credit for paid family and medical leave (Form 8994) | 4j | | | | |
| Z | Other | 4z | | | | |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | ATTACHMENT 18 | 36,211 | | |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | ATTACHMENT 18 | 67.298 | | |

| Form 3800 (2018) | | | | Page 3 |
|-------------------------|---|------|--------------------|--------|
| Nama(a) shown on return | • | | Identifying number | |

| GOTHIC HS | CORPORATION | |
|-----------|-------------|--|
| | | |

27-1325761

| r au | General Business Credits of Engine Small Business Credits (see ins | ucu | uris) | |
|------|---|-----------|--|----------------------------------|
| Com | plete a separate Part III for each box checked below. See instructions. | | | |
| A [| General Business Credit From a Non-Passive Activity E Reserved | | | |
| в | General Business Credit From a Passive Activity F Reserved | | | |
| c [| X General Business Credit Carryforwards G Eligible Small | Busi | ness Credit Carryfon | wards |
| ρĺ | General Business Credit Carrybacks H Reserved | | | |
| | f you are filing more than one Part III with box A or B checked, complete and attach first an a | | | |
| (| II with box A or B checked Check here if this is the consolidated Part III | <u></u> | | . |
| | (a) Description of credit On any line where the credit is from more than one source, a separate Part III is needed for ethrough entity | each | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
| | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | entity, enter the Life | |
| | Reserved | 1b | | |
| c | Increasing research activities (Form 6765) | 1c | ATTACHMENT 18 | 8,325 |
| d | Low-income housing (Form 8586, Part I only) | 1d | | |
| е | Disabled access (Form 8826) (see instructions for limitation) | 1e | | - |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | ATTACHMENT 18 | 69,807 |
| g | Indian employment (Form 8845) | 1g | | |
| h | Orphan drug (Form 8820) | 1h | | |
| i | New markets (Form 8874) | 1i | | |
| j | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | <u>1j</u> | | |
| k | Employer-provided child care facilities and services (Form 8882) (see | | | |
| | instructions for limitation) | 1k | | |
| 1 | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | |
| m | ' | 1m | · | |
| n | Distilled spirits (Form 8906) | 1n | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | |
| р | Energy efficient home (Form 8908) | 1p | | |
| q | Energy efficient appliance (carryforward only) | 1q | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | |
| s | Alternative fuel vehicle refueling property (Form 8911) | 1s | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | |
| u | Mine rescue team training (Form 8923) | 1u | | _ |
| ٧ | Agricultural chemicals security (carryforward only) | 1v | | |
| W | Employer differential wage payments (Form 8932) | 1w | | |
| X | Carbon oxide sequestration (Form 8933) | 1x | | |
| У | Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | |
| Z | Qualified plug-in electric vehicle (carryforward only) | 1z | 3 mm 3 CUM TUM 1 C | 000 |
| a | Employee retention (Form 5884-A) | 1aa | ATTACHMENT 18 | 899 |
| | General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | |
| ZZ | Other Oil and gas production from marginal wells (Form 8904) and certain | 4 | | |
| 2 | other credits (see instructions) | 1zz 2 | ATTACHMENT 18 | 79,031 |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | ATTACHMENT 18 | 125 |
| 4 a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | 123 |
| b | Work opportunity (Form 5884) | 4b | | |
| c | Biofuel producer (Form 6478) | 4c | | |
| d | Low-income housing (Form 8586, Part II) | 4d | | |
| e | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | *** | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | ATTACHMENT 18 | 27,298 |
| g | Qualified railroad track maintenance (Form 8900) | 4g | | · |
| h | Small employer health insurance premiums (Form 8941) | 4h | | |
| i | Increasing research activities (Form 6765) | 4i | | |
| j | Employer credit for paid family and medical leave (Form 8994) | 4j | | |
| z | Other | 4z | | |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | ATTACHMENT 18 | 27,298 |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | ATTACHMENT 18 | 106,454 |



GOTHIC HSP CORPORATION EIN 27-1325761 FOR THE YEAR ENDED 6/30/2019 FORM 990-T SUPPLEMENTAL INFORMATION

ACTIVITY 1 PASS THROUGH INCOME FROM VARIOUS PARTNERSHIP

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | | (13,323,691) - |
|---|-----------|----------------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | 2,271,057 | 2,271,057 |
| ADD: DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | 742,025 | 742,025 |
| INCOME (LOSS) FROM PARTNERSHIPS | | (14,852,723) |

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

44,813.

