| 0 | |
|---|--|
| | |

| Form 9 | 90-T | Ex | empt Organization | Bus | iness Income der section 6033(| Tax Retur | n | OMB No 1545-0687 |
|-----------------|-------------------------|--|---|----------|---|-------------------|----------|--|
| 10/111 | | For calendar year 2018 or other tax year beginning, 2018, and ending, 20 | | | | | | ୭ଲ1ହ |
| Department of | the Treasury | l or calc | ► Go to www.irs.gov/Form990 | | | ; | <u> </u> | |
| Internal Reven | | ▶ Do | not enter SSN numbers on this form a | | | , , |)(3) | Open to Public Inspection for 501(c)(3) Organizations Only |
| | eck box if | | | | ne changed and see instruction | | D Emplo | yer identification number yees' trust, see instructions) |
| add | iress changed |] | | | | | (Emplo) | yees trust, see tristructions y |
| B Exempt ur | • |] | LICR FUND, INC. | _ | | | | |
| X 501(| с <u>Юз</u> | Print or | Number, street, and room or suite no. I | faPO | box, see instructions | | | 573053 |
| 408(e |) 220(e) | Туре | | | 57.00D | | | ited business activity code structions) |
| 408A | 530(a) | | 666 THIRD AVENUE - 3 | | | | | |
| 529(a | | | City or town, state or province, country | y, and Z | IP or foreign postal code | | 52300 | 00 |
| at end of | e of all assets rear | 5 0:: | NEW YORK, NY 10017 | | | | 32300 | |
| 1305 | 337849. | | up exemption number (See instruct eck organization type X 501 | | |) trunt | 401(a) | trust Other trust |
| | | | inization's unrelated trades or busine | | | trust | | (or first) unrelated |
| | | | VESTMENTS | 3363 | | | - | than one, describe the |
| | | | end of the previous sentence, con | molete | | • | | |
| 1 | | | ete Parts III-V | | . and rana ii, complete a c | | | |
| | | | corporation a subsidiary in an affil | ated g | roup or a parent-subsidiary of | controlled group? | | Yes X No |
| _ | | | identifying number of the parent co | | on > | | | |
| | | | RISTOPHER T CONROY | | Telephor | ie number ▶ 21 | 2-450- | 1547 |
| Part I | Unrelated | Trade | or Business Income | | (A) Income | (B) Expen | ses | (C) Net |
| 1a Gros | s receipts or | sales | | | | | | |
| b Less r | eturns and allow | ances | c Balance ▶ | 1c | | | | <u> </u> |
| 2 Cost | of goods so | ld (Sched | lule A, line 7) | 2 | | | | 1 |
| | • | | 2 from line 1c | 3 | 575 005 | | | 575 025 |
| | | | attach Schedule D, | _4a | 575,025. | | | 575,025. |
| | • | _ | Part II, line 17) (attach Form 4797) | 4b | | | | |
| • | | | trusts | 4c | 356,690. | ATCH 1 | | 356,690. |
| | | | r an S corporation (attach statement) | 6 | 330,030. | AICH I | | 330,030. |
| | | | | 7 | | | | |
| | | | ncome (Schedule E) | | | - | | |
| | | | on(c)(7) (9), or (17) organization (Schedule G) | | | | | |
| | | | ncome (Schedule I) | 10 | | | | |
| • | • | - | dule J) | 11 | | | | |
| 12 Othe | er income (S | ee instruc | ctions, attach schedule) | 12 | | | | |
| 13 Tota | I. Combine I | nes 3 thr | ough 12 | 13 | 931,715. | | | 931,715. |
| Part II | Deductio | ns Not | Taken Elsewhere (See inst | ructio | ons for limitations on o | deductions) (I | Except f | or contributions, |
| | deduction | ns must | t be directly connected with t | the ur | nrelated business inco | ome) | | |
| 14 Com | pensation of | f officers, | directors, and trustees (Schedule K) | سند. | | | 14 | |
| 15 Sala | ries and wag | es | | FC | EIVED 181 | | | |
| 16 Rep | airs and maii | ntenance | (see instructions) | | ······································ | | · · | |
| 17 Bad | debts | | | Viola | 1.3 2019. | | | |
| 18 Inter | est (attach s | schedule) | (see instructions) | INO A | ٠٠٠ المجالية .٠٠ | | 18 | 24,913. |
| 19 Taxe | es ano license | butions (| See unstructions for limitation rules | سنسند | SENT UT | ATCH 3 | | |
| | | • | See instructions for limitation rules) | OG! | DEN 10. | 10 | | |
| • | • | | on Schedule A and elsewhere on r | | · · · · · · · | _ | 22b | 10. |
| | • | | | | | | - | |
| | | | compensation plans | | | | | |
| | | | s | | | | | |
| | | | Schedule I) | | | | | |
| | | | Schedule J) | | | | | |
| | | | schedule) | | | _ | | 34,195. |
| | | | es 14 through 28 | | | | - 1 | 59,118. |
| | | | ole income before net operating | | | | | 872,597. |
| 31 Ded | | | ng loss arising in tax years beginni | ng on o | or after January 1, 2018 (se | e instructions) . | | 872.597 |
| | | | in the second of the second line at the second line | - 20 | | | 1 22 | 1 872 597 |

32 Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions.

