Form	990-T	Ex	empt Organiza) and pro)			siness Inc der section			rn	ОМВ	No 1545-0687
	3	For cale	idar year 2018 or other tax y	•			•	• •	20	9	<b>@18</b>
Depart	, tment of the Treasury		► Go to www.irs.gov/i	_						(2	
	Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							c)(3)	Open to F 501(c)(3)	ublic Inspection for Organizations Only
<u>.                                     </u>	Check box if		Name of organization (	Check bo	ox if nar	ne changed and see	e instruction:	s)		er identifi/	cation number
	address changed								(Employ	ees trust, se	e instructions )
3 Exe	empt under section	1	DONNIE WILLIAM	S FOU	NDAT	ION, INC.					
X	501( C <b>3</b> )	Print	Number, street, and room or	r suite no l	faPO	box, see instruction	ns		45-54	42255	
	408(e) 220(e)	or									ss activity code
	408A 530(a)	lighe	101 WILLIAMSPO	RT CI	RCLE				(See ins	tructions )	
	529(a)		City or town, state or proving	ice, country	y, and Z	IP or foreign postal	code		1		
Boo	ok value of all assets	1	SALISBURY, MD						52599	0	
	end of year	F Gro	up exemption number (Se		one ) l					<del></del>	
	17 020 149		ck organization type				501/0	trust	401(0) 4	euct.	Other tru
						<del> </del>	501(c)	·	401(a) t		Other tru
			nization's unrelated trades				<del></del>	<del></del>	e the only		
			ESTMENT IN PART				•	complete Parts			, describe the
fır	st in the blank spa	ice at the	end of the previous sent	ence, cor	nplete	Parts I and II, co	mplete a So	chedule M for ea	ch addition	al	
tra	ade or business, th	en comple	ete Parts III-V								
D	uring the tax year,	was the	corporation a subsidiary i	n an affili	ated g	roup or a parent-s	subsidiary c	ontrolled group?		▶ ∟	Yes _X_ I
lf	"Yes," enter the na	ame and	dentifying number of the	parent coi	грогаtі	on 🕨					
ı TI	he books are in care	e of ▶FC	UNDATION SOURCE				Telephon	e number ▶ 80	0-839-	1754	
Par	t Unrelated	Trade o	r Business Income			(A) Incor	me	(B) Expei	ises		(C) Net
	Gross receipts or										
	Less returns and allowa			Balance <b>&gt;</b>	1c						
2 3			ule A, line 7)	Julance P	2			-			_
2			W W \		3						
3			2 from line 1c				2,586.	***************************************			2,58
4a			ttach Schedule D)		4a		2,300.				2,50
þ	- , .,		Part II, line 17) (attach Form	,	4b						
С	Capital loss dedu	ction for t	rusts		4c						
5			an S corporation (attach statemen		5	-25	5,095.				-25,09
6	Rent income (Sch	edule C)			6						
7	Unrelated debt-fi	nanced in	come (Schedule E)		7						
8	Interest, annuities, roya	altres, and re	nts from a controlled organization (	Schedule F)	8						
9	Investment income of a	section 50	(c)(7), (9), or (17) organization (9	Schedule G)	9	•					
0	Exploited exempt	activity in	ncome (Schedule I)		10						
11			ule J)		11						
12			tions, attach schedule)		12		100.	ATCH 1			10
	Tatal Combine li		nons, allacii scriedule)			-22		711 011 1			-22,40
3	1 Deduction	nes 3 tim	ough 12	- · · · ·	113	no for limitati	one on d	oductions ) (	Event fo	r contr	
			Taken Elsewhere (S						Except it	JI COIR	bullons,
			be directly connected								
4	Compensation of	officers,	directors, and trustees (Sc	hedule K)					14		-
5	Salaries and wage	es			· · [·1	11114			15		
6	Repairs and main	tenance			٠.٤١	. թ. 🗠 թե ե. Կ			16		
7	Bad debts								· ·   17		
8	Interest (attach s	chedule) (	see instructions)						18		
9	Taxes and license	s							19		10
0			ee instructions for limitation								
1			4562)								
2			on Schedule A and elsew						22b		
- 3						_					
			compensation plans						· · —		·
4			i						1	<u> </u>	
4 5		wenses (S	Schedule I)								
4 5 6	Excess exempt ex		ata a atla IV								
4 5 6 7	Excess exempt ex Excess readership	costs (S								l	
4 5 6 7	Excess exempt ex Excess readership Other deductions	costs (S (attach s	chedule)								
24 25 26 27	Excess exempt ex Excess readership Other deductions	costs (S (attach s									
24 25 26 27 28 29	Excess exempt ex Excess readership Other deductions Total deductions	costs (So (attach s Add line	chedule)						29		10 -22,50
24 25 26 27 28	Excess exempt ex Excess readership Other deductions Total deductions Unrelated busine	costs (Social Costs) (attach social Add line sess taxab	chedule)	 perating	loss	deduction Subt	tract line	29 from line	29 13 30		

