

## Florida Form F-1120 Return Summary

For calendar year 2019 or tax year beginning 10/01/19 ending 09/30/20  
 BRENTWOOD PARK GP INC 20-0851695

**Taxable Income**

Federal taxable income	-150	
State income taxes deducted		
Additions		
Subtractions		
Florida portion of adjusted federal income	-150	
Nonbusiness income allocated to Florida		
Florida exemption		
<b>Taxable income</b>		0

**Tax Computation**

Corporate income tax		
Tax credits		
<b>Total tax</b>		0

**Payments / Penalties**

Form F-2220 penalty		
Failure to file		
Form F-2220 interest		
Late filing interest		
Payments		
<b>Total payments / penalties</b>		

**Tax due** 0

**Overpayment credited to next year's tax**

**Refund**

	Next Year's Estimates		Apportionment Fraction
1st quarter		Property	
2nd quarter		Payroll	
3rd quarter		Sales	
4th quarter		Fraction	1.000000
<b>Total</b>			

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**CSOL  
F-7004  
R. 01/17**  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

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**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**CSOL  
F-7004  
R. 01/17**

Name	BRENTWOOD PARK GP INC	FEIN	20-0851695
Address	1300 BROAD STREET	Taxable Year End	09/30/20
City/State/ZIP	JACKSONVILLE FL 32202	FILING STATUS	Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>
			All other federal returns to be filed <input type="checkbox"/>
		Tentative Tax Due\$	0

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

200851695	0	0	0
2	0	0	0
20200930	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8007 0 20200930 0002005030 1 3200851695 0000 9



8035 SPYGLASS HILL RD  
MELBOURNE, FL 32940  
321-757-2020  
www.bermanhopkins.com

**Filing Instructions**

**Brentwood Park GP Inc**

**Form F-1120 - Income/Franchise Tax Return**

**Taxable Year Ended September 30, 2020**

**Date Due:** August 1, 2021

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** Florida Department of Revenue does not require an electronic filing signature document.

Your return is being filed electronically with the Florida Department of Revenue and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

**Other:** Every business entity with active status is required to file an annual report each year with the Department of State, Division of Corporations to maintain active status. The annual report may be filed online using the Division's website, [www.Sunbiz.org](http://www.Sunbiz.org).



**Florida Corporate Income/Franchise Tax Return**  
 FEIN 20-0851695

**CSOL**  
 F-1120, R. 01/20  
 Rule 12C-1.051  
 Florida Administrative Code  
 Effective 01/20  
 Page 1 of 6

For calendar year 2019 or tax year beginning  
10/01/19 ending 09/30/20

800702020093000020050374320085169500009

**Name** BRENTWOOD PARK GP INC  
**Address** 1300 BROAD STREET  
**City/State/ZIP** JACKSONVILLE FL 32202

**Computation of Florida Net Income Tax**

Check here if any changes have been made to name or address

1. Federal taxable income (see instructions)		
<b>Attach pages 1-5 of federal return</b>	Check here if negative <u>X</u>	-150.00
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative _____	.00
3. Additions to federal taxable income (from Schedule I)	Check here if negative _____	.00
4. Total of Lines 1, 2 and 3.	Check here if negative <u>X</u>	-150.00
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative _____	0.00
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <u>X</u>	-150.00
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <u>X</u>	-150.00
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative _____	0.00
<b>9. Florida exemption</b>		0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11. Tax due: 4.458% of Line 10		0.00
12. Credits against the tax (from Schedule V)		.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
14. a) Penalty: F-2220 _____ b) Other _____		.00
c) Interest: F-2220 _____ d) Other _____ Line 14 Total <b>u</b>		.00
15. Total of Lines 13 and 14		0.00
16. Payment credits: Estimated tax payments 16a \$ <span style="border: 1px solid black; padding: 2px;">.00</span>		
Tentative tax payment 16b \$ <span style="border: 1px solid black; padding: 2px;">.00</span>		.00
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19		0.00
18. Credit: Enter amount of overpayment <b>credited</b> to next year's estimated tax here and on payment coupon		.00
19. Refund: Enter amount of overpayment to be <b>refunded</b> here and on payment coupon		.00

**Payment Coupon for Florida Corporate Income Tax Return**

**Do Not Detach**

YEAR ENDING 09/30/20

**CSOL**  
 F-1120  
 R. 01/20

To ensure proper credit to your account, enclose your check with tax return when mailing.