8X2740 1,000 7 4 CR U70J V

Form **990-T** (2018)





| Form | 990-T (2018) | | | F | Page 2 |
|------|--|------------|------------------|---------|-----------|
| Pa | rt III Total Unrelated Business Taxable Income | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | _ :- <u>-</u> | _ | |
| | instructions) | 33 | | 872, | 597. |
| 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 | | 872,9 | 597. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | | | | |
| | of lines 33 and 34 | 36 | | | |
| 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 | | | 0. |
| Pa | rt IV Tax Computation | | | | |
| 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 | | | | |
| | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) | 40 | | | |
| | | 41 | | | |
| 41 | Proxy tax. See instructions | 42 | | | |
| 42 | | - | | | |
| 43 | Tax on Noncompliant Facility Income. See instructions | | | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | | | |
| | rt V Tax and Payments | г- т | | | |
| | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | | | | |
| | Other credits (see instructions) | - | | | |
| С | General business credit Attach Form 3800 (see instructions) | | | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | | |
| е | Total credits Add lines 45a through 45d | 45e | | 104,0 | |
| 46 | Subtract line 45e from line 44 | 46 | | 104,0 | 047. |
| 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 | _ | 104,0 | 047. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | | | |
| | Payments A 2017 overpayment credited to 2018 | | | | |
| | 2018 estimated tax payments | 1 | | | |
| | Tax deposited with Form 8868 | 1 | | | |
| | 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 | 1 1 | | | |
| g | | | | | |
| | 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 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | 104,0 | |
| 55 | Enter the amount of line 54 you want | 55 | | 104,0 | 047. |
| Pa | rt VI Statements Regarding Certain Activities and Other Information (see instruction | s) | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or | other | authority | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | ay hav | ve to file | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the | foreign | n country | | |
| | here | | | | Х |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | on trus | t? | | Х |
| ٠, | | ·9.1 000 | | | |
| 58 | If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | | ' | |
| 50 | Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the t | est of n | ny knowledac | and bel | ief, it i |
| e:- | true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge | | 0- | | |
| Sig | | • | IRS discus | | |
| Her | | | preparer s | | below |
| | | e instruct | ions)? X | es | No |
| Paid | Print/Type preparer's name Preparer's signature Date Chec Line Line Line Line Line Line Line Lin | кШ ı | f PTIN | | _ |
| | SHIRA R FORDER | mployed | - | 41794 | |
| | Firm's name FRICEWATERROUSECOOPERS LLP Firm's | | 13-400 | | |
| Jac | Firm's address ► 300 MADISON AVENUE, NEW YORK, NY 10017 | eno 6 | 46 - 471- | -3000 | ı |

Form **990-T** (2018)



| Form 990-T (2018) | HICK F | OND, INC | | | | | 13 33,303 | Page 3 |
|--|---|---------------------------------|----------------------|---|---------------|--|--|---------------|
| Schedule A - Cost of Go | ods Sold Fr | ter method | l of inventory v | /aluation | | | | 9.0 |
| 1 Inventory at beginning of ye 2 Purchases | ar . 1 | | 6 | Inventory | at end of yea | r | 6 | |
| 3 Cost of labor | ` ` | | | | • | ter here and in | 1 1 | |
| 4a Additional section 263A cos | • | | | | | · · · · · · · · · · · · | 7 | |
| | 1 1 | | 8 | | | | | Yes No |
| (attach schedule) | | | _ ° | | | or acquired for | • | , |
| b Other costs (attach schedule5 Total Add lines 1 through 4 | | | | | | or acquired for | | |
| Schedule C - Rent Income | | ronerty ar | nd Personal | Property | Leased W | ith Real Proper | rtv) | |
| (see instructions) | (FIOIII Neal F | Toperty at | iu reisoliai i | rioperty | Leaseu V | nur Kear i Tope | · ty / | |
| Description of property | | | | | | | | |
| <u> </u> | | | | | | - | | |
| <u>(1)</u> (2) | · | | | | | | | |
| (3) | | | | | | | | |
| | | | | | | * | | |
| (4) | 2. Rent recei | ved or accrus | ad | | | | | |
| | | ł | | | /d sh | ata) Doductions d | | th the means |
| for personal property is more than 10% but not percent | | percenta | age of rent for pers | and personal property (if the rent for personal property exceeds rent is based on profit or income) 3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach sched | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | , | | | |
| Total | · | Total | | | · | (b) T -1-1-1-4 | | |
| (c) Total income. Add totals of co | lumns 2(a) and 2 | (b) Enter | | (b) Total deductions. Enter here and on page 1. | | | | |
| here and on page 1, Part I, line 6, | column (A) | ▶ | | | | Part I, line 6, colur | | |
| Schedule E - Unrelated De | | | e instructions) | | | | | |
| 1 Description of debt | -financed property | | 2. Gross incor | | | debt-financ | y connected with or allocable to nanced property | |
| Description of debt-financed property | | | proper | | | nt line depreciation ch schedule) | (b) Other de (attach sch | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to allocable to debt-financed property (attach schedule) (attach schedule) | | 6 Colui 4 divid by coluin | ed | 7 Gross income reportable (column 6 x | | 8. Allocable of (column 6 x total 3(a) and | al of columns | |
| (1) | | | | % | | | <u> </u> | |

