.,	•		-			293	931	4518548
ر کا		E	cempt Organization	Bus	siness Income	Tax Retu	rn . l	OMB No 1545-0687
Form	990-T		(and proxy tax	cun	der section 6033	(e))	ixild	OMB NO 1545-0687
•		For cale	ndar year 2017 or other tax year begin	2018	୭ଲ 1 7			
Depart	ment of the Treasury		Go to www irs gov/Form990		<u> </u>			
	I Revenue Service	Do	not enter SSN numbers on this form a	(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only			
Α _	Check box if		Name of organization (Check be	ox if na	me changed and see instruction	ns)		oyer identification number
	address changed						(Empir	oyees' trust see instructions)
	mpt under section		CHRISTUS HEALTH NOR				<u> </u>	
X	501(<u>C (0) 3</u>)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions		<u> </u>	408982
\vdash	408(e) 220(e)	Туре	1452					lated business activity codes instructions)
\vdash	408A530(a)		1453 EAST BERT KOUN				, , , , ,	,
.—	529(a)	}	City or town, state or province, country	-	ZIP or foreign postal code		- 7003	00 001000
	k value of all assets nd of year	F Gro	SHREVEPORT, LA 7110			0928	7223	20 621990
1 0	01,086,464.		up exemption number (See instruct ck organization type X 501				104(-)	
	<u> </u>		rimary unrelated business activity			C) trust	401(a)	
			corporation a subsidiary in an affili					
			identifying number of the parent co					P res No
-			ERIC WINGARD			ne number ▶ 31	8-561-	-7172
Par	Unrelated	Trade o	or Business Income		(A) Income	(B) Expei		(C) Net
1a	Gross receipts or	sales	92,325.			, , , , , ,		, ,
b	Less returns and allowa	nces	c Balance ▶	1c	92,325.			
2	Cost of goods so	ld (Sched	ule A, line 7)	2				
3			2 from line 1c	3	92,325.			92,325.
4 a	Capital gain net ii	ncome (a	ttach Schedule D)	4a		EN/ED	7	
b			Part II, line 17) (attach Form 4797)	4b	KEU	FIVED_		
			rusts	4c	l g		ပ္တု	<u> </u>
5			os and S corporations (attach statement)	5	S MAY	76 1 7 1 1 1	인	
6 7			aama (Sahadula E)	7	<u> </u>		<u> </u>	<u> </u>
8			come (Schedule E)	8	000	TAL VIT	_	
9			nts from controlled organizations (Schedule F) 1(c)(7), (9) or (17) organization (Schedule G)			<u> </u>	- June 1	
10			ncome (Schedule I)	10		 		-
11			lule J)	11	-		·	
12			tions, attach schedule)	12				
13	Total. Combine lii	nes 3 thr	ough 12	13	92,325.			92,325.
Par	t II Deduction	ns Not	Taken Elsewhere (See instr	ructio	ons for limitations on	deductions)(Except f	or contributions,
			be directly connected with t					
14			directors, and trustees (Schedule K)					
15			• • • • • • • • • • • • • • • • • • • •					27,216.
16								
			See instructions for limitation rules)					-
			4562)					<u></u>
22	Less depreciation	claimed	on Schedule A and elsewhere on re	 eturn	222			•
						-		
24	Contributions to d	leferred o	compensation plans	 			24	
			3					
			Schedule I)					
27	Excess readership	costs (S	chedule J)				27	
			chedule)					64,514.
			s 14 through 28					91,730.
			le income before net operating					595.
			on (limited to the amount on line 30					595.
			e income before specific deduction					1 000
			ally \$1,000, but see line 33 instruct					1,000.
			ble income. Subtract line 33 fro					0.
For P	aperwork Reduct	ion Act N	line 32	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u> >	<u> </u>	Form 990-T (2017)
7X2740	^{, 2} 89255p ^{JSA} 77	9		V 1	7-7.10	CHRISTUS		PAGE

