

1900

OMB No 1545-0687

Form 990-T

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

2018

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

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

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

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

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3) [X].

Name of organization: LIFESPAN, INC. Address: 1511 SHOPTON ROAD, SUITE A, CHARLOTTE NC 28217

D Employer identification number: 56-1142969. E Unrelated business activity code: 339110

C Book value of all assets at end of year: 13,569,271

F Group exemption number. G Check organization type: [X] 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1

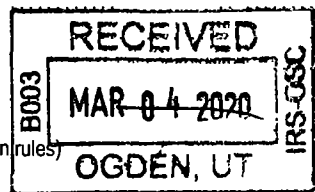
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [X] No

J The books are in care of: DONELLA BROWN. Telephone number: 704-944-5100

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,932,276), Total. Combine lines 3 through 12 (294,090).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Charitable contributions (74,485), Total deductions (126,501), Unrelated business taxable income before net operating loss deduction (244,089), Unrelated business taxable income (50,001).



SEE STATEMENT 2

SEE STATEMENT 3

SCANNED JUL 16 2020

Handwritten notes: 911-15, 30

**Part III Total Unrelated Business Taxable income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	50,001
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	34,153
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36	15,848
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	14,848

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	3,118
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	3,118

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	3,118
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	3,118
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)	47	
48	<b>Total tax.</b> 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	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	<b>Overpayment.</b> 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 <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

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

56	At any time during the 2018 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	Yes	No
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year		X

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.

Sign Here

*Jonella Tom*  
Signature of officer Date

**CFO**  
Title

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

Paid Preparer Use Only	Print preparer's name <b>ANTHONY T. PANDISCIA</b>	Preparer's signature <i>Anthony T. Pandiscia</i>	Date <b>01/30/20</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <b>P00187421</b>
	Firm's name <b>LANGDON &amp; COMPANY LLP</b>	Firm's EIN <b>56-1743537</b>		
	Firm's address <b>223 US HIGHWAY 70 EAST, SUITE 100 GARNER, NC 27529-4051</b>	Phone no <b>919-662-1001</b>		

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

1	Inventory at beginning of year	1	162,476	6	Inventory at end of year	6	94,558
2	Purchases	2	787,404	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	1,638,186
3	Cost of labor	3	651,942	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) <b>STMT 4</b>	4a	14,745			<input checked="" type="checkbox"/>	
b	Other costs (attach schedule) <b>STMT 5</b>	4b	116,177				
5	<b>Total.</b> Add lines 1 through 4b	5	1,732,744				

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

1. Description of property		
(1)	<b>N/A</b>	
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
(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)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶
<b>(c) Total income.</b> 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	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>RENTAL INCOME</b>			
(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)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions included in column 8</b>				

**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) <b>N/A</b>					
(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) <b>N/A</b>				
(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) <b>N/A</b>						
(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) <b>N/A</b>						
(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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

**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	\$ 13,845
TOTAL	\$ 13,845

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

<u>Description</u>	<u>Amount</u>
OCCUPANCY	\$ 38,213
TRAVEL	36,903
ACCOUNTING	8,703
SEC 263A COSTS	-14,745
INFORMATION TECHNOLOGY	9,150
INSURANCE	14,536
PRINTING AND PUBLICATIONS	33,741
TOTAL	\$ 126,501

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

<u>Description</u>	<u>Amount</u>
UBIT - MANUFACTURING	\$ 14,745
TOTAL	\$ 14,745

**Statement 5 - Form 990-T, Schedule A, Line 4b - Other Costs**

<u>Description</u>	<u>Amount</u>
UBIT - MANUFACTURING	\$ 116,177
TOTAL	\$ 116,177

Form **3800**

**General Business Credit**

OMB No 1545-0895

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3800](http://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.

**2018**  
Attachment  
Sequence No **22**

Name(s) shown on return <b>LIFESPAN, INC.</b>	Identifying number <b>56-1142969</b>
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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	<b>2,289</b>
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 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	<b>5,800</b>
5	Carryback of general business credit from 2019 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	<b>8,089</b>

**Part II Allowable Credit**

7	Regular tax before credits • Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 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	7	<b>3,118</b>
8	Alternative minimum tax • Individuals Enter the amount from Form 6251, line 11 • Corporations Enter -0- • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	8	<b>0</b>
9	Add lines 7 and 8	9	<b>3,118</b>
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	<b>3,118</b>
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	12	<b>3,118</b>
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 9 • Corporations Enter -0- • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	14	<b>0</b>
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	<b>3,118</b>
17	Enter the smaller of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	17	<b>3,118</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2018)

**Part II Allowable Credit (continued)**

**Note:** If you are not required to report any amounts on line 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.		
19	Enter the greater of line 13 or line 18.		
20	Subtract line 19 from line 11. If zero or less, enter -0-.		
21	Subtract line 17 from line 20. If zero or less, enter -0-.		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked.		
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 2018. See instructions.		
25	Add lines 22 and 24.		
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.		0
27	Subtract line 13 from line 11. If zero or less, enter -0-.		3,118
28	Add lines 17 and 26.		3,118
29	Subtract line 28 from line 27. If zero or less, enter -0-.		0
30	Enter the general business credit from line 5 of all Parts III with box A checked.		
31	Reserved.		
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 2018. See instructions.		
34	Carryforward of business credit to 2018. 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.		
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions.		
36	Add lines 30, 33, 34, and 35.		
37	Enter the smaller of line 29 or line 36.		
38	<p><b>Credit allowed for the current year. Add lines 28 and 37.</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Individuals: Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51</li> <li>• Corporations: Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts: Form 1041, Schedule G, line 2b</li> </ul>		3,118

Name(s) shown on return

Identifying number

**LIFESPAN, INC.**

**56-1142969**

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

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) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	2,289
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 oxide 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	2,289
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	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,289

<b>Form</b> <b>3800</b>	<b>General Business Credit Carryover / Carryback Detail Wrk</b>	<b>2018</b>
For calendar year 2018 or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		
Name <b>LIFESPAN, INC.</b>		Employer Identification Number <b>56-1142969</b>

**General Business Credit Carryover for Form 6765**

**CREDIT FOR INCREASING RESEARCH ACTIVITIES**

	Preceding Tax Year	Credit Amount Generated	Credit Amount Utilized		Credit Carried Back to Prior Year	Credit Carryover to Next Year
			Prior Year	Current Year		
20th	06/30/99					
19th	06/30/00					
18th	06/30/01					
17th	06/30/02					
16th	06/30/03					
15th	06/30/04					
14th	06/30/05					
13th	06/30/06					
12th	06/30/07					
11th	06/30/08					
10th	06/30/09					
9th	06/30/10					
8th	06/30/11					
7th	06/30/12					
6th	06/30/13					
5th	06/30/14					
4th	06/30/15					
3rd	06/30/16					
2nd	06/30/17	3,916		3,118		798
1st	06/30/18	1,884				1,884
	Current Year	2,289		0		2,289
	<b>Total</b>	<b>8,089</b>		<b>3,118</b>		
General Business Credit Carryover Available To Next Year						<b>4,971</b>

**Credit Carryback for Form 8800 GENERAL BUSINESS CREDIT**

Preceding Tax Year	Current Year		Next Year
	Tax Available to be Offset	Tax Offset by Credit Carryback	Tax Available to be Offset
5th			
4th			
3rd			
2nd			
1st			
Current Year	0		0