STAHELI & JACOBSEN CPA'S PO BOX 911030 SAINT GEORGE, UT 84791 (435) 656-8138

We have prepared and enclosed your 2022 Form 1065, U.S. Return of Partnership Income for Cosmic Arrow, LLC for the tax year ending December 31, 2022.

The return was prepared from information furnished to us. Please review to ensure there are no omissions or misstatements of material facts.

Your 2022 Form 1065, U.S. Return of Partnership Income for Cosmic Arrow, LLC will be electronically filed.

No payment is due with this return.

We appreciate this opportunity to serve you. If you have any questions, please contact us.

Sincerely,

Staheli & Jacobsen CPAs

2022 U.S. Return of Partnership Income prepared for:

Cosmic Arrow, LLC 134 S 1160 W Cir Saint George, UT 84770

STAHELI & JACOBSEN CPA'S
PO BOX 911030
SAINT GEORGE, UT 84791

Form 1065		35		U.S. R	eturn of Pa	rtnership Inc	ome		ОМВ	No. 1545-0123
			For cal	endar year 2022, or tax yea	arbeginning Apr 8	, 2022, ending	Dec 31 ,2	2022	. 6	
	tment of that Revenue	ne Treasury e Service		Go to www.irs.gov	/ <i>Form10</i> 65 for inst	ructions and the late	st information.			2022
A Principal business activ				Name of partnership					D Emplo	oyer identification number
Inv	vesti:	ng		Cosmic Arrow					88-2	043412
B Prin	cipal produ	uct or service	Туре	Number, street, and room	or suite no. If a P.O. bo	x, see instructions.			E Date	business started
	<i>r</i> esti:		or Driet	134 S 1160 W						8/2022
C Bus	siness coo	de number	Print	City or town, state or provi	nce, country, and ZIP of	or foreign postal code				l assets instructions)
F 0.1	2000			Goint Goorn		T.T.	n 04770		,	,
	3900 book an	plicable bo	voc:	Saint George (1) X Initial return (2)	(3) Name change		2222	(5)	Amondod roturn
		•			-	(3) Other (specify)		-		
				Attach one for each perso	on who was a partne	r at any time during th	· ne tax year:			2
										🗆
K C	heck if p	artnership:	(1)	Aggregated activities for	section 465 at-risk p	urposes (2) 🗌 Grou	ped activities for sect	ion 46	9 passive	activity purposes
Caut				or business income ar			elow. See instructi	ons fo	r more i	nformation.
			•	r sales			1a			
	b			wances			1b		4	
				ct line 1b from line 1a		A		+	1c 2	
ne	3	_		old (attach Form 1125 otract line 2 from line	-			- t	3	
Income	4			e (loss) from other part					4	
<u>=</u>	5			oss) (attach Schedule					5	
	6			om Form 4797, Part II				-	6	
	7			oss) (attach statement)	·			-	7	
	8	Total inco	ome (l	oss). Combine lines 3	through 7			.	8	
	9			ges (other than to part					9	
ONS (see instructions for limitations)	10			ments to partners .				-	10	
nitati	11	Repairs a	nd ma	intenance					11	
or lin	12	Bad debts	s					. [12	
ns f	13							- [13	
uctic	14			ses					14	
instr	15			tructions)				.	15	
ees)	1	-	-	required, attach Form			16a		10	
US		-		on reported on Form 1			16b		16c	
	17	-	-	ot deduct oil and gas					17	
Deduct	18 19			s, etc				•	18 19	
eq	20			s (attach statement)				•	20	
	21			ns. Add the amounts s				+	21	
	22			ess income (loss). Su		<u> </u>			22	
-	23			ler the look-back meth					23	
Payment	24			ler the look-back meth					24	
ΕŽ	25	BBA AAR	imput	ed underpayment (see	e instructions) .			. [25	
Рa	26	Other taxe	es (see	instructions)				. [26	
þ	27			lue. Add lines 23 throu	•				27	
ā	28	•	`	•				-	28	
Tax and	29			If line 28 is smaller that				t t	29	
<u>.</u>	30			f line 28 is larger than		•			30	0.
٥.		and belief,	aities of it is true	perjury, I declare that I have , correct, and complete. De	examined this return, it claration of preparer (c	ncluding accompanying s other than partner or limit	scriedules and statemer ed liability company me	າເຣ, and ember)	to the bes is based o	अ or my knowledge on all information of
Sig		which prep	arer has	any knowledge.				Me	the IDC -	diaguage this return
Her	е							with	the prepa	discuss this return arer shown below?
		Signature	of partr	er or limited liability compar	ny member	Date		See	instructions	s. Yes No
Paid	1	Print/Type	preparer	's name	Preparer's signature		Date	Chec	k 🗶 if	PTIN
		NATE	STAH	ELI	NATE STAHE	LI	09/14/2023		mployed	P00296497
	parer	Firm's nam	e	STAHELI & JACO				Firm's	EIN 27	7-0372684
use	Only	Firm's add	ress	PO BOX 911030	SAINT GEORGE	тт 84791		Phone	no (43	5)656-8138

