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			_				4	V
Form <b>990-T</b>	Exem	pt Organizatio and proxy t	n Bus	iness Inco der section 6	me ˈ 033(	Tax Retu	rn	OMB No 1545-0047
	For calendar yea	ar 2019 or other tax year be						<b>2</b> 019 .
Department of the Treasury	B	Go to www.irs gov/Form9						
Internal Revenue Service		er SSN numbers on this for			.,			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change		of organization ( Chec	k box if nan	ne changed and see in:	struction	15)		oyer identification number oyees' trust, see instructions )
B Exempt under section		THIC HSP CORPORA						
X 501( C 0 3 )	Print Number	er, street, and room or suite r	o IfaPO	box, see instructions				325761
408(e) 220	<sup>(e)</sup> Type							lated business activity code
408A530	(4)	S MANGUM STREE					<u> </u>	
529(a)	<b>⊸</b> ! ' '	r town, state or province, cou	intry, and Z	IP or foreign postal cod	е			0.0
C Book value of all asset at end of year		RHAM, NC 27701		» »1/»			5259	90
·		mption number (See instr			5644		1.00.1.1	
2319968179		anization type ► X 5			501(c	c) trust	*401(a)	
	-	n's unrelated trades or bus	inesses		h. 0= 5			(or first) unrelated
trade or business l			aamelat-					e than one, describe the
	then complete Part	f the previous sentence,	complete	rans rand II, compl	ele a S	ochequie IVI TOT 68	ich additio	riai
		is III-v ation a subsidiary in an a	ffiliated or	roup or a parent-sub	eldian.	controlled group?	<u> </u>	Yes X No
•	•	ying number of the parent	-		sicial y	controlled group.		[ ]
J The books are in o			, corporation		lenhor	ne number ▶ 91	19-668	-6829
		siness Income		(A) Income	лорио	(B) Exper		(C) Net
1a Gross receipts			1	(1,) 11.00.11.0		(2) 2		(5)
b Less returns and all		c Balance	e ▶ 1c					/!
		ine 7)						
-		line 1c	٠,					
•		ichedule D)	• —	4,958,3	01.			4,958,101.
		line 17) (attach Form 4797)			_		/	
• , ,	•		· —				·	
•		rporation (attach statement)		-21,363,6	505.	ATCH 2	<u> </u>	-21,363,605.
• •	•		` <del>                                    </del>					
*	,	Schedule E)	· —					
8 Interest, annuities,	royalties, and rents from	a controlled organization (Schedul	le F) 8	/		•	-	
_	-	9), or (17) organization (Schedule						
		(Schedule I)						
11 Advertising inc	ome (Schedule J)		. 11					
12 Other income	(See instructions, a	attach schedule)	. 12			•	-"	
13 Total. Combine	lines 3 through 1	2	. 13	-16,405,5	504.			-16,405,504.
		n Elsewhere (See in related business inco		ons for limitation	s on o	deductions.) (	Deducti	ons must be directly
14 Compensation	of officers, directo	rs, and trustees (Schedule	<del></del>		-		14	
		/ ] .	. RE	CEIVED			15	
	aintenance				ပ္တ.		16	
				Ta I	(O)		17	
		structions)	śt: MA	Y: <b>6:39</b>	လ. ဝ.		18	
	ises		L	<del></del>	麗.		19	22,605.
			OC	DEN UT20				-
	<i>y</i>	hedule A and elsewhere o		21a			21t	
	<b>./.</b>			<del></del>			22	
23 Contributions I	o deferred compe	nsation plans					23	
24 Employee beni							24	

Compe 15 Salaries Repairs 16 17 Bad de 18 Interes 19 Taxes a 20 Deprec 21 Less de Deplete 22 23 Contrib Employe 24 25 25 26 26 37,778. 27 27 60,382. 28 28 -16,465,886. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . 30 -16,465,886. Unrelated business taxable income Superactions.

For Paperwork Reduction Act Notice, see instructions. Unrelated business taxable income Subtract line 30 from line 29 . . . . . . . . . Form. 990-T (2019)





Form	990-T (20		27-1325761	Page 2
Pai	t In	Total Unrelated Business Taxable Income		
32	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see	,	
				662,551
33	Amount	s paid for disallowed fringes	33	
34	Charital	ble contributions (see instructions for limitation rules)	34	-
35	Total u	inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lipe-		
			35	662,551
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see	II T	
	instruction		36	662,551
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	•	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.		
11	enter th	e smaller of zero or line 37	39	0
Pai		Tax Computation	Ÿ	
	_	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amo	ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42		ax. See instructions	42	
43	-	ive minimum tax (trusts only)	43	
441		· •	44	
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Pai		Tax and Payments		
	-77	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	i	
b	Other c	redits (see instructions)		
С	General	business credit. Attach Form 3800 (see instructions)		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		
		· · · · · · · · · · · · · · · · · · ·	46e	
47	Subtrac	t line 46e from <u>line 45 </u>	47	
48	Other tax	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	0
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Paymer	nts <sup>.</sup> A 2018 overpayment credited to 2019		
b	2019 es	stimated tax payments	ł	
C	Tax dep	osited with Form 8868		
d	Foreign	organizations. Tax paid or withheld at source (see instructions)		
е	Backup	withholding (see instructions)		
f	Credit f	or small employer health insurance premiums (attach Form 8941) [51f]		
g	Other cr	edits, adjustments, and payments: Form 2439		
	F-	orm 4136 Other Total ▶ 51g		
52	•	ayments. Add lines 51a through 51g	52	1,728
53		ed tax penalty (see instructions). Check if Form 2220 is attached ▶ 🛄 📗	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<del></del>	1,728
5,6		e amount of line 55 you want Credited to 2020 estimated tax ▶1,728. Refunded ▶	56	
	rt VI	Statements Regarding Certain Activities and Other Information (see instructions		I Van I Na
57		time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
		VARIOUS		X
58	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	X
		see instructions for other forms the organization may have to file.		
<u>59</u>	Enter th	ne amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright $47,923$ .  Indee penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	not of much mountain	and balish is
	tru	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	esi or my knowledge	and belief it
Sig		Hall May	y the IRS discuss	
Hei			the preparer s	
	S		instructions)? X Y	es No
Paid	1	Print/Type preparer's name  Preparer's signature  Check	1 2017	77077
	parer			773072
	Only		EIN ► 13-556	
		Firm's address > 300 NORTH GREENE ST. STE 400, GREENSBORO, NC 27401   Phone	m 336-275-	·3394



_	GOTHIC	HSP COR	PORATION				, 27-1325761	
Form 990-T (2019)								Page 3
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory	valuation	<u> </u>	··		
1 Inventory at beginning of your purchases	2 3 sts 4a 4b 4b 5	roperty ar	8 and Personal	Cost of 6 from lin 1, line 2. Do the property to the orga	goods so ne 5 Enter rules of produced anization?	ar	with respect to Yes	s No
Description of property				_				
(1)				•				
(2)								
(3)								
(4)						-		
	2. Rent recei	ved or accrue	ed .					
for personal property is more than 10% but not percenta			ge of rent for per	m real and personal property (if the e of rent for personal property exceeds the rent is based on profit or income)  3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schedules)				
(1)								
(2)								
(3)								
(4)								
Total		Total				4) 7		
(c) Total income. Add totals of conere and on page 1, Part I, line 6,						(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions	)				
1. Description of deb	t-financed property		2 Gross inco			debt-finan	onnected with or allocable to ced property	
			prope			nt line depreciation ch schedule)	(b) Other deduction (attach schedule)	s 
(1)								
(2)								
(3)								
(4)					ļ			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach scho	ble to property	6. Colu 4 divid by colu	ded		income reportable n 2 x column 6)	8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	

Form **990-T** (2019)

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3) (4)

Total dividends-received deductions included in column 8.