**Name** BRENTWOOD PARK GP INC  
**Address** 1300 BROAD STREET  
**City/State/ZIP** JACKSONVILLE FL 32202

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

200851695	0	0	0
20191001	0	0	0
20200930	-15000	0	0
00000000	0	0	0
001	0	0	0
201	0	0	0
-15000	0	0	0
0	0	0	0

0

8007 0 20200930 0002005037 4 3200851695 0000 9



BRENTWOOD PARK GP INC  
FEIN 20-0851695

**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	CFO
Paid preparers only	Preparer's signature	GRANT D. KARTAGENER, CPA	Date	07/12/21
	Firm's name (or yours if self-employed) and address	BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC 8035 SPYGLASS HILL RD MELBOURNE FL		Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN u P01369742
		FEIN	u 59-1152714	ZIP

All Taxpayers Must Answer Questions A Through M Below — See Instructions

- A. State of incorporation: FL
- B. Florida Secretary of State document number: P04000044513
- C. Florida consolidated return? YES  NO
- D.  Initial return  Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)  
531390
- F. A Florida extension of time was timely filed? YES  NO
- G-1. Corporation is a member of a controlled group? YES  NO  If yes, attach list.
- G-2. Part of a federal consolidated return? YES  NO  If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- G-3. The federal common parent has sales, property, or payroll in Florida? YES  NO
- H. Location of corporate books:  
1300 BROAD STREET  
City: JACKSONVILLE State: FL  
ZIP: 32202
- I. Taxpayer is a member of a Florida partnership or joint venture? YES  NO
- J. Enter date of latest IRS audit: \_\_\_\_\_  
a) List years examined: \_\_\_\_\_
- K. Contact person concerning this return: DWAYNE ALEXANDER  
a) Contact person telephone number: 904-665-3035  
b) Contact person e-mail address: DALEXANDER@JAXHA.ORG
- L. Type of federal return filed  1120  1120S or \_\_\_\_\_

**New - Online Information Reporting Requirement**

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

**Where to Send Payments and Returns**

Make check payable to and mail with return to:

Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

**Remember:**

- ü Make your check payable to the Florida Department of Revenue.
- ü Write your FEIN on your check.
- ü Sign your check and return.
- ü Attach a copy of your federal return.
- ü Attach a copy of your Florida Form F-7004 (extension of time) if applicable.







NAME BRENTWOOD PARK GP INC

FEIN 20-0851695

TAXABLE YEAR ENDING

09/30/20

<b>Schedule I — Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1. .
2. Undistributed net long-term capital gains (see instructions)	2. .
3. Net operating loss deduction (attach schedule)	3. .
4. Net capital loss carryover (attach schedule)	4. .
5. Excess charitable contribution carryover (attach schedule)	5. .
6. Employee benefit plan contribution carryover (attach schedule)	6. .
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7. .
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8. .
9. Guaranty association assessment(s) credit	9. .
10. Rural and/or urban high crime area job tax credits	10. .
11. State housing tax credit	11. .
12. Florida Tax Credit Scholarship Program Credits	12. .
13. Florida Renewable energy production tax credit	13. .
14. New markets tax credit	14. .
15. Entertainment industry tax credit	15. .
16. Research and Development tax credit	16. .
17. Energy Economic Zone tax credit	17. .
18. s. 168(k) IRC special bonus depreciation	18. .
19. Other additions (attach schedule)	19. .
20. Total Lines 1 through 19. Enter totals on Line 20 and on Page 1, Line 3.	20. .

