

California Corporation Franchise or Income Tax Return

2019

100

9364015 LOWP 27-4878771 19
TYB 01-01-2019 TYE 12-31-2019
Low Power Company Inc

212 Thompson Sq
Mountain View CA 94043

Schedule Q Questions (continued on Side 2)

A FINAL RETURN? [] Dissolved [] Surrendered (withdrawn) [] Merged/Reorganized [] IRC Section 338 sale [] QSub election
Enter date (mm/dd/yyyy) []

B 1. Is income included in a combined report of a unitary group? [] Yes [X] No
If "Yes," indicate: [] Wholly within CA (R&TC 25101.15)
[] Within and outside of CA

2. Is there a change in the members listed in Schedule R-7 from the prior year? [] Yes [] No

3. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax []

4. Is form FTB 3544 attached to the return? [] Yes [X] No

C 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? [] Yes [X] No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? [] Yes [X] No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62(a)(2) and it was not reported on a previous year's tax return? [] Yes [X] No

(Yes requires filing of statement, penalties may apply-see instructions.)

Table with 3 columns: State Adjustments, Description, and Amount. Rows include Net income (loss) before state adjustments, Amount deducted for foreign or domestic tax, Amount deducted for tax under the provisions of the Corporation Tax Law, Interest on government obligations, Net California capital gain, Depreciation and amortization, Net income from corporations not included, Other additions, and Total.

State Adjustments (cont.)	10	Intercompany dividend elimination. Attach Schedule H (100)	• 10		00	
	11	Dividends received deduction. Attach Schedule H (100)	• 11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	• 12		00	
	13	Capital gain from federal Form 1120, line 8	• 13		00	
	14	Charitable Contributions	• 14		00	
	15	Other deductions. Attach schedule(s)	• 15		00	
	16	Total. Add line 10 through line 15	• 16			00
	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	• 17		(5,909)	00
CA Net Income	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions	• 18		(5,909)	00
	19	Net operating loss (NOL) deduction. See instructions	• 19		00	
	20	EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instructions	• 20		00	
	21	Disaster loss deduction. See instructions	• 21	0	00	
	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	• 22		(5,909)	00
Taxes	23	Tax. <u>8.84</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	• 23			00
	24	Credit name _____ code • _____ amount ▶	• 24		00	
	25	Credit name _____ code • _____ amount ▶	• 25		00	
	26	To claim more than two credits, see instructions	• 26		00	
	27	Add line 24 through line 26	• 27			00
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable).	• 28			00
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	• 29			00
	30	Total tax. Add line 28 and line 29	• 30			00
Payments	31	Overpayment from prior year allowed as a credit	• 31		00	
	32	2019 Estimated tax payments. See instructions	• 32		00	
	33	2019 Withholding (Form 592-B and/or 593). See instructions	• 33		00	
	34	Amount paid with extension of time to file tax return	• 34		00	
	35	Total payments. Add line 31 through line 34	• 35			00
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	• 36		00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	• 37			00
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	• 38			00
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30.	• 39			00
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37.	• 40			00
	41	Amount of line 40 to be credited to 2020 estimated tax	• 41			00
	42	Refund. Subtract line 41 from line 40. See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	• 42			00
	42a.	• Routing number	42b.	• Type	42c.	• Account number
	43	a Penalties and interest	• 43a			00
		b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.				
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	• 44			00	

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • Yes No
- F Principal business activity code. (Do not leave blank); • 541512
Business activity Production and Developmen
Product or service Computer Servers

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 03/22/2010 Where: • State DE Country

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 03/22/2010

I First return? • Yes No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.
• (1) Sole proprietorship (2) Partnership (3) Joint venture (4) Corporation (5) Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: •

K At any time during the taxable year, was more than 50% of the voting stock:
1. Of the corporation owned by any single interest? • Yes No
2. Of another corporation owned by this corporation? • Yes No
3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • Yes No

If 1 or 3 is "Yes," enter the country of the ultimate parent •
If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.
If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • Yes No
If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • Yes No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? •

O Corporation headquarters are: • (1) Within California (2) Outside of California, within the U.S. (3) Outside of the U.S.