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

Schedule F - Interest, Alli				ntrolled Or				(00		/	
Name of controlled organization	2. Employer identification numb	er 3 Ne	t unrela	ated income istructions)	4. Total	Total of specified included		5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	· · ·			'-		,		_			
(2)			-								
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specific		inc	luded	of column in the columns	ntrolling		1 Deductions directly nected with income in column 10
(1)	·	·		_							·
(2)											
(3)					-						
(4)											
Totals		· · · · · · · · · · · · · · · · · · ·		<u> </u>	▶	En Pa	iter her art I, kr	umns 5 a re and on ne 8, colur	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	ncome of a Sec	ction 501(c	)(7),	(9), or (17	) Orga	nizati	on (	see inst	ructions)		
1 Description of income	2 Amount of	Income		3. Deduction directly corting (attach sch	nected				l-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					_						
(2)											<u></u>
(3)						-					
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Tha	an Adverti	sing In		e (se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business inc	es with of	4. Net incor	ncome (loss) related trade ess (column solumn solum		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
<u>(1)</u>											<u> </u>
(2)							_				<del> </del>
(3)		<del> </del>									<del> </del>
<u>(4)</u>				<del>-</del> -							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rti, 📗	,							Enter here and on page 1, Part II, line 25
Schedule J- Advertising Ir	icome (see instr	uctions)		L							<u> </u>
Part I Income From Per			nsoli	dated Bas	sis						
1 Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertigain or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute	5	Circul		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_	-						•	
(2)						_					1.
(3)				-					<u> </u>		1
(4)				<del>-</del>							-
Totals (carry to Part II, line (5))		<u> </u>		<u>-</u>							Form <b>990-T</b> (2019)

Form	QQU_T	(2019)

Totals from Part I.

(4)

GOTHIC HSP CORPORATION

Enter here and on

27-1325761

٠,

Page 5

Part II 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.) 4. Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6. Readership 2 minus col 3) If minus column 5, but 1. Name of periodical advertising advertising costs ıncome costs a gain, compute cols 5 through 7 not more than ıncome column 4) (2) (3)

page 1, Part I, | page 1, Part I, | line 11, col (A) | line 11, col (B) | • Part II, line 26

Totals, Part II (lines 1-5) . . . ▶

Enter here and on

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

Form 990-T (2019)

Enter here and

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **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.

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

OMB No 1545-0123

2019

Employer Identification number GOTHIC HSP CORPORATION 27-1325761 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part I, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 7,599. 7,599. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7,599. Part II Long-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales price) (or other basis) the result with column (a) whole dollars column (a) 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 . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 787,619. 787,619. Enter gain from Form 4797, line 7 or 9 4,162,883. 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 4,950,502. Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 7,599. 16 4,950,502. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 4,958,101. Note: If losses exceed gains, see Capital Losses in the instructions

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

JSA

Schedule D (Form 1120) 2019

#### SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0123

2019

Employer identification number

GOTHIC HSP CORPORATION 27-1325761 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part I, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (a) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 8,519 8,519 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 8,519 Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from the lines below Proceeds \*Cost 8949, Part II, line 2, column (d) and combine This' form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (g) the result with column (g) 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 you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 . with Box D checked . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 44,997 44,997 Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 44,997 Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 8,519 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 44,997 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 53,516 Note: If losses exceed gains, see Capital Losses in the instructions

#### **SCHEDULE D** (Form 1120)

Name

**Capital Gains and Losses** 

OMB No 1545-0123

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

Name					Employ	er Identifica	tion number
	HIC HSP CORPORATION				27-1	L3 <u>25761</u>	
Did tl	ne corporation dispose of any investment(s) in a	qualified opportuni	ty fund during the ta	x year?	▶[	Yes	No
	s," attach Form 8949 and see its instructions fo			your gain or lo	ss		
Pari		(See instructions	<u> </u>		_	T	
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments or loss from For		(h) Gain or Subtract c	· (loss) olumn (e) from
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	8949, Part I, lin		column (d)	and combine
12	whole dollars  Totals for all short-term transactions reported on Form	(ballos prico)	(01 01101 04010)	column (g)		the result	with column (g)
	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.						
16	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				-		
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 exchain	nges from Form 8824			. 5		
						,	
6	Unused capital loss carryover (attach computation)				. 6	1	
_							
	Net short-term capital gain or (loss) Combine lines 1			• • • • • • •	. 7		
Par	Long-Term Capital Gains and Losses See instructions for how to figure the amounts to enter on	·		(g) Adjustments	to gain	(h) Gain or	(loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from For			olumn (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part II, III column (g)	ne 2,		and combine with column (g)
8a	Totals for all long-term transactions reported on Form			Column (g)		the result (	Milli Columni (9)
	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		•				
81	Totals for all transactions reported on Form(s) 8949					<del>                                     </del>	•
	with Box D checked						
9	Totals for all transactions reported on Form(s) 8949						
	with Box Echecked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked						
11	Enter gain from Form 4797, line 7 or 9				11		648
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 exchan	iges from Form 8824			13		
14	Capital gain distributions (see instructions)				14	-	
4-	National term county and a first County County	a Abananah didi.	L		, -		_
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	<u>n</u>		15		648
Par	Summary of Parts I and II					<del> </del>	
40	Enter evenes of not short torse control some flore 70 or		Hose (line 45)		,,		
16	Enter excess of net short-term capital gain (line 7) or	ver riet long-term capita	ii ioss (iine 15)	• • • • • • •	16	-	<del>.</del>
47	Net capital gain Enter excess of net long-term capit	ral main /line 15) over a	at chart term conital les	e (line 7)	47		CAC
17 18	Add lines 16 and 17 Enter here and on Form 1120,					-	648
10	Note: If losses exceed gains, see Capital Losses in the		Nobel line ou oniel ten	uiii3	18	I	648

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\underline{-07/01}$  , 2019, and ending  $\underline{-06/3}$ 

► 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)

(A) Income

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

(C) Net

Name of the organization									
GOTHIC	HS₽	CORPORATION							

Employer identification number 27-1325761

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 525990

Part I Unrelated Trade or Business Income

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME - SILO 2

			- 1				
1a	Gross receipts or sales						
b	Less returns and allowances c i	Balance 🕨	1c				,
2	Cost of goods sold (Schedule A, line 7)		2			•	1
3	Gross profit Subtract line 2 from line 1c		3				
4a	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)	CH.5.	5	24,091.			24,091.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a contro	lled					١
	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)		11				
12	Other income (See instructions, attach schedule)		12		•		
13	Total. Combine lines 3 through 12		13	24,091.			24,091.
14	connected with the unrelated business inc Compensation of officers, directors, and trustees (Sc					14	
15	Salaries and wages						
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions).					18	
19	Taxes and licenses					19	
20	Depreciation (attach Form 4562)			1 1		"	
21	Less depreciation claimed on Schedule A and elsew				· · · · · · · · · · · · · · · · · · ·	21b	
22	Depletion					22	
23	Contributions to deferred compensation plans						
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)				ATCH 6	27	331.
28	Total deductions. Add lines 14 through 27					28	331.
29	Unrelated business taxable income before net of					29	23,760.
30	Deduction for net operating loss arising in ta	x years	begini	ning on or after Janua	ry 1, 2018 (see		
	instructions)					30	1
31	Unrelated business taxable income Subtract line 30	from line	29 .	<u> </u>		31	23,760.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

JSA

9X2745 1 000

#### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $_{-}$ 

Internal Revenue Service Name of the organization

GOTHIC HSP CORPORATION

Investment income of a section 501(c)(7), (9), or (17) 

Exploited exempt activity income (Schedule I) . . . . . .

Other income (See instructions, attach schedule) . . . . .

Advertising income (Schedule J) . . . . . . . .

Total. Combine lines 3 through 12....

► 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

27-1325761

	Describe the unrelated trade or business ► PARTNERSHIP		ME - SILO 3		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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		-	
4a	Capital gain net income (attach Schedule D)	4a	53,516.		53,516.
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)	5	134,792.		134,792.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			·····
8	Interest, annuities, royalties, and rents from a controlled				

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

9

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11

12

188,308.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs		
25	Excess exempt expenses (Schedule I)		_
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)		331.
28	Total deductions. Add lines 14 through 27		331.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	187,977.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	1	
31	Unrelated business taxable income Subtract line 30 from line 29		187,977.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

188,308.

