Open for Public Inspection

Form 990-T	E	empt Organization (and proxy tax		siness Income T der section 6033(6		rn	OMB No. 1545-0687
	For cale	ndar year 2017 or other tax year begin				18.	୬⋒17
Department of the Treasury		►Go to www.irs.gov/Form990					
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if				me changed and see instructions		D Emplo	oyer identification number oyees' trust, see instructions.)
address changed	_					(Linpic	yees trust, see manuchons.
B Exempt under section	Duint	WETLANDS AMERICA TRI				26.2	22224
X 501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O	. box, see instructions.			330394
408(e) 220(e)	Type						ated business activity codes structions.)
408A530(a))	1 WATERFOWL WAY City or town, state or province, countr	u and T	ZID or foreign poetal code			
529(a) C Book value of all assets	-	MEMPHIS, TN 38120	y, and z	ir or loreign postal code		5230	00 00
at end of year	F Gro	up exemption number (See instruct	ione)	<u> </u>		3230	00 00
127,601,809.		eck organization type X 501			trust	401(a)	trust Other trust
		orimary unrelated business activity.	. ,	iporation 30 i(c)	trust	_ +01(a)	dust Other trust
		corporation a subsidiary in an affili		roup or a parent-subsidiary c	ontrolled group?		▶ Yes X No
•		identifying number of the parent co	-	, ,	gp .		,
J The books are in car		, , , , , , , , , , , , , , , , , , , ,			e number ▶ 90	1-758-	-3825
		or Business Income		(A) Income	(B) Expen		(C) Net
1a Gross receipts or							
b Less returns and allow		c Balance ▶	1c				
2 Cost of goods so	ld (Sched	ule A, line 7)	2				
_		2 from line 1c	3				
		attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss dedu	ction for t	trusts	4c				
5 Income (loss) from	partnershi	ps and S corporations (attach statement)	5	-75,101.	ATCH 1		-75,101.
6 Rent income (Sch	nedule C)		6				
7 Unrelated debt-fi	nanced in	come (Schedule E)	7				
8 Interest, annuities, roya	alties, and re	nts from controlled organizations (Schedule F)	8				
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt	activity i	ncome (Schedule I)	10				
11 Advertising incor	ne (Sched	dule J)	11				
•		ctions; attach schedule)	12				
		ough 12	13	-75,101.			-75,101.
		Taken Elsewhere (See insti			, ,	Except f	or contributions,
		be directly connected with t					<u> </u>
		directors, and trustees (Schedule K)					
						I	
		See instructions for limitation rules)					
	,	4562)				20	
		on Schedule A and elsewhere on re				22b	
		compensation plans					
		S					
		Schedule I).					
		schedule J)					
		schedule)					1,250.
		es 14 through 28					1,250.
		ole income before net operating					-76,351.
		ion (limited to the amount on line 30					
		e income before specific deductior					-76,351.
		rally \$1,000, but see line 33 instruc					1,000.
34 Unrelated busin	ess taxa	ble income. Subtract line 33 fr	om lir	ne 32. If line 33 is grea	ter than line 3	2,	
enter the smaller	of zero or	line 32				24	-76.351.