<b>Schedule II — Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____. (b) plus s. 862, IRC dividends \$ _____. (c) plus s. 951A, IRC, income \$ _____. (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total <b>u</b>	1. .
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____. (b) less direct and indirect expenses \$ _____ Total <b>u</b>	2. .
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3. .
4. Florida net capital loss carryover deduction (see instructions)	4. .
5. Florida excess charitable contribution carryover (see instructions)	5. .
6. Florida employee benefit plan contribution carryover (see instructions)	6. .
7. Nonbusiness income (from Schedule R, Line 3)	7. .
8. Eligible net income of an international banking facility (see instructions)	8. .
9. s.179, IRC expense (see instructions)	9. .
10. s. 168(k), IRC special bonus depreciation (see instructions)	10. .
11. Other subtractions (attach statement)	11. .
12. Total Lines 1 through 11. Enter totals on Line 12 and on Page 1, Line 5.	12. .





NAME BRENTWOOD PARK GP INC FEIN 20-0851695 TAXABLE YEAR ENDING 09/30/20

**Schedule III — Apportionment of Adjusted Federal Income**

**III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.**

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	.	.		X 25% or	
2. Payroll	.	.		X 25% or	
3. Sales (Schedule III-C below)	.	.		X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					

III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	.	.	.	.
2. Buildings and other depreciable assets	.	.	.	.
3. Land owned	.	.	.	.
4. Other tangible and intangible (financial org. only) assets (attach schedule)	.	.	.	.
5. Total (Lines 1 through 4)	.	.	.	.
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida). 6a. _____.				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b. _____.				
7. Rented property (8 times net annual rent)				
a. Rented property in Florida ..... 7a. _____.				
b. Rented property Everywhere ..... 7b. _____.				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a. _____.				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b. _____.				

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	.
2. Sales delivered or shipped to Florida purchasers	.	N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	.	.
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	.	.

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T-Annual Report)	.	.	
2. Transportation services	.	.	

**Schedule IV — Computation of Florida Portion of Adjusted Federal Income**

1. Apportionable adjusted federal income from Page 1, Line 6	1.	.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instr.)	7.	.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	.



NAME BRENTWOOD PARK GP INC

FEIN 20-0851695 TAXABLE YEAR ENDING 09/30/20

Schedule V — Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1. .
2. Capital investment tax credit (attach certification letter)	2. .
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3. .
4. Community contribution tax credit (attach certification letter)	4. .
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5. .
6. Rural job tax credit (attach certification letter)	6. .
7. Urban high crime area job tax credit (attach certification letter)	7. .
8. Hazardous waste facility tax credit	8. .
9. Florida alternative minimum tax (AMT) credit	9. .
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10. .
11. State housing tax credit (attach certification letter)	11. .
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12. .
13. Florida renewable energy production tax credit	13. .
14. New markets tax credit	14. .
15. Entertainment industry tax credit	15. .
16. Research and Development tax credit	16. .
17. Energy Economic Zone tax credit	17. .
18. Other credits (attach schedule)	18. .
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19. .

**Schedule R — Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____.
_____	_____.
_____	_____.
Total allocated to Florida .....	1. _____.
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
Total allocated elsewhere .....		2. _____.

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....	3. _____.
(Enter here and on Schedule II, Line 7)	0.



NAME BRENTWOOD PARK GP INC

FEIN 20-0851695 TAXABLE YEAR ENDING 09/30/20

**Estimated Tax Worksheet  
 For Taxable Years Beginning On or After January 1, 2018**

1. Florida income expected in taxable year .....	1. \$	0.
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2. \$	.
3. Estimated Florida net income (Line 1 less Line 2) .....	3. \$	0.
4. Total Estimated Florida tax (4.458% of Line 3) .....	\$	0.
Less: Credits against the tax .....	\$	0.

5. Computation of installments:

Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.	.
	Last day of 6th month - Enter 0.25 of Line 4 .....	5b.	.
	Last day of 9th month - Enter 0.25 of Line 4 .....	5c.	.
	Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.	.

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1. \$	.
2. Less:		
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a. - \$	.
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b. - \$	.
(c) Total of Lines 2(a) and 2(b) .....	2c. \$	.
3. Unpaid balance (Line 1 less Line 2(c)) .....	3. \$	.
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4. \$	.