% %

%

Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

13-3573053

| 1 Name of controlled organization 2 Employer identification number 3 Net unrelated (loss) (see instructions) 7 Taxable Income 8 Net unrelated income (loss) (see instructions) 7 Taxable Income 8 Net unrelated income paym 10 2 3 3 3 3 4 5 5 5 6 6 6 6 7 6 7 7 7 8 7 8 7 8 7 7 8 7 | | | | 13- | -357 | 3053 Page 4 |
|---|--|--------------------|--|---------------------------------------|---------------|---|
| 1 Name of controlled organization 2 Employer identification number 3 Net unrelated (loss) (see instructions) 7 Taxable Income 8 Net unrelated income (loss) (see instructions) 7 Taxable Income 8 Net unrelated income paym 10 2 3 3 4 4 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 | | | ons (see | instructions) |) | <u> </u> |
| (1) (2) (3) '. (4) Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated income (loss) (see instructions) 9 Total (2) (3) (4) Totals Schedule G – Investment Income of a Section 501(c)(7), (9) 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals 1 Description of exploited Exempt Activity Income, Other Than 2 Gross unrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Totals 1 Name of periodical 2 Gross advertising income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income (see instructions) | olled Organization | ns of specified | | column 4 that is | 1 | Deductions directly |
| (4) Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated income (loss) (see instructions) (1) (2) (3) (4) Totals Schedule G—Investment Income of a Section 501(c)(7), (9) 1 Description of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals Schedule I—Exploited Exempt Activity Income, Other Than 1 Description of exploited activity business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals 1 Description of exploited activity business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidation of income (1) 2 Gross advertising income (see instructions) | uctions) paymen | nts made | | on's gross incom | • I | ın column 5 |
| (3) (4) Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated income (loss) (see instructions) (1) (2) (3) (4) Totals Schedule G—Investment Income of a Section 501(c)(7), (9) 1 Description of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals Schedule I—Exploited Exempt Activity Income, Other Than 1 Description of exploited activity business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) (business income Totals 1 Description of exploited activity business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidation of page 1, Part I, line 10, col (B) 1 Name of periodical advertising income (see instructions) | | | - | | | |
| Nonexempt Controlled Organizations Set unrelated income (loss) (see instructions) 9 Total paym (loss) (see instructions) 10 (loss) (see instructions) 1 | | | | | _ | |
| Nonexempt Controlled Organizations 8 Net unrelated income (loss) (see instructions) 9 Total paym (1) | | _ | | | +- | |
| Totals T | | | | | | |
| Totals Schedule G-Investment Income of a Section 501(c)(7), (9) 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than 1 Description of exploited activity 2 Gross unrelated business income from trade or business or business income (1) (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 (A) Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidation advertising income (1) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Income From Periodicals Reported on a Consolidation advertising income 1 Name of periodical advertising income (1) 2 Gross advertising income advertising costs | al of specified nents made | include | t of column ed in the cor ation's gross | ntrolling | | Deductions directly cted with income in column 10 |
| Totals | | - | | | | |
| Totals Schedule G-Investment Income of a Section 501(c)(7), (9) 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals 1 Description of exploited Exempt Activity Income, Other Than 2 Gross unrelated business income from trade or business 1 Description of exploited activity (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Income Enter here and on page 1, Part I, line 10, col (B) Totals 1 Name of periodical 1 Name of periodical 2 Gross advertising income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs | | | | | | |
| Totals Schedule G-Investment Income of a Section 501(c)(7), (9) 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals 1 Description of exploited Exempt Activity Income, Other Than 2 Gross unrelated business income from trade or business income (1) (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) Totals Schedule J- Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs | | _ | | | | |
| 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals | | Add o | columns 5 ar | nd 10 | Add | columns 6 and 11 |
| 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals | | Part I, | nere and on p line 8, colur | nn (A) | | here and on page 1, , line 8, column (B) |
| 1 Description of income 2 Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals | . | | • | - , | | |
| (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than 1 Description of exploited activity 2 Gross unrelated business income from trade or business income (1) (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) Totals Schedule J – Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs |), or (17) Organ 3 Deductions | nization | | | $\overline{}$ | 5 Total deductions |
| (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals | directly connected (attach schedule) | | | asides schedule) | | and set-asides (col 3 plus col 4) |
| (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than 1 Description of exploited activity 2 Gross unrelated business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Enter here and on page 1, Part 1, line 10, col (B) Totals | | | | | + | |
| Enter here and on page 1. Part I, line 9, column (A) Totals | | | | _ | - | |
| Enter here and on page 1, Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than 1 Description of exploited activity 2 Gross unrelated business income from trade or business income 1 Description of exploited activity 2 Gross unrelated business income 1 Description of exploited activity 2 Gross income Income (Enter here and on page 1, Part I, line 10, col (A) Inne 10, col (B) 1 Description of exploited activity 2 Gross advertising Income (see instructions) 1 Name of periodical 2 Gross advertising income advertising costs 1 Name of periodical 2 Gross advertising income advertising costs | <u> </u> | | | _ | | <u> </u> |
| Schedule I – Exploited Exempt Activity Income, Other Than 1 Description of exploited activity 2 Gross unrelated business income from trade or business income 1 Description of exploited activity 2 Gross unrelated business income from trade or production of unrelated business income 1 Description of exploited activity 2 Gross activity 3 Expenses directly connected with production of unrelated business income 1 Description of exploited activity 2 Gross activity 3 Expenses directly connected with production of unrelated business income 1 Description of exploited activity 2 Gross activity 3 Enter here and on page 1, Part I, line 10, col (B) 1 Description of exploited activity 2 Gross advertising line 10, col (A) 1 Name of periodical 2 Gross advertising advertising income 1 Name of periodical 2 Gross advertising advertising costs 3 Direct advertising costs | | | | | | iter here and on page 1 art I, line 9, column (B) |
| 2 Gross unrelated business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Totals | Advertising In | come (s | ee instru | ctions) | .l | |
| (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J- Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 2 Gross advertising income 3 Direct advertising costs | Net income (loss) rom unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | from ac | s income tivity that inrelated s income | 6 Expense attributable column 5 | to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J – Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs (1) | | | | | | |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals | | | | | | |
| Enter here and on page 1, Part I, line 10, col (A) Totals | | | | | | |
| Totals ▶ Schedule J- Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs (1) | | | | · | | Enter here and on page 1, |
| Part I Income From Periodicals Reported on a Consolida 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs (1) | | | | | | Part II, line 26 |
| Part I Income From Periodicals Reported on a Consolida 2 Gross advertising income 3 Direct advertising costs (1) | | | | | | |
| 1 Name of periodical advertising income advertising costs (1) | ated Basis | | | | | |
| 1 Name of periodical advertising income advertising costs (1) | 4 Advertising gain or (loss) (col | 5 Circ | culation | 6 Readersh | מור | 7 Excess readership costs (column 6 |
| | 2 minus col 3) If a gain, compute cols 5 through 7 | | ome | costs | | not more than column 4) |
| | | | | | | |
| (2) | - | | | , | | |
| (3) | - | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | ł | | | | | |
| Towns (carry to rate), mic (c)// | | | - | I | | Form 990-T (2018 |