Form **990-T** (2017) PAGE 1

Form 9	990-T (20	CHRISTUS HEALTH NORTHERN LOUISIANA	72-0408982	Page 2
Par		Tax Computation		
35	Organi	zations Taxable as Corporations. See instructions for tax computation. Controlled group		
		rs (sections 1561 and 1563) check here 🕨 💢 See instructions and:	1	
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).	l	
	(1)[\$	(2) 5 (3) 5		
Ь	Enter o	rganization's share of, (1) Additional 5% tax (not more than \$11,750)		
	(2) Addi	itional 3% tax (not more than \$100,000)		
C	Income		35c	
36	Trusts	Taxable at Trust Rates. See instructions for tax computation, income tax on		
	the amo	ount on tine 34 from. Tax rate schedule or Schedule D (Form 1041).	36	
37	-	ax. See instructions ,	37	
		live minimum tax	38	
		Non-Compliant Facility Income. See instructions	39`	
		add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	
Pari		Tax and Payments		
		tax credit (corporations attach Form 1118; trusts attach Form 1116), 41a		
		redits (see instructions)		
		business credit Atlach Form 3800 (see instructions)		
		or prior year minimum tax (attach Form 8801 or 8827)		
			410	
42 43	Subvac	ti line 41e from line 40	42	
			43	0.
44	Поин и	xx. Add lines 42 and 43	<u> </u>	
		stimated tax payments	ì	
		· · · · · · · · · · · · · · · · · · ·		
		organizations* Tax paid or withheld at source (see instructions)		
	-	withholding (see instructions)		
		or small employer health insurance premiums (Attach Form 8941)		
			ł	
	$\overline{}$	redits and payments Form 2439 Cother Total ▶ 45g		
46		ayments. Add lines 45a through 45g	46 3	,768.
47	Estimat	ed tax penalty (see instructions) Check of Form 2220 is attached.	47	
		n. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
		yment. If tine 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 3	,768.
		e amount of line 49 you want. Credited to 2018 estimated tax >3,768. Refunded >	50	
Part	V	Statements Regarding Certain Activities and Other Information (see Instructions)	
51	At any	time during the 2017 calendar year, did the organization have an interest in or a signature or	other authority Ye	s No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may		\top
	FnCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the I	oreign country	1
	here 🕨			X
52	During (the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	X
	II YES, s	see instructions for other forms the organization may have to file		
<u>53</u>		e amount of tax-exempt interest received or accrued during the tax year > \$		
~ 1	í tru	oder pagathes of perjury 1 declars that 1 have examined this return including accompanying schedules and statements, and to the be in correct, and complete Declaration of preparer (other than Lappayor) is based on all information of which preparer has any knowledge	st of my knowledge and I	belief it is
Sign	¹] . .	Maj the May	the IRS discuss the	retum
Here	_	67570/10 Kazy 1000 5-14-18 with		
			instructions)? X Yes	No
Paid		Print/Type preparer's name KATHLEEN MOSELEY Check KATHLEEN MOSELEY Check Self-an	L # PTIN	200
Prep	arer		ployed P00116	
Use (- A25 HOLOGON CORPORE CUITOR CAA HORE HOREN BY 36100	EIN > 34-6565596	
		Frm's address ▶ 425 HOUSTON STREET, SUITE 600, FORT WORTH, TX 76102 Phone	Form 990-	_
			rom sau-	1 (201/)

7M2741 2 000 89255P 1779

Form 990-T (2017)							Page
Schedule A - Cost of Go	ods Sold. Er	ter metho	d of invent				· · · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	ear, <u>1</u>			6 Inventory	at end of yea	ır	6
2 Purchases	2			7 Cost of	goods so	ld. Subtract line	
3 Cost of labor	3			6 from	line 5 En	ter here and in	
4a Additional section 263A cos	sts			Part I, line	2		7
(attach schedule)	. 4a					section 263A (w	oth respect to Yes No
b Other costs (attach schedule	e) . 4b			property	produced	or acquired for	resale) apply
5 Total. Add lines 1 through 4				to the orga	anization? .	<u> </u>	X
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	rty)
1 Description of property				-			
						_ 	
(1)	_						
(2)							
(3)							
(4)	0. Doot soon						
	2. Rent recei	ved or accru	iea	<u> </u>			
(a) From personal property (if the p for personal property is more tha more than 50%)		percent	age of rent fo	personal property (if the personal property exceeds based on profit or income) 3(a) Deductions directly connected with columns 2(a) and 2(b) (attach			
(1)							
(2)							
(3)							
(4)				_			
Total		Total					
(c) Total income Add totals of co	lumns 2(a) and 2(- ·		(b) Total deductio	
here and on page 1, Part I, line 6,						Enter here and on Part I, line 6, colun	
Schedule E - Unrelated De			ee instructi	ons)]	
			2 Gross	income from or	3 0	Deductions directly con debt-finance	nnected with or allocable to ed property
1 Description of debt	-ппапсео ргорелу		1	to debt-financed roperty		it line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)			1		(4.1.4	on sonedate)	(attach schedule)
(2)			 				
(3)							
(4)				_	_		
4 Amount of average	5 Average adju	sted basis				-	
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)		4	Column divided column 5		ncome reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		•	