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## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/30}{}$  , 20  $\frac{20}{}$ 

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

(C) Net

Name of the organization

1a Gross receipts or sales

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 27-1325761

(A) Income

(B) Expenses

GOTHIC HSP CORPORATION Unrelated Business Activity Code (see instructions) ▶ 525990

Part I Unrelated Trade or Business Income

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME - SILO 4

U	Less returns and allowances C Balance	10			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	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		7	
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 9	5	NONE		NONE
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)				"
	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	NONE		NONE
	connected with the unrelated business income )	_		44	<del></del>
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)				
21	Less depreciation claimed on Schedule A and elsewhere on re	turn	<u>21a  </u>	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	- 221
27	Other deductions (attach schedule)				331.
28	Total deductions Add lines 14 through 27			28	331.
	Illustated business touchts uncome buffer and according	loss	deduction Subtract line 28 from line 13	29	331.
29	· · · · · · · · · · · · · · · · · · ·			$\overline{}$	T
29 30	Deduction for net operating loss arising in tax years	begin	_		
	· · · · · · · · · · · · · · · · · · ·	begin		30 31	-331.

## Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

20**19** 

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection for

Name of the organization

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

27-1325761

	Unrelated Business Activity Code (see instructions) ▶ 52599 Describe the unrelated trade or business ▶ PARTNERSHIP		DME - SILO 5		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
4a	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)	5	57,691.		57,691.
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) 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			

57,691.

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

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	58.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	L	
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)		331.
28	Total deductions. Add lines 14 through 27		388.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	57,302.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29		57,302.

For Paperwork Reduction Act Notice, see instructions

Total. Combine lines 3 through 12.....

Schedule M (Form 990-T) 2019

57,691.

JSA

9X2745 1 000

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\underline{07/01}$  , 2019, and ending  $\underline{06/30}$  , 20  $\underline{20}$ 

► 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

Internal Revenue Service

Name of the organization

GOTHIC HSP CORPORATION

Unrelated Business Activity Code (see instructions) ▶ 211120

Exploited exempt activity income (Schedule I) . . . . . . .

Other income (See instructions, attach schedule) . . . . .

Total. Combine lines 3 through 12......

Employer identification number

27-1325761

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME -(B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales 1c b Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 3 4a Capital gain net income (attach Schedule D) . . . . . . . 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach -172,971 -172,971. statement) . . . . . . . . ATCH, 13 5 6 7 7 Unrelated debt-financed income (Schedule E). . . . . . . Interest, annuities, royalties, and rents from a controlled 8 9 Investment income of a section 501(c)(7), (9), or (17) 9

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

10

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13

-172,971.

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	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)		331.
28	Total deductions. Add lines 14 through 27		331.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-173,302.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	l	
31	Unrelated business taxable income Subtract line 30 from line 29		-173,302.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

-172,971.

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#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/30}{}$  , 20  $\frac{20}{}$ 

► 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)

c Balance ▶ 1c

(A) Income

Open to Public Inspection for

(C) Net

Name (	of the	organization
--------	--------	--------------

GOTHIC HSP CORPORATION

1a Gross receipts or salesb Less returns and allowances

Part I Unrelated Trade or Business Income

Employer Identification number

27-1325761

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME - SILO 7

2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	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 15	5	242,825.			242,825.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7		* 11		
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	t			
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	242,825.			242,825.
	connected with the unrelated business income )			-	44	
14	Compensation of officers, directors, and trustees (Schedule K)			[	14_	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts			F	17	
18	Interest (attach schedule) (see instructions)				18	7.5
19	Taxes and licenses				19	566.
20	Depreciation (attach Form 4562)					
21	Less depreciation claimed on Schedule A and elsewhere on re				21b	
22	Depletion				22	<u>.</u>
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	331.
27	Other deductions (attach schedule)					897.
28	Total deductions. Add lines 14 through 27				28	241,928.
29	Unrelated business taxable income before net operating				29	241,920.
30	Deduction for net operating loss arising in tax years			i i		
	instructions)				30	241,928.
31	Unrelated business taxable income Subtract line 30 from line	29 .	· · · · · · · · · · · · · · · · · · ·	<u></u>	31	241,920.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/30}{}$  , 20  $\frac{20}{}$ 

► Go to www.irs.gov/Form9907 for instructions and the latest information.

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

Name of the organization

▶ 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

27-1325761

GOTHIC HSP CORPORATION

Unrelated Business Activity Code (see instructions) ► 531390

Describe the unrelated trade or business ► PARTNERSHIP INCOME - SILO 8

Pai	Unrelated Trade or Business Income			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales			-			
b		Balance >	1c				
2	Cost of goods sold (Schedule A, line 7)		2				
3	Gross profit Subtract line 2 from line 1c		3				
4a	Capital gain net income (attach Schedule D)		4a	648.			648.
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	n (attach					
	statement)	CH 17	5	610.		_	610.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7		1		
8	Interest, annuities, royalties, and rents from a control	olled				_	1
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (17)	7)					,
	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	<u> ,</u> . [	13	1,258.			1,258.
Pai	Deductions Not Taken Elsewhere (See a connected with the unrelated business in		ns for	limitations on deduction	ns.) (Deductions n	nust b	e directly
14	Compensation of officers, directors, and trustees (So	chedule K)				14	
15	Salaries and wages					15	
16	Repairs and maintenance			. <b></b> .		16	
17	Bad debts					_17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses			. <b></b>		19	
20	Depreciation (attach Form 4562)			20	<del></del> -		
21	Less depreciation claimed on Schedule A and elsew	vhere on re	turn .	21a	<del></del>	21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs			. <b></b> .		24	
25	Excess exempt expenses (Schedule I)					25_	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)				ATCH 18	27	331.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

28

29

30

331.

927.

927.

JSA

28

29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income Subtract line 30 from line 29 . . . .

#### Unrelated Business Taxable Income from an **Unrelated Trade or Business**

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

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$ , 2019, and ending  $\frac{06/30}{}$ , 20

-5,668.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

GOTHIC HSP CORPORATION

Employer Identification number

27-1325761

Unrelated Business Activity Code (see instructions) ▶ 525990 Describe the unrelated trade or business ▶ PARTNERSHIP INCOME - SILO 9 Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance 1 c 2 Cost of goods sold (Schedule A, line 7)...... Gross profit Subtract line 2 from line 1c . . . . . . . . 3 4a Capital gain net income (attach Schedule D) . . . . . . . 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4b 4c Income (loss) from a partnership or an S corporation (attach -5,668 -5,668. statement) . . . . . . . . . . . . ATCH 19 5 6 Unrelated debt-financed income (Schedule E). . . . . . . 7 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 10 Exploited exempt activity income (Schedule I) . . . . . . . 11 11

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

12

13

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)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	331.
28	Total deductions. Add lines 14 through 27	28	331.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-5,999.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-5,999.

For Paperwork Reduction Act Notice, see instructions

Other income (See instructions, attach schedule) . . . . .

Total Combine lines 3 through 12....

Schedule M (Form 990-T) 2019

-5,668.