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

	this form, visit www.irs.gov/efile, click on Charitie						ne electronic		
Autom	natic 6-Month Extension of Time. Only subr	mit origina	I (no copies neede	ed).					
	orations required to file an income tax return otherse Form 7004 to request an extension of time to fi			120-C filers), partners	ships,	REMIC	s, and trusts		
				Enter filer's identifyin					
Туре о	Name of exempt organization or other filer, see in	nstructions.		Employer identification	numb	er (EIN)	or		
print	Wetlands America Trust, Inc.				33303				
File by th	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number				(SSN)			
due date	for One Waterfowl Way								
filing you return. Se									
instructio									
Enter th	ne Return Code for the return that this application	is for (file a	separate applicatio	n for each return) .			. 0 7		
Applic	ation	Return	Application				Return		
Is For		Code	Is For				Code		
Form 9	990 or Form 990-EZ	01	Form 990-T (corpo	oration)			07		
Form 9	990-BL	02	Form 1041-A	•			08		
Form 4	4720 (individual)	03	Form 4720 (other t	han individual)			09		
Form 9	990-PF	04	Form 5227		10				
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 9	990-T (trust other than above)	06	Form 8870				12		
If theIf thisfor the	hone No. ► 901-758-3825 organization does not have an office or place of b is for a Group Return, enter the organization's found whole group, check this box ► If ith the names and EINs of all members the extension	ousiness in our digit Groot it is for par	the United States, c up Exemption Numb	oer (GEN)		 If tl	his is		
	I request an automatic 6-month extension of time for the organization named above. The extension				t orga	anizatio	n return		
	□ calendar year 20 or ▼ tax year beginning 07/01					, 20) _18		
	If the tax year entered in line 1 is for less than 12 r ☐ Change in accounting period				rn				
	If this application is for Forms 990-BL, 990-PF, 9 any nonrefundable credits. See instructions.	990-T, 472	0, or 6069, enter th	e tentative tax, less	3a	\$			
	If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior y		6069, enter any refundable credits and						
	Balance due. Subtract line 3b from line 3a. Incusing EFTPS (Electronic Federal Tax Payment Sys			orm, if required, by	3c	\$	0		
Caution	: If you are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868	, see Form 8453-EO and		1 8879-E	O for payment		

instructions.

Form	990-T (20	017)	WETLAN	DS AMER	RICA TRU	ST, INC				36-	3330394	P	age 2
Par	t III	Tax Compu	utation										
35	Organi	izations Taxa	ble as Corporat	tions. See	instruction	ns for tax com	nputati	ion. Controlled gr	oup				
	membe	ers (sections 156	31 and 1563) check	here 🕨	See inst	ructions and:							
а	Enter y	our share of th	ne \$50,000, \$25,00	00, and \$9	9,925,000 ta	axable income b	oracket	ts (in that order):					
	(1) \$		(2)			(3)							
b	Enter o	organization's sha	re of: (1) Additional 5	5% tax (not	more than \$	11,750)	9	\$					
	(2) Add	litional 3% tax (n	ot more than \$100,0	000)			[\$					
С	Income		unt on line 34							35c			
36	Trusts	Taxable at						n. Income tax					
	the amo	ount on line 34 f	rom: Tax rate s	schedule or	Sc	chedule D (Form 1	1041).		▶	36			
37	-		ons							37			
38			X							38			
39		•	Facility Income. See							39			
40			and 39 to line 35c or	r 36, which	ever applies					40			
		Tax and Pa	•	4440.1		4440)	440						
	_		orations attach Form										
			ictions)										
			t. Attach Form 3800 (
			nimum tax (attach Fo 41a through 41d		,					41e			
42			line 40							42			
43	Other ta	ixes Check if from:	Form 4255	Form 8611	Form 8	697 Form 88	366	Other (attach sched	ule)	43			
44			and 43							44			0.
			payment credited to										
			ments										
			n 8868				1						
			Tax paid or withheld a										
	•	ŭ	e instructions)	,		,							
f		• (er health insurance p										
g	Other o	credits and payme	ents:	Form 24	.39								
	F	orm 4136		Other		Total ►	45g						
46	Total p	ayments. Add lin	nes 45a through 45g							46			
47	Estimat	ted tax penalty (s	see instructions). Che	eck if Form	2220 is attac	hed				47			
48	Tax due	e. If line 46 is les	ss than the total of li	nes 44 and	47, enter am	ount owed			▶	48			
49	Overpa	yment. If line 46	is larger than the to	otal of lines	44 and 47, 6	enter amount over	paid .			49			
50			you want: Credited t					Refunde		50			
Par			s Regarding Co								1	· ·	
51	•	•	he 2017 calendar	•	•			•			, l	Yes	No
			ount (bank, securitie		,			-		•			
			Report of Foreign I	Bank and	Financiai A	Accounts. If YE	S, en	ter the name of	tne	Toreign	n country		
	here ▶					26.41			, .		10	-	
52	•	•	the organization red				antor C	ט, or transteror to, a	Torei	yn trus			
53			for other forms the or k-exempt interest rec	•	•								
55			erjury, I declare that I have				chedules	s and statements, and to	the b	est of n	ny knowledge a	ınd belie	ef, it is
Sign	n tr	rue, correct, and comp	lete. Declaration of preparer	r (other than ta	xpayer) is based	on all information of w	hich pre	parer has any knowledge.					
Her						ASS	SIST	ANT TREASURE			IRS discuss preparer she		
		signature of officer			Date	Title			— • • • • • • • • • • • • • • • • • • •	e instruct			No
_		Print/Type prepa	arer's name		Preparer's sig	nature		Date	Check		f PTIN		
Paid		SHAWN M H	HUTCHINSON			Stewn Hit	4.	2/15/19		mployed	P0104	1855	7
	oarer	Firm's name	► KPMG LLP			2. 40m / 1 tive	-				13-55652	207	
use	Only		▶ 300 NORTH GR	EENE STE	REET, STE	E 400, GREEN	ISBOR	RO, NC 27401	Dhone	. no	336-275-		4