| Form | 990-T | (2018) | |
|------|-------|--------|--|
| | | | |

LICR FUND, INC.

| • | |
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| ·= | |

13-3573053

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 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) . ' | | | | | <u> </u> | 1 |
| Schedule K - Compensa | tion of Officers, D | irectors, and Tr | ustees (see instr | | | |
| 1 Name | | 2 Title | | 3 Percent of time devoted to | | on attributable to |

| 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)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► 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

Employer Identification number

| LIC | R FUND, INC. | | | | 13- | 3573053 | |
|-----|---|----------------------------------|---------------------------------|---|---------|--|--|
| Par | Short-Term Capital Gains and Losses | (See instructions |) | | | | |
| | 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 Fom 8949, Part I, line column (g) | 1(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) | |
| 1a | 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 | | | | | | |
| 1 t | 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 B checked | | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | - | -1,600. | |
| 4 | Short-term capital gain from installment sales from f | | | | 4 5 | 1,000. | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | (| |
| | | | | | | , ,,,, | |
| | Net short-term capital gain or (loss) Combine lines 1 | | | <u> </u> | 7 | -1,600. | |
| Par | Long-Term Capital Gains and Losses See instructions for how to figure the amounts to enter on | | | (g) Adjustments | lo gain | (h) Gain or (loss) | |
| | the lines below This form may be easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | or loss from Form 8949, Part II, line | 1(s) | Subtract column (e) from column (d) and combine | |
| 88 | whole dollars 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. | | | column (g) | | the result with column (g) | |
| 81 | o 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 Echecked | | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | _ | 569,687. | |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | · • • • • • • • • • • • • • • • • • • • | 11 | 6,938. | |
| 12 | Long-term capital gain from installment sales from F | 12 | | | | | |
| 13 | 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | | | |
| 14 | 14 Capital gain distributions (see instructions) | | | | | | |
| 15 | | | | | | | |
| Par | Summary of Parts I and II | | | | | | |
| 16 | Enter excess of net short-term capital gain (line 7) or | ver net long-term capita | al loss (line 15) | | 16 | | |
| 17 | | | | | | | |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

