Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation
u Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.
u Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123 2017

Fo	r cale	ndar ye	ear 2017 or ta	ax year begir	nning	, endi	ing						
Α			ctive date		Name							D Em	nployer identification number
		05/16/08 TYPE FIRESTORM CAFE, LLC									_		
В		ess activi	-										6-2625465
			nstructions)	OR	Number, street, and room or suite no. If a P.O. box, see instructions.								ate incorporated
_		2513		DDINT	610 HAYWOOD RD. City or town, state or province, country, and Z P or foreign postal code								5/16/2008
С	Check attach	k if Sch. M	M-3	PRINT	City or town, state of ASHEVIL		ry, and Z P or fore	gn postal co		-		F Tot	tal assets (see instructions)
	allaci	leu			ASILEVIL.	LE		IVC Z	8800	•		•	CC 0E4
_								11,7	lee!			\$	66,954
				-	corporation beg		-	∐ Ye					2553 if not already filed
Н		k if: (1	- Ш			• • —	-	٠, ۲	Ame	ended return (5	5) 📙 S	electio	n termination or revocation
<u> </u>	Ente	r the n	umber of sha	reholders wh	no were sharehole	ders during a	ny part of the	tax year					u 5
Ca	ution	. Includ	de only trade	or business	income and exp	enses on line	s 1a through 2	21. See th	ne instru				
	1a	Gross	receipts or s	sales					1a	298	3 , 483		
	b	Retur	ns and allowa						1b				
	С	Balan	ce. Subtract l		line 1a							1c	298,483
Income	2	Cost	of goods sold	I (attach Forr	n 1125-A)							2	155,476
<u></u>	3	Gross	profit. Subtra	act line 2 fro	m line 1c							3	143,007
Ľ	4	Net a	ain (loss) fron	n Form 4797	line 17 (attach	Form 4797)						4	
	5	Other	income (loss	e) (see instri	', line 17 (attach uctions—attach s	tatement)			SE	E STMT	1	5	17,796
	6	Total	income (los	a) (300 iii3ii0	3 through 5						-	6	160,803
_													45,932
S)	7			`	nstructions-attac		,					7	
for limitations)	8		_		oyment credits) .							8	20,340
mita	9											9	1,193
ï	10	Bad d	ebts									10	
ıs fc	11	Rents										11	32,785
tior	12	Taxes	and licenses	8								12	5,926
instructions	13	Interes	st									13	2,907
ins	14	Depre	ciation not cla	aimed on Fo	rm 1125-A or els	ewhere on re	turn (attach Fo	orm 4562))			14	1,052
(see	15				nd gas depletio							15	
	16	Advert	iaina									16	1,484
on	17	Pensio			ns							17	
cti	18	Emplo	yee benefit p									18	
g	19				nent)				SE	E STMT	2	19	27,055
Deductions	20	Total	deductions	Add lines 7	through 19							20	138,674
	21				unough 19 uss). Subtract line							21	22,129
_					recapture tax (see i				22a			21	22/12/
	22a	Toy fr	net passive int	D (Form 11'	recapiure iax (see i				22b			1	
ts					20S)			ا	220			1	
				•	ons for additional ta							22c	
and Paymer	23a				016 overpayment cr	edited to 2017			23a			-	
ay			eposited with						23b			-	
П.					els (attach Form	4136)		l	23c				
ũ	d		nes 23a throu									23d	
	24	Estima	ated tax pena	ılty (see instr	uctions). Check i	f Form 2220	is attached				u 📙	24	
Тах	25	Amou	nt owed. If li	ine 23d is sm	naller than the tot	al of lines 22	c and 24, ente	r amount	owed			25	
•	26	Overp	ayment. If lir	ne 23d is lar	ger than the total	of lines 22c	and 24, enter a	amount o	verpaid			26	
	27	Enter	amount from	line 26 Cred	lited to 2018 est	imated tax ι	1			Refun	ded u	27	
					I have examined this					Ī	May the IRS	discuss th	his return with the preparer
					ief, it is true, correct, a arer has any knowledg		claration of prepare	r (other than	taxpayer)		shown below		I
Si	gn									\ '	DIRE		
He	ere		ignature of office	. I.TRI	ERTIE VALA	NCE			Doto				
	-	5	Print/Type prepa			Preparer's	signature		Date	Date	Title	Check	if PTIN
Pa	id			STORCK	CDX	i ichaici s	Signature			02/2		ı	└
	iiu epar	صr				P.C.				02/2		self-emplo	26-4129801
	•		Firm's name		RCK CPA,	r.C.					Firm's EIN	v u	4U-41430U1
US	e O	шу	Firm's address		BOX 1373	.T.C.		20022		7.3		0.0	0 EOE 3501
				ASHI	EVILLE, 1	NC.		28802	-137	15	Phone no	82	28-505-3791