PART II - LINE 28 - OTHER DEDUCTIONS

44,813.

ACTIVITY 2: PASS THROUGH. INCOME FROM BLACKWELL PARTNERS LLC SERIES A

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | (95,599) |
|---|----------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | |
| ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | <u> </u> |
| INCOME (LOSS) FROM PARTNERSHIPS | (95,599) |

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

340.

PART II - LINE 28 - OTHER DEDUCTIONS

340.

ATTACHMENT 5

5648CC 1985 V 18-7.6F 2545543

ACTIVITY 3: PASS THROUGH INCOME FROM CANYON BLUE CREDIT INVESTMENT FUND, LP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | | 151,514 |
|---|---------|---------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | 102,376 | |
| ADD. DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | | 102,376 |
| INCOME (LOSS) FROM PARTNERSHIPS | | 49,138 |

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES 540.

PART II - LINE 28 - OTHER DEDUCTIONS

540.

5648CC 1985 V 18-7.6F 2545543 ATTACHMENT 7

ACTIVITY 4: PASS THROUGH INCOME FROM CD FUND, LP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | | | | 14 |
|---|---|---|---|----|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | | | - | |
| ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | 1 | _ | | |
| INCOME (LOSS) FROM PARTNERSHIPS | | | | 14 |

ACTIVITY 5: PASS THROUGH INCOME FROM CONCEPTUAL HOLDINGS, LLC

| SCHEDULE M LINE 5 - | INCOME (LOSS) | FROM PARTNERSHIPS F | AND/OR S CORPORATIONS |
|---------------------|---------------|---------------------|-----------------------|
| | | | |

| BOMBBORD II BIND O | INCOME (HODE) | LICOII LIIIC | THEROTITE | 11110/011 | COME CHAIL LOND |
|--|---|--------------|-----------|-----------|-----------------|
| | | | | | • |
| GROSS INCOME FROM PAR | TNERSHIP INVESTME | ENTS | | | 413,993 |
| LESS, INCOME INCLUDED C CAPITAL GAINS IN | N OTHER LINE ITEMS ICLUDED ON LINE 4 | 3 | <u>.</u> | · - | |
| ADD [.] DEDUCTIONS INCLUDED DEPLETION LIMIT | | EMS | | <u>-</u> | <u>-</u> _ |
| INCOME (LOSS) FROM PAR | TNERSHIPS | | | _ | 413,993 |

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

1,475.

PART II - LINE 28 - OTHER DEDUCTIONS

1,475.

ATTACHMENT 10

ACTIVITY 6: PASS THROUGH INCOME FROM EMG FUND IV SABLE CO-INVESTMENT, LP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | | (94,715) |
|---|-----|----------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | - | |
| ADD. DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | 533 | 533 |
| INCOME (LOSS) FROM PARTNERSHIPS | | (94,182) |

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES 335.

PART II - LINE 28 - OTHER DEDUCTIONS 335.

5648CC 1985 V 18-7.6F 2545543 ATTACHMENT 12

ACTIVITY 7: PASS THROUGH INCOME FROM FIVE POINT ENERGY FUND I-A LP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | (40,631) |
|---|----------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | - |
| ADD. DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | |
| | |
| INCOME (LOSS) FROM PARTNERSHIPS | (40,631) |

5648CC 1985 V 18-7.6F 2545543 ATTACHMENT 13

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

145.

PART II - LINE 28 - OTHER DEDUCTIONS

145.

ATTACHMENT 14

ACTIVITY 8: PASS THROUGH INCOME FROM GPE HOLDCO LLC

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

| GROSS INCOME FROM PARTNERSHIP INVESTMENTS | | 155,040 |
|---|---------|--------------|
| LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 | 146,361 | |
| ADD. DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION | | 146,361 - |
| INCOME (LOSS) FROM PARTNERSHIPS | | 8,679 |

5648CC 1985 V 18-7.6F 2545543 ATTACHMENT 15

| | 27-1325761 |
|------------|------------|
| ATTACHMENT | 16 |

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES 552.

PART II - LINE 28 - OTHER DEDUCTIONS

552.