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

Form **F-1120****FL Net Operating Loss Carryover Worksheet****2019**

For calendar year 2019, or tax year beginning 10/01/19 ending 09/30/20

Name

BRENTWOOD PARK GP INC

Employer Identification Number

20-0851695

Preceding Taxable Year	Adjusted Federal Income (Loss)	Apportionment Fraction	Adj to NOL FL Inc (Loss) After Adj	NOL Carryover Applied	FL Portion of Adjusted Federal Income (Loss)	Next Year Carryover
20th 09/30/00		1.000000				
19th 09/30/01		1.000000				
18th 09/30/02		1.000000				
17th 09/30/03		1.000000				
16th 09/30/04		1.000000				
15th 09/30/05		1.000000				
14th 09/30/06	-5	1.000000	-5		-5	-5
13th 09/30/07	-67	1.000000	-67		-67	-72
12th 09/30/08	-1,282	1.000000	-1,282		-1,282	-1,354
11th 09/30/09	-1,378	1.000000	-1,378		-1,378	-2,732
10th 09/30/10	-1,430	1.000000	-1,430		-1,430	-4,162
9th 09/30/11	-960	1.000000	-960		-960	-5,122
8th 09/30/12	157	1.000000	157	-5,122	-4,965	-4,965
7th 09/30/13	1,279	1.000000	1,279	-4,965	-3,686	-3,686
6th 09/30/14	1,785	1.000000	1,785	-3,686	-1,901	-1,901
5th 09/30/15	-247	1.000000	-247		-247	-2,148
4th 09/30/16	-1,654,427	1.000000	-1,654,427		-1,654,427	-1,656,575
3rd 09/30/17	-1,754,603	1.000000	-1,754,603		-1,754,603	-3,411,178
2nd 09/30/18	-2,015,856	1.000000	-2,015,856		-2,015,856	-5,427,034
1st 09/30/19	-150	1.000000	-150		-150	-5,427,184
Current Year	-150	1.000000	-150	0	-150	-5,427,334
Current year net operating loss deduction						

Form <b>F-1120</b>	<b>FL Net Operating Loss Carryover Worksheet, Page 2</b>	<b>2019</b>
For calendar year 2019, or tax year beginning <u>10/01/19</u> ending <u>09/30/20</u>		
Name <b>BRENTWOOD PARK GP INC</b>	Employer Identification Number <b>20-0851695</b>	

**Current Year Net Operating Income (Loss)**

State income taxes deducted	
Additions to federal taxable income (Schedule I)	
Subtractions to federal taxable income (Schedule II)	
Total adjustments	_____
Apportionment fraction	1.000000
Total apportioned adjustments	_____
Schedule R, carryovers and other adjustments	_____
<b>Net adjustments to federal taxable income</b>	_____
Federal income (loss)	-150
Apportionment fraction	1.000000
Total apportioned adjustments	-150
Net adjustments to federal taxable income	0
<b>Current year net operating income (loss)</b>	-150

- A Check if:**
- 1a Consolidated return (attach Form 851)
  - b Life/nonlife consolidated return
  - 2 Personal holding co. (attach Sch. PH)
  - 3 Personal service corp. (see instructions)
  - 4 Schedule M-3 attached

<b>TYPE OR PRINT</b>	Name <b>BRENTWOOD PARK GP INC</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1300 BROAD STREET</b>
	City or town, state, or province, country, and ZIP or foreign postal code <b>JACKSONVILLE FL 32202</b>

<b>B Employer identification number</b> 20-0851695
<b>C Date incorporated</b> 03/10/2004
<b>D Total assets (see instructions)</b> \$ 0