Sch	edule B Other Information (see instructi	ons)					
1	Check accounting method: a Cash b	X Accrual				Yes	No
	c Other (specif	y) u					
2	See the instructions and enter the:						
	a Business activity u CAFE & BOOK SALES	b Prod	duct or service u FOO	D & BOOKS			
3	At any time during the tax year, was any shareholder of						
	nominee or similar person? If "Yes," attach Schedule B	-1, Information on	Certain Shareholders of	an S Corporation			Х
4	At the end of the tax year, did the corporation:						
а	Own directly 20% or more, or own, directly or indirectly,			,			
	foreign or domestic corporation? For rules of constructi	• •	•	omplete (i) through (v)			v
	below						X
	(i) Name of Corporation	(ii) Employer Identification	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in Enter the Date		
	, , ,	Number (if any)	•		a Qualified Sul Subsidiary Election		
					Cabbidiary Licente	77 TTGO 14	viddo -
b	Own directly an interest of 20% or more, or own, directly	v or indirectly, an	interest of 50% or more	in the profit, loss, or			
	capital in any foreign or domestic partnership (including	•		•			
	trust? For rules of constructive ownership, see instruction						Х
	•	(ii) Employer	,, ,	(iv) Country of	(v) Maxin	num Pero	centage
	(i) Name of Entity	Identification	(iii) Type of Entity	Organization	1.,	ed in Pro	-
		Number (if any)			Loss	, or Capi	ital
5a	At the end of the tax year, did the corporation have any	outstanding share	es of restricted stock?				Х
	If "Yes," complete lines (i) and (ii) below.						
				u			
	(ii) Total shares of non-restricted stock			u			37
b	At the end of the tax year, did the corporation have any	y outstanding stoc	k options, warrants, or s	imilar instruments?			Х
	If "Yes," complete lines (i) and (ii) below.						
	(i) Total shares of stock outstanding at the end of the	tax year		u			
6	(ii) Total shares of stock outstanding if all instruments Has this corporation filed, or is it required to file, Form						
0	information on any reportable transaction?						х
7	Check this box if the corporation issued publicly offered						
•	If checked, the corporation may have to file Form 8281		-		u		
	Instruments.	, illioilladoil Rote	in for Fability Chorca C	onginar 100ac Diocoant			
8	If the corporation: (a) was a C corporation before it elec	cted to be an S co	rporation or the corporat	ion acquired an			
	asset with a basis determined by reference to the basis			•			
	the hands of a C corporation and (b) has net unrealized	,	•				
	from prior years, enter the net unrealized built-in gain re	-	-	-			
	instructions)			u \$			
9	Enter the accumulated earnings and profits of the corpo	oration at the end	of the tax year.	\$			
10	Does the corporation satisfy both of the following cond						
а	The corporation's total receipts (see instructions) for the	e tax year were les	ss than \$250,000				
b	The corporation's total assets at the end of the tax year						Х
	If "Yes," the corporation is not required to complete Sch						
11	During the tax year, did the corporation have any non-s						v
	terms modified so as to reduce the principal amount of						X
	If "Yes," enter the amount of principal reduction						Х
12	During the tax year, was a qualified subchapter S subs	-				х	
	Did the corporation make any payments in 2017 that w		ie Form(s) 1099?			X	
р	If "Yes." did the corporation file or will it file required Fo	rms 1099?				12	ı

Sched	lule	K Shareholders' Pro Rata Share Items		Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	22,129
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	За	Other gross rental income (loss)		
(S	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
Income (Loss)	4	Interest income		8
1)	5	Dividends: a Ordinary dividends	5a	
Ĕ		b Qualified dividends 5b		
<u> </u>	6	Royalties	6	
_	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)		
	С	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type u	10	
	11	Section 179 deduction (attach Form 4562)	11	
ons	12a	Charitable contributions SEE STMT 3	12a	3,251
icti	b	Investment interest expense	12b	
Deductions		Section 59(e)(2) expenditures (1) Type u (2) Amount u	12c(2)	
Δ		Other deductions (see instructions)	12d	
		Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
w	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
Credits		Other rental real estate credits (see instructions) Type u	13d	
င်	е	Other rental credits (see instructions) Type u	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type u	13g	
		Name of country or U.S. possession ${\bf u}$		
	b	Gross income from all sources	14b	
		Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
suc	е	General category	14e	
Transactions	f	Other (attach statement)	14f	
nsa		Deductions allocated and apportioned at shareholder level		
Га	g	Interest expense	14g	
-		Other	14h	
Foreign		Deductions allocated and apportioned at corporate level to foreign source income		
<u>R</u>	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
		Other information		
	- 1	Total foreign taxes (check one): u Paid Accrued	141	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
		Post-1986 depreciation adjustment	15a	8
Taÿ ⊞s	b	Adjusted gain or loss	15b	
ati Te	С	Depletion (other than oil and gas)	15c	
Jijer J	d	Oil, gas, and geothermal properties – gross income	15d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
tems Affecting Shareholder Basis		Tax-exempt interest income	16a	
ecti olde	b	Other tax-exempt income	16b	
Aff ehc asis	С	Nondeduct ble expenses	16c	539
ns Har	d	Distributions (attach statement if required) (see instructions)	16d	
<u>S</u>		Renayment of loans from shareholders	16e	

	edule K Shareholders' Pro Rata Share	Items (continued)			Total amount
Other	5 17a Investment income			17	7a 8
Ę.	b Investment expenses			17	7b
₹.	c Dividend distributions paid from accum	nulated earnings and profits	S	17	7c
	d Other items and amounts (attach state	ement) SE	E STATEMENT 4		
<u></u>	uo				
Recon-	18 Income/loss reconciliation. Combine		0		
	,		 	<u>_</u>	<u>8 18,886</u>
Sch	edule L Balance Sheets per Books	Beginning o	f tax year		d of tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		13,246		16,633
2a	Trade notes and accounts receivable	2,173		4,9	
b	Less allowance for bad debts		2,173		4,906
3	Inventories		27,421		29,607
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	32,556		32,3	
b	Less accumulated depreciation	(19,883)	12,673 (20,7	58 11,620
11a	Depletable assets				
b	Less accumulated depletion	(()
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	1,214		1,2	14
b	Less accumulated amortization	(369)	845 (5	85) 629
14	Other assets (attach statement) STMT 5		3,786		3,559
15	Total assets		60,144		66,954
	Liabilities and Shareholders' Equity				
16	Accounts payable		16,931		8,175
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) STMT 6		5,668		6,555
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement) STMT 7		53,332		48,674
22	Capital stock		217		217
23	Additional paid-in capital		9,873		10,863
24 25	Retained earnings		-25,877		-7,530
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		(
27	Total liabilities and shareholders' equity		60,144		66,954