5648CC 1985 V 18-7.6F 2545543 ATTACHMENT 16

GOTHIC HSP CORPORATION EIN: 27-1325761 FOR THE YEAR ENDED 6/30/2019 FORM 990-T SUPPLEMENTAL INFORMATION

| PART II, LINE 20 | CHARITABLE AMOUNT |
|---|----------------------|
| GENERATED IN TAX YEAR 2013 (FY ENDED 6/30/14) | 8,995 |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/15) | 4,525 |
| GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/16) | 7,191 |
| GENERATED IN TAX YEAR 2016 (FY ENDED 6/30/17) | 10,135 |
| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/18) | 11,033 |
| TOTAL CHARITABLE CONTRIBUTIONS FROM 2018 K-1'S | 22,997 |
| CONTRIBUTIONS AVAILABLE FOR 6/30/2019 YEAR END | 64,876 |
| INCOME LIMITATION: TAXABLE INCOME BEFORE NOL CARRYBACK, DOMESTIC PROD. ACT. DED. OR CAPITAL LOSS CARRYBACK 10% CORPORATE INCOME LIMITATION | (12,228,177) 0 |
| AMOUNT UTILIZED IN CURRENT YEAR | 0 |
| CHARITABLE CONTRIBUTIONS CONVERTED TO NOL | 64,876 |
| AMOUNT EXPIRED IN CURRENT YEAR | 0 |
| TOTAL CHARITABLE CONTRIBUTIONS CARRYOVER TO 2018 | 0 |

GOTHIC HSP CORPORATION

EIN: 27-1325761

FOR THE YEAR ENDED 6/30/2019

FORM 990-T SUPPLEMENTAL INFORMATION

FORM 990-T, PART II, LINE 31 - NET OPERATING LOSS GENERATED BEFORE TAX YEAR BEGINNING BEFORE 1/1/2018

| GENERATED | IN | TAX | YEAR | 2010 | (FY | ENDED | 6/30/2011) | 67,109 |
|--|------|-------|--------|------|--------|---------|---------------|------------|
| GENERATED | IN | TAX | YEAR | 2011 | (FY | ENDED | 6/30/2012) | 33,604 |
| GENERATED | IN | TAX | YEAR | 2012 | (FY | ENDED | 6/30/2013) | 779,612 |
| GENERATED | IN | TAX | YEAR | 2013 | (FY | ENDED | 6/30/2014) | 2,039,841 |
| GENERATED | IN | TAX | YEAR | 2014 | (FY | ENDED | 6/30/2015) | 1,737,702 |
| GENERATED | IN | TAX | YEAR | 2015 | (FY | ENDED | 6/30/2016) | 5,772,260 |
| GENERATED | IN | TAX | YEAR | 2016 | (FY | ENDED | 6/30/2017) | 522,385 |
| GENERATED | IN | TAX | YEAR | 2017 | (FY | ENDED | 6/30/2018) | 9,882,827 |
| | | | | | | | - | 20,835,340 |
| | | | | | , | | - (00 (00 00) | (512 005) |
| UTILIZED 1 | LN : | rax : | YEAR 2 | 5018 | (FY I | SNDED (| 5/30/2019) | (713,285) |
| CHARITABLE CONTRIBUTIONS CONVERTED TO NOL 64,876 | | | | | 64,876 | | | |
| | | | | | | | | |

TOTAL AMOUNT AVAILABLE 20,186,931

FORM 990-T, PART II, LINE 31 - NET OPERATING LOSS GENERATED AFTER TAX YEAR BEGINNING AFTER 1/1/2018

GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)

AGGREGATED PARTNERSHIPS (12,708,723)
BLACKWELL PARTNERS LLC SERIES A (96,564)
EMG FUND IV SABLE CO-INVESTMENT, LP (95,133)
FIVE POINT ENERGY FUND I-A LP (41,042)

TOTAL AMOUNT AVAILABLE (12,941,462)