Page 2

Sch	edule B Other Information								
1	What type of entity is filing this return? Check the	applica	ble box:					Yes	No
а	Domestic general partnership b		nestic limited	-	-				
С	☑ Domestic limited liability company d		nestic limited	liability pa	rtnership				
e	Foreign partnership f	Oth	er:						
2 a	At the end of the tax year: Did any foreign or domestic corporation, partners	shin (in	cluding any e	entity treate	ad as a n	artnershin) tri	ist or tay-		
u	exempt organization, or any foreign government o								
	loss, or capital of the partnership? For rules of co								
	B-1, Information on Partners Owning 50% or More	e of the	Partnership						×
b	Did any individual or estate own, directly or indire								
	the partnership? For rules of constructive owners								
	on Partners Owning 50% or More of the Partnersh	ııp .						×	
3									
а	own directly 20% or more, or own, directly or incestock entitled to vote of any foreign or domestic co								
	If "Yes," complete (i) through (iv) below					nersnip, see in	Siructions.		×
	(i) Name of Corporation		(ii) Employer le			Country of	(iv) Perc	l entage	
			Number	(if any)	Înco	orporation	Owned in Vo	oting St	ock
				4					
b	Own directly an interest of 20% or more, or own, or	directly	or indirectly	an interest	of 50% c	or more in the I	orofit loss		
b	or capital in any foreign or domestic partnership								
	interest of a trust? For rules of constructive owners								
	(i) Name of Entity		i) Employer dentification	(iii) Type	e of	(iv) Country of	(v) M Percenta	laximur	
			mber (if any)	Entity	/	Organization	Profit, Los		
	Does the partnership satisfy all four of the following	20000	ditional					V	N.
4	The partnership's total receipts for the tax year we	_		20				Yes	No
a b	The partnership's total assets at the end of the tax								
C	Schedules K-1 are filed with the return and furnishe					ate (including e	extensions)		
·	for the partnership return.	od to tri	o partifold of	01 501010	ino ado a	ato (molading t	oxtoriolorio _j		
d	The partnership is not filing and is not required to	file Sch	edule M-3					×	
	If "Yes," the partnership is not required to comple	ete Sch	edules L, M-	1, and M-2	2; item F	on page 1 of F	orm 1065;		
	or item L on Schedule K-1.								
5	Is this partnership a publicly traded partnership, as								×
6	During the tax year, did the partnership have any								
	so as to reduce the principal amount of the debt?								×
7	Has this partnership filed, or is it required to file,								×
	information on any reportable transaction? At any time during calendar year 2022, did the par								<u> </u>
8	a financial account in a foreign country (such as								
	See instructions for exceptions and filing requi	irement	s for FinCE	N Form 11	14, Repo	rt of Foreign	Bank and		
	Financial Accounts (FBAR). If "Yes," enter the name	ne of th	e foreign cou	ntry					×
9	At any time during the tax year, did the partnership								
	to, a foreign trust? If "Yes," the partnership may ha								\ \ \
100	Foreign Trusts and Receipt of Certain Foreign Gifts								×
10a	Is the partnership making, or had it previously mad See instructions for details regarding a section 754	•	,	, a section	7 54 elect				×
h	Did the partnership make for this tax year an opt			ant under e	section 7	13/h) or 721/h)	2 If "Vec."		
b	attach a statement showing the computation and						rii res,		×
^	Is the partnership required to adjust the basis of								
С	substantial built-in loss (as defined under section								
	734(d))? If "Yes," attach a statement showing the co								×