12

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/30}{}$  , 20  $\frac{20}{}$ 

, 20

► 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)

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

Name	of the organization						ntification number
	HIC HSP CORPORATION					27-1325	761
	Unrelated Business Activity Code (see instructions)▶	52599	0				
	Describe the unrelated trade or business ► PARTN	ERSHIP	INC	COME - SILO 10			<del></del>
Pa	t I Unrelated Trade or Business Income			(A) income	(B) Ex	penses	(C) Net
1a	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			-	
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						
	statement)	ŗСH. 21	5	79,841.			79,841.
6	Rent income (Schedule C)		6_				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a control	olled					
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (1)	7)					
	organization (Schedule G)		9				
10	Exploited exempt activity income (Schedule I)		10				1
11	Advertising income (Schedule J)		11				
12	Other income (See instructions, attach schedule) .		12				
13	Total. Combine lines 3 through 12		13	79,841.		_	79,841.
Pa	t II Deductions Not Taken Elsewhere (See	ınstructio	ns fo	r limitations on deduction	ns ) (Deduc	tions must	be directly
	connected with the unrelated business in	come.)					
14	Compensation of officers, directors, and trustees (Se	chedule K)				<u>14</u>	
15	Salaries and wages					15	
16	Repairs and maintenance					<u>16</u>	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)						
19	Taxes and licenses					<u>19</u>	
20	Depreciation (attach Form 4562)			20			1
21	Less depreciation claimed on Schedule A and elsev	where on re	eturn	. ř 21a		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans						
24	Employee benefit programs						-
25	Excess exempt expenses (Schedule I)						
26	Excess readership costs (Schedule J)						1 221
27	Other deductions (attach schedule)						331.
28	Total deductions. Add lines 14 through 27					l l	331.
29	Unrelated business taxable income before net						79,510.
30	Deduction for net operating loss arising in t	ax vears	begir	ining on or after Janua	rv 1 2018	(see	1

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

79,510.

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

27-1325761

► 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) ▶ 210000

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
4a	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)	5	-227,825.		-227,825
6	Rent income (Schedule C)		-		<b>*</b>
7	Unrelated debt-financed income (Schedule E)	f I			
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)				
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	-227,825.		-227,825

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)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		
24	Employee benefit programs		
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)		331.
28	Total deductions. Add lines 14 through 27		331.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-228,156.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	3.50	
	instructions),		
31	Unrelated business taxable income Subtract line 30 from line 29		-228,156.
91	Official Co Dubiness taxable meeting Cabit actinio Co it and mile 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

#### Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{}{}$ 

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME - SILO 12

► 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) Internal Revenue Service Employer Identification number Name of the organization 27-1325761 GOTHIC HSP CORPORATION Unrelated Business Activity Code (see instructions) ▶ 525990

Pai	Unrelated Trade or Business Income	•		(A) Income	(B) Expenses		(C) Net
1a	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				
4a	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	n (attach					
	statement)	ŗсн. 25	5	-70,471.			-70,471.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a control	olled			,		
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (1)	7)					
-	organization (Schedule G)		9				
10	Exploited exempt activity income (Schedule I)		10_				
11	Advertising income (Schedule J)		11	<u> </u>			
12	Other income (See instructions, attach schedule) .		12	<u></u>	·		
13	Total. Combine lines 3 through 12	<u></u>	13	-70,471.			-70,471.
14	connected with the unrelated business in Compensation of officers, directors, and trustees (S	<u> </u>				14	
15	Salaries and wages	•				15	
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Depreciation (attach Form 4562)			20			
21	Less depreciation claimed on Schedule A and elsev					21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)				ATCH.26	27	331.
28	Total deductions. Add lines 14 through 27					28_	331.
29	Unrelated business taxable income before net	operating	loss	deduction Subtract line	28 from line 13	29	-70,802.
30	Deduction for net operating loss arising in t	tax years	begin	ning on or after Janua	ry 1, 2018 (see		
	instructions),					30	
34	Unrelated business taxable income. Subtract line 3	30 from line	29 .			31	-70,802.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

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).

(A) Income

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

(C) Net

Name of the	organization
-------------	--------------

GOTHIC HSP CORPORATION

Part I Unrelated Trade or Business Income

Employer Identification number

27-1325761

(B) Expenses

Unrelated Business Activity Code (see instructions) ► 520000

Describe the unrelated trade or business ► PARTNERSHIP INCOME - SILO 13

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			•	~
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c	_			
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 27	5	75,504.			75,504.
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		N.		
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	75,504.			75,504.
14	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					
16					15	
17	Renairs and maintenance				15	
	Repairs and maintenance				16_	
1X	Bad debts				16_ 17	
18 19	Bad debts	 			16 17 18	4,026.
19	Bad debts				16_ 17	4,026.
19 20	Bad debts		20		16 17 18 19	4,026.
19 20 21	Bad debts	• • • • • • • • • • • • • • • • • • •	20 21a		16 17 18	4,026.
19 20	Bad debts	eturn	20 21a		16 17 18 19 	4,026.
19 20 21 22	Bad debts	eturn	20 21a		16 17 18 19  21b 22	4,026.
19 20 21 22 23	Bad debts	eturn	20 21a		16 17 18 19 	4,026.
19 20 21 22 23 24	Bad debts	eturn	20 21a		16 17 18 19 	4,026.
19 20 21 22 23 24 25	Bad debts	eturn	20 21a		16 17 18 19 21b 22 23 24 25 26	331.
19 20 21 22 23 24 25 26	Bad debts	eturn	20 21a	ATCH .28	16 17 18 19 21b 22 23 24 25 26	331. 4,357.
19 20 21 22 23 24 25 26 27	Bad debts.  Interest (attach schedule) (see instructions).  Taxes and licenses.  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on reduction.  Contributions to deferred compensation plans.  Employee benefit programs.  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule).	eturn	20 21a	ATCH .28	16 17 18 19 21b 22 23 24 25 26 27	331.
19 20 21 22 23 24 25 26 27 28	Bad debts.  Interest (attach schedule) (see instructions).  Taxes and licenses.  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on reductions 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 27.	eturn	deduction Subtract line	ATCH 28	16 17 18 19 	331. 4,357.
19 20 21 22 23 24 25 26 27 28 29	Bad debts.  Interest (attach schedule) (see instructions).  Taxes and licenses.  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on repeletion.  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 27.  Unrelated business taxable income before net operating.	eturn	deduction Subtract line aning on or after Januar	ATCH 28 28 from line 13 y 1, 2018 (see	16 17 18 19 	331. 4,357. 71,147.
19 20 21 22 23 24 25 26 27 28 29	Bad debts	eturn	deduction Subtract line aning on or after Januar	ATCH 28	16 17 18 19 21b 22 23 24 25 26 27 28 29	331. 4,357.

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

2019 Attachment Sequence No 22

Name(s) shown on return GOTHIC HSP CORPORATION

identifying number 27-1325761

Part 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.)		
1	General business credit from line 2 of all Parts III with box A checked	1	45,656
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	110,118
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with		
	box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	155,774
Part II	Allowable Credit		<u>-</u>
7	Regular tax before credits		
	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7	
8	Alternative minimum tax  • Individuals. Enter the amount from Form 6251, line 11	8	
9	Add lines 7 and 8	9	
b	Foreign tax credit	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		
14	Tentative minimum tax		
	• Individuals Enter the amount from Form 6251, line 9		,
	• Corporations Enter -0		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
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	1
• • •	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

Form 3800 (2019)			

Page	2

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	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	<del></del>
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 2019 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	34,561
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 2019 See instructions	33	
34	Carryforward of business credit to 2019. 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_	63,509
35	Carryback of business credit from 2020. 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	98,070
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 or 1040-SR), line 6, or Form 1040-NR, line 51  Corporations. Form 1120, Schedule J, Part I, line 5c	38	5 2900 (000)

Form 3800 (2019)			Page 3
Name(s) shown on return		identifying number	
GOTHIC HSP CORPORATION		27-132576	1
Part III General Business Credits or Eligible Small Business Credits (see ins	structio	ons)	
Complete a separate Part III for each box checked below. See instructions			
A X General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved		)	
C General Business Credit Carryforwards G Eligible Smal	l Busır	ness Credit Carryfor	vards
D General Business Credit Carrybacks H Reserved			
If you are filing more than one Part III with box A or B checked, complete and attach first an a III 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 pass-through entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b	·	•- •
c Increasing research activities (Form 6765)	1c	ATTACHMENT 30	45,656
d Low-income housing (Form 8586, Part I only)	1d		
e 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		
Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m Low sulfur diesel fuel production (Form 8896)	1m		·
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	10		
p 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	1	
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		
y 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 (carryforward only)	1bb		
zz Other Oil and gas production from marginal wells (Form 8904) and certain			
other credits (see instructions)	1zz		

3

4a

4b

4c

4d

4e 4f

4g

4h

4i

4j

4z

ATTACHMENT 30

ATTACHMENT 30

Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . .

Work opportunity (Form 5884)

Biofuel producer (Form 6478)

Low-income housing (Form 8586, Part II)

Renewable electricity, refined coal, and Indian coal production (Form 8835). . . .

Increasing research activities (Form 6765)............

Employer credit for paid family and medical leave (Form 8994)......

Add lines 4a through 4z and enter here and on the applicable line of Part II

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . . . . 9X1802 2 000

Form 3800 (2019)

80,217

45,656

34,559

Form 3800 (2019)			Page <b>3</b>
Name(s) shown on return		Identifying number	
GOTHIC HSP CORPORATION		27-1325761	
Part III General Business Credits or Eligible Small Business Credits (see in	struction		
Complete a separate Part III for each box checked below. See instructions.			
A General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved			
- H, H	ll Busir	ness Credit Carryforwa	rds
D General Business Credit Carrybacks H Reserved	.,	, , , , , , , , , , , , , , , , , , , ,	
I If you are filing more than one Part III with box A or B checked, complete and attach first an	addition	nal Part III combining am	ounts from all Parts
III 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 pass-through entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		-
b Reserved			•
c Increasing research activities (Form 6765)	1c	ATTACHMENT 30	39,412
d Low-income housing (Form 8586, Part I only)			
e Disabled access (Form 8826) (see instructions for limitation)	I		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	ATTACHMENT 30	69,807
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)			
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		
I Biodiesel and renewable diesel fuels (attach Form 8864)			
m Low sulfur diesel fuel production (Form 8896)			
n Distilled spirits (Form 8906)			
o Nonconventional source fuel (carryforward only)			
p Energy efficient home (Form 8908)			
q Energy efficient appliance (carryforward only)			
r Alternative motor vehicle (Form 8910)			
s Alternative fuel vehicle refueling property (Form 8911)			
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)			
y 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	ATTACHMENT 30	899
bb General credits from an electing large partnership (carryforward only)			
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		110,118
3 Enter the amount from Form 8844 here and on the applicable line of Part II		ATTACHMENT 30	125
4a Investment (Form 3468, Part III) (attach Form 3468)			<u> </u>
b Work opportunity (Form 5884)	4b		

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . 6 173,752

JSA
9X1802 2 000 Form 3800 (2019)

4e

4f

4g

4h 4i

4j

4z

5

ATTACHMENT 30

63,509

63,509

Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . .

Add lines 4a through 4z and enter here and on the applicable line of Part II . . . .

5

			n 1
Form 3800 (2019) Name(s) shown on return		Identifying number	Page 3
·		, -	
GOTHIC HSP CORPORATION  Part III General Business Credits or Eligible Small Business Credits (see III	etruction	27-1325761	
	Struction	15)	
Complete a separate Part III for each box checked below See instructions.			
A X General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved			
— · · · · · · · · · · · · · · · · · · ·	III Busine	ess Credit Carryforwai	ds
D General Business Credit Carrybacks H Reserved			
I If you are filing more than one Part III with box A or B checked, complete and attach first an			
Ill with box A or B checked Check here if this is the consolidated Part III	• • • •		
(a) Description of credit  Note: On any line where the credit is from more than one source, a separate Part III is needed for	each	(b)  If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
pass-through entity  1a Investment (Form 3468, Part II only) (attach Form 3468)		entity, enter the Life	amount
****			
b Reserved		20-8075455	115
		20-8073433	
d Low-income housing (Form 8586, Part I only)  e Disabled access (Form 8826) (see instructions for limitation)			<del></del>
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	-		
			· · · · · · · · · · · · · · · · · · ·
g Indian employment (Form 8845)			
h Orphan drug (Form 8820)			
i New markets (Form 8874)			
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
k Employer-provided child care facilities and services (Form 8882) (see			
instructions for limitation)		-	
Biodiesel and renewable diesel fuels (attach Form 8864)			
m Low sulfur diesel fuel production (Form 8896)			
n Distilled spirits (Form 8906)			
o Nonconventional source fuel (carryforward only)			
p Energy efficient home (Form 8908)			
q Energy efficient appliance (carryforward only)			
r Alternative motor vehicle (Form 8910)			
s Alternative fuel vehicle refueling property (Form 8911)			
t Enhanced oil recovery credit (Form 8830)	1t 1u		
u Mine rescue team training (Form 8923)		-	
v Agricultural chemicals security (carryforward only)			
w Employer differential wage payments (Form 8932)	1w		· · · · · · · · · · · · · · · · · · ·
x Carbon oxide sequestration (Form 8933)	1x		<del> </del>
y Qualified plug-in electric drive motor vehicle (Form 8936)			
z Qualified plug-in electric vehicle (carryforward only)			
aa Employee retention (Form 5884-A)			
bb General credits from an electing large partnership (carryforward only)	1bb		-
zz Other. Oil and gas production from marginal wells (Form 8904) and certain	_		
other credits (see instructions)	1zz		115
Add lines 1a through 1zz and enter here and on the applicable line of Part I			115
3 Enter the amount from Form 8844 here and on the applicable line of Part II			
4a Investment (Form 3468, Part III) (attach Form 3468)	1		
b Work opportunity (Form 5884)	4b		

4d 4e

4f

4g

4h

4<u>i</u>

4z

37-1804081

98-0481298

Renewable electricity, refined coal, and Indian coal production (Form 8835). . . .

Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . .

Increasing research activities (Form 6765)............

6

19,810

19,812

19,927

_	
Pane	-

Form 3800 (2019)			Page

orm	3800 (2019)			Page 3
Name	(s) shown on return		Identifying number	
GO3	THIC HSP CORPORATION		27~1325761	
Par		truction		
	plete a separate Part III for each box checked below. See instructions		,	
A	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
	<del></del>	Ducu	acca Cradit Caradanir	ande
C		Dusii	ness Credit Carryforwa	ilus
D	General Business Credit Carrybacks H Reserved			1. C II D
	If you are filing more than one Part III with box A or B checked, complete and attach first an a			
	III with box A or B checked Check here if this is the consolidated Part III	· · · i		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e	ach	from a pass-through	appropriate
	through entity		entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		<del></del> -
þ	Reserved	1b		
C	Increasing research activities (Form 6765)	1c	82-3646999	1,544
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	- · · · · · · · · · · · · · · · · · · ·	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 j		
, k	Employer-provided child care facilities and services (Form 8882) (see	-',		•
	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
' 			+	
	Low sulfur diesel fuel production (Form 8896)	1m		
n	'''''	<u>1n</u>	1	
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)	<u>1r</u>		
s	0, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	, , , , , , , , , , , , , , , , , , ,	1u		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x	1	
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1у		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
		1bb		
	to 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		1,544
	The state of the s	3		1,344
3	Enter the amount from Form 8844 here and on the applicable line of Part III			
4 a		4a		
b	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	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	46-1213191	14,749
g		4g		
h	4	4h		
i	Increasing research activities (Form 6765)	4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
z	·	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	,	14,749
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		16,293
ISA	. The mines at 9, and 9 and 9 and 1 and 5 and 50 and 4 appropriate mine of 1 are 1 and 1 a		·	20,233