P Location of principal accounting records SEE CAC_SCHQ FORM

Q Accounting method: • (1) Cash (2) Accrual (3) Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • Yes No
If "Yes," enter the total balance of all DISAs • \$

S Is this corporation or any of its subsidiaries a RIC? • Yes No

T Is this corporation treated as a REMIC for California purposes? • Yes No

U Is this corporation a REIT for California purposes? • Yes No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • Yes No
If "Yes", enter the effective date of the election (mm/dd/yyyy):

W Is this corporation to be treated as a credit union? • Yes No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • Yes No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? N/A Yes No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? Yes No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • Yes No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • Yes No

CC 1. Did this corporation, or any corporation in a combined reporting group, receive any qualified health care service plan income that is excluded from gross income for state purposes (R&TC Section 24330)? • Yes No

2. Is this corporation's, or any corporation in a combined reporting group's, only source of income qualified health care service plan income that is excluded from gross income under R&TC Section 24330 for the taxable year? • Yes No

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 Andrew Sharp Title President Date Telephone
Officer's email address (optional)
Paid Preparer's Use Only Preparer's signature Date Check if self-employed PTIN
Firm's name (or yours, if self-employed) and address Firm's FEIN Telephone
May the FTB discuss this return with the preparer shown above? See instructions • Yes No

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
			00
			00
Total. Enter total of column (c) on Sch. F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.			00

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales <u>33,265</u>					
	b) Less returns and allowance _____ c) Balance			33,265	00	
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)			24,929	00	
	3 Gross profit. Subtract line 2 from line 1c			8,336	00	
	4 Total dividends. Attach federal Schedule C, (California Schedule H (100))				00	
	5 a) Interest on obligations of the United States and U.S. instrumentalities				00	
	b) Other interest. Attach schedule				00	
	6 Gross rents				00	
	7 Gross royalties				00	
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)				00	
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)				00	
10 Other income (loss). Attach schedule				00		
11 Total income. Add line 3 through line 10			8,336	00		
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule				00	
	13 Salaries and wages (not deducted elsewhere)				00	
	14 Repairs and maintenance				00	
	15 Bad debts				00	
	16 Rents		7,800		00	
	17 Taxes (California Schedule A). See instructions				00	
	18 Interest. Attach schedule				00	
	19 Charitable Contributions. Attach schedule				00	
	20 Depreciation. Attach federal Form 4562 and FTB 3885 <input checked="" type="radio"/> 20	225				
	21 Less depreciation claimed elsewhere on return <input checked="" type="radio"/> 21a		225		00	
	22 Depletion. Attach schedule				00	
	23 Advertising <input checked="" type="radio"/> 23				00	
	24 Pension, profit-sharing plans, etc. <input checked="" type="radio"/> 24				00	
	25 Employee benefit plans <input checked="" type="radio"/> 25				00	
	26 a) Total travel and entertainment _____					
	b) Deductible amounts				00	
	27 Other deductions. Attach schedule STATEMENT #9B		6,220		00	
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions				00	
	29 Total deductions. Add line 12 through line 28			14,245	00	
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1			(5,909)	00		

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ _____				00
2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)				00
3 Interest on tax attributable to installment: a Sales of certain timeshares and residential lots				00
	b Method for nondealer installment obligations			00
4 IRC Section 197(f)(9)(B)(ii) election				00
5 Credit recapture name: _____				00
6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40				00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	<input checked="" type="radio"/>	1	16,407	00
2	Purchases	<input checked="" type="radio"/>	2	16,477	00
3	Cost of labor	<input type="radio"/>	3		00
4	a Additional IRC Section 263A costs. Attach schedule	<input type="radio"/>	4a		00
	b Other costs. Attach schedule	<input type="radio"/>	4b		00
5	Total. Add line 1 through line 4b		5	32,884	00
6	Inventory at end of year	<input checked="" type="radio"/>	6	7,955	00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2		7	24,929	00

Method of inventory valuation COST

Was there any change in determining quantities, costs of valuations between opening and closing inventory? Yes No
 If "Yes," attach an explanation.