Sch	edule B Other Information (continued)				
11	Check this box if, during the current or prior tax year, the partnership distribute kind exchange or contributed such property to another entity (other than disrega partnership throughout the tax year)	arded entities wholly owned by the	Yes	No	
12	At any time during the tax year, did the partnership distribute to any partner undivided interest in partnership property?	er a tenancy-in-common or other		×	
13	If the partnership is required to file Form 8858, Information Return of U.S. If Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number instructions	Persons With Respect to Foreign r of Forms 8858 attached. See			
14	Does the partnership have any foreign partners? If "Yes," enter the number Information Statement of Section 1446 Withholding Tax, filed for this partnership	· · · · · · · · · · · · · · · · · · ·		×	
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certa to this return				
16a b	Did you make any payments in 2022 that would require you to file Form(s) 1099? If "Yes," did you or will you file required Form(s) 1099?			<u>×</u>	
17	attached to this return				
18	Enter the number of partners that are foreign governments under section 892 .				
19	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?				
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938				
21	Is the partnership a section 721(c) partnership, as defined in Regulations section			×	
22	During the tax year, did the partnership pay or accrue any interest or royalty for not allowed a deduction under section 267A? See instructions			×	
	If "Yes," enter the total amount of the disallowed deductions				
23	Did the partnership 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				
24	Does the partnership satisfy one or more of the following? See instructions $\ \ .$ $\ \ .$			×	
а	The partnership owns a pass-through entity with current, or prior year carryover,				
b	The partnership's aggregate average annual gross receipts (determined under preceding the current tax year are more than \$27 million and the partnership has	business interest expense.			
c	The partnership is a tax shelter (see instructions) and the partnership has busines If "Yes" to any, complete and attach Form 8990.	*			
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Func If "Yes," enter the amount from Form 8996, line 15	!?		×	
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section				
27	At any time during the tax year, were there any transfers between the partners disclosure requirements of Regulations section 1.707-8?			×	
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:				
29	Reserved for future use				
Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3					
If "No," complete Designation of Partnership Representative below.					
Designation of Partnership Representative (see instructions) Enter below the information for the partnership representative (PR) for the tax year covered by this return. Name of PR					
	diana	II S. phono			
U.S. ad		U.S. phone number of PR			
	R is an entity, name of the designated individual for the PR	I			
	J.S. address of U.S. phone number of designated individual				

Form 1065 (2022) Page **4**

Sche	dule	Partners' Distributive Share Items	Total amount
	1	Ordinary business income (loss) (page 1, line 22)	1
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss)	
	b	Expenses from other rental activities (attach statement)	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c
_	4	Guaranteed payments: a Services 4a b Capital 4b	
SS]		c Total. Add lines 4a and 4b	4c
<u>ک</u>	5	Interest income	5
e (6	Dividends and dividend equivalents: a Ordinary dividends	6a
Income (Loss)		b Qualified dividends 6b c Dividend equivalents 6c	
ညိ	7	Royalties	7
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss)	
	С	Unrecaptured section 1250 gain (attach statement) 9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type:	11
	12	Section 179 deduction (attach Form 4562)	12
<u>.</u> 5	13a	Contributions	13a
ţ	b	Investment interest expense	13b
Deductions	С		13c(2)
ڡۜ	d	Other deductions (see instructions) Type:	13d
٠ځ.	14a	Net earnings (loss) from self-employment	14a
ple in the interval of the int	b	Gross farming or fishing income	14b
Self- Employ- ment	С	Gross nonfarm income	14c
	15a	Low-income housing credit (section 42(j)(5))	15a
S	b	Low-income housing credit (other)	15b
ij	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
Credits	d	Other rental real estate credits (see instructions) Type:	15d
O	е	Other rental credits (see instructions) Type:	15e
	f	Other credits (see instructions) Type:	15f
r- na	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check	
Inter- national	.0	this box to indicate that you are reporting items of international tax relevance	
	170	Post-1986 depreciation adjustment	17a
ative Im Tax Items	17a		17b
n Tie		Adjusted gain or loss	17c
# F E		Oil, gas, and geothermal properties—gross income	17d
₹	d	Oil, gas, and geothermal properties—deductions	17e
Alternative Minimum Tax (AMT) Items	e f		17f
		Other AMT items (attach statement)	18a
Ē	18a b	Other tax-exempt income	18b
엹		Nondeductible expenses	18c
па	10a	Distributions of cash and marketable securities	19a
o.	19a		19b
<u>=</u>	20a	Distributions of other property	
<u> </u>	20a		20a
Other Information	b	Investment expenses	20b
0	21	Total foreign taxes paid or accrued	21
		Total foreign taxes paid or accrued	4 1