GOTHIC HSP CORPORATION

EIN: 27-1325761

FOR THE YEAR ENDED 6/30/2019

FORM 990-T SUPPLEMENTAL INFORMATION

FORM 3800. PART III, LINE 1C - CREDIT FOR INCREASING RESEARCH ACTIVITIES

| GENERATED IN TAY YEAR 2012 (EV ENDED 6/30/2013) | | | 973 | | | |
|--|---|-------------|-------------------------------|--|--|--|
| | GENERATED IN TAX YEAR 2012 (FY ENDED 6/30/2013) | | | | | |
| | GENERATED IN TAX YEAR 2013 (FY ENDED 6/30/2014) | | | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) | | | 100 | | | |
| GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) | | | 103 | | | |
| GENERATED IN TAX YEAR 2016 (FY ENDED 6/30/2017) | | | 2,828 | | | |
| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | | | 2,865 | | | |
| | | | | | | |
| BACKSTOP SOLUTIONS GROUP, LLC. | 20-0199997 | 121 | | | | |
| BLACKWELL PARTNERS LLC SERIES A | 20-8075455 | 763 | | | | |
| BW NAR AIV III LP | 47-3175158 | 152 | | | | |
| CONCEPTUAL HOLDINGS, LLC | 82-3646999 | 1,980 | | | | |
| INTERVALE CAPITAL FUND III, LP | 32-0432155 | 2,213 | | | | |
| LIME ROCK PARTNERS VI, L.P. | 98-1027307 | 1,196 | | | | |
| PULSE SECURE HOLDINGS, LLC | 47-1493513 | 1,809 | | | | |
| RESERVOIR CAPITAL INVESTMENT PARTNERS (CAYMAN), L.P. | 98-0481298 | 401 | | | | |
| ROCKCLIFF CO-INVESTMENT PARTNERS, LP | 47-3258153 | 19,563 | | | | |
| TZP SMALL CAP PARTNERS I, L.P. F/K/A TZP GROWTH PARTNERS I, L.P. | 47-1759078 | 1,871 | | | | |
| SIRIS PARTNERS II (DELAWARE) II LP | 47-1485094 | 1,018 | | | | |
| | | | | | | |
| GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | | | 31,087 | | | |
| | | _ | | | | |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | | _ | 39,412 | | | |
| | | | | | | |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | | | - | | | |
| | | _ | 39,412 | | | |
| CREDIT CARRYFORWARD TO 06/30/2020 | | | | | | |
| | | | | | | |
| | • | | | | | |
| FORM 3800, PART III, LINE 1F - RENEWABLE ELECTRICITY, REFINED COAL, | | | | | | |
| AND INDIAN COAL PRODUCTION CREDIT | | | | | | |
| | | | 15 026 | | | |
| GENERATED IN TAX YEAR 2010 (FY ENDED 6/30/2011) | | | 17,236 | | | |
| GENERATED IN TAX YEAR 2011 (FY ENDED 6/30/2012) | | | 20,891 | | | |
| GENERATED IN TAX YEAR 2012 (FY ENDED 6/30/2013) | | | 9,226 | | | |
| GENERATED IN TAX YEAR 2013 (FY ENDED 6/30/2014) | | | | | | |
| | | | 7,013 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) | | | 7,847 | | | |
| | | | | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) | | | 7,847 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) | | | 7,847 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) | | | 7,847 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | | _ | 7,847 7,594 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) | | _ _ | 7,847 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | | _ = | 7,847 7,594 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | | - - | 7,847 7,594 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | | - - | 7,847 7,594 - 69,807 | | | |
| GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015) GENERATED IN TAX YEAR 2015 (FY ENDED 6/30/2016) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | | - - - | 7,847 7,594 | | | |

GOTHIC HSP CORPORATION
EIN: 27-1325761
FOR THE YEAR ENDED 6/30/2019
FORM 990-T SUPPLEMENTAL INFORMATION

FORM 3800. PART III. LINE 1AA - EMPLOYEE RETENTION

| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | 899 |
|---|--------|
| GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | - |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | 899 |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | - |
| CREDIT CARRYFORWARD TO 06/30/2020 | 899 |
| FORM 3800, PART III, LINE 3 - EMPOWERMENT ZONE EMPLOYMENT CREDIT | |
| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | 125 |
| GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | - |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | 125 |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | - |
| CREDIT CARRYFORWARD TO 06/30/2020 | 125 |
| FORM 3800, PART III, LINE 4F - SOCIAL SECURITY CREDITS | |
| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | 27,298 |
| PYRAMID INVESTORS, LLC 37-1804081 20,75 TZP CAPITAL PARTNERS II LP 46-1213191 15,45 | |
| GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | 36,211 |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | 63,509 |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | - |
| CREDIT CARRYFORWARD TO 06/30/2020 | 63,509 |