-5				_				1 11510
c	990-T	E	cempt Organization				m	OMB No 1545-0687
rorm	330-1		(and proxy ta) ndar year 2016 or other tax year begin		der section 6033(• •	17	
5		l.	ndar year 2016 or other tax year begin formation about Form 990-T and					<u>Z</u> U 10
•	lment of the Treasury al Revenue Service	ĺ	not enter SSN numbers on this form :		Open to Public Inspection for 501(c)(3) Organizations Only			
A	Check box if	1			me changed and see instruction		D Emplo	yer identification number
	address changed	}	HEBREW UNION COLLEG	E -	JEWISH INSTITUTE	OF	(Emplo	yees' trust, see instructions)
BEX	empt under section	}	RELIGION					
Х	501(C(<u>[])</u> 3)	Print	Number, street, and room or suite no	lf a P C	box, see instructions		31-0	537067
	408(e) 220(e)	Type						ated business activity codes structions)
-	408A530(a)		3101 CLIFTON AVENUE				,	······································
ليا	529(a)	{	City or town, state or province, countr					
	ok value of all assets end of year		CINCINNATI, OH 4522				5259	90 531190
3.	21,205,305		ck organization type X 501			\ t=unt	404(=)	
			rimary unrelated business activity				401(a)	trust Other trus
			corporation a subsidiary in an affil					► Yes X No
	- ,		identifying number of the parent co	_	· · · · · · · · · · · · · · · · · · ·	ontrolled group:		
			BARBARA TELEK, CFO	<u> </u>		e number ▶ 51	3-487-	-3206
Par	t Unrelated	Trade	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or s	sales						
b	Less returns and allowa	nces	c Balance ▶	1c	<u> </u>			
2	Cost of goods sol	d (Sched	ule A, line 7)	_2_		**>4 * 5 !	V , Z \ }	
3	•		2 from line 1c	3_				
4 a			ttach Schedule D)	4a			1 () ()	<u> </u>
þ	•		Part II, line 17) (attach Form 4797)	4b	-615	A / 9 A 1		-615
_ C			rusts	4c	-55,198.			F 100
5			ps and S corporations (attach statement)	6	11,000.	ATCH 1	1 8 9 3	-55,198 11,000
6 7	·		come (Schedule E)	7	11,000.			11,000
8			nts from controlled organizations (Schedule F)	8				
9			1(c)(7), (9), or (17) organization (Schedule G)		 		· · · · · · · ·	
10			ncome (Schedule I)	10				<u> </u>
11		-	fule J)	11				
12	Other income (Se	e instruc	tions, attach schedule)	12	6,543.	NTCH 2		6,543
13			ough 12	13	-38,270.			-38,270
Par			Taken Elsewhere (Seepinsti				except for	or contributions,
			be directly connected with t	ne(ur	nelated business inco	me)		
14	Compensation of	officers,	directors, and trustees (Schedule K)			. <i></i>	14	
15	Salaries and wage	s	A037	Al	² R ·1·1·20†8· · 1○		15	
16 17	Repairs and main	tenance		• • •			. 16	
18	Interest (attach so	hedule)		00	ADEN LIT		18	
19								1,048
20			See instructions for limitation rules)					
21			4562)					
22			on Schedule A and elsewhere on re				22b	
23	Depletion					<i></i>	. 23	886
24			compensation plans					
25								
26			Schedule I)					
27			chedule J)					
28			chedule)					1,934
29 30			s 14 through 28					-40,204
31			on (limited to the amount on line 30					10,204
32			e income before specific deduction					-40,204
33			ally \$1,000, but see line 33 instruc					1,000
34			ble income. Subtract line 33 from					
			line 32	<u></u>	<u> </u>	<u> </u>	. 34	-40,204
For P	aperwork Reducti	on Act N	lotice, see instructions					Form 990-T (2016
J.12141	91,000 4430LB 649	R						PAGE

	990-Т (2016)			F	age
Par					
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group				
	members (sections 1561 and 1563) check here 🕨 🔛 See Instructions and	,			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$				
ь	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)	* *			
c	Income tax on the amount on line 34	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on	 			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax. See instructions	37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See Instructions				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.				
	Tax and Payments	140	····		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a				
	Other credits (see instructions)	1 [
	General business credit Attach Form 3800 (see instructions)	1			
	Credit for prior year minimum tax (attach Form 8801 or 8827),	1 1			
	Total credits. Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40.	42			
43	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (altach schedule).	43	**** *****		
44	Total tax. Add lines 42 and 43	44			0
-	Payments A 2015 overpayment credited to 2016	 			<u>_</u>
	2016 estimated tax payments	1			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)	1 1			
	Backup withholding (see instructions)	1 1			
f	Credit for small employer health insurance premiums (Attach Form 8941)	1 1			
g	Other credits and payments: Form 2439	1			
	Form 4136 Other Total ▶ 45g	l'			
46	Total payments. Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	47	***		
48	Tax due, If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶	50			
Par	tV Statements Regarding Certain Activities and Other Information (see instructions	s)			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or	other au	lhority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	y have t	o file		>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If YES, enter the name of the	foreign c	ountry	1	
	here ▶				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?.]		X
	If YES, see instructions for other forms the organization may have to file			1	
53.	Entêrthe amount of tax-exempt interest received or accrued during the tax year ▶ \$				
·/L	* "Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the billion of the property of the statements of the property of the statements of the property of the statement of	est of my kr	iowledge a	ind beli	ef, it i
Sig	Ma Ma	y the IRS	discuss	this r	etum
Her	e Thursday CFO with	h the pre	parer sh	own b	elow
- ₄ /		e instructions)		s	No
Paid	Print/Type preparer's name Preparer's signature Date Check	3	PTIN		
	BRIDGET ROCKE	mployed	P0066		
	Only Firm's name FRANT THORNTON LLP Firm's	EIN ▶36-	-00555	258	

Firm's address ▶ 171 N. CLARK ST, SUITE 200, CHICAGO, IL 60601

312-856-0200 Form **990-T** (2016)

Phone no

Form 990-T (2016)	_ 						Page :	
Schedule A - Cost of Go	oods Sold. En	ter method	of inventory	valuation	>			
1 Inventory at beginning of y	rear . 1		6	Inventory	at end of yea	ar	6	
2 Purchases			7	Cost of	goods so	ld. Subtract line	∤ * .↓	
3 Cost of labor	3			6 from	line 5 En	ter here and in		
4a Additional section 263A co	osts		}	Part I, line	2		7	
(attach schedule)	4a		8	Do the	rules of	section 263A (w		
b Other costs (attach schedu	le) 4b					or acquired for		
5 Total. Add lines 1 through 4b . 5 to the organization?							x	
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal	Property	Leased V	Vith Real Proper	ty)	
(see instructions)								
1. Description of property								
(1) PARKING LOT INCO	OME							
(2) DORM RENTAL INCO	OME							
(3)								
(4)								
	2. Rent recei	ved or accrue	ed					
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	om real and persige of rent for per if the rent is bas	rsonal property	exceeds in columns 2(a) and 2(b) (attach schedule)			
(1)			6,0	000				
(2)			5,0	000				
(3)								
(4)								
Total		Total	11,0	000		(b) Takal dadaaka		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6			11,00	10		(b) Total deduction Enter here and on Part I, line 6, colum	page 1,	
Schedule E - Unrelated De			e instructions)				
			2. Gross inco	me from or	3. 🛭	Deductions directly con- debt-finance	nected with or allocable to	
1. Description of deb	t-financed property		allocable to de prope		(a) Straight line depreciation (b) Other deductions (attach schedule) (attach schedule)			
(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)		ble to property	4 divid	5. Column 4 divided (column 2 x column 6)			B. Allocable deductions (column 6 x total of columns	
(1)				%				
(2)	- <u></u>			%				
(3)				%	<u></u>			
(4)				<u>%</u>				
					Enter here Part I, line	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Total dividends-received deduction	ons included in co	olumn 8			L			

Form **990-T** (2016)