Form 1065 (2022) Page **5**

Analy	sis of Net Income (Loss) per	Return				
1	Net income (loss). Combine Sc Schedule K, lines 12 through 13d	hedule K, lines 1 throug d, and 21	gh 11. From th	e result, subtract t	he sum of 1	0.
2	Analysis by partner type:	ate (ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
а	General partners					
	Limited partners					
Sch	edule L Balance Sheets	per Books		g of tax year		tax year
	Assets	-	(a)	(b)	(c)	(d)
1	Cash					
2a	Less allowance for bad debts .					
ь 3	Inventories					
4	U.S. Government obligations .					
5						
6	Other current assets (attach stat	_				
7a	Loans to partners (or persons re	_				
b	Mortgage and real estate loans					
8	Other investments (attach staten	nent)				
9a	Buildings and other depreciable	assets				
b	Less accumulated depreciation					
10a	Depletable assets					
b	Less accumulated depletion .					
11	Land (net of any amortization) .	—				
12a	Intangible assets (amortizable or	nly)				
b	Less accumulated amortization)		
13	Other assets (attach statement)					
14	Total assets	_		_		
45	Liabilities and Cap					
15 16	Accounts payable			4		
17	Mortgages, notes, bonds payable Other current liabilities (attach st	-				
18	All nonrecourse loans	· · · · · · · · · · · · · · · · · · ·				
19a	Loans from partners (or persons					
b	Mortgages, notes, bonds payable					
20	Other liabilities (attach statement					
21	·	"				0.
	Total liabilities and capital					0.
	edule M-1 Reconciliation of	f Income (Loss) per B			ome (Loss) per	Return
1	Net income (loss) per books	nip may be required to file				
	` ''			e recorded on books thit nedule K, lines 1 thro		
2	Income included on Schedule K, lines 5, 6a, 7, 8, 9a, 10, and 11, not reco			xempt interest \$		
	baala Hela waan (Hansina).		u rax o			
3	Guaranteed payments (other than	health	7 Deduc	ctions included o		
	insurance)		1	through 13d, and	,	
4	Expenses recorded on books th	nis vear		st book income this		
•	not included on Schedule K,		a Depre	ciation \$		
	through 13d, and 21 (itemize):					
а	Depreciation \$		8 Add lii	nes 6 and 7		
b	Travel and entertainment \$			ne (loss) (Analysis		
5	Add lines 1 through 4			, line 1). Subtract lir	ne 8 from line 5	0.
	edule M-2 Analysis of Partr					
1	Balance at beginning of year .		6 Distrib			
2	Capital contributed: a Cash .					
_	b Property			decreases (itemize)	:	
3	Net income (loss) (see instruction			 nes 6 and 7		
4 5	Other increases (itemize): Add lines 1 through 4			nes 6 and 7 e at end of year. Subtra		0.
J	/ wa iii co i tili ougii 4			c at c ita di yedi. Sublia	or mie o nom mie 3	ı