Enter California seller's permit number, if any

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO _____

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? Yes No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>
2 a Trade notes and accounts receivable			<input type="radio"/>	<input type="radio"/>
b Less allowance for bad debts	()	<input checked="" type="radio"/>	•()	<input type="radio"/>
3 Inventories		<input checked="" type="radio"/>		<input type="radio"/>
4 Federal and state government obligations		<input checked="" type="radio"/>		<input type="radio"/>
5 Other current assets. Attach schedule(s)				<input type="radio"/>
6 Loans to stockholders/officers. Attach schedule		<input checked="" type="radio"/>		<input type="radio"/>
7 Mortgage and real estate loans		<input checked="" type="radio"/>		<input type="radio"/>
8 Other investments. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
9 a Buildings and other fixed depreciable assets			<input type="radio"/>	<input type="radio"/>
b Less accumulated depreciation	()	<input checked="" type="radio"/>	•()	<input type="radio"/>
10 a Depletable assets				<input type="radio"/>
b Less accumulated depletion	()	<input checked="" type="radio"/>	()	<input type="radio"/>
11 Land (net of any amortization)		<input checked="" type="radio"/>		<input type="radio"/>
12 a Intangible assets (amortizable only)	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>
b Less accumulated amortization	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>
13 Other assets. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
14 Total assets		<input checked="" type="radio"/>		<input type="radio"/>
Liabilities and Stockholders' Equity				
15 Accounts payable		<input checked="" type="radio"/>		<input type="radio"/>
16 Mortgages, notes, bonds payable in less than 1 year		<input checked="" type="radio"/>		<input type="radio"/>
17 Other current liabilities. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
18 Loans from stockholders. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
19 Mortgages, notes, bonds payable in 1 year or more		<input checked="" type="radio"/>		<input type="radio"/>
20 Other liabilities. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
21 Capital stock: a Preferred stock	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>
b Common stock	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Paid-in or capital surplus. Attach reconciliation		<input checked="" type="radio"/>		<input type="radio"/>
23 Retained earnings-Appropriated. Attach schedule				<input type="radio"/>
24 Retained earnings-Unappropriated				<input type="radio"/>
25 Adjustments to shareholders' equity. Attach schedule				<input type="radio"/>
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the corporation completed federal Schedule M-3 (Form 1120/1120-F), see instructions.

<p>1 Net income per books ●</p> <p>2 Federal income tax ●</p> <p>3 Excess of capital losses over capital gains ●</p> <p>4 Taxable income not recorded on books this year (itemize) _____ ●</p> <hr/> <p>5 Expenses recorded on books this year not deducted in this return (itemize)</p> <p>a Depreciation \$ _____</p> <p>b State taxes \$ _____</p> <p>c Travel and entertainment \$ _____</p> <p>d Other \$ _____</p> <p>e Total. Add line 5a through line 5d ●</p> <p>6 Total. Add line 1 through line 5e ●</p>	<p>7 Income recorded on books this year not included in this return (itemize)</p> <p>a Tax-exempt interest \$ _____</p> <p>b Other \$ _____</p> <p>c Total. Add line 7a and line 7b ●</p> <p>8 Deductions in this return not charged against book income this year (itemize)</p> <p>a Depreciation \$ _____</p> <p>b State tax refunds \$ _____</p> <p>c Other \$ _____</p> <p>d Total. Add line 8a through line 8c ●</p> <p>9 Total. Add line 7c and line 8d ⊕</p> <p>10 Net income per return. Subtract line 9 from line 6</p>
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Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

<p>1 Balance at beginning of year ●</p> <p>2 Net income per books ●</p> <p>3 Other increases (itemize) _____ ●</p> <hr/> <p>4 Total. Add line 1 through line 3 ●</p>	<p>5 Distributions: a Cash ●</p> <p style="padding-left: 20px;">b Stock ●</p> <p style="padding-left: 20px;">c Property ●</p> <p>6 Other decreases (itemize) _____ ●</p> <hr/> <p>7 Total. Add line 5 and line 6</p> <p>8 Balance at end of year. Subtract line 7 from line 4</p>
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Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
					00
					00
					00
					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 ⊕				2	00
3 Unused capital loss carryover from 2018 ⊕				3	00
4 Net short-term capital gain (loss). Combine line 1 through line 3 ●				4	00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
					00
					00
					00
					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions ⊕				6	00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 ⊕				7	00
8 Net long-term capital gain (loss). Combine line 5 through line 7 ●				8	00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)				9	00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)				10	00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2020				11	00