Form **1120S** (2017)

Scl	nedule M-1 Reconciliation of Inc	ome (Loss) per Book	s V	/ith Income (Loss) per Return	
	Note: The corporation may	be required to file Schedule	M-3	3 (see instructions)	
1 2	Net income (loss) per books Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)	18,347		Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14I (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a b	Depreciation \$ Travel and entertainment \$ STMT 8 539	539		Depreciation \$ Add lines 5 and 6	
4	Add lines 1 through 3	18,886	8	Income (loss) (Schedule K line 18) Line 4 less line 7	18,886

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	01141104111041114	miceria i i criculary i autou	(000 1110110110110)	
		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-25,877		
2	Ordinary income from page 1, line 21	22,129		
3	Other additions STMT 9	8		
4	Loss from page 1, line 21	(
5	Other reductions STMT 10	(3,790)	(
6	Combine lines 1 through 5	-7,530		
7	Distributions other than dividend distributions			
8	Balance at end of tax year. Subtract line 7 from line 6	-7,530		

Form **1120S** (2017)

Form 1125-A

Department of the Treasury Internal Revenue Service

Cost of Goods Sold

 $\bf u$ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. $\bf u$ Information about Form 1125-A and its instructions is at $\it www.irs.gov/form1125a.$

OMB No. 1545-0123

Name FI	1	er identifi 2625	cation number
1	Inventory at beginning of year	1	27,421
2	Purchases	2	157,662
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	185,083
7	Inventory at end of year	7	29,607
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
	appropriate line of your tax return. See instructions	8	155 , 476
9a b	Check all methods used for valuing closing inventory: (i) X Cost (ii) Lower of cost or market (iii) Other (Specify method used and attach explanation.) u Check if there was a writedown of subnormal goods		
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)		
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed	9d	
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions		Yes X No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes X No
For Pa	perwork Reduction Act Notice, see instructions.	F	Form 1125-A (Rev. 10-2016

Section 179 Disposal Worksheet

Form **1120S**

2017

	For calendar year	r 2017 or tax year b	eginning		, ending					
Name FIRESTORM CA	AFE, LLC								Employer Iden 26-262	tification Number 5465
В	on KER WARMER			Date Acq 02/08			Casualty Occurrence	e Description		
C D E F										
H I										
Sale Information: Gross sales price Cost or basis Commissions/other exp Accumulated depr exclu Section 179 AMT gain/loss adjustme Sale to related party Casualty gain on Form Section 1250 property Installment Sale Inform Mortgage and other deb Current year payments Prior year payments rec	ent 4797, Part III mation: ots received	178 178 NO	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Casualty / Theft Inform Total net reimbursement Cost or basis Accumulated depr exclusions Section 179 FMV before loss FMV after loss AMT gain/loss adjustment Property type	mation: nt uding Sec 179									
Gain (loss)										
Net gain (loss) on dispo	osal of 179 assets									

Federal Statements

Statement 1 - Form 1120S, Page 1, Line 5 - Other Income (Loss)

Description	 Amount
DONATIONS	\$ 17,796
TOTAL	\$ 17,796

Statement 2 - Form 1120S, Page 1, Line 19 - Other Deductions

Description	 Amount
BANK SERVICE CHARGES	\$ 50
CAFE & BOOKSTORE SUPPLIES	128
COMPUTER & INTERNET EXPENSES	121
CREDIT CARD MERCHANT FEES	10,425
DE MINIMIS ASSETS < \$2,500	1,326
DUES & SUBSCRIPTIONS	1,858
INSURANCE - LIABILITY	770
INSURANCE - WORKERS' COMP.	372
JANITORIAL EXPENSE	1,657
OFFICE SUPPLIES	408
POSTAGE	622
PRINTING & REPRODUCTION	285
PROFESSIONAL FEES	955
TELEPHONE	1,275
TRAVEL & MILEAGE REIMBURS.	237
UTILITIES	6,350
AMORTIZATION	 216
TOTAL	\$ 27,055

Statement 3 - Form 1120S, Page 3, Schedule K, Line 12a - Cash Contributions

Description	<u></u>	Cash Contrib 50%	<u>C</u>	Cash ontrib 30%	_	Qualified Disaster	 Total
MISCELLANEOUS CASH	\$_	3,251	\$		\$_		\$ 3,251
TOTAL	\$	3,251	\$	0	\$	0	\$ 3,251

Statement 4 - Form 1120S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
DISPOSAL OF SECTION 179 PROPERTY - SEE ATTACHED WRK	

Statement 5 - Form 1120S, Page 4, Schedule L, Line 14 - Other Assets

Description	 Beginning of Year	_	End of Year
DUE FROM MEMBERS INVESTMENT IN SCC	\$ 517 150	\$	290 150
RENT & UTILITY DEPOSITS	 3,119	_	3,119
TOTAL	\$ 3,786	\$	3,559

Federal Statements

Statement 6 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	eginning of Year	 end of Year
ACCRUED PAYROLL TAX GIFT CERTIFICATES SALES TAX PAYABLE	\$ 1,559 1,830 2,279	\$ 1,776 2,164 2,615
TOTAL	\$ 5,668	\$ 6,555

Statement 7 - Form 1120S, Page 4, Schedule L, Line 21 - Other Liabilities

Description	_	Beginning of Year	_	End of Year
N/P - JULIE	\$	9,755	\$	9,755
N/P - MOUNTAIN BIZWORKS		7,570		5,634
N/P - SCC		35,107		32,385
N/P - TRAVIS	_	900	_	900
TOTAL	\$_	53,332	\$	48,674

Statement 8 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
N/D DONATIONS	\$539
TOTAL	\$ 539

Statement 9 - Form 1120S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amo	ount
INTEREST INCOME	\$	8
TOTAL	\$	8

Statement 10 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	 \mount
N/D DONATIONS	\$ 539
CHARITABLE CONTRIBUTIONS	 3,251
TOTAL	\$ 3,790

I certify that, to the best of my knowledge, this return is accurate and complete.