orm 990-T (2017)

Form 990-1 (2017)									- 1	Page 3
Schedule A - Cost of G	oods Sold. Ei	nter method	of invent	tory valuati	on					
1 Inventory at beginning of y	/ear . 1			6 Inven	ory	at end of yea	ar	6		
2 Purchases	2						old. Subtract line			
3 Cost of labor	3			6 fro	m l	line 5. Er	nter here and in			
4a Additional section 263A c	osts			Part I	line	2		7		
(attach schedule)	4a						section 263A (v	vith respect to	Yes	No
b Other costs (attach schedu				1			or acquired for	•		
5 Total. Add lines 1 through	· —									
Schedule C - Rent Income		roperty a	nd Perso	nal Prope	rtv	Leased V	Vith Real Prope	rtv)		
(see instructions)	(,			3 /		
,										
1. Description of property										
(1)										
(2)										
(3)										
(4)	2. Rent rece	vod or accru								
							+			
(a) From personal property is more the				d personal pro				irectly connected with (a) and 2(b) (attach sch		me
for personal property is more than 10% but not percentage of rent more than 50%) 50% or if the rent				ent is based on profit or income)			iii oolaliiio z(a) aha z(b) (attaon oolioadio)			
(1)										
(2)										
(3)										
(4)										
Total		Total					(b) Total deduction	ne		
(c) Total income. Add totals of c	` '	` '					Enter here and or			
here and on page 1, Part I, line 6							Part I, line 6, colu	mn (B)		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)						
			2. Gross	income from	or	3. [Deductions directly co	nnected with or allocat ced property	ole to	
1. Description of de	bt-financed property			to debt-financ	ed	(a) Straig	ht line depreciation	(b) Other deductions		
				oroperty			nch schedule)	(attach schedule)		
(1)										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adju		6	. Column				8. Allocable dec	ductions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			divided			income reportable n 2 x column 6)	(column 6 x total		
property (attach schedule)	(attach sch		by	column 5		(Coluin	II 2 X COIUIIIII 6)	3(a) and 3	(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
V : /	I				70	Enter her	re and on page 1,	Enter here and o	on page	<u> </u>
							ne 7, column (A).	Part I, line 7, co		
-										
Totals	tana inaludad i				. •					
Total dividends-received deduct	iions included in c	oinilili g " "					<u> </u>			

Schedule F - Interest, Annu	uities, Royaities			Controlled Or			ions (see	nstructio	ons)	
Name of controlled organization	2. Employer identification numb			elated income e instructions)		of specified ents made	included	f column 4 to in the contri ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9	. Total of specifi payments made		includ	ort of column led in the co zation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)							columns 5 a			dd columns 6 and 11.
Totals	ncome of a Sec	ction 50	01(c)(7)), (9), or (17 3. Dedu		Enter Part	here and on I, line 8, colu	page 1, mn (A).	En	ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of	income		directly co (attach sc	nnected		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3) (4)						-				
Totals	Enter here and Part I, line 9, c	olumn (A).		ban Advort	ioina In	naama (a a inatri	rationa)		Enter here and on page 1 Part I, line 9, column (B).
Schedule 1 - Exploited Exe	Hipt Activity in	come, c	Juler			 	see mstru			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unr	penses ectly cted with action of elated ss income	4. Net incorfrom unrela or business 2 minus co If a gain, c cols. 5 thr	ted tradé (column lumn 3). compute	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)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	ncome (see instr	uctions)								
Part I Income From Per	iodicals Report	ted on a	Conso	olidated Ba	sis					
1. Name of periodical	2. Gross advertising income	3. [Direct sing costs	4. Adver gain or (lo 2 minus c a gain, cc cols. 5 thr	tising ss) (col. ol. 3). If ompute		culation come	6. Read		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))										- 000 T (00)