H. First Return Additional Information

Business Type _____ Allowable Value = SoleProprietorship, Partnership, JointVenture, Corporation, Other
 FEIN {9} _____
 SSN {9} _____
 ITIN {9}. _____
 Business Name Line 1 {75} _____
 Business Name Line 2 {75} _____
 US Address Line 1 {35}. _____
 US Address Line 2 {35}. _____
 US City {22} _____
 US State {2} _____
 US Zip Code {16}. _____
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

K. Voting Stock Additional Information

FEIN {9} _____
 SSN {9} _____
 ITIN {9}. _____
 Percent Owned {6} _____
 Business Name Line 1 {75} _____
 Business Name Line 2 {75} _____
 US Address Line 1 {35}. _____
 US Address Line 2 {35}. _____
 US City {22} _____
 US State {2} _____
 US Zip Code {16}. _____
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

O. Headquarters Are Additional Information

Type of headquarters {18} InsideCalifornia Allowable Value = InsideCalifornia, OutsideCAInsideUS, OutsideUS

P. Principal Accounting Records Additional Information

US Address Line 1 {35}. 212 Thompson Sq
 US Address Line 2 {35}. _____
 US City {22} Mountain View
 US State {2} CA
 US Zip Code {16}. 94043
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

Q. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = cash, accrual, hybrid

CA 100 Other Deductions

2019

STATEMENT #9B

PG01

Schedule F - Line 27 Other Deductions

Name(s) shown on return

Low Power Company Inc

Identifying Number

27-4878771

(a)

Type of Deduction

(b)

Total amount

LEGAL AND PROFESSIONAL
UTILITIES
OTHER

50
2,238
3,932

PAGE TOTAL:

6,220

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

2019

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name Low Power Company Inc	California corporation number 9364015
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> C corporation <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 27-4878771

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	5,909		00
2 2019 disaster loss included in line 1. Enter as a positive number	2	0		00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	5,909		00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	0		00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	0		00
c Add line 4a and line 4b	4c	0		00
5 General NOL. Subtract line 4c from line 3	5	5,909		00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	5,909		00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-)	1		(g)	
			Available balance	
		<input checked="" type="radio"/>	0	

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019		(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		GEN	101	<input checked="" type="radio"/> 101	0	0	<input checked="" type="radio"/> 101
<input checked="" type="radio"/> 2017		GEN	9,293	<input checked="" type="radio"/> 9,293	0	0	<input checked="" type="radio"/> 9,293
<input checked="" type="radio"/> 2018		GEN	30,209	<input checked="" type="radio"/> 30,209	0	0	<input checked="" type="radio"/> 30,209
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

3	Year	Type of NOL	Initial loss	Carryover	Amount used		(h) col. (d) minus col. (f) See instructions.
	2019	DIS					
	2019	GEN	5,909				5,909
	2019						
	2019						
	2019						

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	1	0		00
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	0		00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	0		00

CA 3805Q Additional Information

Prior Year NOLs

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

General _____
 General _____
 General _____

Current Year NOLs (Disaster)

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

Current Year NOLs (Other)

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

General _____

Corporation Depreciation and Amortization

2019

3885

Attach to Form 100 or Form 100W. 1120

Table with Corporation name (Low Power Company Inc) and California corporation number (9364015).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes columns for description, cost, elected cost, and deduction amounts. Total elected cost is 514.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Includes columns for description, date acquired, cost, depreciation allowed, method, life rate, depreciation for year, and additional first year depreciation. Total depreciation for year is 225.

Part III Summary

Summary table with 3 rows. Line 16: Total depreciation claimed for federal purposes (225). Line 17: Total depreciation claimed for federal purposes from Form 4562 (225). Line 18: Depreciation adjustment (0).

Part IV Amortization

Table for Part IV with 22 rows. Includes columns for description, date acquired, cost, amortization allowed, R&TC Section, period, and amortization for year. Total amortization for year is 0.