S Corporation Tax Return 2017

North Carolina Department of Revenue

17 and ending For calendar year 2017, or other tax year beginning FIRESTORM CAFE, LLC DOR Use Only 610 HAYWOOD RD. NC 28806 ASHEVILLE Initial Return NC-Rehab Federal Employer ID Number Has Nonresident Shareholders 262625465 Final Return NC-478 Has Escheatable Property N.C. Secretary of State ID Number Short Year Return Amended Return 1042479 X No Qualified Subchapter S Subsidiary Yes NAICS Code 722513 610 28806 262625465 1042479 722513 FIRE IR Ν FR Ν 478 SR Ν NCR Ν N AR NRS EΡ Ν **OSSS** Ν Ν Ν FIRESTORM CAFE LLC 610 HAYWOOD RD **ASHEVILLE** NC 28806 22137 298483 07 175 22D GR 16 0 66954 25 22E TA 08 17 0 0 01 3550 0 24 09 19 0 0 HCE 10 22137 20 25 0 Ν 0 02 41228 11 21 0 29A 0 03 7454 13 0 22A 29B 0 6200142019 0.5 200 14 22137 2.2B 0 31 0 06 0 15 1000000 22C 0 P00955658 PFSP Ρ PP TN Sch. A Computation of Franchise Tax Sch. B Computation of Corporate Income Tax 22137 3550 1. Net Worth Shareholder's Shares of Ν Holding Company Exception Corporation Income (Loss) 41228 Investment in N.C. Tangible Property 11. Adjustments to Corporation Income (Loss) 7454 22137 Appraised Value of N.C. Tangible Property N.C. Taxable Income 41228 Taxable Amount Nonapportionable Income 200 22137 Total Franchise Tax Due 14. Apportionable Income 100.0000 % 0 Application for Franchise Tax Ext. Apportionment Factor 175 22137 Tax Credits 16. Income Apportioned to N.C. 25 Nonapportionable Income Allocated to N.C. Franchise Tax Due 22137 0 Total Net Taxable Income Franchise Tax Overpaid 0 Sign Return Below **Refund Due** |X| Payment Due 25 DIRECTOR Signature and Title of Officer Corporate Telephone Number P00955658 8285053791 Signature of Paid Preparer Preparer's Telephone Number Preparer's FEIN, SSN, or PT N

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

FEIN

SSN

Legal Name (First 10 Characters) FIRESTORM Federal Employer ID Number 262625465

CD-401S Line-by-Line Information

Sch. B Computation of Corporate Income Ta	ıx	Sch. E Appraised Value of N.C. Tangible Property
19. Amount of Line 18 Attributable to Nonresidents		County tax value of N.C. tangible property 13553
Filing Composite	0	2. Appraised value of N.C. tangible property 7454
20. Separately Stated tems of Income Attributable		
to Nonresidents Filing Composite	0	Sch. F Other Information - All Taxpayers Must Complete Schedule
21. N.C. Income Tax	0	1. a. State of incorporation NC
22. Payments and Credits		b. Date incorporated 05 16 08
a. Income Tax Extension	0	2. Date of N.C. Certificate of Authority 05 16 08
b. Other Prepayments of Tax	0	3. Trade or business: a. In N.C. CAFE & BOOK SA
c. Partnership (Include Form D-403, NC K-1)	0	b. Everywhere CAFE & BOOK SA
d. Nonresident Withholding (Include 1099/W-2)	0	4. Principal place of business ASHEVILLE NC
e. Tax Credits	0	a. What was the last year the RS redetermined
23. Add Lines 22a through 22e	0	the corporation's federal taxable income?
24. Income Tax Due	0	b. Were adjustments reported to N.C.?
25. Income Tax Overpaid	0	c. If so, when?
,		6. Is corporation subject to franchise tax but not N.C. income tax because its'
Tax Due or Refund		income tax activities are protected? (If yes, attach explanation)
26. Franchise Tax Due or Overpayment	25	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
27. Income Tax Due or Overpayment	0	
28. Balance of Tax Due or Overpayment	25	Sch. G Ordinary Income (Loss) from Trade or Business Activities
29. a. Interest	0	1. a. Gross receipts or sales 298483
b. Penalties	0	b. Returns and allowances
c. Add Lines 29a and 29b	0	c. Balance - Line 1a minus Line 1b 298483
30. Total Due	25	2. Cost of goods sold (Attach schedule) STMT 1 155476
31. Amount to be Refunded	0	3. Gross Profit (Line 1c minus Line 2) 143007
	-	4. Net gain (loss) (Attach schedule)
Sch. C Net Worth		5. Other income (loss) (Attach schedule) STMT 2 17796
Total assets	88297	6. Total Income (Loss) 160803
2. Total liabilities	63404	7. Compensation of officers (Attach schedule) STMT 3 45932
3. Line 1 minus Line 2	24893	8. Salaries and wages (less employment credits) 20340
4. Treasury Stock	0	9. Repairs and maintenance 1193
Accumulated depreciation, depletion, and amortization		10. Bad debts
permitted for income tax purposes	21343	11. Rents 32785
6. Line 3 minus Lines 4 and 5	3550	12. Taxes and licenses STMT 4 5926
7. Affiliated indebtedness (Attach schedule)	0	13. Interest 2907
, , , , , , , , , , , , , , , , , , , ,		14. a. Depreciation 1052
8. Line 6 plus (or minus) Line 7	3550	b. Depreciation included in cost of goods sold
Apportionment factor	100.0000%	3
10. Net Worth	3550	c. Balance - Line 14a minus 14b
		15. Depletion
Sch. D Investment in N.C. Tangible Property	,	16. Advertising 1484
Inventory valuation method	COST	17. Pension, profit-sharing, and similar plans
Total inventories located in N.C.	29607	18. Employee benefit programs
Total furniture, fixtures, and M & E located in N.C.	18852	19. Other deductions (Attach schedule) STMT 5 27055
3. Total land and buildings located in N.C.	0	20. Total Deductions 138674
Total leasehold improvements and	J	21. Ordinary Business Income (Loss) 22129
other N.C. tangible property	13524	2
5. Add Lines 1 through 4	61983	Sch. H Computation of Income (Loss)
Accumulated depreciation, depletion, and amortization	0_200	1. Ordinary business income (loss) 22129
with respect to N.C. tangible property	20755	2. Net rental real estate income (loss)
7. Investment in N.C. Tangible Property	41228	
involutiona in 14.0. Tallylible i Topolity	11220	
		I .

