

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

2018

Department of the Treasury Internal Revenue Service

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

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

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

Form header section including: A Check box if address changed, B Exempt under section (501(c)(3)), C Book value of all assets at end of year (1644405927), D Employer identification number (95-3510055), E Unrelated business activity code (520000), F Group exemption number (1644405927), G Check organization type (501(c) corporation).

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

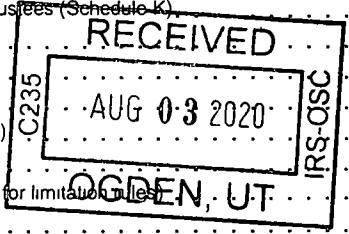
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes No)

J The books are in care of (STEVEN COBB, VP & CFO) Telephone number (213-413-4130)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income (59), 5 Income (loss) from a partnership or an S corporation (-3,207,583), 13 Total Combine lines 3 through 12 (-3,207,524).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees (570), 15 Salaries and wages (4,657), 19 Taxes and licenses (6,817), 28 Other deductions (252,755), 29 Total deductions (264,799), 32 Unrelated business taxable income (-3,472,323).



SCANNED SEP 02 2021

4

17

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45g, 46-49, 50a-50g, 51-55 for tax and payments.

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign interests and tax-exempt interest.

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Steven J. Cott, C.F.O.), Date (07/10/20), Title (CFO). Includes a box for IRS discussion consent.

Paid Preparer Use Only: Preparer's name (CAREY MCKEE), Signature, Date (07/10/20), Firm's name (KPMG LLP), Firm's address (550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071), PTIN (P01281067), Firm's EIN (13-5565207), Phone no (213-972-4000).

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> Cost of goods sold Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5 Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2, . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		
			property produced or acquired for resale) apply		<b>Yes</b> <b>No</b>
<b>5</b> Total Add lines 1 through 4b . . . . .	<b>5</b>		to the organization? . . . . .		X

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

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 4		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			570 .

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information

OMB No 1545-0123

**2018**

Name <b>CALIFORNIA COMMUNITY FOUNDATION</b>	Employer identification number <b>95-3510055</b>
--	---

**Part I 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 to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . . . .				<b>7</b>

**Part II Long-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 to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	59 .			59 .
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . .				<b>15</b> 59 .

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	59 .
<b>18</b> Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .	<b>18</b>	59 .

**Note.** If losses exceed gains, see **Capital losses** in the instructions

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

Schedule D (Form 1120) 2018

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

CALIFORNIA COMMUNITY FOUNDATION

95-3510055

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.

**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 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

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AVAILABLE UPON REQUEST	VAR	VAR	59		M		59
<b>2 Totals</b>	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 above is checked), or line 10 (if Box F above is checked) ▶			59				59

**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.

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INCOME FROM PARTNERSHIP INVESTMENTS



ATTACHMENT 2FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AMERIGAS PARTNERS LP EIN: 23-2787918	-557.
ANDEAVOR LOGISTICS LP EIN: 27-4151603	-115,366.
ARCADIA ENTERPRISES LLC EIN: 95-6142420	30,497.
BCP FUND II LP EIN: 82-2166255	-93,181.
BOARDWALK PIPELINE PARTNERS LP EIN: 20-3265614	-7,537.
BP MIDSTREAM PARTNERS LP EIN: 82-1646447	-5,685.
BUCKEYE PARTNERS LP EIN: 23-2432497	-32,617.
CRESTWOOD EQUITY PARTNERS EIN: 43-1918951	-22,236.
CROSSAMERICA PARTNERS LP EIN: 45-4165414	-10,251.
CROSSHARBOR INST PARTNERS 2014 LP EIN: 30-0842329	11,284.
DCP MIDSTREAM LP EIN: 03-0567133	-166,482.
DOMINION MIDSTREAM PARTNERS LP EIN: 46-5135781	-18.
ENABLE MIDSTREAM PARTNERS LP EIN: 72-1252419	-38,158.
ENBRIDGE ENERGY PARTNERS LP EIN: 39-1715850	-8,778.
ENERGY TRANSFER EQUITY LP EIN: 30-0108820	-512,622.
ENERGY TRANSFER PARTNERS LP EIN: 73-1493906	-255,815.
ENERGY TRUST PARTNERS V, LP EIN: 81-2984721	-1,080,651.
ENLINK MIDSTREAM PARTNERS LP EIN: 16-1616605	-54,222.
ENTERPRISE PRODUCTS PARTNERS LP EIN: 76-0568219	-185,157.
EQGP HOLDINGS LP EIN: 30-0855134	-80.
EQT MIDSTREAM PARTNERS LP EIN: 37-1661577	-7,322.
GENESIS ENERGY LP EIN: 76-0513049	-58,761.
HESS MIDSTREAM PARTNERS LP EIN: 36-4777695	-14,838.
HOLLY ENERGY PARTNERS LP EIN: 20-0833098	-432.
ISQ GLOBAL INFRA. FUND II USTE LP EIN: 82-1458116	15,880.
MAGELLAN MIDSTREAM PARTNERS LP EIN: 73-1599053	-36,652.
MPLX LP EIN: 27-0005456	-95,330.
NGL ENERGY PARTNERS LP EIN: 27-3427920	-87,236.
NOBLE MIDSTREAM PARTNERS LP EIN: 47-3011449	-6,605.
NUSTAR ENERGY LP EIN: 74-2956831	-54,972.
NUSTAR GP HOLDINGS LLC EIN: 85-0470977	-9,073.
OAKTREE CAPITAL GROUP LLC EIN: 26-0174894	42.
OASIS MIDSTREAM PARTNERS LP EIN: 47-1208855	1,878.
ORACLE PARTNERS LP EIN: 13-3714191	-78.
PBF LOGISTICS LP EIN: 35-2470286	-1,423.
PHILLIPS 66 PARTNERS LP EIN: 38-3899432	-208.
PLAINS ALL AMERICAN PIPELINE LP EIN: 76-0582150	-194,541.
RICE MIDSTREAM PARTNERS LP EIN: 47-1557755	-2,313.
SANTA MONICA HOLDINGS LTD EIN: 95-4755711	97,179.
SHELL MIDSTREAM PARTNERS LP EIN: 46-5223743	-13,803.
SPECTRA ENERGY PARTNERS LP EIN: 41-2232463	-5,862.
SUMMIT MIDSTREAM PARTNERS LP EIN: 45-5200503	-14,609.
SUNOCO LP EIN: 30-0740483	-2,241.
TALLGRASS ENERGY PARTNERS LP EIN: 46-1972941	2,080.
USA COMPRESSION PARTNERS LP EIN: 75-2771546	-12,553.
WESTERN GAS PARTNERS LP EIN: 26-1075808	-10,052.