**E Check if:** (1)  Initial return (2)  Final return (3)  Name change (4)  Address change

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	
	<b>b</b> Returns and allowances	<b>1b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a	<b>1c</b>	
	<b>2</b> Cost of goods sold (attach Form 1125-A)	<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	
	<b>4</b> Dividends and inclusions (Schedule C, line 23)	<b>4</b>	
	<b>5</b> Interest	<b>5</b>	1
	<b>6</b> Gross rents	<b>6</b>	
	<b>7</b> Gross royalties	<b>7</b>	
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))	<b>8</b>	
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>9</b>	
<b>10</b> Other income (see instructions—attach statement)	<b>10</b>	SEE STMT 1, 2	
<b>11 Total income.</b> Add lines 3 through 10	<b>11</b>	-72	
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (see instructions—attach Form 1125-E)	<b>12</b>	
	<b>13</b> Salaries and wages (less employment credits)	<b>13</b>	
	<b>14</b> Repairs and maintenance	<b>14</b>	
	<b>15</b> Bad debts	<b>15</b>	
	<b>16</b> Rents	<b>16</b>	
	<b>17</b> Taxes and licenses	<b>17</b>	
	<b>18</b> Interest (see instructions)	<b>18</b>	
	<b>19</b> Charitable contributions	<b>19</b>	
	<b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	<b>20</b>	
	<b>21</b> Depletion	<b>21</b>	
	<b>22</b> Advertising	<b>22</b>	
	<b>23</b> Pension, profit-sharing, etc., plans	<b>23</b>	
	<b>24</b> Employee benefit programs	<b>24</b>	
	<b>25</b> Reserved for future use	<b>25</b>	
	<b>26</b> Other deductions (attach statement)	<b>26</b>	SEE STMT 3
	<b>27 Total deductions.</b> Add lines 12 through 26	<b>27</b>	78
	<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	<b>28</b>	-150
<b>29a</b> Net operating loss deduction (see instructions)	<b>29a</b>		
	<b>b</b> Special deductions (Schedule C, line 24)	<b>29b</b>	
	<b>c</b> Add lines 29a and 29b	<b>29c</b>	
<b>Tax, Refundable Credits, and Payments</b>	<b>30 Taxable income.</b> Subtract line 29c from line 28. See instructions	<b>30</b>	-150
	<b>31</b> Total tax (Schedule J, Part I, line 11)	<b>31</b>	0
	<b>32</b> 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	<b>32</b>	0
	<b>33</b> Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	<b>33</b>	
	<b>34</b> Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	<b>34</b>	
	<b>35 Amount owed.</b> If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	<b>35</b>	
	<b>36 Overpayment.</b> If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	<b>36</b>	
<b>37</b> Enter amount from line 36 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>37</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  I am a preparer who is required to discuss this return with the preparer.  I am not a preparer who is required to discuss this return with the preparer.

Signature of officer DWAYNE ALEXANDER Date \_\_\_\_\_ Title **CFO**

**Paid Preparer Use Only**

Print/Type preparer's name <b>GRANT D. KARTAGENER, CPA</b>	Preparer's signature <b>GRANT D. KARTAGENER, CPA</b>	Date <b>07/12/21</b>	Check self-employed <input type="checkbox"/>	PTIN <b>P01369742</b>
Firm's name <input type="checkbox"/> <b>BERMAN HOPKINS WRIGHT LAHAM CPAS &amp; ASSOC</b>	Firm's EIN <input type="checkbox"/> <b>59-1152714</b>			
Firm's address <input type="checkbox"/> <b>8035 SPYGLASS HILL RD MELBOURNE, FL 32940</b>	Phone no. <b>321-757-2020</b>			

<b>Schedule C Dividends, Inclusions, and Special Deductions</b> (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	<b>Subtotal.</b> Add lines 1 through 8. See instructions for limitations		see instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Section 965(a) inclusion		see instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	<b>Total special deductions.</b> Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions <input type="checkbox"/>		
2	Income tax. See instructions		0
3	Base erosion minimum tax (attach Form 8991)		
4	Add lines 2 and 3		0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	0
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions—attach statement)	9f	
10	<b>Total.</b> Add lines 9a through 9f	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

**Part II—Section 965 Payments** (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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**Part III—Payments, Refundable Credits, and Section 965 Net Tax Liability**

13	2018 overpayment credited to 2019	13	
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	( )
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	<b>Total payments.</b> Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement—see instructions)	20d	
21	<b>Total credits.</b> Add lines 20a through 20d	21	
22	2019 net 965 tax liability paid from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	<b>Total payments, credits, and section 965 net tax liability.</b> Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	



**Schedule K Other Information** (see instructions)

<b>1</b> Check accounting method: <b>a</b> <input type="checkbox"/> Cash <b>b</b> <input checked="" type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) <b>u</b> .....	Yes	No
<b>2</b> See the instructions and enter the: <b>a</b> Business activity code no. <b>u</b> 531390 .....		
<b>b</b> Business activity <b>u</b> REAL ESTATE .....		
<b>c</b> Product or service <b>u</b> DEVELOPMENT .....		
<b>3</b> Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....		X
If "Yes," enter name and EIN of the parent corporation <b>u</b> .....		
<b>4</b> At the end of the tax year: <b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) .....		X
<b>b</b> Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) .....		X
<b>5</b> At the end of the tax year, did the corporation: <b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on <b>Form 851</b> , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. ....		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. ....	Yes	No
	X	