Schedule F - Interest, Annu	uties, Royalties			ntrolled Or			ations (se	e instructioi	ns)	
Name of controlled organization	2. Employer identification number	ן ופכ		ated income nstructions)	4 Total payme	of speci	fied include	of column 4 that is ed in the controlling ation's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										Ĺ
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organiz						10	Part of colum	n 9 that is	11	. Deductions directly
7. Taxable Income	8 Net unrelated ((loss) (see instruc			Total of specific ayments made		inc	luded in the d inization's gro	ontrolling		nected with income in column 10
(1)										
(2)						ļ				
(3)										
(4)							dd columns 5	and 10	A	id columns 6 and 11
Totals	ncome of a Sec	 ction 50	1(c)(7),	(9), or (17		Pa		umn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2. Amount o	f income		directly cor (attach sch	nected			et-asides n schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)	ļ									
(<u>3)</u> (<u>4</u>)	 		-+-							
Totals	Enter here and Part I, line 9, o								Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity In	come, C	ther Th	an Adverti	sing Ir	come	(see instr	uctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exp	enses ectly ted with ction of lated	4. Net inconfrom unrelated or business 2 minus collifagain, colors 5 through	ne (loss) ed trade (column umn 3) ompute			ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	 			<u> </u>				 		
(2)				 				 		
(3)								 		† · · · · · · · · · · · · · · · · · · ·
(4)								1		
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,							,	Enter here and on page 1, Part II, line 26
Schedule J - Advertising In										
Part I Income From Peri	iodicals Repor	ted on a	Consoli	idated Bas	sis					
1 Name of periodical	2 Gross advertising income	3. D advertisi	irect ng costs	4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	(col 5. Circulation income ute		6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				, , ,						
(2)				1	*					_
(3)				1				 		_
(4)				 		ļ				
	}			}				}		
Totals (carry to Part II, line (5))	L	<u> </u>		1		L		1		Form 990-T (2016)

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodica	il listed in Part II,	fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	1 2 minus col 3) if 1		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 ▶					3 1 3 3 1 3 3 3	
	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 - Compensatio	n of Officers, D	<u> Directors, and Tr</u>	ustees (see instr	ructions)		
1. Name	2.	Title	3 Percent of time devoted to business 4. Compensation unrelated			
(1)				%		
(2)				%		
(3)				%		
(4)		<u></u>		%		
Total. Enter here and on page 1, P	art II, line 14	<u> </u>	<u></u>	<u> , ▶</u>		

ATTACHMENT 1	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

OTHER LOSS FROM LP INVESTMENTS

-55**,**198.

INCOME (LOSS) FROM PARTNERSHIPS

-55,198.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

COMMISSION FROM SALE OF ART

6,543. 6,543.

PART I - LINE 12 - OTHER INCOME

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

► Information about Schedule D (Form 1120) and its separate instructions is at www irs gov/form1120

OMB No 1545-0123

2016

Name HEBREW UNION COLLEGE - JEWISH INSTITUTE OF

Employer identification number

,	KETIGION					31-023/06/
Part	Short-Term Capital Gains and Losses	s - Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments		(h) Gain or (loss)
	the lines below.	Proceeds	Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form	 			6 SH ₂ :	tire result with column (g)
	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			* 5 * 5 * 6 :	, ş	
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					1
2	Totals for all transactions reported on Form(s) 8949			 -		1
_	with Box B checked			}		}
				 		
3	Totals for all transactions reported on Form(s) 8949			ì		1
	with Box C checked	653	L	<u> L</u>		653
					1	<u>t</u>
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4	f
	· ·					
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	{
	Chort-term capital gain of (1033) from like-kind excha	nges nom romi obz4				
					ł	1,
6	Unused capital loss carryover (attach computation)	<i>.</i>	. <i></i>		6	(63,532.)
					l	
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	~62,879
Part						
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments t	o gain	(h) Gain or (loss)
	the lines below	Proceeds	Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, line	2,	column (d) and combine
82	whole dollars Totals for all long-term transactions reported on Form	L	L 	column (g)		the result with column (g)
0.0	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions). However,			1	() (4	Í
	If you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			, 1 h 1 4	<u> </u>	{
8b	Totals for all transactions reported on Form(s) 8949					
	with Box D checked			1		[
9	Totals for all transactions reported on Form(s) 8949			 		
9				(
	with Box Echecked			 		
10	Totals for all transactions reported on Form(s) 8949			(
	with Box F checked		6,447	l		-6,447
11	Enter gain from Form 4797, line 7 or 9	<i></i>			11]
		· · · · · · · · · · · · · · · · · · ·				
12	Long-term capital gain from installment sales from F	Form 6352 June 26 or 23	,		12	
12	Long-term capital gain from installment sales from F	Om 0252, line 20 0/ 5/		· · · · · · · ·	12	
					} ;	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824	 .		13	
					}	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	-6,447
		a moogh 14 m column	"		13_	-0,447
Part	Summary of Parts I and II					
					()	
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over ne	et short-term capital los	s (line 7)	17	
	Add lines 16 and 17 Enter here and on Form 1120,					
	the corporation has qualified timber gain, also compli					
			• • • • • • • • • •		18	
	Note: If losses exceed gains, see Capital losses in the	e instructions				

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

Schedule D (Form 1120) 2016

8949

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Department of the Treasury

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service Name(s) shown on return HEBREW UNION COLLEGE - JEWISH INSTITUTE Social security number or taxpayer identification number 31-0537067 RELIGION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box, If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss). (a) See the separate instructions. See the Note below Proceeds Date sold or Subtract column (e) Date acquired Description of property and see Column (e) (sales price) disposed of from column (d) and (Example 100 sh XYZ Co) (Mo., day, yr) in the separate (Mo, day, yr) (see instructions) combine the result instructions Code(s) from Amount of with column (g) instructions adjustment ST CAPITAL GAIN FROM LP INVEST 653 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 653 653

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

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2016)

Form 8949 (2016) Attachment Sequence No 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number HEBREW UNION COLLEGE - JEWISH INSTITUTE OF 31-0537067 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term Part II transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g), (e) (c) Cost or other basis enter a code in column (f) Gain or (loss). Date sold or Proceeds Subtract column (e) See the separate instructions. See the Note below Description of property Date acquired disposed rom column (d) and (sales price) and see Column (e) (Example 100 sh XYZ Co) (Mo, day, yr) (Mo , day, yr.) (see instructions) (g) combine the result in the separate Code(s) from with column (g) instructions instructions adjustment LT CAPITAL LOSS FROM LP INVEST VAR 6,447 -6.447 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

6,447

JSA 6X2616 2 000 Form 8949 (2016)

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

CHARITABLE CONTRIBUTION CARRYFORWARD

TAX YEAR ENDED	CONTRIBUTION MADE	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	CHARITABLE CONTRIBUTION CARRYFORWARD AVAILABLE
6/30/2014	294	-	•	294
6/30/2015	113	-	_	113
6/30/2016	135	-	-	135
6/30/2017	132	-	-	132
CHARITABL	E CONTRIBUTION	CARRYFORWARI	O TO TY 2017	674

FORM 990-T, PART II, LINE 31 TY 2016

31-0537067

NET OPERATING LOSS CARRYFORWARD

TAX YEAR ENDED	LOSS INCURRED	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	NET OPERATING LOSS CARRYFORWARD AVAILABLE
6/30/2014	197,503	-	-	197,503
6/30/2015	76,817	-	-	76,817
6/30/2016	32,022	-	-	32,022
6/30/2017	40,204	-	-	40,204
NET OPERA	346,546			

CAPITAL LOSS CARRYFORWARD

TAX YEAR ENDED	LOSS INCURRED	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	CAPITAL LOSS CARRYFORWARD AVAILABLE				
5/20/2011								
6/30/2014	130,334	71,394	-	58,940				
6/30/2015	-	-	-	-				
6/30/2016	4,592	-	-	4,592				
6/30/2017	5,794	-	-	5,794				
CAPITAL LOSS CARRYFORWARD TO TY 2017 69,326								
CAPITAL LO	CAPITAL LOSS CARRYFORWARD TO TY 2017							