CD-401S 2017 Page 3 (42)

Legal Name (First 10 Characters)	FIRESTORM	Federal Employer ID Number	262625465
Sch. H Computation of Income (Los	ss)		
3. Other net rental income (loss)			C
4. Interest income			3
5. Ordinary dividends			(
6. Royalties			(
7. Net short-term capital gain (loss)			(
8. Net long-term capital gain (loss)			(
9. Net section 1231 gain (loss)			(
10. Other income (loss) (Attach Schedule)			C
11. Total Income (Loss)			22137
Sch. I Adjustments to Income (Los	s)		
1. Additions to Federal Adjusted Gross Income (Los	ss) (Attach Schedule)		(
2. Deductions from Federal Adjusted Gross Income	e (Loss) (Attach Schedule)		(
3. Adjustments to Income (Loss)			(

Sch. K Shareholders' Pro Rata Share Items

		Shareholder 1	Shareholder 2	Shareholders' Total
1.	Identifying Number			
2.	Name	LIBERTIE	JOEY	
3.	a. Address			
		ASHEVILLE_NC	ASHEVILLE_NC	
	b. Is shareholder a nonresident	Yes X No	Yes X No	
4.	Ownership %	$\overline{26.6122}$ %	$\overline{26.6117}$ %	100.0000%
5.	Share of income (loss)	5891	5891	22137
6.	Additions to income (loss)	0	0	0
7.	Deductions from income (loss)	0	0	0
8.	Income subject to N.C. tax	5891	5891	22137
9.	Share of tax credits	0	0	0
10.	Tax withheld from nonwage compensation	0	0	0
11.	Amount of Line 8 apportioned or allocated			
	to N.C. (nonresidents only)	0	0	0
12.	Separately stated items of income			
	(nonresidents only)	0	0	0
13.	Net tax paid for shareholder by			
	corporation (nonresidents only)	0	0	0
14.	Is the corporation filing a Nonresident			
	Shareholder Agreement, Form NC-NA,			
	for this shareholder with this return?	Yes X No	Yes X No	
15.	Has the corporation filed a Nonresident			
	Shareholder Agreement, Form NC-NA,			
	for this shareholder in a previous tax year?	Yes X No	Yes X No	
	If yes, what tax year?			

Legal Name (First 10 Characters)

FIRESTORM

Federal Employer ID Number

262625465

		_	Beginning	of Ta	ax Year		End of Ta	x Year
	Assets		(a)		(b)		(c)	(d)
1.	Cash				13246			16633
2.	a. Trade notes and accounts receivable		2173				4906	
	b. Less allowance for bad debts	(0)		2173	(0)	4906
3.	Inventories				27421			29607
4.	a. U.S. government obligations				0			0
	b. State and other obligations				0			0
5.	Tax-exempt securities				0			0
6.	Other current assets (Attach schedule)				0			0
7.	Loans to shareholders				0			0
8.	Mortgage and real estate loans				0			0
9.	Other investments (Attach schedule)				0			0
10.	a. Buildings and other depreciable assets		32556				32378	
	b. Less accumulated depreciation	(19883)		12673	(20758)	11620
11.	a. Depletable assets		0				0	
	b. Less accumulated depletion	(0)		0	(0)	0
12.	Land (net of any amortization)				0			0
13.	a. Intangible assets (amortizable only)		1214				1214	
	b. Less accumulated amortization	(369)		845	(585)	629
14.	Other assets (Attach schedule)		STMT 6		3786			3559
15.	Total Assets				60144			66954
	Liabilities and Shareholders'	' Equi	ty					
16.	Accounts payable				16931			8175
17.	Mortgages, notes, and bonds payable in less than 1 year				0			0
18.	Other current liabilities (Attach schedule)		STMT 7		5668			6555
19.	Loans from shareholders				0			0
20.	Mortgages, notes, and bonds payable in 1 year or more				0			0
21.	Other liabilities (Attach schedule)		STMT 8		53332			48674
22.	Capital stocks				217			217
23.	Additional paid-in capital				9873			10863
24.	Retained earnings				-25877			-7530
25.	Adjustments to shareholders' equity (Attach schedule)				0			0
26.	Less cost of treasury stock			(0)		(0)
27.	Total Liabilities and Shareholders' Equity				60144			66954
Sc	h. M-1 Federal Schedule							
1.	Net income (loss) per books		18347	5.	Income recorded on b	ooks thi	s year not included on	
2.	Income included on Federal Sch. K, Lines 1, 2, 3c, 4, 5a,				Federal Sch. K, Lines	1 through	gh 10 (itemize):	
	6, 7, 8a, 9 and 10 not recorded on books this year (itemize):				Tax-exempt interest		0	
							0	(
			0	6.	Deductions included o	n Feder	al Sch. K, Lines 1 through	
3.	Expenses recorded on books this year not included on				12, 14l not charged ag	gainst bo	ook income	
	Federal Sch. K, Lines 1 through 12, and 14l (itemize):				this year (itemize):			
	a. Depreciation)			Depreciation		0	
	b. Travel and entertainment)			•		0	(
	STMT 9 539		539	7.	Add Lines 5 and 6			(
	Add Lines 1 through 3		18886	8.	Income or Loss (Fed.	Sch K	Lino 19)	18886