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
BRENTWOOD PARK APARTMENTS ASSO LTD	20-0851733	USA	100.000

<b>6</b> During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 .....	Yes	No
If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. ....		X
<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? .....		X
For rules of attribution, see section 318. If "Yes," enter: <b>(a)</b> Percentage owned <b>u</b> ..... and <b>(b)</b> Owner's country <b>u</b> .....		
<b>(c)</b> The corporation may have to file <b>Form 5472</b> , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <b>u</b> .....		
<b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount .....	<input type="checkbox"/>	
If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments. ....		
<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ ..... 0 .....		
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) <b>u</b> 1 .....		
<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) .....	<input type="checkbox"/>	
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. ....		
<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) .....	<b>u</b> \$	5,427,184

**Schedule K Other Information** (continued from page 4)

		Yes	No
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> its total assets at the end of the tax year less than \$250,000? .....	X	
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year <b>\$</b> .....		
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions .....		X
	If "Yes," complete and attach Schedule UTP.		
15a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? .....		X
b	If "Yes," did or will the corporation file required Form(s) 1099? .....		
16	During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? .....		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? .....		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? .....		X
19	During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? .....		X
20	Is the corporation operating on a cooperative basis? .....		X
21	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions .....		X
	If "Yes," enter the total amount of the disallowed deductions <b>u</b> \$ .....		
22	Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) .....		X
	If "Yes," complete and attach Form 8991.		
23	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....	X	
24	Does the corporation satisfy one or more of the following? See instructions .....		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," to any, complete and attach Form 8990.		
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....		X
	If "Yes," enter amount from Form 8996, line 14 ..... <b>u</b> \$ .....		

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach stmt.)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt.)				
15 Total assets		0		0
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 4		84,662		84,812
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock				
b Common stock	10	10	10	10
23 Additional paid-in capital		5,223,244		5,223,244
24 Retained earnings—Appropriated (att. stmt.)				
25 Retained earnings—Unappropriated		-5,307,916		-5,308,066
26 Adjustments to SH equity (att. stmt.)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity		0		0

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return		
Note: The corporation may be required to file Schedule M-3. See instructions.		
1 Net income (loss) per books	-150	7 Income recorded on books this year not included on this return (itemize):
2 Federal income tax per books		Tax-exempt interest \$
3 Excess of capital losses over capital gains		
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$
a Depreciation \$		b Charitable contributions \$
b Charitable contributions \$		
c Travel and entertainment \$		9 Add lines 7 and 8
6 Add lines 1 through 5	-150	10 Income (page 1, line 28)—line 6 less line 9
		-150

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)		
1 Balance at beginning of year	-5,307,916	5 Distributions: a Cash
2 Net income (loss) per books	-150	b Stock
3 Other increases (itemize):		c Property
		6 Other decreases (itemize):
		7 Add lines 5 and 6
4 Add lines 1, 2, and 3	-5,308,066	8 Balance at end of year (line 4 less line 7)
		-5,308,066

Name(s) shown on return  BRENTWOOD PARK GP INC	Identifying number  20-0851695
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<b>Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)</b> (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
2 Passive activity credits from line 2 of all Parts III with box B checked <span style="float: right; border: 1px solid black; padding: 2px;">2</span>	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 <span style="float: right;">2,273</span>
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 <span style="float: right;">2,273</span>

