Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e)) For calendary year 2017 or other bus year beginning with the property of the instructions and the latest information. The calendary years are provided to the Transport of the T	'n	OMB No 1545-0687
For calendary year 2017 or other tax year braymoning	-	0047
De not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3 and class changed and class changed between the composition of the class changed between the composition of the class changed between the composition of the class changed between the class changed betwee		201/
R — Check-box if address changed B Exempt under section Solit(c) Solit		Open to Public Inspection for
## Address changed B Exempt under section		50 1(c)(3) Organizations Only
Solit Chi 3 408(e) 220(e) 408A 30(a) 550 0 UNITED DR. SE 550 0 UNITED DR.	(Em	nployees' trust, see tructions)
408(c) 220(c) 220(c) 308(a) 303(a)		26-2792485 related business activity codes
408A 500(a) 530(a) 530(a) 529(a) 529		e instructions)
Seak make of all assets SMYRNA, GA 30082	\dashv	
# Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1.0 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	53	1390
H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 10 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ If Yros, "onto the name and identifying number of the parent corporation. ▶ J The books are in care of ▶ DOUGLAS HERTZ Telephone number ▶ I The books are in care of ▶ DOUGLAS HERTZ Telephone number ▶ I a Gross recepts or sales	(-) ()	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Y'es', enter the name and identifying number of the parent corporation.	(a) trust	t Other trust
If "Yes," onter the name and identifying number of the parent corporation. ▶ J The books are in case of ▶ DOUGLAS HERTZ Telephone number Part E Unrelated Trade or Business Income	$\overline{}$	Yes X No
J The books are in care of ▶ DOUGLAS HERTZ Telephone number ▶ Part E Unrelated Trade or Business Income (A) Income (B) Expens	ш .	105 <u>[22]</u> NU
Part E Unrelated Trade or Business Income (A) Income (B) Expens	678-	-305-2000
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 4 Less returns and allowances 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 6 Income (loss) (from partnerships and S corporations (attach statement) 7 Income (loss) (from partnerships and S corporations (attach statement) 8 Real income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Invostment income of a socition 501(c)(7), (9), or (17) organization (Schodule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages 6 Repairs and maintenance 16 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages 6 Repairs and maintenance 17 Bad debts 18 Interest (attach Schedule) 19 Taxes and licenses 10 Charitable contributions (See instructions for limitation rules) 10 Depreciation (attach Form 4552) 21 Depreciation (attach Form 4552) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempl expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 10 Unrelated business deduction (limited to the amount on line 30) 10 Unrelated business deduction (limited to the amount on line 30)	es	(C) Net
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 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30). 	28	1,200.
31 Net operating loss deduction (limited to the amount on line 30)	29	1,200.
	30	37,218.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31_	27 210
	32	37,218.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	36,218.
723701 01-22-18 * L'HA ** For Paperwork-Reduction Act Notice, see instructions.		- 000 T
723701 01-22-18 - LHA For Paperwork-Heduction Act Notice, see instructions.	00)

Form 990-T	Martial, account of illustration		26-279	2485	Page 2
Part I				1 1	
35	Organizations Taxable as Corporations See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 🔙 See instructions an			5-	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)-			
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)			- 2	
C	Income tax on the amount on line 34		•	35c	5,433.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 34 from.		40 /	-
	Tax rate schedule or Schedule D (Form 1041)		•	36	
37	Proxy tax. See instructions		•	37	
38	Alternative minimum tax		_	38	
39	Tax on Non-Compliant Facility Income See Instructions			39	
40	Total: Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	5,433.
Part I				70	
		41a			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			1 m	
b	Other credits (see instructions)	41b		• • ?	
C	General business credit. Attach Form 3800	41c		ا موا ک دی	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
	Total credits. Add lines 41a through 41d			41e	5,433.
42	Subtract line 41e from line 40	🗔		42	5,433.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 L Other (at	tach schedule)	43	5 422
44	Total tax. Add lines 42 and 43	1 1		44	5,433.
45 a	Payments: A 2016 overpayment credited to 2017	458			
b	2017 estimated tax payments	45b		2-	
C	Tax deposited with Form 8868	45c		1,000	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	45d		** -	
е	Backup withholding (see instructions)	45e		ا م کرد کردون	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
Q	Other credits and payments Form 2439			, at	
·	Form 4136 Other Total	45g			
46	Total payments. Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	169.
48 -		TEMENT 13	▶ [48	5,602.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		▶	49	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refui	nded 🕨	50	
Part V		n (see instructi	ons)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo				
	here BERMUDA				x
50	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to a forew	on trust?		- x
52		ansieror to, a 10101;	g.,		7 7 7 7
53	If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$				
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and state	tements, and to the be	st of my knowled	ge and belief, it	is true,
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	٠	-	
Here	Muchael Atta Trusury 11/12/18 PRESIDE	NTT		-	s this return with
	Signature of officer Date Title	111		preparer shown tructions)?	_ '
	- Signature or office				163 10
	Print/Type preparer's name Probager's sugnature		heck if	PTIN	
Paid	was anone		elf- employed	DOOG	14012
Prepa		<u>/07/18</u>			14912
Use C	nly Firm's name ► CARR, RIGGS & INGRAM, LLC		ırm's EIN 🕨	12-1	396621
	5909 PEACHTREE DUNWOODY RD., S	re 800	=	TA 261	1000
	Firm's address ► ATLANTA, GA 30328	LF	Phone no 7	<u>70-261</u>	-1900