Part II	Income From Periodicals Reported on a Separa	e Basis	(For	each	periodical	listed i	n 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) ▶						

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			

IRC 965 Transition Tax Statement

Taxpayer Name:	SSN	/FEIN:
WETLANDS AMERICA TRUST, INC	36-	-3330394
Item		Amount
Total amount required to be included in income by reason of section 965(a).	Line 1 \$	0.
Aggregate foreign cash position, if applicable.	Line 2 \$	0.
Total deduction under section 965(c).	Line 3 <u>\$</u>	0.
Total deemed paid foreign taxes associated with the total amount required to be included in income by reason of section 965(a).	Line 4a \$	
Total deemed paid foreign taxes disallowed pursuant to IRC 965(g)(1).	Line 4b \$	
Total net tax liability under section 965 (as determined under section $965(h)(6)$, without regard to whether such paragraph is applicable), if applicable, which will be assessed.	Line 5 <u></u> \$ *	SEE NOTE BELOW
Amount of the net tax liability under section 965 to be paid in installment under section 965(h), if applicable.	Line 6 <u>\$</u>	
Amount of the net tax liability under section 965, the payment of which has been deferred, under section 965(i), if applicable.	Line 7 <u>\$</u>	

Listing of applicable elections under section 965 or the election provided for in Notice 2018-13 that the taxpayer has made, if applicable.

Provision Under Which Election is Made	<u>Title</u>	Attached (Y or N)		
Section 965(h)(1)	Election to Pay Net Tax Liability Under Section 965 in Installments under Section 965(h)(1)	Y		
Section 965(i)(1)	S Corporation Shareholder Election to Defer Payment of Net Tax Liability Under Section 965 Under Section 965(i)(1)	N		
Section 965(m)(1)(B)	Statement for Real Estate Investment Trusts Electing Deferred Inclusions Under Section 951(a)(1) By Reason of Section 965 Under Section 965(m)(1)(B)	N		
Section 965(n)	Election Not to Apply Net Operating Loss Deduction under section 965(n)	N		
Notice 2018-13, Section 3.02	Election Under Section 3.02 of Notice 2018-13 to Use Alternative Method to Compute Post-1986 Earnings and Profits	N		

Under penalties of perjury, I declare that I have examined this statement, 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 Taxpayer and/or Officer

7X8151 4.000

^{*} Wetlands America Trust, Inc is a tax exempt organization under IRC Section 501(c)(3). None of the Sec 965(a) inclusion amounts or 965(c) deduction amounts were related to debt-financed or unrelated business taxable income. Therefore, there is no net tax liability under section 965.

Taxpayer Name: WETLANDS AMERICA TRUST, INC

Taxpayer ID Number: 36-3330394

STATEMENT ATTACHED TO AND MADE PART OF

FORM: 990-T

Taxpayer Tax Form: EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

ELECTION TO PAY NET TAX LIABILITY UNDER SECTION 965 IN INSTALLMENTS UNDER SECTION 965(h)(1)