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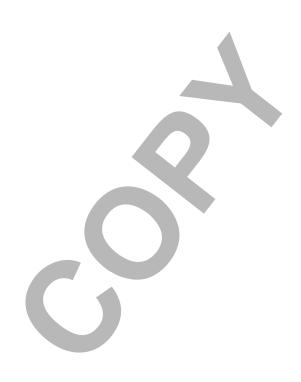
Sch	nedule K-1	P	☐ Final K-1 ☐ Amended Amended Amended Final K-1 ☐ Amended Ame		rent Year Income.
	rm 1065)		Deductions, Credi		
	rtment of the Treasury nal Revenue Service For calendar year 2022, or tax year	1	Ordinary business income (loss)	14	Self-employment earnings (loss)
_	beginning 04 / 08 / 2022 ending 12 / 31 / 2022	2	Net rental real estate income (loss)		
	tner's Share of Income, Deductions, edits, etc. See separate instructions.	3	Other net rental income (loss)	15	Credits
F	Part I Information About the Partnership	4a	Guaranteed payments for services		
A	Partnership's employer identification number 88-2043412	4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked
В	Partnership's name, address, city, state, and ZIP code Cosmic Arrow, LLC 134 S 1160 W Cir	4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
	Saint George, UT 84770	5	Interest income		
C	IRS center where partnership filed return: Ogden, UT Check if this is a publicly traded partnership (PTP)	6a	Ordinary dividends		
	art II Information About the Partner	6b	Qualified dividends	18	Tax-exempt income and
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 431-71-4339	6c	Dividend equivalents		nondeductible expenses
-		1 **	Dividend equivalents		
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. Julie L Isaacson	7	Royalties		
	134 S 1160 W Cir Saint George UT 84770	8	Net short-term capital gain (loss)	19	Distributions
G	General partner or LLC member-manager Kill Limited partner or other LLC member	9a	Net long-term capital gain (loss)		Distributions
H1	 ✓ Domestic partner ✓ Foreign partner 	9b	Collectibles (28%) gain (loss)	1	
H2	If the partner is a disregarded entity (DE), enter the partner's:		(2270, 3411 (322)	20	Other information
	TIN Name	9c	Unrecaptured section 1250 gain	1	
11	What type of entity is this partner? Individual				
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	10	Net section 1231 gain (loss)		
J	Partner's share of profit, loss, and capital (see instructions):				
	Beginning Ending	11	Other income (loss)		
	Profit 50.00000% 50.00000%				
	Loss 50.00000% 50.00000%				
	Capital 50.00000 % 50.00000 %				
	Check if decrease is due to sale or exchange of partnership interest	12	Section 179 deduction	21	Foreign taxes paid or accrued
K	Partner's share of liabilities:				
	Beginning Ending	13	Other deductions		
	Nonrecourse \$				
	Qualified nonrecourse				
	financing \$ \$ Recourse \$				
	Recourse \$ \$ \$ Check this box if item K includes liability amounts from lower-tier partnerships				
	Partner's Capital Account Analysis	22	More than one activity for at-risl	k nurne	nses*
-	Beginning capital account \$	23	More than one activity for passi		
	Capital contributed during the year \$		ee attached statement for add		
	Current year net income (loss) \$				
	Other increase (decrease) (attach explanation) \$				
	Withdrawals and distributions \$ ()	<u> </u>			
	Ending capital account \$ 0.	Use Only			
	<u> </u>	Jse			
м	Did the partner contribute property with a built-in gain (loss)?				
L	Yes No If "Yes," attach statement. See instructions.	For IRS			
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	Ē			
	Beginning				
ı	Ending \$	1			

Cosmic Arrow, LLC 88-2043412 1

Additional Information From Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (Julie L Isaacson)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (Julie L Isaacson)
Supplemental Information
Continuation Statement

Description	Amount
PURSUANT TO IRC SECTION 6221(B)(1), FOR THE CURRENT TAX	
YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED	
PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND	
ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER	
LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES	
APPLICABLE TO EACH PARTNER FOR THE TAX YEAR UNDER EXAMINATION.	



Final K-1 Amended K-1 Schedule K-1 Part III Partner's Share of Current Year Income, (Form 1065) **Deductions, Credits, and Other Items** Department of the Treasury Ordinary business income (loss) 14 Self-employment earnings (loss) Internal Revenue Service For calendar year 2022, or tax year beginning 04 / 08 / 2022 ending 12 / 31 / 2022 Net rental real estate income (loss) Partner's Share of Income, Deductions, Credits Other net rental income (loss) Credits, etc. See separate instructions. Part I Information About the Partnership Guaranteed payments for services Partnership's employer identification number Schedule K-3 is attached if 88-2043412 4b Guaranteed payments for capital checked Partnership's name, address, city, state, and ZIP code Total guaranteed payments Alternative minimum tax (AMT) items Cosmic Arrow, LLC 134 S 1160 W Cir 5 Interest income Saint George, UT 84770 IRS center where partnership filed return: Ogden, UTOrdinary dividends Check if this is a publicly traded partnership (PTP) Part II Information About the Partner Qualified dividends Tax-exempt income and nondeductible expenses Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) Dividend equivalents 529-95-0491 Name, address, city, state, and ZIP code for partner entered in E. See instructions. F Royalties Daniel Johnson 134 S 1160 W Cir Net short-term capital gain (loss) Saint George UT 84770 Distributions Net long-term capital gain (loss) G General partner or LLC Limited partner or other LLC member-manager 9h Collectibles (28%) gain (loss) H1 X Domestic partner Foreign partner Other information H2 If the partner is a disregarded entity (DE), enter the partner's: Name Unrecaptured section 1250 gain 11 What type of entity is this partner? Individual Net section 1231 gain (loss) If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here . 12 Partner's share of profit, loss, and capital (see instructions): Beginning Ending 11 Other income (loss) 50.00000% 50.00000% Profit 50.00000% 50.00000% Loss 50.00000% 50.00000% Section 179 deduction Foreign taxes paid or accrued Check if decrease is due to sale or exchange of partnership interest . . . Partner's share of liabilities: Beginning **Ending** Other deductions Nonrecourse Qualified nonrecourse financing . . . \$ Check this box if item K includes liability amounts from lower-tier partnerships 22 More than one activity for at-risk purposes* L Partner's Capital Account Analysis 23 More than one activity for passive activity purposes* Beginning capital account . . . \$ *See attached statement for additional information. Capital contributed during the year . . \$ 0. Current year net income (loss) . . . \$_ Other increase (decrease) (attach explanation) \$_ IRS Use Only Withdrawals and distributions . . . \$ (Ending capital account \$

Did the partner contribute property with a built-in gain (loss)?