Legal Name (First 10 Characters)

FIRESTORM

Federal Employer ID Number

262625465

Sch. M-2 Analysis of N.C. AAA	Sch.	M-2	Analy	/sis	of	N.C.	AAA
-------------------------------	------	-----	-------	------	----	------	-----

	N.C. Accumulated	N.C. Other	Undistributed Taxable
	Adjustments	Adjustments	Income Previously Taxed
Balance at beginning of year	-25877	0	0
2. Ordinary income from Sch. G, Line 21	22129		
3. Other additions SEE STMT 10	8	0	
4. Loss from Sch. G, Line 21	(0)		
5. Other reductions SEE STATEMENT 11	(3790)	(0)	
6. Compute Lines 1 through 5	-7530	0	0
7. Distributions other than dividend distributions	0	0	0
Balance at end of tax year	-7530	0	0

Sch. N Nonapportionable Income

och. N Nohapportionable inco	Jille			
(A) Nonapportionable	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated
Income				Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Nonapportionable Income			0	
Nonapportionable Income Allocated to	o N.C.		•	0

^{2.} Nonapportionable Income Allocated to N.C.

Explanation of why income listed is nonapportionable income rather than apportionable income:

ocii. O Computation of Apportioninent racto	Sch. O	Computation	of	Apportionment	Factor
---	--------	-------------	----	---------------	--------

Part 1. Do	mestic Corporations and C	Other Corporations Not Appor	tioning Franchise or Income Outside N.C.	100.0000%
------------	---------------------------	------------------------------	--	-----------

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other Sta	ites
--	------

	1. Within North	Carolina		2. Total Eve	erywhere	
	(a) Beginning Period	(b) Ending Period		(a) Beginning Period	(b) Endir	g Period
1. Land	0		0	0		0
2. Buildings	0		0	0		0
3. Inventories	0		0	0		0
4. Other property	0		0	0		0
5. Total	0		0	0		0
6. Average value of property		0			0	
7. Rented property		0			0	Factor
8. Property Factor		0			0	0.0000%
9. Gross payroll		0			0	
10. Compensation of general executive officers		0			0	
11. Payroll Factor		0			0	0.0000%
12. Sales Factor		0			0	0.0000%
13. Total of Factors						0.0000%
14. N.C. Apportionment Factor						0.0000%
Part 3. Corporations Apportionin	g Franchise or Income	to N.C. and to Oth	er State	es Using Single Sales	Factor	0.0000%
Part 4. Special Apportionment						0.0000%