	TLANDS AMERICA TRUST, INC elects to pay the Net 965 T tallments (as defined herein), for the taxable year ended $\frac{06/30/2018}{}$	ax Liability eligible for in 8 installments.
<u>TA:</u>	XPAYER'S NET 965 TAX LIABILITY ELIGIBLE FOR INSTALLMENTS:	
(a)	Taxpayer's net tax liability for the taxable year with all 965 related amounts	
(b)	Taxpayer's net tax liability for the taxable year without 965 related amounts	
(c)	Net 965 Tax Liability (excess of (a) over (b))	
(d)	If applicable, S Corporation shareholder deferred Net 965 Tax Liability for the taxable yotherwise zero	/ear,
(e)	Net 965 Tax Liability eligible for installment payments (excess of (c) over (d))	
<u>AN</u>	TICIPATED INSTALLMENT PAYMENT SCHEDULE:	
1.	Current tax year (8% of amount on line (e))	
2.	Second tax year (8% of amount on line (e))	
3.	Third tax year (8% of amount on line (e))	
4.	Fourth tax year (8% of amount on line (e))	
5.	Fifth tax year (8% of amount on line (e))	
6.	Sixth tax year (15% of amount on line (e))	
7.	Seventh tax year (20% of amount on line (e))	
8.	Eighth tax year (25% of amount on line (e))	

Form **4626**

Department of the Treasury

Internal Revenue Service

Name

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

Employer identification number

2017

WETLANDS AMERICA TRUST, INC 36-3330394 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). (76,351)Adjustments and preferences: 2a 4,604 2b 2c Amortization of circulation expenditures (personal holding companies only) d (177)2e е f a Merchant marine capital construction funds..... Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) h Tax shelter farm activities (personal service corporations only)................. 2j Passive activities (closely held corporations and personal service corporations only) k 21 2m (71,924)3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: (71,924)4a a ACE from line 10 of the ACE worksheet in the instructions..... Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b 4c 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 4d amount on line 4d (even if line 4b is positive) 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 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT..... (71,924)5 Alternative tax net operating loss deduction. See instructions 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 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, 40,000 see instructions. If zero or less, enter -0-9 q 10 11 12 12 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

Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions.

1		Pre-adjustment AMTI . Enter the amount from line 3 of Form 4626	1	(71,924)
2		ACE depreciation adjustment:		
		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 2b(4)		
		(5) Property described in sections 168(f)(1) through		
		(4)		
		(6) Other property		
		(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)		
	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):		
•	2	Tax-exempt interest income		
		Death benefits from life insurance contracts	1	
			-	
		, , , , , , , , , , , , , , , , , , , ,		
		Inside buildup of undistributed income in life insurance contracts	-	
	е	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial		
		list)		
	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:		
	а	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)(41)(A), Dec. 19, 2014, 128 Stat. 4043)		
	С	Dividends paid to an ESOP that are deductible under section 404(k)		
		(//	1	
	d	Nonpatronage dividends that are paid and deductible under section 1382(c) 4d		
	е	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:		
	а	Intangible drilling costs		
	b	Circulation expenditures		
	С	Organizational expenditures		
		LIFO inventory adjustments		
	е	Installment sales		
		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		
10		Form 4626	10	(71,924)

	ATTA	CHMENT	1
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FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIP

-75,101.

INCOME (LOSS) FROM PARTNERSHIPS

<u>-75,1</u>01.

ATTACHMENT 2

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

1,250. TAX PREPARATION FEE

> PART II - LINE 28 - OTHER DEDUCTIONS 1,250.

WETLANDS AMERICA TRUST, INC EIN: 36-3330394 FOR THE YEAR ENDED 06/30/2018	Attachment 3
FORM 990-T, PART II - LINE 31 - NET OPERATING LOSS CARRYFORWARD	
GENERATED ON 06/30/2016 RETURN GENERATED ON 06/30/2017 RETURN GENERATED ON 06/30/2018 RETURN	56,899 78,954 76,351
TOTAL NOL DEDUCTION CARRIED FORWARD TO 2018 RETURN	212,204
FORM 990-T, PART II - LINE 20 - CHARITABLE CONTRIBUTION CARRYFORWARD	
GENERATED ON 06/30/2018 RETURN	64
TOTAL CHARITABLE CONTRIBUTION CARRIED FORWARD TO 2018 RETURN	64
FORM 4626 - AMT NET OPERATING LOSS CARRYFORWARD	
GENERATED ON 06/30/2017 RETURN	75,492
GENERATED ON 06/30/2018 RETURN	71,924
TOTAL NOL DEDUCTION CARRIED FORWARD TO 2018 RETURN	147,416