Form	990-T (2018)				Page :
Pa	rt III 🕟 Total Unrelated Business Taxable Income			•	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	、instructions)	33		-22,	509
34	Amounts paid for disallowed fringes ,	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36	·	-22,	509
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,				
•	enter the smaller of zero or line 36	38	i	-22,	509
Par	rt IV Tax Computation	1 30 1			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	133			
70		40			
4.4	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
41	Proxy tax See instructions	-			
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income See instructions	$\overline{}$			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-			
	Other credits (see instructions)	.			
	General business credit Attach Form 3800 (see instructions)	1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	.			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments	H			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1 1			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	i l			
	Other credits, adjustments, and payments Form 2439	1			
9	Form 4136 Other Total ▶ 50g				
51	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
	· · · · · · · · · · · · · · · · · · ·	53			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55			
	Statements Regarding Certain Activities and Other Information (see instructions		Aughter 1	Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		-	1.62	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country		-,
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	2	<u> </u>	Х
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				<u> </u>
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitter troe correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge	and beli	iet, it is
Sigr	Mark 1 Grand White 10 Describe to Ma	y the	IRS discuss	this r	etum
Here	e V MUNI Z LIGUESKA 1/1/3/19 V 1/03/JENT with	h the	preparer st	hown t	
		: instructio	ons)?XY	es	No
Detail	Print/Type preparer's name Preparer's signature Date Check	i L	PTIN		
Paid	JEFFREY D HASKELL   11/10/2019   self-el	mployed	P013	4577	0
Prep	Firm's name FOUNDATION SOURCE Firm's		510398		
use	Only Firm's address ► ONE HOLLOW LN, STE 212, LAKE SUCCESS, NY 11042 Phone	no 80	0-839-	1754	

Schedule A - Cost of Go	ods Sold. Er	ter method	l of invent	tory va	luation	<b>&gt;</b>						
1 Inventory at beginning of ye	ear 1			6 I	nventory	at end of	yea	и	6			
2 Purchases	2			1				d. Subtract line				
3 Cost of labor	3			6	from	line 5	Enf	ter here and in				
4a Additional section 263A co	sts			F	art I, lin	e 2			7			
(attach schedule)	4a			8 0	o the	rules o	of section 263A (with respect to					No
b Other costs (attach schedul	le) . 4b			р	горегту	produce	produced or acquired for resale) apply					
5 Total. Add lines 1 through				te	o the or	ganızatıon	? .	<u> </u>				Х
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Perso	nal P	roperty	y Lease	d W	ith Real Proper	ty)			
1. Description of property												
(1)												
(2)												
(3)												
(4)												
	2 Rent recei	ved or accrue	ed									
for personal property is more than 10% but not percentage of r				or persor	onal property (if the sonal property exceeds on profit or income)  3(a) Deductions directly connected with 1 in columns 2(a) and 2(b) (attach school on profit or income)						ome	
(1)												
(2)												
(3)	·		•									
(4)												
Total Total								/b) T-4-1 d- d				
(c) Total income Add totals of cohere and on page 1, Part I, line 6,	column (A)	<b>▶</b>						(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruct	ions)		_						
1 Description of deb	t-financed property		2 Gross allocable				debt-finan			onnected with or allocable to		
			P	property (a) Str.			raight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)												
(2)		****************										
(3)												
(4)												
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	4	Column divided column				ncome reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)					%	5						
(2)					%	5						
(3)					%							
(4)					%							
Totala								e and on page 1, e 7, column (A)	Ente Part	r here and o	n page umn (E	e 1, 3)
Totals				 <u></u> .	<b>.</b>							

Schedule F-Interest, Anni	illes, Royalles	<del></del>		ntrolled Org			<u>au0115</u>	(566	mstructic	1115)	
1 Name of controlled organization	2 Employer identification numb			ated income nstructions)	4 Total payme	of speci	fied inc	luded	Part of column 4 that uded in the control nization's gross inc		6 Deductions directly connected with income in column 5
(1)											
(2)				<del></del>				•			
(3)					<b> </b>						
(4)					<u> </u>						
Nonexempt Controlled Organia						10	Part of co	olumn	9 that is	11	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of specified payments made			inc					nected with income in column 10
(1)									_	<u> </u>	-
(2)										<del></del>	<del></del>
(3)											<del></del>
(4)							dd colum		- 1 40	<b>—</b>	dd columns 6 and 11
Totals	ncome of a Sec	tion 501(	 c)(7),	(9), or (17		Pa	ter here a irt I, line 8 <b>on</b> (see	, colur	nn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of		3 Deduction directly cortain (attach sch	nected				-asides schedule) 		and set-asides (col 3 plus col 4)	
(1)										$\longrightarrow$	· · · · · · · · · · · · · · · · · · ·
(2)	_		_							$\rightarrow$	
(3)			_								
Totals	Enter here and o	olumn (A)			ioina la		. /222		otro po)		Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity in	come, Oti	ner in	an Advert	ising ir	Come	(see i	nstru	cuons)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirection connected production unrelated business in a second control of the control of t	thy or business (column 3) if a gain, compute ted column 7 business inco		activity to ot unrelat	hat ed	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)									_		
(2)											
(3)										.,	
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, Pline 10, co	art I,			J					Enter here and on page 1, Part II, line 26
Totals	1			1					<del>-</del> .		
Schedule J-Advertising Ir			·	idakad De				_			·
Part I Income From Per	logicals Report	ed on a C	onsoi	idated Bas	SIS	1					
1. Name of periodical	2 Gross advertising income	3 Direct advertising cost		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5 Circulation income		in	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)	<del>                                     </del>			1							7
(3)				7			-				$\neg$
(4)				1							
·· <u> </u>											
Totals (carry to Part II, line (5))						_					Form <b>990-T</b> (2018