<b>Part II Allowable Credit</b>	
7 Regular tax before credits: <ul style="list-style-type: none"> <li>• 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</li> <li>• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>	7 <span style="float: right;">0</span>
8 Alternative minimum tax: <ul style="list-style-type: none"> <li>• Individuals. Enter the amount from Form 6251, line 11</li> <li>• Corporations. Enter -0-</li> <li>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	8 <span style="float: right;">0</span>
9 Add lines 7 and 8	9
10a Foreign tax credit <span style="float: right; border: 1px solid black; padding: 2px;">10a</span>	10a
b Certain allowable credits (see instructions) <span style="float: right; border: 1px solid black; padding: 2px;">10b</span>	10b
c Add lines 10a and 10b	10c
11 <b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11
12 <b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- <span style="float: right; border: 1px solid black; padding: 2px;">12</span>	12
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions <span style="float: right; border: 1px solid black; padding: 2px;">13</span>	13
14 Tentative minimum tax: <ul style="list-style-type: none"> <li>• Individuals. Enter the amount from Form 6251, line 9</li> <li>• Corporations. Enter -0-</li> <li>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52</li> </ul>	14 <span style="float: right;">0</span>
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 <b>smaller</b> of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Allowable Credit (continued)**

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
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	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
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	
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	
37	Enter the <b>smaller</b> of line 29 or line 36	37	
38	<p><b>Credit allowed for the current year.</b> Add lines 28 and 37.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b</li> </ul>	38	0

Name(s) shown on return <b>BRENTWOOD PARK GP INC</b>	Identifying number <b>20-0851695</b>
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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |   |   |
|---|---|
| <p><b>A</b> <input type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p><b>C</b> <input checked="" type="checkbox"/> General Business Credit Carryforwards</p> <p><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks</p> | <p><b>E</b> <input type="checkbox"/> Reserved</p> <p><b>F</b> <input type="checkbox"/> Reserved</p> <p><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p><b>H</b> <input type="checkbox"/> Reserved</p> |
|---|---|

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III **u**

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) .....	<b>1a</b>	
<b>b</b> Reserved .....	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) .....	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) .....	<b>1d</b>	2,273
<b>e</b> Disabled access (Form 8826) (see instructions for limitation) .....	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) .....	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) .....	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) .....	<b>1h</b>	
<b>i</b> New markets (Form 8874) .....	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation) .....	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) .....	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) .....	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) .....	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) .....	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) .....	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) .....	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) .....	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) .....	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) .....	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830) .....	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) .....	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) .....	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) .....	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) .....	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) .....	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) .....	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) .....	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) .....	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) .....	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I .....	<b>2</b>	2,273
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II .....	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) .....	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) .....	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) .....	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) .....	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) .....	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) .....	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) .....	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) .....	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) .....	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) .....	<b>4j</b>	
<b>z</b> Other .....	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II .....	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .....	<b>6</b>	2,273

## Net Operating Loss Carryover Worksheet

Form **1120**

**2019**

For calendar year 2019 or tax year beginning 10/01/19, ending 09/30/20

Name

Employer Identification Number

BRENTWOOD PARK GP INC

20-0851695

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/Carryover NOL Utilized	Carryover
20th 09/30/00					
19th 09/30/01					
18th 09/30/02					
17th 09/30/03					
16th 09/30/04					
15th 09/30/05					
14th 09/30/06	-5	5			
13th 09/30/07	-67	67			
12th 09/30/08	-1,282	1,282			
11th 09/30/09	-1,378	1,378			
10th 09/30/10	-1,430	489	941		941
9th 09/30/11	-960		960		960
8th 09/30/12	157				
7th 09/30/13	1,279				
6th 09/30/14	1,785				
5th 09/30/15	-247		247		247
4th 09/30/16	-1,654,427		1,654,427		1,654,427
3rd 09/30/17	-1,754,603		1,754,603		1,754,603
2nd 09/30/18	-2,015,856		2,015,856		2,015,856
1st 09/30/19	-150		150		150
NOL Carryover Available To Current Year			5,427,184		
Current Year	0 -150				150
NOL Carryover Available To Next Year					5,427,334

<b>Form 1120</b>	<b>Carryover Worksheet - Capital Gain (Loss) and Section 1231</b>	<b>2019</b>
For calendar year 2019 or tax year beginning 10/01/19, ending 09/30/20		
Name BRENTWOOD PARK GP INC		Employer Identification Number 20-0851695