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A			
1 Inventory at beginning of year	1 _		6	Inventory at end of year	ar		6
2 Purchases	2		7	Cost of goods sold. S	ubtract	line 6	532
3 Cost of labor	3			from line 5 Enter here	and in	Part I,	
4a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prope	erty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
-	2 Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	дө	columns 2(a) and	onnected with the income in I 2(b) (attach schedule)
(1)							
(2)							
(3)						,	
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)		· ·	
			2	. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)			1				
(3)			1				
(4)			1				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)	ĺ			%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)
Totals	-			•	<u></u>	0.	0.
Total dividends-received deductions in	ncluded in column	18				>	0.
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Schedule F - Interest,	Amanas, noya		ot Controlled C			10.10	s (See III)	struction	15)
1 Name of controlled organiza	identi	nployer 3. Net	unrelated income (see instructions)	4. T	otal of specified yments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
/1)				 		<u> </u>			
<u>(1)</u> (2)				 		<u> </u>			
(3)	····			<u> </u>				$\overline{}$	
(4)				<u> </u>		†			
Nonexempt Controlled Organi	ızatıons	<u>-</u>			· · · · · ·				
7 Taxable Income	8 Net unrelated inco		otal of specified pay made	ments	10 Part of cotu in the controlli gross		uzation's		iductions directly connected in income in column 10
(1)									····
(2)			•		Ī				
(3)									
(4)									
					Add colum Enter here and line 8 c		1, Part I		id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals				•			0.		0.
Schedule G - Investme	ent Income of a	Section 501(c)	(7), (9), or (17) Or	ganization				-
(see inst	ructions)				r		,		
1, Desc	cription of income		2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)			<u> </u>						
(4)			<u> </u>		5 \ 2 \ (1 = 1/2) 1 = 1/2 1/2	2500	ere a constant	and the state of	
			Enter here and Part I, line 9, co	lumn (A)			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt Activity	Income. Othe	er Than Adv	0. vertisir		12, 28	and the state of	water fighting is to	<u> </u>
(see instru		,							
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or turn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribute colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)								·	<u> </u>
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10 col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	0.	nstructions)	🍨 🖟 र स्वीकर्णने 🗸 ८ रहा		ر برد کا مالت در م		ي المار و مد سوود	عارد ماساسان	<u>. 0.</u>
	Periodicals Rep		nsolidated	Basis					
1 Name of periodical	2. Gross advertising income	3. Direct advertising cos	cols 5 th	ol 2 minus iin, compu rough 7	te income	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1 7000					"是""是"的
(2)			474];	
(3)			Nach Sate		yė				
(4)			A CONTRACTOR	1	<i>y</i> .				Carried States
Totals (carry to Part II, line (5))	•	o.	0.						0.
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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)

Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							-
(3)							
(4)			·				
Totals from Part I	>	0.	0.	7-10-10 M			0
		Enter here and on page 1, Part I line 11 col (A)	Enter here and on page 1, Part I line 11, col (B)				Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	•	0.	0.	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,			0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	•	•	0.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 10
BUSINESS ACTIVITY

NO PRIMARY UNRELATED BUSINESS ACTIVITY. UNRELATED BUSINESS INCOME IS FROM PASSTHROUGH INVESTMENTS THAT ARE USED TO GENERATE INCOME TO DISTRIBUTE FOR EXEMPT PURPOSES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	DEDUCTIONS		STATI	EMENT 11
DESCRIPTION				AM	OUNT
ACCOUNTING FEES ALLO	CATED TO 990-T PR	EP			1,200.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28				1,200.
FORM 990-T	INCOME (LOSS)	FROM PARTNERS	HIPS	STATE	EMENT 12
PARTNERSHIP NAME		GROSS INCOME	DEDUCTIONS		INCOME (LOSS)
SG FUND XIV, LLC		47,047. <3,756.>	0.		47,047. <3,756.>
SG SUGARLOAF SG ST ANDREWS		<4,873.>	0.		<4,873.>

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 13
TAX FROM FORM 990-T, UNDERPAYMENT PENAI LATE PAYMENT INTER	TY REST	5,433. 169. 139.
LATE PAYMENT PENAI	T.I.A	163. 5,904.

FORM 990-T	LAT	E PAYMENT I	NTEREST		STA	TEMENT 14
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/18 11/15/18	5,433.	5,433. 5,572.	.0500	184	139.
TOTAL LATE PAYMEN	T INTEREST					139.
FORM, 990-T	LATE	PAYMENT PE	NALTY		STA	TEMENT 15
FORM, 990-T DESCRIPTION	LATE	PAYMENT PE		с мо	STA NTHS	TEMENT 15
		AMOUNT 8 5,4	BALANCE	MO		