Form **990-T** (2017)

Schedule F - Interest, Ann	unics, Royanics		pt Controlled (ations (se	e mstructio	1115)	
Name of controlled organization	2 Employer identification numb	er 3 Ne	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)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I	9 Total of spe payments ma		inc	Part of colund luded in the canization's great	controlling		1 Deductions directly inected with income in column 10
(1)		1-	-						
(2)									<u> </u>
(3)									
(4)									
Totals	ncome of a Sec			▶ 17) Orga	En Pa	dd columns 5 ter here and o art I, line 8, co	n page 1, lumn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of		3 Dec	luctions connected schedule)		4.9	Set-asides h schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	_						-	$\overline{}$, 4
(2)			-					$\overline{}$	
(3)									
(4)					1				
Totals	Enter here and o Part I, line 9, co	olumn (A)							Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Ex-	empt Activity Inc	come, Othe	er Than Adve	rtising Ir	come	see instr	uctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business income	with of If a gain	come (loss) elated trade ss (column column 3) , compute hrough 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)	1						_		
(2)									_
(3)	1		-						
(4)		 -							-
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	tl,		<u>.</u>				Enter here and on page 1, Part II, line 26
Schedule J - Advertising Ir	ncome (see instru	uctions)							'
Part I Income From Per			nsolidated B	asis	-	-			
1 Name of periodical	2 Gross advertising income	3 Direct advertising co	4 Adv gain or (2 minus a gain,	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							1		
(2)									1
(3)		-			_		 		1
(4)	†								-
V-7	1		- -		_	-	1		
Totals (carry to Part II, line (5))									5 000 T
									Form 990-T (2017)

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)						
(2)						
(3)		-				-
(4)						
Totals from Part I ▶				•		
_	Enter here and on	Enter here and on			_	Enter herc-and
	page 1, Part I,	page 1, Part I,				on page 1,
	line 11, col (A)	line 11, col (B)	ſ		•	Part II, line 27
Totals, Part II (lines 1-5) ▶					-	

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)		%	
	_	%	
3)		%	
4)		%	
otal. Enter here and on page 1. Part II. line 14			

Form 990-T (2017)

Form 4626

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return

▶ Go to www.irs.gov/Form4626 for instructions and the latest information

OMB No 1545-0123

2017

Name			identification number
CHRI	STUS HEALTH NORTHERN LOUISIANA	72-04	108982
	Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)	he	
1	Taxable income or (loss) before net operating loss deduction	. 1	0
2	Adjustments and preferences:		
а	Depreciation of post-1986 property	. 2a	
b	Amortization of certified pollution control facilities		
С	Amortization of mining exploration and development costs		
d	Amortization of circulation expenditures (personal holding companies only)	1	
е	Adjusted gain or loss	1 -	
f	Long-term contracts	. 2f	
g	Merchant marine capital construction funds	. 2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	. 2h	
i	Tax shelter farm activities (personal service corporations only)		
j	Passive activities (closely held corporations and personal service corporations only)	. 2j	
k	Loss limitations	. 2k	
1	Depletion	. 21	
m	Tax-exempt interest income from specified private activity bonds	. 2m	
n	Intangible drilling costs	. 2n	
0	Other adjustments and preferences	. 20	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20	. 3	
4	Adjusted current earnings (ACE) adjustment:		
а	ACE from line 10 of the ACE worksheet in the instructions 4a	_	
þ	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference		
	as a negative amount. See instructions	_	
С	Multiply line 4b by 75% (0 75) Enter the result as a positive amount 4c	_	
d e	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)		
	• If line 4b is zero or more, enter the amount from line 4c	. 4e	
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT	5	
6	Alternative tax net operating loss deduction See instructions	. 6	
			•
7	Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residu	al	
	interest in a REMIC, see instructions	. 7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
а	Subtract \$150,000 from line 7 If completing this line for a member of a		
	controlled group, see instructions. If zero or less, enter -0 8a	_	
þ	Multiply line 8a by 25% (0 25)	_	
C	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled ground		_
	see instructions If zero or less, enter -0-	_	0
9	Subtract line 8c from line 7 If zero or less, enter -0	1	
10	Multiply line 9 by 20% (0 20)		
11	Alternative minimum tax foreign tax credit (AMTFTC) See instructions	٠	
12	Tentative minimum tax Subtract line 11 from line 10		
13	Regular tax liability before applying all credits except the foreign tax credit		
14	Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and of Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		0
For Pa	perwork Reduction Act Notice, see separate instructions.	. 14	Form 4626 (2017)
- · · u			