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

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

Attachment Sequence No

| Name(s) shown on return | Social sec | Social security number or taxpayer identification number | | | | | |
|---|---|--|---|--|--------------------------------|--|--|
| LICR FUND, INC | | 13-3573053 | | | | | |
| Before you check Box A, B, or statement will have the same broker and may even tell you v | ınformatıon as Form 10 | | | | | | |
| instructions) F Note: You ma | ransactions involving or long-term trans y aggregate all sho e IRS and for whice | actions, see ort-term tran | page 2 sactions repor | ted on Form(s | s) 1099-B sh | nowing basis w | as |
| Schedule D, I | ine 1a; you aren't | required to r | eport these tra | nsactions on | Form 8949 | (see instruction | is) |
| You must check Box A, B, complete a separate Form for one or more of the box | 8949, page 1, for e es, complete as ma | ach applicab ny forms with | le box If you ha the same box ch | ve more short- necked as you r | term transac need | tions than will fit o | s, on this page |
| (A) Short-term transa (B) Short-term transa x (C) Short-term transa | ctions reported on F | Form(s) 1099 | -B showing basis | | | e Note above) | |
| 1 (a) | (b) | (c) | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a co | any, to gain or loss amount in column (g) de in column (f) arate instructions | (h) Gain or (loss) Subtract column (e) |
| Description of property (Example 100 sh XYZ Co | | disposed of (sales price) and see Column | 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) | |
| K-1 INVESTMENTS | | | | | , | | -1,601 |
| | | | | | | | |
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| | | | . <u>-</u> . | | | - | |
| | | - | | | | | |
| 2 Totals Add the amounts in negative amounts) Enter e Schedule D, line 1b (if Box | ach total here and inc A above is checked), lir | clude on your ne 2 (if Box B | | | | | 1 |
| above is checked), or line 3 (if | Box C above is checked) | > | | <u></u> | <u> </u> | L | -1,600 |

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 (2 | 2018) | Attachment Sequence No 12A Page 2 | | | | |
| | wn on return. Name and SSN or taxpayer identification no not required if shown on other side | Social security number or taxpayer identification number | | | | |
| LICR FUND |), INC | 13-3573053 | | | | |
| statement | I check Box D, E, or F below, see whether you received any Form(s) 1099-B or will have the same information as Form 1099-B Either will show whether your d may even tell you which box to check | | | | | |
| Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see 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 report 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) | | | | | |
| a separat | t check Box D, E, or F below. Check only one box. If more than one Form 8949, page 2, for each applicable box. If you have more lors he boxes, complete as many forms with the same box checked as you | ng-term transactions than will fit on this page for one or bu need | | | | |
| | Long-term transactions reported on Form(s) 1099-B showing basis v | | | | | |
| | Lang term transportions concreted on Form(s) 1000 R showing basis w | vaen't reported to the IRS | | | | |

| 1 | (a) Description of property | (b) Date acquired | (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 cod See the separ | (h) Gain or (loss) Subtract column (e) from column (d) and | |
|-------|-----------------------------|-------------------|--------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| | (Example 100 sh XYZ Co) | (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 | combine the result with column (g) |
| K-1 I | NVESTMENTS | | | | | | | 569,686 |
| | | | | | | | | |
| | | - | | | | | | |
| • | | _ | | | | | <u>-</u> | |
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| | <u> </u> | | | | | | <u> </u> | |
| | | | | | | | | |

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

Form 8949 (2018)

above is checked), or line 10 (if Box F above is checked) ▶

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www irs gov/Form4562 for instructions and the latest information.