ATTACHMENT 2 (CONT'D)

WESTLAKE CHEMICAL PARTNERS LP EIN: 32-0436529  
WILLIAMS PARTNERS LP EIN: 20-2485124

-9,039.  
-139,067.

INCOME (LOSS) FROM PARTNERSHIPS

-3,207,583.

ATTACHMENT 3

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

INVESTMENT MANAGEMENT FEES	194,132.
OVERHEAD	15,604.
TAX PREP FEES	43,019.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>252,755.</u>

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEVEN J. COBB 221 S. FIGUEROA ST. 400 LOS ANGELES, CA 90012	VP & CFO	.197905	570.
TOTAL COMPENSATION			<u>570.</u>

CALIFORNIA COMMUNITY FOUNDATION  
ATTACHMENT TO FORM 990-T  
FISCAL YEAR-END 6/30/2019

95-3510055

ATTACHMENT 5

FORM 990-T - LINE 19 TAXES AND LICENSES (STATE TAXES PAID)

<u>NAME</u>	<u>AMOUNT</u>
CALIFORNIA	6,567
NEW YORK	250
<u>TOTAL</u>	<u>6,817</u>

CALIFORNIA COMMUNITY FOUNDATION  
ATTACHMENT TO FORM 990-T  
YEAR-END 6/30/2019

95-3510055

ATTACHMENT 6

FORM 990-T, PART II, LINE 20 CHARITABLE CONTRIBUTIONS

<u>YEAR</u> <u>ENDING</u>	<u>TOTAL</u> <u>CONTRIBUTIONS</u>	<u>CONTRIBUTIONS</u> <u>PREVIOUSLY</u> <u>UTILIZED</u>	<u>CONTRIBUTIONS</u> <u>UTILIZED IN</u> <u>CURRENT YEAR</u>	<u>CONTRIBUTIONS</u> <u>CARRYOVER</u>
6/30/2015	144,016,656	-	-	144,016,656
6/30/2016	160,659,832	-	-	304,676,488
6/30/2017	168,592,085	-	-	473,268,573
6/30/2018	222,575,849	-	-	695,844,422
6/30/2019	215,399,398			911,243,820
<b>TOTAL CONTRIBUTION CARRYOVER TO 6/30/2020</b>				<u>911,243,820</u>

FORM 990-T, PART III, LINE 35 PRE-2018 NET OPERATING LOSS

<u>YEAR</u> <u>ENDING</u>	<u>NOL</u> <u>ADJUSTMENTS</u>	<u>TOTAL</u> <u>NOL GENERATED</u>	<u>NOL</u> <u>PREVIOUSLY</u> <u>UTILIZED</u>	<u>NOL</u> <u>UTILIZED IN</u> <u>CURRENT YEAR</u>	<u>NOL</u> <u>CARRYOVER</u>
6/30/2015		1,012,850		-	1,012,850
6/30/2016		1,639,078			2,651,928
6/30/2017	17,839 ⊗	2,298,618			4,968,385
6/30/2018 *	32,042 ⊗	2,351,028			7,351,455

TOTAL NET OPERATING LOSS CARRYOVER TO 6/30/2020

7,351,455

\* NOL ADJUSTED TO ADD BACK \$91,036 2018 QUALIFIED TRANSPORTATION FRINGE BENEFITS THAT WERE REPEALED PER APPROPRIATIONS ACT, 2000, P.L. 116-94

⊗ NOL ADJUSTED TO REDUCE FOR 2017 \$58,994 INCOME AND 2016 INCREASE FOR -\$17,839 LOSS FROM SCHEDULES K-1 RECEIVED LATE

CALIFORNIA COMMUNITY FOUNDATION  
ATTACHMENT TO FORM 990-T  
FISCAL YEAR-END 06/30/2019  
NAICS CODE 520000

95-3510055

ATTACHMENT 8

FORM 990-T, PART II, LINE 31 - POST 2017 NET OPERATING LOSS

<u>YEAR</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>YEAR UTILIZED</u>	<u>CARRYOVER</u>
2018	3,472,323	-		3,472,323