



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Department of the Treasury Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

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

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

Check box if address changed, Exempt under section 501(c)(3), 408(e), 408A, 529(a)

Name of organization: LIFESPAN, INC. Number, street, and room or suite no: 1511 SHOPTON ROAD, SUITE A City or town, state or province, country, and ZIP or foreign postal code: CHARLOTTE NC 28217

Employer identification number: 56-1142969 Unrelated business activity codes: 339110, 531120

Book value of all assets at end of year: 13,708,980

Group exemption number, Check organization type: 501(c) corporation

Describe the organization's primary unrelated business activity: SEE STATEMENT 1

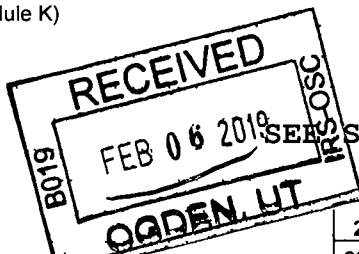
The books are in care of: RALPH ADAMS Telephone number: 704-944-5100

Part I Unrelated Trade or Business Income

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,718,362), Less returns and allowances, Cost of goods sold (1,495,854), Gross profit (222,508), Unrelated debt-financed income (22,223), Total (244,731).

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

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees (26,058), Interest (14,511), Charitable contributions (84,046), Less depreciation (3,057), Total deductions (244,103), Unrelated business taxable income before net operating loss deduction (-24,962), Specific deduction (1,000), Unrelated business taxable income (-24,962).



SEE STATEMENT 2

SEE STATEMENT 3

Handwritten numbers 38 and 12

SCANNED APR 11 2019

4

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
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)	\$ _____	
c Income tax on the amount on line 34		35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from 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

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d		41e
42 Subtract line 41e from line 40		42
43 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (all sch)		43
44 Total tax. Add lines 42 and 43		44 0
45a Payments. A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations. Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments Form 2439 Other 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
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48
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 Refunded		50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Signature of officer: *[Signature]* Date: 11-24-2019 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name ANTHONY T. PANDISCIA	Preparer's signature <i>[Signature]</i>	Date 11/14/19	Check <input type="checkbox"/> if self-employed	PTIN P00187421
	Firm's name LANGDON & COMPANY LLP	Firm's EIN 56-1743537	Firm's address 223 US HIGHWAY 70 EAST, SUITE 100 GARNER, NC 27529-4051		
	Phone no 919-662-1001				

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **▶ COST METHOD**

1	Inventory at beginning of year	1	149,547	6	Inventory at end of year	6	162,476
2	Purchases	2	750,950	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	1,495,854
3	Cost of labor	3	651,541	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach schedule) STMT 8	4a	15,229			<input checked="" type="checkbox"/>	
b	Other costs (attach schedule) STMT 9	4b	91,063				
5	Total. Add lines 1 through 4b	5	1,658,330				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			STMT 4	STMT 5
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	RENTAL INCOME	22,223	3,057	22,533
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach 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)	1,286,443	1,237,651	100.00%	22,223
(2)			%	
(3)			%	
(4)			%	
SEE STATEMENT 6 SEE STATEMENT 7			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			22,223	25,590
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 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 income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
		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

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	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

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

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

Federal Statements

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

THE ORGANIZATION, LIFESPAN, INC., REPORTS UNRELATED BUSINESS TAX INCOME ON BEHALF OF ITS SINGLE MEMBER LIMITED LIABILITY COMPANY, LS SOLUTIONS LLC, A DISREGARDED ENTITY FOR TAX PURPOSES. LS SOLUTIONS LLC PERFORMS FULFILLMENT, CUSTOM SEWING AND ASSEMBLY, AND SPECIALTY WOODWORKING SERVICES. THE CONDUCT OF THESE ACTIVITIES (AND RESPECTIVE REVENUE AND EXPENSES INCURRED) IS CLASSIFIED AS "UNRELATED" (UNDER THE RULES ASSOCIATED WITH I.R.C. SEC. 513) TO THE EXEMPT PURPOSE OF ITS 100% MEMBER, LIFESPAN, INC.