Attachment Sequence No 179 Identifying number

| LI | CR FUND, INC. | | | | | | | | 13-3573053 |
|-----|---|---|-----------------------------|-------------------------------|---------------------|----------------|-----------|-----------|----------------------------|
| | ness or activity to which this form relates | | | | | | | • | |
| K- | 1 INVESTMENTS | | | | | | | | |
| | rt I Election To Expense C | ertain Property U | Inder Sect | ion 179 | • | | | | • |
| | Note: If you have any lis | ted property, con | nplete Part | V before | you comp | lete Part I | | | |
| 1 | Maximum amount (see instructions). | | | | | | [| 1_ | 1,000,000. |
| | Total cost of section 179 property pla | | | | | | | 2 | |
| 3 | Threshold cost of section 179 proper | ty before reduction in | n limitation (se | e instruction | ns) | | [| 3 | 2,500,000. |
| 4 | Reduction in limitation. Subtract line. | 3 from line 2 If zero o | r less, enter -(| 0 | | | [| 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from separately, see instructions | line 1 If zero or less, enter | 0- If marned filing | | <u></u> | <u> </u> | | 5 | 1,000,000. |
| 6 | (a) Description | | | | siness use only | (c) Electe | ed cost | | |
| | FROM SCHEDULE K-1 | | | | | | | 10. | |
| | | | | | | | | | |
| 7 | Listed property Enter the amount from | m line 29, | | | 7_ | | | | |
| | Total elected cost of section 179 pro | | | | | | | 8 | 10. |
| 9 | Tentative deduction Enter the smalle | | | | | | | 9 | 10. |
| 10 | Carryover of disallowed deduction from | | | | | | | 10 | NONE |
| 11 | Business income limitation. Enter the | | | | | | | 11 | 872,607. |
| | Section 179 expense deduction Add | • | | | | | | 12 | 10. |
| | Carryover of disallowed deduction to | | | | 1 3 | <u> </u> | | | |
| | e: Don't use Part II or Part III below for | | | | | | | | |
| | rt Special Depreciation A | | | | | | 1 | einsti | ructions) |
| 14 | Special depreciation allowance for | | | | | | - 1 | | |
| | during the tax year. See instructions | | | | | | | 14_ | |
| | Property subject to section 168(f)(1) | | | | | | | 15 | |
| 16 | Other depreciation (including ACRS) | | | | | | <u> l</u> | 16 | |
| Ρa | rt III MACRS Depreciation (| Jon t include listed | | tion A | uons j | | | | |
| | MACRO ded et es fer estado el esc | | | | | | | 17 | |
| 17 | MACRS deductions for assets placed If you are electing to group any a | | | | | | | 17 | |
| 18 | | | | | | | <u> </u> | | I |
| _ | asset accounts, check here Section B - Assets | | | | | | reciat | ion S | vstem |
| | (a) Classification of property | (b) Month and year placed in service | | depreciation estment use | (d) Recovery period | (e) Convention | (f) Me | | (g) Depreciation deduction |
| 19a | 3-year property | | , | | | • | | | |
| t | 5-year property | | | | | | | | |
| | : 7-year property | | | | | | | | |
| _ | 10-year property | | | | | | | | |
| E | 15-year property | | | | | | | | |
| f | 20-year property | | | | | · | | | |
| _ (| 25-year property | | | | 25 yrs | | S | <u>/L</u> | |
| ŀ | Residential rental | | | | 27 5 yrs | MM T | · S | /L | |
| | property | | | | 27 5 yrs | ММ | S | /L | |
| | Nonresidential real | | | | 39 yrs | MM | | /L | |
| | property | | | | | MM | S | | |
| | Section C - Assets P | laced in Service D | Juring 2018 | Tax Year | Using the | Alternative De | | | System |
| 20a | Class life | | | | | | S | | |
| k | o 12-year | | | | 12 yrs | | S | | |
| _ | : 30-year | | | | 30 yrs | MM | | /L | |
| | 1 40-year | <u> </u> | | | 40 yrs | MM | S | /L | |
| Pa | rt IV Summary (See instruction | | | | | | | Γ | |
| 21 | Listed property Enter amount from lii | | | | | | | 21 | |
| 22 | Total Add amounts from line 12, | | | | | | nter | | 1.0 |
| 23 | here and on the appropriate lines of y For assets shown above and place portion of the basis attributable to se | oui return Partnershi ed in service during | ps and 5 corp the curren | porations - s it year, ent | er the | | <u> </u> | 22_ | 10. |
| | portion of the basis attributable to se | ction 263A costs ` | | | 23 | | | | l |

| | CR FUNI n 4562 (201 | | С. | | | | | | | | | | | | | 13-3 | 573 Pá | 053 |
|-----------|---------------------------|---------------------|-------------|--|-----------------------------|---------------------|--|---------------------|--------------------------------|---------------|---------------------------------------|------------------------|---|---------------------------------------|--------------------|------------|------------------|--------|
| _ | | | Pro | perty (Include | automot | oles, | certair | n oth | er vel | hicles | s, certa | in airc | craft, | and | proper | | | |
| | er er | | | nt, recreation, o | | | | | | | | | | | | م مغما | ls - | 240 |
| | No 24 | ote: Fo b. colu | r an mns | y vehicle for wh (a) through (c) of | ich you are Section A. | e using all of S | the si Section l | tandard B. and | i mileag Section | geran Cıfa | te or ded pplicable | lucting | ease e | expense | a, comp | lete o | nıy | 24a. |
| | | | | Depreciation and | | | | | | | | mits for | passe | nger au | tomobile | ∋s) | | |
| 248 | | | | to support the bus | | | | - | | No | 24b If " | | | | | Yes | | No |
| | (a) | | | (b) | (c) | | (d) | | (e) | | (f) | (9 | 1) | (| (h) | 1 | (ı) | |
| | Type of prop | | İ | Date placed in service | Business/ investment us | e Cost | or other b | | isis for depri usiness/inve | | Recovery period | Meth | | | eciation uction | Elected | section sections | on 179 |
| | vehicles | | | | percentage | | | | use only | | | 00,110 | 1 | | | | | |
| 25 | | | | n allowance for | | | | | | | _ | | | | | | | |
| 26 | | | | than 50% in a gi | | | | e See | instruct | ions | | | 25 | | | <u> </u> | | |
| | Flopelty | useu i | | than 50 % in a qu | | % | | | | | | Γ | - | Γ | | | | |
| | | | _ | | | % | | - | | | | | | | | | | |
| | | | | | | % | | | | | - | | | | | | | |
| 27 | Property | used 5 | 50% | or less in a qualif | ied business | use | | | | | · · · · · · · · · · · · · · · · · · · | | | -l | | | | |
| | | | | | | % | | | | | | S/L - | | | | | | |
| | | | | | 1 | % | | | | | | S/L - | | | | | | |
| | | | | | <u> </u> | % | | | | | | S/L - | | ļ | | 1 | | |
| 28 | Add amo | ounts in | col | umn (h), lines 25 | through 27 | Enter | here ar | nd on li | ne 21, p | age 1 | ۱ | | . 28 | <u> </u> | | ļ | | |
| 29 | Add amo | ounts in | col | umn (ı), line 26 E | | | | | | | | <u></u> | | • • • • | . 29 | L | | |
| _ | | | | | | | | | | | ehicles | | -1-44 | | 16 | | | h. ala |
| to v | nplete this our employ | section ees firs | tor tans | vehicles used by wer the questions in | a sole prop Section Cito | rietor, see if | partner, vou mee | or othe t an exc | er more eption to | comp | 5% own leting this | er, or re section f | erated p | person e vehicle | ir you p :S | rovided | ı ve | nicies |
| | | , | | | | | a) | r | (b) | ı . | (c) | 1 . | i) | 1 | (e) | T | (f) | |
| 20 | Total bu | cinoccl | ını. | stment miles driv | en during | | icle 1 | | nicle 2 | ^ | ehicle 3 | Vehi | • | | nicle 5 | Ve | hicle | 6 |
| 30 | | | | ide commuting m | | | | | | | | | | | _ | | | |
| 31 | • | • | | les driven during | | | | | | | | | | | | | | |
| | | other | - | | mmuting) | | | | | | | | | | | | | |
| | miles dri | ven . | | | | | | | | <u> </u> | | | | | | <u> </u> | | |
| 33 | Total m | ıles d | rıver | n during the y | ear Add | | | | | | | | | | | | | |
| | | - | | | | | 1 | | T | | | 1 | • | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | T N - | \ <u>\</u> | 1 | N1 - |
| 34 | | | | available for | • | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No_ | Yes | + | No |
| 25 | | • | • | nours? sed primarily by | | | + | | | ╁ | + | + | | | - - | \vdash | + | |
| 35 | | | | elated person? | | | | | | | | | | | | | | |
| 36 | | | | e available for | | | | <u> </u> | | | | | | | 1 | | Ì | |
| • | use? | | | | | | | | | | | | | | | | | |
| | • | | Sec | tion C - Question | ons for Em | ploye | rs Who | o Prov | ide Vel | hicle | s for Us | e by Th | eir En | nploye | es | | | |
| An | swer thes | e ques | tions | to determine if | you meet | an exc | eption | to com | pleting | Sect | on B for | vehicles | sused | by em | ployees | who | are | n't |
| <u>mo</u> | re than 5% | 6 owne | rs o | related persons | See instruc | tions | | | | | | | | | | T | | |
| 37 | | | | written policy | | | | | | | | s, includ | ling co | ommutii | ng, by | Yes | + | No |
| | your em | oloyees | ? | | | | | | | | | | | ···· | | | + | |
| 38 | | | | written policy : | | | | | | | | | | | y youi | | | |
| 39 | | | | of vehicles by em | | | | | | | | | | • • • • | | | + | |
| | | | | ore than five ve | | | | | ain info | rmatic | on from | your er | nploye | es abo | ut the | | 1 | |
| | • | • | | and retain the inf | • | | | | | | | | | | | | | |
| 41 | | | | quirements conce | | | | | | | | | | | | | | |
| | Note: If | your ar | nswe | er to 37, 38, 39, 4 | 10, or 41 is | "Yes," | don't co | mplete | Section | n B fo | r the cov | ered vel | ncles | | | <u> </u> | | |
| Pa | art VI A | <u>mortiz</u> | zati | on | | | , | | | | | | | | | | | |
| | | | (a) | | (b) | | | (c | ` | | (d) | \ | | e) ization | | (f) | | |
| | | Descript | | costs | Date amon begin | | Ar | | , le amount | | Code s | | perio | od or | Amortiz | ation for | this | year |
| 42 | Amortiza | ation of | COS | ts that begins dur | <u> </u> | | Vear /s | aa inetr | ructione' | | | | perce | ntage | | | | |
| 44 | AIIIOI IIZ | וטווטוו טו | CUS | is that begins dur | ing your 20 | io lax | year (St | CC IIISU | actions, | , | | | | ſ | | | | |
| | | | | | | | | | | | | | | | | | | |
| 43 | Amortiza | ation of | cos | ts that began bef | ore your 20 | 18 tax | year | | | | | | ı | 43 | | | | |
| 44 | Total. A | dd am | ount | s in column (f) S | ee the instr | uctions | for wh | ere to r | eport | · · · | <u> </u> | | <u></u> | 44 | | | | |

ATTACHMENT 1

| FORM 990T - LIN | <u> </u> | -INCOME | (LOSS) | FROM | PARTNERSHIPS | OR S | CORPORATIONS |
|-----------------|----------|---------|--------|------|--------------|------|--------------|
| | | | | | | | |

| ORDINARY BUSINESS INCOME NET INCOME FROM RENTAL REAL ESTATE ACTIVITIES INTEREST DIVIDENDS | 212,917. -18,874. 32,301. 147,508. |
|--|---|
| ROYALTIES OTHER PORTFOLIO INCOME OTHER INCOME/ LOSSES INVESTMENT INTEREST EXPENSE INTANGIBLE DRILLING COSTS OTHER DEDUCTIONS | -1,805. 132,893. -66,364. -35,284. -44,944. |
| FOREIGN TAX DEPLETION INCOME (LOSS) FROM PARTNERSHIPS | -1,667. |

ATTACHMENT 2

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

ACCOUNTING FEES

34,195.

PART II - LINE 28 - OTHER DEDUCTIONS

34,195.

13-3573053 LICR FUND, INC.

FORM 990-T, PAGE 1 DETAIL

LINE 20 - CONTRIBUTIONS DEDUCTION

| ~ | |
|--|--|
| TAXABLE INCOME EXCLUDING CONTRIBUTIONS | 872,597. |
| LESS: NOL CARRYOVER | 2,559,523. |
| PLUS: CAPITAL LOSS CARRYBACK | |
| TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL | |
| DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS | -1,686,926. |
| CONTRIBUTION DEDUCTION LIMITATION (TAXABLE INCOME X 10%) | NONE |
| AMOUNT OF DEDUCTIBLE CONTRIBUTIONS | 4,004. |
| | |
| CONTRIBUTION DEDUCTION (LESSER OF LINE 5 OR LINE 6) | NONE |
| | PLUS: CAPITAL LOSS CARRYBACK TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS CONTRIBUTION DEDUCTION LIMITATION (TAXABLE INCOME X 10%) AMOUNT OF DEDUCTIBLE CONTRIBUTIONS |

LINE 20 - 5 YEAR CONTRIBUTION CARRYOVER

| YEAR ENDING | AMOUNT AVAILABLE | AMOUNT UTILIZED | CONVERTED TO NOL CARRYOVER | CARRYOVER TO NEXT YEAR |
|-------------|---------------------|---|----------------------------|---|
| 12/31/2018 | 4,004. | NONE | 4,004. | |
| TOTAL | 4,004. | NONE | 4,004. | |
| = | | ======================================= | | ======================================= |

L

| LINE 20 - CURRENT YEAR CONTRIBUTIONS | |
|--|--------|
| CONTRIBUTIONS FROM PASS-THROUGH ACTIVITIES | 4,004. |
| TOTAL | 4,004. |

FORM 990-T, PAGE 1 & 2 DETAIL

| 2018 | 0107 |
|---|--------------|
| - | 7 7 7 |
| VANITABV | |
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| > و د | 1 EARS |
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| 2 | |
| CMTOTOR | HALLSING |
| NOT #OTICIBLE | Z ¦ |
| LON | |
| | |
| с ц | را ا ا |
| | |

| CARRYOVER TO NEXT YEAR | 1 | 1,686,926. |
|------------------------------|--|------------|
| CONVERTED | | |
| AMOUNT USED | 41,923 | 872,597. |
| AVAILABLE | 41, 217, 300, | 2,559,523. |
| ORIGINAL NOL | 1,124,944. 1,372,636. 1,467,266. 1,217,429. 1,300,171. | 6,482,446. |
| YEAR ENDING | 12/31/2009 12/31/2010 12/31/2012 12/31/2013 12/31/2013 | TOTAL |

NOL DEDUCTION ARISING IN TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018 ı 31 LINE

| CARRYOVER TO NEXT YEAR | 4,00 | 4,004 | |
|------------------------------|------------|-------|--|
| CONVERTED | 4,004. | | |
| AMOUNT USED | | | |
| | | | |
| ORIGINAL NOL | | | |
| YEAR ENDING | 12/31/2018 | TOTAL | |