Fam 8827

Department of the Treasury

Internal Revenue Service

Name

Credit for Prior Year Minimum Tax-Corporations

►Attach to the corporation's tax return.

►Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545-0123

Employer identification number

2017

CHF	RISTUS HEALTH NORTHERN LOUISIANA	72-	0408982	
1	Alternative minimum tax (AMT) for 2016 Enter the amount from line 14 of the 2016 Form 4626	1		
2	Minimum tax credit carryforward from 2016 Enter the amount from line 9 of the 2016 Form 8827	2		39
3	Enter any 2016 unallowed qualified electric vehicle credit (see instructions)	3		
4	Add lines 1, 2, and 3	4		39
5	Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see			
	instructions)	5		NONE
6	Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)?			
	• Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-	<u> </u>		
	No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12	6		NONE
7 a	Subtract line 6 from line 5 If zero or less, enter -0	7a		
	For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation			-
	amount attributable to the minimum tax credit (see instructions)	7ь		
С	Add lines 7a and 7b	7c		
	Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or			
	has pre-acquisition excess credits, see instructions	8a		
b	Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120,			
	Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a			
	post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b		
С	Subtract line 8b from line 8a This is the refundable amount for a corporation electing to			
	accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J. Part II, line			
	19c (or the applicable line of your return)	8c		
9	Minimum tax credit carryforward to 2018. Subtract line 8a from line 4 Keep a record of this			
-	amount to carry forward and use in future years	9		39

Instructions

Section references are to the Internal Revenue Code unless otherwise noted

Purpose of Form

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years and to figure any minimum tax credit carryforward

Who Should File

Form 8827 should be filed by corporations that had

- An AMT liability in 2016,
- A minimum tax credit carryforward from 2016 to 2017, or
- A qualified electric vehicle credit not allowed for 2016 (see the instructions for line 3)

Line 3

Enter any qualified electric vehicle credit not allowed for 2016 solely because of tentative minimum tax limitations

Line 5

Enter the corporation's 2017 regular income tax liability (as defined in section 26(b)) minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue

Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, line 5a through 5c, from the amount on Schedule J, Part I, line 2)

Line 6

See the 2017 Instructions for Form 4626 to find out if the corporation is treated as a "small corporation" exempt from the AMT for 2017 If the corporation is a "small corporation" exempt from the AMT, see section 38(c)(6) before completing line 6 for special rules that apply to controlled corporate groups

Line 7b

A corporation can elect to claim unused minimum tax credits in lieu of claiming the special depreciation allowance (bonus depreciation) for qualified property (as defined in section 168(k)(2)) placed in service during the tax year. Once made, this election cannot be revoked without IRS consent.

If the corporation elects to accelerate the minimum tax credit and obtain a refundable credit in lieu of the special depreciation allowance, complete the Worksheet for Calculating the Refundable Minimum Tax Credit Amount, later in the instructions Enter the amount from line 9 of the worksheet on Form 8827, line 7b All others, enter zero on line 7b

If a partnership has a single corporate partner that owns (directly or indirectly) more than 50% of the capital and profits interests in the partnership at all times during the tax year, then each partner takes into account its distributive share of partnership depreciation in determining its bonus depreciation amount. For more information, see section 168(k)(4)(D)(iii)

For more information on the election to accelerate the minimum tax credit in lieu of claiming the special depreciation allowance, see section 168(k)(4). For more information on the special depreciation allowance, see the Instructions for Form 4562 and Pub. 946, How To Depreciate Property.

S corporations that make the election to accelerate the minimum tax credit can use the credit only against the built-in gains tax. See the Instructions for Schedule D (Form 1120S) Corporations that file Form 1120-REIT or Form 1120-RIC must apply the credit first against the built-in gains tax, if any, and reduce the refundable credit by the amount so applied. See the instructions for the Built-in Gains Tax Worksheet in the instructions for those forms.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

SUPPLIES PURCHASED SERVICES OTHER MISCELLANEOUS EXPENSE 29,118. 33,947.