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 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) ▶		•		•		

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14.			

Form **990-T** (2018)

## **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

DONNIE WILLIAMS FOUNDATION, INC.

Employer Identification number

DON	NIE WILLIAMS FOUNDATION, INC.	4	45-5442255			
Par	Short-Term Capital Gains and Losses	s (See instructions	3)			•
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1:	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			(3)		(3)
11	o Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box 8 checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				1	1,476.
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	}
6	Unused capital loss carryover (attach computation)				6	
	Net short-term capital gain or (loss) Combine lines			· · · · · · · · · · · · · · · · · · ·	7	1,476.
Par		(See instructions	)	I for A division and	4	(h) Cain or (loca)
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lin column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
81	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					1,110.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	nh		15	1,110.
					T	
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capit	al loss (line 15)		16	1,476.
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,				17	1,110. 2,586.
10	Note: If losses exceed gains, see Capital losses in the		proper line on other rea		18	2,300.

## Form 8949

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification number Name(s) shown on return DONNIE WILLIAMS FOUNDATION, INC.

45-5442255

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

Schedule D, line 1a							
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short-	term transact		
(A) Short-term transactions (B) Short-term transactions (X) (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis	•	·-	e Note above)	
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e)	
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)							1,476
	*						
						<u></u>	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	ude on your 2 (if Box B					1,476

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)	Attachment Sequence No 12A Page
Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
DONNIE WILLIAMS FOUNDATION, INC.	45-5442255
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or sul	bstitute statement(s) from your broker A substitute
statement will have the same information as Form 1099-B Either will show whether your ba	sis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check

instructions) For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see

to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, comp	lete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one o	r
more of the boxes, complete as many forms with the same box checked as you need	

 e of the boxes, complete as many forms with the same box checked ab you need
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(F) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X	(F)	Long-term	transactions	not reported	to	you or	n Form	1099-	Е
---	-----	-----------	--------------	--------------	----	--------	--------	-------	---

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis See the Note below	If you enter an a	any, to gain or loss amount in column (g), de in column (f) irate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)							1,110
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D)	al here and inclue e is checked), line	de on your 9 (if Box E					1,110

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Part II

## Part I, Line 5 (990-T) - Income/(Loss) from Partnerships and S Corporations

<u>Name</u>	Gross Incor	ne/(Loss)	<u>Deduct</u>	tions	Income/(	Loss)
Z CAPITAL PARTNERS II-A, L P	\$	(25,078)	\$	17	\$	(25,095)
Total					\$	(25,095)

·	ATTACHMENT 1
PART I - LINE 12 - OTHER INCOME	
STATE REFUND	100.
PART I - LINE 12 - OTHER INCOME	100.

ţ

1

Donnie Williams Foundation, Inc Taxable Year Ending December 31, 2018

Part II, Line 31 (990-T) - Net Operating Loss Carryover

	Beginning	Ending Loss	Amount of Net	Amount Used In	Adjustment		Amount	Amount		Net Operating	Cumulative Unused Net
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Cperaling	Prior rears / Carrybacks	Under Sec 170(d)(2)(B)	Adjustments	Available This Year	Used rnis Year	Losses	Loss Available for Carryover	Operating Loss
20th Preceding Period											
19th Preceding Period											
18th Preceding Period											
17th Preceding Period											
16th Preceding Period											
15th Preceding Period											
14th Preceding Period											
13th Preceding Period											
12th Preceding Period											
11th Preceding Period											
10th Preceding Period											
9th Preceding Period											
8th Preceding Period											
7th Preceding Period											
6th Preceding Period											
5th Preceding Period											
4th Preceding Period											
3rd Preceding Period											
2nd Preceding Period											
1st Preceding Period	1/1/2017	12/31/2017	17,675				17,675			17,675	17,675
Current Period	1/1/2018	12/31/2018	22,509				22,509	ı		22,509	40,184

Total Net Operating Loss Used This Year:

Taxable Income Before Net Operating Loss: