ē

	990-T	E	kempt Organization,	Bus	siness Income		rn 0	3 1 4 9 3 OMB No 1545-0687
Form	350-1				der section 6033(1 8	@@ 47
G	٠	For cale	ndar year 2017 or other tax year begin				20 1 0 .	201/
	tment of the Treasury	▶ Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a				C)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if	_ F 50			me changed and see instruction		D Emplo	yer identification number
_	address changed						(Emplo	yees' trust, see instructions)
BExe	empt under section	1	THE CHILDREN'S HOSP	ITAL	OF PHILADELPHIA		}	
X	501(C) <u>03</u>)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions			352166
ļ	408(e) 220(e)	Туре						ated business activity code structions)
<u> </u>	408A530(a)		3401 CIVIC CENTER B					
	529(a) ok value of all assets		City or town, state or province, countreprint PHILADELPHIA, PA 19	•			52599	an
	end of year	F Gro	up exemption number (See instruct	-			3233	
	4507815514.					:) trust	401(a)	trust Other trus
H D	escribe the organiz		rimary unrelated business activity					
			corporation a subsidiary in an affil					1 1 1 1
			identifying number of the parent co	rporati	on ▶ ATTACHM			
			THOMAS TODOROW		Telephor	ne number > 21	5-590-	1000
Par			or Business Income		(A) Income	(B) Expe	nses	(C) Net
1 a	Gross receipts or s	sales	1,052,240.		1 050 040			
b	Less returns and allowa		c Balance ▶		1,052,240. 565,100.	<u> </u>		
2 3	=		ule A, line 7)	3	487,140.			487,140
э 4 а	•		2 from line 1c ttach Schedule D)	4a	107/1101			107/210
b			Part II, line 17) (attach Form 4797)	4b		Ri	-CFIV	/FN ·
c	•		rusts	4c		4		
5			os and S corporations (attach statement)	5		8 ,	AY 1 6	2.019 SO-S
6	Rent income (Sch	edule C)		6		ES	- T O	2.019
7	Unrelated debt-fir	nanced in	come (Schedule E)	7			f to the state of	Œ
8	· · · · · · · · · · · · · · · · · · ·		nts from controlled organizations (Schedule F)	8		LUG	<u>DFN</u>	
9			1(c)(7), (9), or (17) organization (Schedule G)					
10		-	ncome (Schedule I)	10				
11 12			lule J)	11	4,966,215.	ATCH 2)	4,966,215
13	,		ough 12	13	5,453,355.	7110112	•	5,453,355
			Taken Elsewhere (See insti		ons for limitations on o	deductions)(Except for	or contributions,
	deduction	s must	be directly connected with t	he ur	related business inco	ome)		
14	•		directors, and trustees (Schedule K)					
15								
16								
17 18							ſ	
19								
20	Charitable contrib	outions (S			ÄŤŤĀĊĦM	ENT 5	20	
21			4562)				=3	
22			on Schedule A and elsewhere on re				22b	
23	Depletion						23	
24	Contributions to d	leferred (compensation plans				24	
25							- 1	
26			Schedule I),					
27	Excess readership	costs (S	chedule J)			 гит 3	27	771,449
28 29			chedule)					771,449
30								4,681,906
31								4,681,906
32	· ·		e income before specific deduction					
33			ally \$1,000, but see line 33 instruc					
34	Unrelated busine	ess taxa	ble income. Subtract line 33 fr	om lir	ne 32 If line 33 is grea	ater than line 3	32,	
			line 32		<u> </u>	<u> </u>	34_	(
FOF P 7X274	^{0 2} 54312Y 146	ion Act N	otice, see instructions.	77 1	7 7 10			Form 990-T (20
	747171 146	, ,		νI	7-7.10			(G) (W

Par	t III 🤄 T	ax Computation										
35	Organiza	tions Taxable as Cor	porations. See_	_instructions for	tax com	putatio	n Controlled gro	oup				
•	members ((sections 1561 and 1563)	check here 🕨 📙	See instruction	s and							
а		` r share of the \$50,000, \$				ackets	(in that order)					
_	(1) \$	1) \$	(3)			1					
h		anization's share of (1) Additi				\$						
	-	nal 3% tax (not more than \$										
_		x on the amount on line 34.							35c			
36		x on the amount on line 34. Taxable at Trust Rat		ructions for ta					-			
30									36			
		nt on line 34 from L Tax							37			
37	Proxy tax.	See instructions			• • • • •		· · · · · · · ·	in	-		46,6	685
38		e minimum tax							3B		30,0	505.
39	Tax on No	on-Compliant Facility Income	. See instructions		• • • • •			11	39		46,6	605
40	Total. Add	lines 37, 38 and 39 to line	35c or 36, whiche	ver applies	<u> </u>		<u> </u>	71	40			
_		ax and Payments										
		x credit (corporations attach							1			
		dits (see instructions)							. 1			
С	General bu	usiness credit Attach Form 3	3800 (see instruction	ons)		41c						
		prior year minimum tax (atta										
е	Total cred	lits. Add lines 41a through 4	1d					• • •	41e		16	
42	Subtract li	ne 41e from line 40	. <u></u> ,	<u></u> <i>.</i>	<u> </u>	<u></u>			42		46,6	282.
43	Other taxes	Check if from Ine 40 Check if from Form 4255	Form 8611	Form 8697	Form 886	66	Other (attach schedu	le)	43			
44	Total tax.	Add lines 42 and 43						_ 1	44		46,6	585.
45 a	Payments	Add lines 42 and 43 A 2016 overpayment credit	ed to 2017		. 52.9.	45,a		59.	. 1			
		mated tax payments										
С	Tax depos	ited with Form 8868				45c			. } }			
		ganizations Tax paid or with										
е	Backup wi	thholding (see instructions)				45e						
		small employer health insur-										
g	Other cred	dits and payments	Form 243									
	Forn	n 4136	Other		Total ▶	45g						
46		ments. Add lines 45a through	n 45g					<u> </u>	46			59.
47	Estimated	tax penalty (see instructions) Check if Form 2	220 is attached					4.7			57.
48	Tax due. If	f line 46 is less than the tota	I of lines 44 and 4	47, enter amount ov	ved			.▶	48		46,6	583.
49	Overpaym	ent. If line 46 is larger than	the total of lines 4	44 and 47, enter an	nount overp	aid		. ▶	49			
50	Enter the ar	mount of line 49 you want Cre-	dited to 2018 estim	ated tax			Refunded	ı >	50			
Par		tatements Regardin										
51	At any tii	me during the 2017 cale	ndar year, did t	he organization f	nave an ir	nterest	in or a signature	e or	other a	uthority	Yes	No
		nancial account (bank, se										
	FINCEN F	orm 114, Report of Fore	eign Bank and	Financial Accoun	ts If YES	s, ente	er the name of	the	foreign -	country		
	here 🕨											Х
52	During the	tax year, did the organization	on receive a distril	bution from, or wa	s it the gra	ntor of	, or transferor to, a	foreig	gn trust?.			Х
	If YES, see	instructions for other forms	the organization m	nay have to file								
53	Enter the	amount of tax-exempt intere	st received or acci	rued during the tax	year ▶ \$							
	Under	r pepalties of perjury. I declare that correct, and reputate beginning of	at I have examined the	is return, including acc	companying so	hedules	and statements and to	the b	est of my	knowledge	and beli	ief, it is
Sign	' N		107/10000	is sased singliff little				- IMa	v the IR:	S discuss	this r	retum
Her		OMAS J TODOROW /		4/29/19	ASS	ISTA	NT TREASURE	₹ witi	h the pr	reparer sh		
		ature of officer		Date	Title			(see	e instructions	3) ² X Y	es	No
	'1	rint/Type preparer's name		Preparer's Signature	n.	D	ate	Check	ıf	PTIN		
Paid	غد ا	ERICA R MCREYNOLDS	;	Euca 1	NA	-+	704/22/2019	self-e	mployed	P009		16
	arer F	irm's name ▶ PRICEWAT	ERHOUSECOOF	PERS LLP	_			Firm's	EIN ▶13	3-4008	324	
Use	Use Only Firm's address ▶ 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Pho									57-330		0

Form **990-T** (2017)

2	3-	1	3	5	2	1	6
---	----	---	---	---	---	---	---

Fòrm 990-1 (2017)											Page 3
Schedule A - Cost of Go	ods Sold. E	nter metho	d of invent	ory v	aluation	>			<u> </u>		
1 Inventory at beginning of y	ear 1			6	Inventory	at end of yea	ar	6			
2 Purchases				7			ld. Subtract line				
3 Cost of labor					6 from	line 5 En	ter here and in				
4a Additional section 263A co	sts				Part I, line	2		7		65,3	100.
(attach schedule)	4a			8			section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu		565	,100.		property	produced	or acquired for	resa	le) apply		
5 Total. Add lines 1 through	4b . 5		,100.		to the orga	anization?	<u> </u>		<u></u>		Х
Schedule C - Rent Income	(From Real I	roperty a	nd Perso	nal	Property	Leased V	Vith Real Proper	ty)			
(see instructions)	** ATCH										
1. Description of property											
(1)											
(2)											
(3)				_					_		
(4)											
	2. Rent rece	ived or accru	ed								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real an percentage of rent 50% or if the rent for personal property is more than 50%.			or pers	onal property	exceeds in columns 2(a) and 2(b) (attach schedule				ome		
(1)									_	_	
(2)			•								
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of co	olumns 2(a) and 2	(b) Enter					(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6	, ,						Part I, line 6, colum				
Schedule E - Unrelated De			ee instructi	ions)		-					
	-				ne from or	3. [Deductions directly con			le to	
1 Description of deb	t-financed property		allocable	to deb	ot-financed	(a) Straint	debt-financed property ight line depreciation (b) Oth		b) Other dedu	ictions	
			P	roper	ty		ch schedule)	,	(attach sched		
(1)											
(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)		4	Colur dıvide colum	ed		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals							e and on page 1, le 7, column (A)		r here and c		

Form 990-T (2017)

Schedule F - Interest, Annu	illes, Noyanies			t Controlled C			10113 (300	- Instructio	7113)		
1 Name of controlled organization	Employer identification numb	er		unrelated income (see instructions)		of specified ents made	included	f column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz						40 B	rt of column	O that is	4.	Deductions directly	
7. Taxable Income	8 Net unrelated in (loss) (see instruction			9. Total of spec payments ma		includ	led in the co zation's gros	ntrolling		nnected with income in column 10	
(1)											
(2)			_								
(3)				· · · -			· · · · · · · · · · · · · · · · · · ·			<u>.</u>	
(4)						A 4 4	columns 5 a			dd columns 6 and 11	
Totals		tion 5	 01(c)	(7), (9), or (<i>*</i>	▶ 7) Orga	Part		mn (A)		ter here and on page 1, int I, line 8, column (B)	
1. Description of income	2. Amount of	income		directly of	chedule)			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)		_							-		
(2)									\rightarrow		
(3)					_				+		
(4)	Enter here and	on nage	1		_				-	Enter here and on page 1	
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, or			r Than Adve	tising Ir	ncome (see instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. E d conn proc ur	Expenses firectly ected w duction or related ess inco	4. Net income from unite or busine 2 minus if if a gain	ome (loss) lated trade ss (column column 3) compute	5. Gro from a	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				3							
(2)											
(3)				_							
(4)					·						
	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part 10, col (ł,						Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J - Advertising In	ICOMA (SAA INSTI	uctions	١								
Part I Income From Per				solidated B	asis						
Name of periodical	2. Gross advertising income	3	Direct	4 Adv gain or (sts 2 minus	ertising loss) (col col 3) If compute		5. Circulation 6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
							_	 	_		
(1)								-		_	
(2)	 					<u> </u>		 		\dashv	
(3)	 					<u> </u>		 		\dashv	
(4)					-	ļ	-	-			
Totals (carry to Part II, line (5))										Form 990-T (2017	

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) Part II'

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)					Ļ	
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II,	ine 14		

Form 990-T (2017)

Form 4626

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

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

OMB No 1545-0123

20**17**

Employer identification number Name THE CHILDREN'S HOSPITAL OF PHILADELPHIA 23-1352166 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) 4,681,906. 2 Adjustments and preferences: 2a 2b 2c 2d d Amortization of circulation expenditures (personal holding companies only) 2e 2f 2q h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h 2i Tax shelter farm activities (personal service corporations only)............... 2j Passive activities (closely held corporations and personal service corporations only) 2k 21 2m 2n -51,450.20 4,630,456. 3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: 4,630,456. a ACE from line 10 of the ACE worksheet in the instructions. **b** Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b 4c c Multiply line 4b by 75% (0 75) Enter the result as a positive amount . . . d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an ACE adjustment • If line 4b is zero or more, enter the amount from line 4c 4e If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount. 5 4,630,456. Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT. 5 Alternative tax net operating loss deduction See instructions SEE. STATEMENT. . . 8 6 4,167,410. Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 7 7 463,046. interest in a REMIC, see instructions.................. Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) a Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0- Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, 8c 463,046. 9 9 46,685. 10 10 11 11 46,685. 12 Tentative minimum tax Subtract line 11 from line 10.............. 12 13 NONE 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 46,685. Form 4626 (2017) For Paperwork Reduction Act Notice, see separate instructions.

Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

See ACE Worksheet Instructions

1		Pre-adjustment AMTI Enter the amount from line 3 of Form 4626,	1	<u>4,630,456.</u>
2		ACE depreciation adjustment		
	а	AMT depreciation ,		
	b	ACE depreciation		
		(1) Post-1993 property		
		(2) Post-1989, pre-1994 property		
		(3) Pre-1990 MACRS property		
		(4) Pre-1990 original ACRS property		
		(5) Property described in sections 168(f)(1) through		
		(4)		
		(6) Other property		
		(7) Total ACE depreciation Add lines 2b(1) through 2b(6) 2b(7)		
	С	ACE depreciation adjustment Subtract line 2b(7) from line 2a,	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P)		
	а	Tax-exempt interest income		
		Death benefits from life insurance contracts		
		All other distributions from life insurance contracts (including surrenders) 3c		
		Inside buildup of undistributed income in life insurance contracts		
		Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial		
	•	list)		
	f		3f	
4	•	Disallowance of items not deductible from E&P		
•	а	Certain dividends received		
		Dividends paid on certain preferred stock of public utilities that are deductible under		
		section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat. 4043)		
	c	Dividends paid to an ESOP that are deductible under section 404(k)		
	•			
	d	Nonpatronage dividends that are paid and deductible under section 1382(c),	l	
	-	Tronpationago articenso that are paid and deceasing and occion vose(o), 1, 1, 1, 1		
	e	Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list) 4e	İ	
	•	(500 116 (500 116 (500 116 (50) 116 (50	-	
	f	Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	4f	
5	•	Other adjustments based on rules for figuring E&P	Ì	
•	а	Intangible drilling costs	İ	
		Circulation expenditures	Ì	
		Organizational expenditures		
			l	
		LIFO inventory adjustments	1	
		Total other E&P adjustments Combine lines 5a through 5e	5f	
6	'	Disallowance of loss on exchange of debt pools	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts	7	·
8		· · · · · · · · · · · · · · · · · · ·	8	
		Depletion	9	
9		•	-	
10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of	10	4,630,456.
		Form 4626	,	7, V. V. T. V.

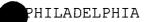
7X2410 2 000 0215FM 1467



ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 23-2237932



23-1352166

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

QTF UBI ADDBACK THIRD PARTY CALL CENTER REVENUE

PART I - LINE 12 - OTHER INCOME

4,955,325. 10,890.

4,966,215.

ATTACHMENT 3

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

ADMINISTRATIVE AND OVERHEAD EXPENSES ACCOUNTING FEES

764,519.

6,930.

PART II - LINE 28 - OTHER DEDUCTIONS

771,449.

PHILADELPHIA

ATTACHMENT 4

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

DIRECT COSTS OF TESTS

THE CHILDREN'S HOSPITAL

TOTAL OTHER COSTS

565,100.

565,100.

54312Y 1467

V 17-7.10

FORM 990-T, PAGE 1 DETAIL

LINE 20 - CONTRIBUTIONS DEDUCTION

	E INCOME (EXCLUDING CONTRIBUTIONS AND IC PRODUCTION ACTIVITIES DEDUCTION)	4,681,906.
2. LESS: 1	NOL CARRYOVER	6,183,866.
3. PLUS: 0	CAPITAL LOSS CARRYBACK	
	E INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL IONS, DOMESTIC PRODUCTION ACTIVITIES DEDUCTION,	
NOL CA	RRYBACKS, AND CAPITAL LOSS CARRYBACKS	-1,501,960.
5. CONTRI	BUTION DEDUCTION LIMITATION (TAXABLE INCOME X 10%)	NONE
	OF DEDUCTIBLE CONTRIBUTIONS	2,898,501.
7. CONTRI	BUTION DEDUCTION (LESSER OF LINE 5 OR LINE 6)	NONE
		==========

LINE 19 - 5 YEAR CONTRIBUTION CARRYOVER - 10% INCOME CAP

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CONVERTED TO NOL CARRYOVER	CARRYOVER TO NEXT YEAR
06/30/2013 06/30/2014 06/30/2015	893,063. 5,438. 2,000,000.	NONE NONE NONE	468,191.	5,438. 2,000,000.
TOTAL	2,898,501.	NONE	468,191.	2,005,438.

EXPIRED CARRYOVER:

424,872.

FORM 990-T, PAGE 1 DETAIL

LINE 31 - NON-SRLY NOL DEDUCTION

CARRYOVER TO NEXT YEAR	1,970,151.	
CONVERTED	468,191.	468,191.
AMOUNT USED	4,681,906.	
AMOUNT	6,183,866.	 6,1 ======
ORIGINAL NOL	6,863,274.	6,863,274
YEAR ENDING	/30/2014	TOTAL =

FORM 4626 DETAIL

LINE 20 - OTHE	R ADJUSTMENTS - (CONTRIBUTIONS	DEDUCTION					
DOMESTIC F 2. LESS: NOL 3. PLUS: CAPI 4. AMTI WITHO DEDUCTIONS	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION) 2. LESS: NOL CARRYOVER 3. PLUS: CAPITAL LOSS CARRYBACK 4. AMTI WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL DEDUCTIONS, DOMESTIC PRODUCTION ACTIVITIES DEDUCTION, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS 5. CONTRIBUTION DEDUCTION LIMITATION (AMTI X 10%)							
5. CONTRIBUTI6. AMOUNT OF	51,450. 3,004,360.							
7. CONTRIBUTI	51,450.							
5 YEAR CONTRIE	UTIONS CARRYOVER	- 10% INCOME	CAP					
YEAR ENDING	AVAILABLE	UTILIZED	CONVERTED TO NOL CARRYOVER					
06/30/2014	998,922. 5,438. 2,000,000.	51,450.	375,066.	5,438. 2,000,000.				
TOTAL ==	3,004,360.		375,066.	2,005,438.				
EXPIRED CARRYC		572,406.		-				
LINE 20 - CONT	RIBUTIONS ADJUST	MENT						
REGULAR CONTRI AMT CONTRIBUTI				NONE 51,450.				
CONTRIBUTION A	DJUSTMENT			-51,450.				
LINE 20 - OTHER ADJUSTMENTS								
CONTRIBUTION	CONTRIBUTIONS							
TOTAL				-51,450.				

LINE 6 - NON-SRLY AMT NOL DEDUCTION

CARRYOVER TO NEXT YEAR	42,598	2,442,598.
CAI NE	i I	2,,
CONVERTED	375,06	
AMOUNT USED	4,167,410.	4,167,410
AMOUNT AVAILABLE	6,234,942.	6,234,942
ORIGINAL NOL	,274	6,863,274
YEAR ENDING	06/30/2014	TOTAL

0215FM 1467

(