Beginning \$

Ν

No If "Yes," attach statement. See instructions.

Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

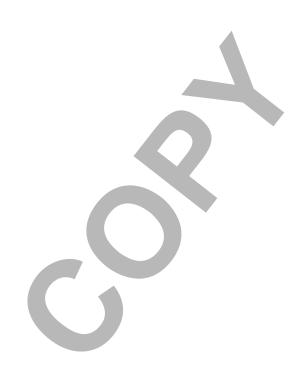
Por

Cosmic Arrow, LLC 88-2043412

Additional Information From Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (Daniel Johnson)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (Daniel Johnson)
Supplemental Information
Continuation Statement

Description	Amount
PURSUANT TO IRC SECTION 6221(B)(1), FOR THE CURRENT TAX	
YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED	
PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND	
ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER	
LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES	
APPLICABLE TO EACH PARTNER FOR THE TAX YEAR UNDER EXAMINATION.	



SCHEDULE B-1 (Form 1065)

(Rev. August 2019) Department of the Treasury Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

► Attach to Form 1065.

► Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

Cosmic Arrow, LLC

Employer identification number (EIN)

88-2043412

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Daniel Johnson	529-95-0491	us	50.0000
Julie L Isaacson	529-95-0491	US	50.0000

SCHEDULE B-2 (Form 1065)

(December 2018) Department of the Treasury Internal Revenue Service

Election Out of the Centralized Partnership Audit Regime

► Attach to Form 1065 or Form 1066. ▶ Go to www.irs.gov/Form1065 for instructions and the latest information. OMB No. 1545-0123

Name of Partnership Cosmic Arrow, LLC Employer Identification Number (EIN)

88-2043412

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I List of Eligible Partners

Use the following codes under Type of Eligible Partner:

I - Individual C - Corporation E - Estate of Deceased Partner F - Eligible Foreign Entity S - S corporation

Name of Partner	Taxpayer Identification Number (TIN) Type of Eligible Partner (Code)
1 Julie L Isaacson	431-71-4339 I
2 Daniel Johnson	529-95-0491 I
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4	
5	
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14	
15	

Continued on Part IV

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Part II List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners .

	I – Individual E – Estate of Deceased Shareholder T – Trus	st O – Other	
Name of S Corporatio	n Partner ▶	TIN of Partner ▶	
	Name of Shareholder	Shareholder TIN	Type of Person (Code)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Continued of	on Part V		•
Part III	Total Number of Schedules K-1 Required To Be Issued.	See instructions.	

For Paperwork Reduction Act N	lotice, see the	Instructions for	or Form 1065.

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Employer Identification Number (EIN) Name of Partnership Cosmic Arrow, LLC 88-2043412

Part IV **Continuation of List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

	Name of Partner	TIN	Type of Eligible Partner (Code)
16			
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Name of Partnership **Employer Identification Number (EIN)** 88-2043412 Cosmic Arrow, LLC

Part IV **Continuation of List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name o	f Partner	TIN	Type of Eligible Partner (Code)
68			
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Name of Partnership
Cosmic Arrow, LLC

Employer Identification Number (EIN)
88-2043412

Part V Continuation of List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I - Individual E - Estate of Deceased Shareholder T - Trust O - Other

Name of S Corporation Partner ▶	TIN of Partner ▶	
Name of Shareholder	Shareholder TIN	Type of Person (Code)
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14		
15		
16		
17		
18		
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Name of Partnership

Cosmic Arrow, LLC

Employer Identification Number (EIN)

88-2043412

Part V Continuation of List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I - Individual E - Estate of Deceased Shareholder T - Trust O - Other

Name of			
S Corporation Partner		TIN of Partner ►	
Name of Shareholder	5	Shareholder TIN	Type of Person (Code)
62			
63			
64			
65			
66			
67			
68			
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