Net Capital Loss		Prior Year		Current Year	Next Year
Preceding Tax Year	Net Capital Gain/(Loss)	Loss Utilized or C/B (Gains Offset)	Capital Loss Carryover	Gain Offset By Carryback/ Carryovers Utilized	Capital Loss Carryover
5th 09/30/15					
4th 09/30/16					
3rd 09/30/17					
2nd 09/30/18					
1st 09/30/19					
Capital Loss Carryover Available To Current Year			0		
Current Year	0				0
Capital Loss Carryover Available To Next Year					0

Section 1231 Losses		Prior Year		Current Year	Next Year
Preceding Tax Year	1231 Loss	Recaptured	Unrecaptured	Prior Losses Recaptured	Unrecaptured
5th 09/30/15					
4th 09/30/16					
3rd 09/30/17					
2nd 09/30/18	1		1		1
1st 09/30/19					
1231 Losses Available for Recapture in Current Year			1		
Current Year	0				0
1231 Losses Available for Recapture in Next Year					1



<b>Form 3800</b>	<b>General Business Credit Carryover / Carryback Detail Wrk</b>	<b>2019</b>
For calendar year 2019 or tax year beginning 10/01/19, ending 09/30/20		
Name BRENTWOOD PARK GP INC		Employer Identification Number 20-0851695

**General Business Credit Carryover for Form 8586**

LOW-INCOME HOUSING CREDIT - PRE 1/1/08

Preceding Tax Year	Credit Amount Generated	Credit Amount Utilized		Credit Carried Back to Prior Year	Credit Carryover to Next Year
		Prior Year	Current Year		
20th 09/30/00					
19th 09/30/01					
18th 09/30/02					
17th 09/30/03					
16th 09/30/04					
15th 09/30/05					
14th 09/30/06					
13th 09/30/07					
12th 09/30/08	163				163
11th 09/30/09	347				347
10th 09/30/10	347				347
9th 09/30/11	347				347
8th 09/30/12	168				168
7th 09/30/13	179				179
6th 09/30/14	179				179
5th 09/30/15	179				179
4th 09/30/16	179				179
3rd 09/30/17	179				179
2nd 09/30/18	6				6
1st 09/30/19					
Current Year	0		0		0
<b>Total</b>	<b>2,273</b>		<b>0</b>		<b>2,273</b>
General Business Credit Carryover Available To Next Year					2,273

**Credit Carryback for Form 800 GENERAL BUSINESS CREDIT**

Preceding Tax Year	Current Year		Next Year
	Tax Available to be Offset	Tax Offset by Credit Carryback	Tax Available to be Offset
5th			
4th			
3rd			
2nd			
1st			
Current Year	0		0

**Statement 1 - Form 1120, Page 1, Line 10 - Other Income**

<u>Description</u>	<u>Amount</u>
BRENTWOOD PARK APARTMENTS ASS	\$ <u>-73</u>
TOTAL	\$ <u><u>-73</u></u>

# Federal Statements

**Statement 2 - Form 1120, Page 1, Line 10 - Other Income Pass-Through Information**

<u>Name of Entity</u>	<u>EIN</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Country</u>
BRENTWOOD PARK APARTMENTS ASSO. LTD	20-0851733	1300 BROAD STREET	JACKSONVILLE	FL	32202	

**Federal Statements****Statement 3 - Form 1120, Page 1, Line 26 - Other Deductions**

<u>Description</u>	<u>Amount</u>
OFFICE EXPENSE	\$ <u>78</u>
TOTAL	\$ <u><u>78</u></u>

**Statement 4 - Form 1120, Page 6, Schedule L, Line 18 - Other Current Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO JHA	\$ 84,512	\$ 84,512
CASH OVERDRAFT	<u>150</u>	<u>300</u>
TOTAL	\$ <u><u>84,662</u></u>	\$ <u><u>84,812</u></u>

**FL Electronic Filing - PDF Attachment Worksheet**

Form **F-1120**

**2019**

For calendar year 2019, or tax year beginning 10/01/19 ending 09/30/20

Name BRENTWOOD PARK GP INC Employer Identification Number 20-0851695

Title	Attachment Source	Proforma
AUTOMATICALLY ATTACHED TO RETURN FLORIDA NET OPERATING LOSS CARRYOVER DEDUCTION	OTHERATTACHMENT01.PDF	