Statement 2 - Form 990-T, Part II, Line 18 - Interest

<u>Description</u>	<u>Amount</u>
UBIT - MANUFACTURING	\$ 14,511
TOTAL	\$ 14,511

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
OCCUPANCY	\$ 42,816
TRAVEL	56,872
ACCOUNTING	12,868
SEC 263A COSTS	-15,229
INFORMATION TECHNOLOGY	10,478
INSURANCE	14,740
TOTAL	\$ 122,545

Statement 4 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

<u>Description</u>	<u>Deduction</u>
RENTAL INCOME DEPRECIATION	3,057
TOTAL	3,057

Federal Statements**Statement 5 - Form 990-T, Schedule E, Column 3b - Other Deductions**

<u>Description</u>	<u>Deduction</u>
RENTAL INCOME	
INTEREST	4,878
INSURANCE	2,750
REPAIRS	9,612
UTILITIES	5,293
TOTAL	<u>22,533</u>

Statement 6 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

<u>Description</u>	<u>Deduction</u>
RENTAL INCOME	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	15,437,319 12
AVERAGE ACQUISITION DEBT	<u>1,286,443</u>

Statement 7 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

<u>Description</u>	<u>Deduction</u>
RENTAL INCOME	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	1,253,900
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,221,401
	2,475,301
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u>1,237,651</u>

Statement 8 - Form 990-T, Schedule A, Line 4a - Additional Section 263A Costs

<u>Description</u>	<u>Amount</u>
UBIT - MANUFACTURING	\$ 15,229
TOTAL	<u>\$ 15,229</u>

Statement 9 - Form 990-T, Schedule A, Line 4b - Other Costs

<u>Description</u>	<u>Amount</u>
UBIT - MANUFACTURING	\$ 91,063
TOTAL	<u>\$ 91,063</u>

Form **3800**

General Business Credit

OMB No 1545-0895

2017

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No **22**

Name(s) shown on return LIFESPAN, INC.	Identifying number 56-1142969
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Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1 General business credit from line 2 of all Parts III with box A checked	1	1,884
2 Passive activity credits from line 2 of all Parts III with box B checked	2	
3 Enter the applicable passive activity credits allowed for 2017 See instructions	3	
4 Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	3,916
5 Carryback of general business credit from 2018 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	5,800

Part II Allowable Credit

7 Regular tax before credits • Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return • 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		
8 Alternative minimum tax • Individuals Enter the amount from Form 6251, line 35 • Corporations Enter the amount from Form 4626, line 14 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
9 Add lines 7 and 8	9	
10a Foreign tax credit	10a	
b Certain allowable credits (see instructions)	10b	
c Add lines 10a and 10b	10c	
11 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	12	
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14 Tentative minimum tax • Individuals Enter the amount from Form 6251, line 33 • Corporations Enter the amount from Form 4626, line 12 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	14	
15 Enter the greater of line 13 or line 14	15	
16 Subtract line 15 from line 11 If zero or less, enter -0-	16	
17 Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	17	

For Paperwork Reduction Act Notice, see separate instructions

Form **3800** (2017)

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 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	5,800
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 2017 See instructions	24	
25	Add lines 22 and 24	25	5,800
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	1,884
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 2017 See instructions	33	
34	Carryforward of business credit to 2017 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	3,916
35	Carryback of business credit from 2018 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	5,800
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b	38	

Name(s) shown on return LIFESPAN, INC.	Identifying number 56-1142969
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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>A <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p>B <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p>C <input checked="" type="checkbox"/> General Business Credit Carryforwards</p> <p>D <input type="checkbox"/> General Business Credit Carrybacks</p> | <p>E <input type="checkbox"/> Reserved</p> <p>F <input type="checkbox"/> Reserved</p> <p>G <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p>H <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

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	1,884
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1,884
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	3,916
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	3,916
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	5,800

Net Operating Loss Carryover Worksheet

Form **990-T****2017**For calendar year 2017, or tax year beginning **07/01/17**, ending **06/30/18**

Name **LIFESPAN, INC.** Employer Identification Number **56-1142969**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
20th 06/29/98					
19th 06/29/99					
18th 06/30/00					
17th 06/30/01					
16th 06/30/02					
15th 06/30/03					
14th 06/30/04					
13th 06/30/05					
12th 06/30/06					
11th 06/30/07					
10th 06/30/08					
9th 06/30/09					
8th 06/30/10					
7th 06/30/11	-213,678	213,678			
6th 06/30/12	-62,829	62,829			
5th 06/30/13	105,210	-105,210			
4th 06/30/14	-161,401	152,210	9,191		9,191
3rd 06/30/15	30,146	-30,146			
2nd 06/30/16	204,329	-204,329			
1st 06/30/17	80,032	-80,032			
NOL carryover available to current year			9,191		
Current year	-24,962				24,962
NOL carryover available to next year					34,153