14,749 16,293

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Form	3800	/2019

Form 3800 (2019) Name(s) shown on return Identifying number

GOT	HIC HSP CORPORATION		27-1325763	L
Part		tructi		
	plete a separate Part III for each box checked below. See instructions.		· · · · · · · · · · · · · · · · · · ·	
	X General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
c	— · · · · · · · · · · · · · · · · · · ·	Rusii	ness Credit Carryforw	ards.
ם ב	General Business Credit Carrybacks H Reserved	Dusi	iess Orean Carrytorn	, ai a 3
_	you are filing more than one Part III with box A or B checked, complete and attach first an a	مططيفيم	nal Part III combining o	mounts from all Darts
	I with box A or B checked. Check here if this is the consolidated Part III.			
	(a) Description of credit	• • •	(b)	(c)
	.,		If claiming the credit	Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e hrough entity	acn	from a pass-through entity, enter the EIN	appropriate amount
•	investment (Form 3468, Part II only) (attach Form 3468)	1a	,,	,
	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	32-0432155	3,403
d	Low-income housing (Form 8586, Part I only)	1d	<u> </u>	
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
 i	New markets (Form 8874)	1i		
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>i</u>		
J K	Employer-provided child care facilities and services (Form 8882) (see			
Γ.	instructions for limitation)	1k		·
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
' 	Low sulfur diesel fuel production (Form 8896)	1m		
		1n		
n	Distilled spirits (Form 8906)  Nonconventional source fuel (carryforward only)			
0	Francis officials have (Form 9009)	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		
τ	Enhanced oil recovery credit (Form 8830)	1t		<del></del>
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v	-	
W	Employer differential wage payments (Form 8932)	1w		
X	, , , , , , , , , , , , , , , , , , , ,	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		
	General credits from an electing large partnership (carryforward only)	1bb		
22	Other. Oil and gas production from marginal wells (Form 8904) and certain	4		
	other credits (see instructions)	1zz		2 402
2	Add lines 1a through 1zz and enter here and on the applicable line of Part 1	2		3,403
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		<del></del>
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	_	<del> </del>
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		
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6	l .	3,403

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GOT	HIC HSP CORPORATION		27-1325761	
Par		tructi	ons)	
	plete a separate Part III for each box checked below See instructions.			-
	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
c		Rusi	ness Credit Carryforwa	rds
D	General Business Credit Carrylot Wards  General Business Credit Carrybacks  H Reserved	Dusi	ness orean carryiorwa	143
_	f you are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Bart III sambining an	sounts from all Parts
	If you are filing more than one Part III with box A or B checked, complete and attach list an a			
	(a) Description of credit	• • •	(b)	(c)
	· · · · · ·		If claiming the credit	Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e through entity	each	from a pass-through entity, enter the EIN	appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the Env	amount
	* * * * * * * * * * * * * * * * * * * *	1b		
	Reserved	$\overline{}$	98-1027307	471
c	Increasing research activities (Form 6765)	1	96-102/30/	
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)	1 <u>g</u>		
h	Orphan drug (Form 8820)	<u>1h</u>		<del></del>
i	New markets (Form 8874)	<u> 1i</u>		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
k	Employer-provided child care facilities and services (Form 8882) (see	1		
	instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	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	-	
	Agricultural chemicals security (carryforward only)	1v		
V	- 1 (5 (1)	1w		
W				
X	Carbon oxide sequestration (Form 8933)	1y		
		1z		
	Qualified plug-in electric vehicle (carryforward only)			
	a Employee retention (Form 5884-A)	1aa		
	6 General credits from an electing large partnership (carryforward only)	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		471
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	-	471
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3_	,	
4 a	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		
g	Qualified railroad track maintenance (Form 8900)	4g		
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		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2 3 and 5 and enter here and on the applicable line of Part II			471

Form 3800 (2019)				Page <b>3</b>
Name(s) shown on return			Identifying number	
GOTHIC HSP CORPORATION			27-1325761	
Part III General Business Credits or Eligible Small Busines	s Credits (see instr	uction		-
Complete a separate Part III for each box checked below. See instruction			<del></del>	
A X General Business Credit From a Non-Passive Activity E	Reserved			
B General Business Credit From a Passive Activity F	Reserved			
C General Business Credit Carryforwards G		Rusine	ss Credit Carryforwai	rds
D General Business Credit Carrybacks H	Reserved	3400	oo oroan oarryrorma.	
I If you are filing more than one Part III with box A or B checked, complete	<del></del>	ditiona	I Part III combining am	ounts from all Parts
III with box A or B checked Check here if this is the consolidated Part III.				
(a) Description of credit		<u> </u>	(b)	(c)
• • • • • •	0-4111	. If	claiming the credit	Enter the
Note: On any line where the credit is from more than one source, a separate lipass-through entity	Part III is needed for ea		rom a pass-through entity, enter the EIN	appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	T	1a	antity, enter the Life	amount
•		1b		
b Reserved			47-1493513	1,738
		1d	47-1493313	1,730
d Low-income housing (Form 8586, Part I only)  e Disabled access (Form 8826) (see instructions for limitation)		1e		==
		1f		<del></del>
1.1		-		
•		1g 1h	· -	
h Orphan drug (Form 8820)		1i		
i New markets (Form 8874)		1j		
		<del>''</del> - -		
		1k		
Instructions for limitation)		11		
m Low sulfur diesel fuel production (Form 8896)		1 m		
	–	1n		
n Distilled spirits (Form 8906)		10		<del></del> .
		1p		
p Energy efficient home (Form 8908)	• • • • • • • • • • •			
		1q 1r		
r Alternative motor vehicle (Form 8910)		1s		
s Alternative fuel vehicle refueling property (Form 8911)		1t		
t Enhanced oil recovery credit (Form 8830)		1u		
u Mine rescue team training (Form 8923)		1u 1v		
v Agricultural chemicals security (carryforward only)		1w		
w Employer differential wage payments (Form 8932)				
x Carbon oxide sequestration (Form 8933)		1x	<del></del>	
		1y 1z		
		laa		
aa Employee retention (Form 5884-A)		lbb		
zz Other. Oil and gas production from marginal wells (Form 8)		100		
	*	1		
other credits (see instructions)		1zz   2		1,738
2 Add lines 1a through 1zz and enter here and on the applicable 3 Enter the amount from Form 8844 here and on the applicable I		3		1,/38
•				•
4a Investment (Form 3468, Part III) (attach Form 3468)	1	4a		
b Work opportunity (Form 5884)		4b		
c Biofuel producer (Form 6478)		4c		<del> </del>
d Low-income housing (Form 8586, Part II)		4d		
e Renewable electricity, refined coal, and Indian coal production		4e		
f Employer social security and Medicare taxes paid on certain employee to		4f		<u> </u>
g Qualified railroad track maintenance (Form 8900)	· · · · · · · · · L	4g		<u>.</u> <u>'</u>

z Other

Increasing research activities (Form 6765)...........

Employer credit for paid family and medical leave (Form 8994) . . . . . . . . . .

Add lines 4a through 4z and enter here and on the applicable line of Part II . . . .

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . .

5

1,738

4h

4i

4j

4z

5

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D	200	. 7

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r orm	3800	1201	9

Name(s) shown on return Identifying number

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GOT	HIC HSP CORPORATION		27-1325761	
Par		tructi		
	plete a separate Part III for each box checked below See instructions.		,	
	X General Business Credit From a Non-Passive Activity E Reserved			
B	General Business Credit From a Passive Activity F Reserved			
c	<b>─</b>	Ruei	ness Credit Carryforwa	ırde
D	General Business Credit Carrylot Wards  General Business Credit Carrybacks  H Reserved	Dusi	ness Credit Carrylorwa	iius
	<del></del>	ماطاط	aal Dart III aambiaina ar	nounta from all Darta
	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			
	(a) Description of credit	• • •	(b)	(c)
	·····		If claiming the credit	Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e through entity	each	from a pass-through entity, enter the EIN	appropriate
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the Env	amount
	Reserved	1b	47 2250152	36 000
C	Increasing research activities (Form 6765)	1c	47-3258153	36,800
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_		<u></u> .
h	Orphan drug (Form 8820)	<u>1h</u>		
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		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	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		
		1w		
W		1x		
Х	Carbon oxide sequestration (Form 8933)  Qualified plug-in electric drive motor vehicle (Form 8936)			
y		1y 1z		
	Qualified plug-in electric vehicle (carryforward only)			
	a Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb_		
<b>Z</b> Z	Other. Oil and gas production from marginal wells (Form 8904) and certain	4		•
_	other credits (see instructions)	1zz		26.000
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		36,800
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		
C	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		<u></u>
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		<u> </u>
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		
6	Add lines 2.3, and 5 and enter here and on the applicable line of Part II	6		36,800

Page	3

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Form 3800 (2019) Name(s) shown on return Identifying number 27-1325761 GOTHIC HSP CORPORATION