Legal Name FIRESTORM Federal Employer ID Number 262625465

	Sch. K Shareholders' Shares of Inc	come, Adj	ustments, and Tax Credit	s (Contini			1	
	Shareholder	3	Shareholder	4	Shareholder .	5	Shareholder	
1.								
2.	Name MARY		LUCY	N	IATASSIA			
3.	a. Address	a 000	20110111111	000 7				
	ASHEVILLE N		ASHEVILLE NC			88	П., П.	
	b. Is shareholder a nonresident Yes	X No 5117 %	Yes 10.08	X No	Yes X 10.0822	No Day	∐ Yes ∐ N	10
4.		5891		22 % 232	223		, , , , , , , , , , , , , , , , , , ,	/c ነ
5.	Share of income (loss)	0	۷	232 0	22.	0	(ر ۱
6.	Additions to income (loss)	0		0		0	())
7. 8.	Deductions from income (loss) Income subject to N.C. tax	5891	2	232	223	•	(_
9.	Share of tax credits	0	2	0	22.	0	()
10.	Tax withheld from nonwage comp	0		Ö		0	()
11.	Amount of Line 8 apportioned or allocated	· ·		· ·			·	
	to N.C. (nonresidents only)	0		0		0	()
12.	Separately stated items of income							
	(nonresidents only)	0		0		0	()
13.	Net tax paid for shareholder by							
	corporation (nonresidents only)	0		0		0	()
14.	Is the corporation filing a Nonresident							
	Shareholder Agreement, Form NC-NA,							
	for this shareholder with this return?	X No	Yes	X No	Yes X	No	Yes N	lc
15.	Has the corporation filed a Nonresident							
	Shareholder Agreement, Form NC-NA,							
	for this shareholder in a previous tax year? Yes	X No	Yes	X No	Yes X	No	Yes N	lc
	If yes, what tax year?							
	Shareholder		Shareholder		Shareholder		Shareholder	
1.	Shareholder Identifying Number		Shareholder		Shareholder		Shareholder	
1.	Shareholder Identifying Number Name		Shareholder		Shareholder		Shareholder	
2.	Identifying Number		Shareholder		Shareholder		Shareholder	
2.	Identifying Number Name		Shareholder		Shareholder		Shareholder	
2.	Identifying Number Name	☐ No	Shareholder	□ No		No	Shareholder Yes N	lo
2.	Identifying Number Name a. Address b. Is shareholder a nonresident Yes	No %		<u></u> %		%		10
 3. 4. 	Identifying Number Name a. Address b. Is shareholder a nonresident Yes					% 0	Yes N	Ū
 3. 4. 	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership %	% 0 0		% 0 0		% 0 0	Yes N)
 2. 3. 4. 5. 	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss)	% 0 0 0		% 0 0 0		% 0 0 0	Yes N)
2. 3. 4. 5. 6. 7.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax	% 0 0 0		% 0 0 0 0		% 0 0 0	Yes N)
2. 3. 4. 5. 6. 7. 8. 9.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits	% 0 0 0 0		% 0 0 0 0		% 0 0 0 0	Yes N)
2. 3. 4. 5. 6. 7. 8. 9.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp	% 0 0 0		% 0 0 0 0		% 0 0 0	Yes N)
2. 3. 4. 5. 6. 7. 8. 9.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated	% 0 0 0 0 0		% 0 0 0 0 0		% 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only)	% 0 0 0 0		% 0 0 0 0		% 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income	% 0 0 0 0 0 0		% 0 0 0 0 0		% 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only)	% 0 0 0 0 0		% 0 0 0 0 0		% 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by	% 0 0 0 0 0 0		% 0 0 0 0 0 0		% 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only)	% 0 0 0 0 0 0		% 0 0 0 0 0		% 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident	% 0 0 0 0 0 0		% 0 0 0 0 0 0		% 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only)	% 0 0 0 0 0 0		% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA,	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder with this return? Yes	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder with this return? Has the corporation filed a Nonresident	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes Yes Yes	% 0 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder with this return? Has the corporation filed a Nonresident Shareholder Agreement, Form NC-NA,	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes Yes Yes	% 0 0 0 0 0 0 0	Yes N	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Identifying Number Name a. Address b. Is shareholder a nonresident Ownership % Share of income (loss) Additions to income (loss) Deductions from income (loss) Income subject to N.C. tax Share of tax credits Tax withheld from nonwage comp Amount of Line 8 apportioned or allocated to N.C. (nonresidents only) Separately stated items of income (nonresidents only) Net tax paid for shareholder by corporation (nonresidents only) Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder with this return? Has the corporation filed a Nonresident Shareholder Agreement, Form NC-NA,	% 0 0 0 0 0 0	Yes	% 0 0 0 0 0 0	Yes Yes Yes	% 0 0 0 0 0 0 0	Yes N	

CD-425 (42)

9-5-17

2017 Corporate Tax Credit Summary North Carolina Department of Revenue

FIRESTORM Legal Name (First 10 Characters) Federal Employer ID Number 18B 15A 15B 16A СP RF Ν Ν 16B 17A RF Ν AA Υ

Par	t 1. Franchise Tax Credits Not Subject to 50% of Tax Limit		
1.	Short period credit for change in income year $365 - \frac{0}{365} = \frac{0}{365} x$	0 = 1.	0
2.	Revitalizing an income-producing historic mill facility	2.	0
3.	Revitalizing a nonincome-producing historic mill facility	3.	0
4.	Rehabilitating an income-producing historic structure (Article 3L)	4.	0
5.	Rehabilitating a nonincome-producing historic structure (Article 3L)	5.	0
6.	Other franchise and tax credits not subject to 50% of tax limit Investing in Recycling Facilities X Additional Annual Report Fee Paid	6.	175
7.	Franchise tax credits not subject to 50% of tax limit carried over from previous years	7.	0
8.	Total franchise tax credits not subject to 50% of tax limit	8.	175
Par	2. Computation of Franchise Tax Credits Taken in 2017		
9.	Total franchise tax due	9.	200
10.	Nonrefundable franchise tax credits	10.	175
11.	Enter the lesser of Line 9 or 10	11.	175
12.	Total franchise tax credits subject to 50% of tax limit taken in 2017	12.	0
13.	Refundable franchise tax credits	13.	0
14.	Franchise Tax Credits Taken in 2017	14.	175

Submit this form directly after Form CD-405 or CD-401S. Attach separate schedule to substantiate any credit taken.

17B

18A





Legal Name (First 10 Characters) FIRESTORM Federal Employer ID Number 262625465

Part	3. Income Tax Credits Not Subject to 50% of Tax Limit		
	(S Corporations enter only the amount of tax credits attributable to nonresidents filing compo	site on Lines 15 through 21.)	
15.	Rehabilitating an income-producing historic structure (Article 3D)		
10.	A. Enter qualified rehabilitation expenditures	15a.	0
	B. Enter installment amount of credit	15b.	0
16.	Rehabilitating a nonincome-producing historic structure (Article 3D)	100.	
10.	A. Enter rehabilitation expenses	16a.	0
	B. Enter installment amount of credit	16b.	0
17.		100.	
	A. Enter qualified rehabilitation expenditures	17a.	0
	B. Enter credit amount	17a. 17b.	0
18.	Revitalizing a nonincome-producing historic mill facility	175.	
10.	A. Enter rehabilitation expenses	18a.	0
	B. Enter installment amount of credit	18b.	0
19.	Rehabilitating an income-producing historic structure (Article 3L)	19.	0
20.	Rehabilitating a nonincome-producing historic structure (Article 3L)	20.	0
21.	Other income tax credits not subject to 50% of tax limit	21.	0
۷۱.	Investing in Recycling Facilities Cogeneration Plant	21.	
22.	Income tax credits not subject to 50% of tax limit carried over from previous years	22.	0
23.	Total income tax credits not subject to 50% of tax limit carried over from previous years	23.	0
23.	Total income tax credits not subject to 50% of tax innit	23.	
Pa	rt 4. Computation of Income Tax Credits Taken in 2017		
0.4	N.C. anti-norma tou dun	24.	0
24.	N.C. net income tax due	24. 25.	0
25.	Nonrefundable income tax credits		0
26.	Enter lesser of Line 24 or 25	26.	0
27.	Total income tax credits subject to 50% of tax limit taken in 2017	27.	0
28.	Add Lines 26 and 27	28.	0
29.	Income tax credit adjustment (C Corporations only)	29.	0
30.	Income Tax Credits Taken in 2017	30.	U