1,449.

PART II - LINE 28 - OTHER DEDUCTIONS

64,514.

Christus Health Northern Louisiana

EIN: 72-0408982 Year End: 6/30/18

2015 Form 990-T Date Generated	, Part II, Line 31 - Net Op	erating Loss D	eduction Amount		Amount	Contribution	
Fiscal Year	Expiration Date Fiscal	Amount	Previously	Amount	Expired	converted to	
Ended	Year Ended	Generated	Utilized	Utilized	ın 2015	NOL	Balance
	· · · · · · · · · · · · · · · · · · ·						
6/30/1998	6/30/2018	1,403,429	(3,175)	(595)	-		1,399,659
6/30/1999	6/30/2019	1,736,288	-	-	-		1,736,288
6/30/2000 —	6/30/2020	81,270	-	-	-		81,270
6/30/2001	6/30/2021	1,780,803	-	-	-		1,780,803
6/30/2002	6/30/2022	1,534,094	-	-	-		1,534,094
6/30/2003	6/30/2023	1,001,271	-	-	-		1,001,271
6/30/2004	6/30/2024	205,025	-	-	-		205,025
6/30/2005	6/30/2025	-	-	-	-		-
6/30/2006	6/30/2026	336,683	-	-	-		336,683
6/30/2007	6/30/2027	97,435	-	-	-		97,435
6/30/2008	6/30/2028	1,268,213	-	-	-		1,268,213
6/30/2009	6/30/2029	385,311	-	-	-		385,311
6/30/2010	6/30/2030	-	-	-	-		-
6/30/2011	6/30/2031	-	-	-	-		-
6/30/2012	6/30/2032	1,670	-	-	-		1,670
6/30/2013	6/30/2033	218	-	-	-		218
6/30/2014	6/30/2034	62,846	-	-	-		62,846
6/30/2015	6/30/2035	2,236	-	-	-		2,236
6/30/2016	6/30/2036	1,994	-	-	-		1,994
6/30/2017	6/30/2037	8,281	-	-	-		8,281
6/30/2018	6/30/2038		-	<u>-</u>			-
Total carryforward	d to 6/30/2019	9,907,067	(3,175)	(595)	-	-	9,903,297

2015 Form 4626, Line 6 - Alternative Minimum Tax Net Operating Loss Deduction									
Date Generated			Amount		Amount	Contribution			
Fiscal Year	Expiration Date Fiscal	Amount	Previously	Amount	Expired in	converted to			
Ended	Year Ended	Generated	Utilized	Utilized	2015	NOL	Balance		
6/30/1998	6/30/2018	1,403,429	(1,958)	-	-		1,401,471		
6/30/1999	6/30/2019	1,736,288	-	-	-		1,736,288		
6/30/2000	6/30/2020	81,270	-	-	-		81,270		
6/30/2001	6/30/2021	1,780,803	-	-	-		1,780,803		
6/30/2002	6/30/2022	1,534,094	-	-	-		1,534,094		
6/30/2003	6/30/2023	1,001,271	-	-	-		1,001,271		
6/30/2004	6/30/2024	205,025	-	-	-		205,025		
6/30/2005	6/30/2025	-	-	-	-		-		
6/30/2006	6/30/2026	336,683	-	-	-		336,683		
6/30/2007	6/30/2027	97,435	-	-	-		97,435		
6/30/2008	6/30/2028	1,268,213	-	-	-		1,268,213		
6/30/2009	6/30/2029	385,311	-	-	-		385,311		
6/30/2010	6/30/2030	-	-	-	-		-		
6/30/2011	6/30/2031	-	-	-	-		-		
6/30/2012	6/30/2032	1,503	-	-	-		1,503		
6/30/2013	6/30/2033	196	-	-	-		196		
6/30/2014	6/30/2034	62,846	-	-	-		62,846		
6/30/2015	6/30/2035	2,236	-	-	-		2,236		
6/30/2016	6/30/2036	1,994	-	-	-		1,994		
6/30/2017	6/30/2037	8,281	-	-	-		8,281		
6/30/2018	6/30/2038		-	-	-		-		
Total carryforward	to 6/30/2019	9,906,878	(1,958)	-	-		9,904,920		