Part	General Business Credits or Eligible Small Business Credits (see ins	tructi	ons)	
Comp	plete a separate Part III for each box checked below. See instructions.			
A	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	Busi	ness Credit Carryforwa	ards
D [	General Business Credit Carrybacks H Reserved			
I If	you are filing more than one Part III with box A or B checked, complete and attach first an a	dditio	nal Part III combining ar	nounts from all Parts
11	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 e	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		
С	Increasing research activities (Form 6765)	1c	83-4516893	1,585
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		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m	<u> </u>	
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	, , , , , , , , , , , , , , , , , , , ,			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
Z	Qualified plug-in electric vehicle (carryforward only)			
aa	Employee retention (Form 5884-A)	1aa		<del></del>
bt	General credits from an electing large partnership (carryforward only)	1bb		
<b>ZZ</b>	Other Oil and gas production from marginal wells (Form 8904) and certain			
_	other credits (see instructions)	1zz		1 505
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	<del>-</del>	1,585
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		<u> </u>
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
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	<del>  .</del>	
g	Qualified railroad track maintenance (Form 8900)	4g	<del> -</del>	<u> </u>
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_		1 505
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	<u> </u>	1,585

Form 8949

# Sales and Other Dispositions of Capital Assets • Go to www.irs.gov/Form8949 for instructions and the latest information

OMB No 1545-0074

2019

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.

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification number

GOTHIC HSP CORPORATION 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

Part I 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).

	to you on For	m 1099-B	<u> </u>			
(b)	(c)	(d) Proceeds	(e) Cost or other basis See the Note below	enter a code in column (f) See the separate Instructions.		(h) Gain or (loss) Subtract column (e)
(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)
VARIOUS	VARIOUS	7,599				7,599
	-					
				,		
	Date acquired (Mo , day, yr)	Date acquired (Mo , day, yr )  Date sold or disposed of (Mo , day, yr )	Date acquired (Mo , day, yr )  Date sold or disposed of (sales price) (see instructions)	(b) Date acquired (Mo , day, yr )  (Mo , day, yr )  (c) Date sold or disposed of (Mo , day, yr )  (Mo , day, yr )  (c) Proceeds (sales pnce) (see instructions)  (see instructions)  (c) Cost or other basis See the Note below and see Column (e) in the separate instructions	(b) Date sold or disposed of (Mo , day, yr )  VARIOUS  VARIOUS  (c) Date sold or disposed of (Mo , day, yr )  (see instructions)  (g) Cost or other basis See the Note below and see Column (e) in the separate instructions  VARIOUS  7,599  (f) Code(s) from instructions	(b) Date acquired (Mo , day, yr) also sold or disposed of (Mo , day, yr) are various v

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 (2019)

	•		
orm 8949 (2019)	•	Attachment Sequence No 12A	Page 2
lame(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	
COTUTE USD	CODDODATION	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 Part II

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 (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	I Adjustment, If a lift you enter a co- enter a co- See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo, day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIPS	VARIOUS	VARIOUS	787,619				787,619
				_			
						<del></del>	
1		<u> </u>					
2 Totals Add the amounts in columnegative amounts) Enter each to Schedule D, Ilne 8b (if Box D above is checked) or line 10 (if	tal here and incl ve is checked), line	ude on your 9 (if Box E	787,619.				787,619

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 (2019)

## Sales 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.

Attachment Sequence No 12A

Tame(5) Shown on retain								
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

Part I

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).

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 (C) Short-term transactions not reported to you on Form 1099-B X Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g) (e) enter a code in column (f) Cost or other basis Gain or (loss) (c) (d) (b) (a) See the separate instructions See the Note below Date sold or Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) rom column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) in the separate **(f)** (g) (Mo, day, yr) (see instructions) combine the result Code(s) from Amount of instructions with column (g) instructions adjustment 8,519 STCG FROM PSHIP-SILO 3 **VARIOUS VARIOUS** 8,519 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

above is checked), or line 3 (if Box C above is checked)

Page 2

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

#### 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 re	eported on Fo	orm(s) 1099-	B showing basis	s was reported to	o the IRS (see Note above)
	(E) Long-term transactions re	eported on Fo	orm(s) 1099-	B showing basis	wasn't reporte	ed to the IRS
х	(F) Long-term transactions n	ot reported to	you on For	m 1099-B		
1	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)	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.

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PSHIP-SILO 3	VARIOUS	VARIOUS	44,997			<del></del>	44,997
				,			
				,			
						:	
	•						
			••••••••••				
2 Totals Add the amounts in columns	s (d), (e), (g), and	(h) (subtract					,
negative amounts) Enter each total Schedule D, Ilne 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	al here and incl e is checked), line	ude on your 9 9 (if Box E	44,997		,		44,997

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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

GOTHIC HSP CORPORATION
EIN 27-1325761
FOR THE YEAR ENDED 6/30/2020
FORM 990-T SUPPLEMENTAL INFORMATION

#### **AGGREGATED QUALIFYING PARTNERSHIP INTERESTS - SILO 1:**

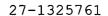
#### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

GROSS INCOME FROM PARTNERSHIP INVESTMENTS

LESS INCOME INCLUDED ON OTHER LINE ITEMS
CAPITAL GAINS INCLUDED ON LINE 4

ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS
DEPLETION LIMITATION
BASIS LIMITATION
1,541,050
BASIS LIMITATION
1,627,680

INCOME (LOSS) FROM PARTNERSHIPS (21,363,605)



ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

37,778.

PART II - LINE 27 - OTHER DEDUCTIONS

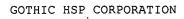
37,778.

PART III. LINE 34	CHARITABLE
	MOUNT
TOTAL CHARITABLE CONTRIBUTIONS FROM 2019 K-1'S	54,683
CONTRIBUTIONS AVAILABLE FOR 6/30/2019 YEAR END	54,683
	•
INCOME LIMITATION:	
TAXABLE INCOME BEFORE NOL CARRYBACK, DOMESTIC	
PROD. ACT. DED. OR CAPITAL LOSS CARRYBACK	662,551
10% CORPORATE INCOME LIMITATION	66,255
AMOUNT UTILIZED IN CURRENT YEAR	0
CHARITABLE CONTRIBUTIONS CONVERTED TO NOL	54,683
AMOUNT EXPIRED IN CURRENT YEAR	, О
TOTAL CHARITABLE CONTRIBUTIONS CARRYOVER TO 2018	0

GOTHIC HSP CORPORATION
EIN 27-1325761
FOR THE YEAR ENDED 6/30/2020
FORM 990-T SUPPLEMENTAL INFORMATION
NON QUALIFYING PARTNERSHIP INTEREST - SILO 2

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

	_
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	24,091
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	_
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS  DEPLETION LIMITATION -  BASIS LIMITATION -	
INCOME (LOSS) FROM PARTNERSHIPS	24,091



ATTACHMENT	6	-

# FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S COR	<u>PORATIONS</u>	
GROSS INCOME FROM PARTNERSHIP INVESTMENTS		188,308
LESS INCOME INCLUDED ON OTHER LINE ITEMS		
CAPITAL GAINS INCLUDED ON LINE 4	53,516	53,516
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS		
DEPLETION LIMITATION	-	
BASIS LIMITATION	-	
	,	-
INCOME (LOSS) FROM PARTNERSHIPS		134.792

ATTACHMENT	8'	

# FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

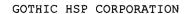
221

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# NON QUALIFYING PARTNERSHIP INTEREST - SILO 4

# $\underline{\mathsf{FORM}\,990\mathsf{T-LINE}\,5\,\mathsf{-INCOME}\,(\mathsf{LOSS})\,\mathsf{FROM}\,\mathsf{PARTNERSHIPS}\,\mathsf{AND/OR}\,\mathsf{S}\,\mathsf{CORPORATIONS}}$

GROSS INCOME FROM PARTNERSHIP INVESTMENTS		(19)
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	-	ŕ
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION ,	 - 19	19
INCOME (LOSS) FROM PARTNERSHIPS	_ <del></del>	



ATTACHMENT 10

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE, 27 - OTHER DEDUCTIONS

331.

