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EXTENDED TO NOVEMBER 15, 2018

Form **990-T**

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning _____ and ending _____
▶ 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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees trust, see instructions)	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) 03 <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type GOSHEN HEALTH SYSTEM, INC. Number, street, and room or suite no. If a P O box, see instructions 200 HIGH PARK AVENUE City or town, state or province, country, and ZIP or foreign postal code GOSHEN, IN 46526		35-1974765	
C Book value of all assets at end of year 10,856,229.		F Group exemption number (See instructions) ▶		E Unrelated business activity codes (See instructions)	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		900099	

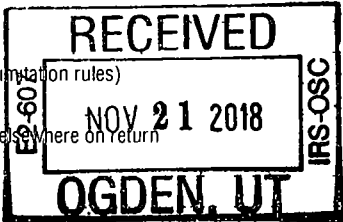
H Describe the organization's primary unrelated business activity ▶ **INVESTMENT INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **BEN BONTRAGER** Telephone number ▶ **574-535-2665**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-149,876.	-149,876.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-149,876.	-149,876.

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)		
14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	22b
24	Contributions to deferred compensation plans	23
25	Employee benefit programs	24
26	Excess exempt expenses (Schedule I)	25
27	Excess readership costs (Schedule J)	26
28	Other deductions (attach schedule)	27
29	Total deductions. Add lines 14 through 28	28
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1	30
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33
		34



SCANNED FEB 15 2019

Part III Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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)	\$ _____		
b	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 0.
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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		39
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	0.
45a	Payments A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶	45g	
46	Total payments Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ _____	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Sign Here	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			
	Signature of officer	11/15/18 Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	ZACK FORTSCH		11-13-18	P00052725
	Firm's name ▶ RSM US LLP		Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606		Phone no 312-634-3400	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

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		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(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) ► 0.

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) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			►	0.

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)				
Totals			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)

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)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

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)						
Totals		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

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))		0.	0.			0.

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	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

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)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

2017

▶ Attach to the corporation's tax return

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

Name **GOSHEN HEALTH SYSTEM, INC.** Employer identification number **35-1974765**

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)

1	Taxable income or (loss) before net operating loss deduction		1	-149,876.
2	Adjustments and preferences:			
a	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b	
c	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
l	Depletion		2l	
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	
o	Other adjustments and preferences	*	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o		3	-149,876.
4	Adjusted current earnings (ACE) adjustment:			
a	ACE from line 10 of the ACE worksheet in the instructions	4a		-149,876.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions.	4b		0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount.	4c		
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 amount on line 4d (even if line 4b is positive).	4d		
e	ACE adjustment			
	• If line 4b is zero or more, enter the amount from line 4c			
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT		5	-149,876.
6	Alternative tax net operating loss deduction. See instructions.		6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.		7	
8	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-	8a		
b	Multiply line 8a by 25% (0.25)	8b		
c	Exemption Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c		
9	Subtract line 8c from line 7. If zero or less, enter -0-	9		
10	Multiply line 9 by 20% (0.20)	10		
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions.	11		
12	Tentative minimum tax Subtract line 11 from line 10	12		
13	Regular tax liability before applying all credits except the foreign tax credit	13		
14	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	14		

STATEMENT 5

JWA For Paperwork Reduction Act Notice, see separate instructions

Form 4626 (2017)

* SEE ALSO

STATEMENT 3
 STATEMENT 4

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	-149,876.
2	ACE depreciation adjustment			
	a AMT depreciation	2a		
	b ACE depreciation			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation Add lines 2b(1) through 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P)			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P			
	a Certain dividends received	4a		
	b 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)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
	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			
	a Intangible drilling costs	5a		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f 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	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626		10	-149,876.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	1
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	179,598.	0.	179,598.	179,598.
NOL CARRYOVER AVAILABLE THIS YEAR			179,598.	179,598.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
SPECTRUM MRC, LLC	-1,751.	148,125.	-149,876.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,751.	148,125.	-149,876.

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 3

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	-149,876
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD	0
<hr/>	
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD	-149,876
4) ACE ADJUSTMENT ITEMS	0
<hr/>	
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4)	-149,876
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT)	0
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT	0
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	0
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT	0
<hr/>	
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)	-149,876
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%)	0
12) TOTAL AVAILABLE CONTRIBUTIONS	2,625
<hr/>	
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	0
<hr/>	
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	-149,876
15) NOL LIMITATION (90% OF LINE 14)	-134,888
16) TOTAL NOL AVAILABLE	750,495
<hr/>	
17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	0
<hr/>	
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)	-149,876
19) 10% OF LINE 18	0
<hr/>	
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19)	0
21) REGULAR CONTRIBUTION DEDUCTION	0
<hr/>	
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	0
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FORM 4626

AMT CONTRIBUTIONS

STATEMENT 4

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012	2,625	
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
TOTAL CARRYOVER		2,625
CURRENT YEAR CONTRIBUTIONS		
TOTAL CONTRIBUTIONS		2,625
10% OF TAXABLE INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		2,625
ALLOWABLE CONTRIBUTIONS		0

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT

5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/10	18,242.	0.	18,242.
12/31/11	72,044.	0.	72,044.
12/31/12	99,898.	0.	99,898.
12/31/13	137,119.	0.	137,119.
12/31/14	130,020.	0.	130,020.
12/31/15	113,574.	0.	113,574.
12/31/16	179,598.	0.	179,598.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			750,495.