Form CD-425 must be attached to the last page of Form CD-405 or CD-401S if a tax credit is taken. Failure to substantiate a tax credit may result in the disallowance of that credit.

North Carolina Statements

Statement 1 - Form CD-401S, Page 2, Schedule G, Line 2 - Cost of Goods Sold

Description	<u></u>	Amount
BEGINNING INVENTORY	\$	27,421
PURCHASES		157,662
LESS: ENDING INVENTORY		-29,607
TOTAL	\$	155,476

Statement 2 - Form CD-401S, Page 2, Schedule G, Line 5 - Other Income (Loss)

Description	 Amount
DONATIONS	\$ 17,796
TOTAL	\$ 17,796

Statement 3 - Form CD-401S, Page 2, Schedule G, Line 7 - Compensation of Officers

Officer Name	Compensation
JOEY MARY	\$ 9,787 9,400
LIBERTIE CONTROL	9,873
LUCY NATASSIA	9,465 7,407
TOTAL	\$ 45,932

Statement 4 - Form CD-401S, Page 2, Schedule G, Line 12 - Taxes and Licenses

Description	 mount
NC ANNUAL REPORT FEE	\$ 200
NC FRANCHISE TAX	25
PAYROLL TAXES	5,554
PROPERTY TAXES	 147
TOTAL	\$ 5,926

North Carolina Statements

Statement 5 - Form CD-401S, Page 2, Schedule G, Line 19 - Other Deductions

Description	_	Amount
BANK SERVICE CHARGES	\$	50
CAFE & BOOKSTORE SUPPLIES		128
COMPUTER & INTERNET EXPENSES		121
CREDIT CARD MERCHANT FEES		10,425
DE MINIMIS ASSETS < \$2,500		1,326
DUES & SUBSCRIPTIONS		1,858
INSURANCE - LIABILITY		770
INSURANCE - WORKERS' COMP.		372
JANITORIAL EXPENSE		1,657
OFFICE SUPPLIES		408
POSTAGE		622
PRINTING & REPRODUCTION		285
PROFESSIONAL FEES		955
TELEPHONE		1,275
TRAVEL & MILEAGE REIMBURS.		237
UTILITIES		6,350
AMORTIZATION	_	216
TOTAL	\$_	27,055

Statement 6 - Form CD-401S, Page 4, Schedule L, Line 14 - Other Assets

Description	. <u> </u>	Beginning of Year	 End of Year	
DUE FROM MEMBERS INVESTMENT IN SCC RENT & UTILITY DEPOSITS	\$	517 150 3,119	\$ 290 150 3,119	
TOTAL	\$	3,786	\$ 3,559	

Statement 7 - Form CD-401S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	eginning of Year	End of Year	
ACCRUED PAYROLL TAX GIFT CERTIFICATES SALES TAX PAYABLE	\$ 1,559 1,830 2,279	\$	1,776 2,164 2,615
TOTAL	\$ 5,668	\$	6,555

Statement 8 - Form CD-401S, Page 4, Schedule L, Line 21 - Other Liabilities

Description	E	Beginning of Year		End of Year	
N/P - JULIE N/P - MOUNTAIN BIZWORKS N/P - SCC N/P - TRAVIS	\$	9,755 7,570 35,107 900	\$	9,755 5,634 32,385 900	
TOTAL	\$	53,332	\$	48,674	

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North Carolina Statements

Statement 9 - Form CD-401S, Page 4, Schedule M-1, Line 3b - Expenses Recorded on Books, Not Return

Description			Amount
N/D	DONATIONS	\$_	539
	TOTAL	\$_	539

Statement 10 - Form CD-401S, Page 5, Schedule M-2, Line 3 - NC AAA Other Additions

Description		 Amount	
INTEREST	INCOME	\$	8
TOTA	AL	\$	8

Statement 11 - Form CD-401S, Page 5, Schedule M-2, Line 5 - NC AAA Other Reductions

Description	<i>P</i>	Amount
N/D DONATIONS	\$	539
CHARITABLE CONTRIBUTIONS		3,251
TOTAL	\$	3,790

NC Retained Earnings Reconciliation Worksheet				
	For calendar year 2017, or other tax year beginni	i <u>ng</u> , ending		
Name		NC Secretary of State ID Number	Federal Emp	oloyer ID Number
FIRESTORM	CAFE, LLC	1042479	2626	25465
	Schedule L - Re Retained Earnings - Unappropriated	0		
	Accumulated Adjustments Account	<u>-7,530</u>		
Other Adjustments Account				
	Undistributed Txbl Inc Previously Taxed			
	Schedule L, Line 24 - Retained Earnings			

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Taxable Income Previously Taxed	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beg Yr Bal Ordinary Inc (Loss) Other Additions Other Reductions Distributions	-25,877 22,129 8 3,790	0	0	0	-25,877 22,129 8 3,790
End Yr Bal		0	0	0	