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7

INCOME (LOSS) FROM PARTNERSHIPS

#### NON QUALIFYING PARTNERSHIP INTEREST - SILO 5

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	57,691
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4 -	
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS  DEPLETION LIMITATION -	
BASIS LIMITATION -	

57,691

ATTACHMENT	12		

#### FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

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331.

PART II - LINE 27 - OTHER DEDUCTIONS

			DADTRIEDCLIDC	AND/OD C	CORPORATIONS
FURIVI 990 I	- LINE 3 -INCOM	= {LUSS)	PARINERODIPO	AND/UK 3	CORPORATIONS

	····
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	(174,624)
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION	1,653
INCOME (LOSS) FROM PARTNERSHIPS	1,653

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

331.

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V 19-8.2F 2545543

NON QUALIFYING PARTNERSHIP INTEREST - SILO 7	
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	242,825
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	
ADD. DEDUCTIONS INCLUDED ON OTHER LINE ITEMS  DEPLETION LIMITATION - BASIS LIMITATION -	
INCOME (LOSS) FROM PARTNERSHIPS	242,825

ATTACHMENT	16	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

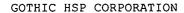
PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

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

GROSS INCOME FROM PARTNERSHIP INVESTMENTS		1,258
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	648	648
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION	- - -	-
INCOME (LOSS) FROM PARTNERSHIPS	-	610



ATTACHMENT	18	

#### FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

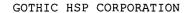
PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

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

GROSS INCOME FROM PARTNERSHIP INVESTMENTS	(5,668)
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	-
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION	
INCOME (LOSS) FROM PARTNERSHIPS	(5,668)



ATTACHMENT	20	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

331.

2545543

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

FORM 9901 - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR'S CORPORATIONS		
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	`	79,841
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4		
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS  DEPLETION LIMITATION - BASIS LIMITATION -		
INCOME (LOSS) FROM PARTNERSHIPS		79,841

ATTACHMENT	22	

# FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

#### NON QUALIFYING PARTNERSHIP INTEREST - SILO 11

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

GROSS INCOME FROM PARTNERSHIP INVESTMENTS	(227,891)
LESS INCOME INCLUDED ON OTHER LINE ITEMS	
CAPITAL GAINS INCLUDED ON LINE 4	
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS	
DEPLETION LIMITATION 66	
BASIS LIMITATION -	
	66
INCOME (LOSS) FROM PARTNERSHIPS	(227.825)

ATTACHMENT	24	

# FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

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331.

PART II - LINE 27 - OTHER DEDUCTIONS

HON GOALII TINGTAKTILLIKOTIII INTEREGT GILG 12	'	
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNER	SHIPS AND/OR S CORPORATIONS	
GROSS INCOME FROM PARTNERSHIP INVESTMENTS	(	(70,471)
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	-	
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION	; ·	-
INCOME (LOSS) FROM PARTNERSHIPS		(70,471)

ATTACHMENT	26	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

2545543

#### NON QUALIFYING PARTNERSHIP INTEREST - SILO 13

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

GROSS INCOME FROM PARTNERSHIP INVESTMENTS		75,504
LESS INCOME INCLUDED ON OTHER LINE ITEMS CAPITAL GAINS INCLUDED ON LINE 4	-	
ADD DEDUCTIONS INCLUDED ON OTHER LINE ITEMS DEPLETION LIMITATION BASIS LIMITATION	- - -	<u>-</u>
INCOME (LOSS) FROM PARTNERSHIPS	•	75,504

ATTACHMENT	28
111 1110111111111	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

331.

PART II - LINE 27 - OTHER DEDUCTIONS

2545543

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EIN: 27-1325761

FOR THE YEAR ENDED 6/30/2020

FORM 990-T SUPPLEMENTAL INFORMATION

ORM 990-T, PART II, LINE 31 - NET OPERATING LOSS GENERATED BEFORE TAX	
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
UTILIZED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	(648,409)
	20,186,931
UTILIZED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(662,551)
CHARITABLE CONTRIBUTIONS CONVERTED TO NOL	54,683
TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	19,579,064
ORM 990-T. PART II. LINE 31 - NET OPERATING LOSS GENERATED AFTER TAX  AGGREGATED OUALIFYING PARTNERSHIP INTERESTS - SILO 1	IEAR BEGINNING AFIER 1/1/2VIE
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	(12,708,723)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(16,465,886)
TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(29,174,609)
NON QUALIFYING PARTNERSHIP INTEREST - SILO 2	
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	(96,564)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	<u>-</u>
TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(96,564)
NON QUALIFYING PARTNERSHIP INTEREST - SILO 6	
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	(95,133)
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(95,133) (173,302)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(173,302)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020) TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(173,302)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(173,302) (268,435)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	(173,302) (268,435)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(173,302) (268,435)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(173,302) (268,435) (41,042) (41,042) (41,042)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9	(173,302) (268,435) (41,042) (41,042)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 11	(173,302) (268,435) (41,042) - (41,042) (5,999) (5,999)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(173,302) (268,435) (41,042) (41,042) (5,999) (5,999)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 11	(173,302) (268,435) (41,042) - (41,042) (5,999) (5,999)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 11  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	(173,302) (268,435) (41,042) (41,042) (5,999) (5,999)
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 7  GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 9  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  NON QUALIFYING PARTNERSHIP INTEREST - SILO 11  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020  TOTAL AMOUNT CARRYFORWARD TO TAX YEAR 2020	(173,302) (268,435) (41,042) (41,042) (5,999) (5,999)

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EIN: 27-1325761

FOR THE YEAR ENDED 6/30/2020

FORM 990-T SUPPLEMENTAL INFORMATION

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

FORM 3800. PART III. HINE IC - CREDIT FOR INCREASING RES	PERKCH WCITATITES			
GENERATED IN TAX YEAR 2012 (FY ENDED 6/30/2013)				973
GENERATED IN TAX YEAR 2013 (FY ENDED 6/30/2014)				1,556
GENERATED IN TAX YEAR 2014 (FY ENDED 6/30/2015)				· <u>-</u>
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
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)				31,087
	PARTNERSHIP EIN:	20-8075455	115	
	PARTNERSHIP EIN:	82-3646999	1,544	
	PARTNERSHIP EIN:	32-0432155	3,403	
	PARTNERSHIP EIN:	98-1027307	471	
	PARTNERSHIP EIN:	47-1493513	1,738	
	PARTNERSHIP EIN:	47-3258153	36,800	
	PARTNERSHIP EIN:	83-4516893	1,585	
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)				45,656
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020			-	85,068
,			=	
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020				-
CREDIT CARRYFORWARD TO 06/30/2021			-	85,068
FORM 3800, PART III, LINE 1F - RENEWABLE ELECTRICITY, J	REFINED COAL.			
AND INDIAN COAL PRODUCTION CREDIT				
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 2015 (FY ENDED 6/30/2016)				7,594
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)				-
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020			, -	69,807
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020			•	-
CREDIT CARRYFORWARD TO 06/30/2021			-	69,807
			-	

EIN: 27-1325761

FOR THE YEAR ENDED 6/30/2020

FORM 990-T SUPPLEMENTAL INFORMATION

FORM 3800, PART	III. LINE	1AA -	EMPLOYEE	RETENTION
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GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018)					899
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	•				-
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020		ī			899
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020					-
CREDIT CARRYFORWARD TO 06/30/2021					899
FORM 3800, PART III. LINE 3 - EMPOWERMENT ZONE EMPLOYMEN	T CREDIT				
GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018)					125
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)					-
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020					125
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020					-
CREDIT CARRYFORWARD TO 06/30/2021		,			125
FORM 3800, PART III, LINE 4F - SOCIAL SECURITY CREDITS		;			
GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)					27,298 36,211
	PARTNERSHIP PARTNERSHIP		37-1804081 46-1213191	19,810 14,749	J
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)					34,559
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020					98,068
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020					-
CREDIT CARRYFORWARD TO 06/30/2021			r		98,068
FORM 3800, PART III, LINE 4Z - OTHER CREDITS					
ı	PARTNERSHIP	EIN: ,	98-0481298	2	
GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)					2
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020					2