## Control Process   Proc	,	Form <b>9</b> 9	9 <b>0-</b> ,T	E	Exempt Orga	nization Bus	sine	ss Income Ta	x Return		SCANNED Seup-4545:0687.D
Comparison of the Comparison			<b>:</b> 、		•	, ,	er se	ction 6033(e))			
Do not anies SSN numbers on this form as it may be made public if your or ganization is a \$01(c)12   December of the state of transmission of transmissio		6 -	•	For cal						-	
A Sorte of organization ( Check box of name changed and see matricions.)    Sorte   So		Departmen	Control   Cont	n to Public Inspection for							
B Fearing under section    Solve   So						Comparization Business Income Tax Return					
Comparison of the comparison			Exempt Organization Business Income Tax Return 2018  For contents your 2019 or other tax requirements (and proxy tax under section 6033(e))  For contents your 2019 or other tax requirements (and proxy tax under section 6033(e))  For contents your 2019 on other tax requirements (and proxy tax under section 6033(e))  For contents your 2019 on other tax requirements (and proxy tax under section 6033(e))  For contents your 2019 on other tax requirements (and tax	es' trust, see							
Solic   30   1   1   1   1   1   1   1   1   1	Exempt Organization Business Income Tax Return (and proxy tax under section 603(s))  For calendary year 2015 or other tax year beapring  Logarithment of the Triseary Inverse Provisions Services  A Check box in which was been beapring  Be Exempt under gelder for the service beapring	05.	-6012417 -								
408(4)   20(2)   1994   57 NORTH MAIN STREET   100				1			x. see in	istructions.		E Unrelated	business activity code
Subject   Sub	Department of the Treasury Internal Revenue Service  A Check box if address changed  B Exempt under section  X 501(C)(3)  408(e) 220(e)  408A 530(a)  529(a)  C Book value of all assets at end of year  11,822,020  G H Enter the number of the organization trade or business here ▶ DEBT describe the first in the blank space a business, then complete Parts III-V.  I During the tax year, was the corporar if "Yes," enter the name and identifying J The books are in care of ▶ VA  Part I Unrelated Trade  1a Gross receipts or sales  b Less returns and allowances  2 Cost of goods sold (Schedule A, I are grown as a capital gain net income (attach Schedule C)  Net gain (loss) (Form 4797, Part I compensation for trusts  Income (loss) from a partnership and a capital gain net income (attach Schedule C)  7 Unrelated debt-financed income (altach Schedule C)  7 Unrelated debt-financed income (altach Schedule C)  10 Exploited exempt activity income investment income (Schedule J)  11 Deductions Not Texploited exempt activity income (Schedule J)  12 Other income (See instructions; a salaries and wages  15 Repairs and maintenance  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instruction and the part income (See instructions) and the par	1		, 000 ii	ion donono.		(See instr	uctions)			
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trade or business here > DEBT FINANCED REAL ESTATE If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III. V.  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			11,822,0	20.	G Check organization typ	pe ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III // I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group or a parent-subsidiary controlled group.  I do controlled the controlled group of the tax of tax				-			1				9
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes   X   No						us sentence, complete Pa	arts I an	d II, complete a Schedule N	A for each addition	al trade or	
If Yes, enter the name and identifying number of the parent corporation.					<del></del>	offiliated arous or a social	at oubo	diana controlled accura			V No
The books are mare of   VALERIE TALMAGE   Telephone number   A01-272-5101		_			•	• • •	แรงขอร	idiary controlled group?	<b>▶</b> L.	res	ا۱۱۷ لیک
Part   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net	SCANNED JAN 2 9 2020							Telephon	e number 🕨 4	01-2	72-5101
1a Gross recepts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profits Subtract line 2 from line 1 c 4 Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) c Capital loss deduction for trusts c Capital loss deduction for for trusts c Capital loss deduction for for trusts c Capital loss deductions c Capital loss deduction c Capital loss deduction c Capital loss deduction c Capital loss											
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Solution   Control   Con			s returns and allov	wances		c Balance	1c				
Solution   Control   Con		2 Cos	Cost of goods sold (Schedule A, line 7)								
Solution   Colors   from a partnership or an Scorporation (attach statement)   Solution   Schedule C)   Tourielated debt-inanced income (Schedule E)   Tourielated debt-inanced income (Schedule I)   Tourielated business and rents from a controlled organization (Schedule G)   Tourielated business income (Schedule I)   Tourielated business income (Schedule	3	3 Gros	ss profit Subtract	t line 2 fr	om line 1c		3		-		
Solution   Colors   from a partnership or an Scorporation (attach statement)   Solution   Schedule C)   Tourielated debt-inanced income (Schedule E)   Tourielated debt-inanced income (Schedule I)   Tourielated business and rents from a controlled organization (Schedule G)   Tourielated business income (Schedule I)   Tourielated business income (Schedule	2	4a Cap	ital gain net incom	ne (attac	h Schedule D)		4a		• 3		<del></del>
Solution   Colors   from a partnership or an Scorporation (attach statement)   Solution   Schedule C)   Tourielated debt-inanced income (Schedule E)   Tourielated debt-inanced income (Schedule I)   Tourielated business and rents from a controlled organization (Schedule G)   Tourielated business income (Schedule I)   Tourielated business income (Schedule	裲	<b>b</b> Net	gaın (loss) (Form	4797, P	art II, line 17) (attach Form	n 4797)	4b		-		
Solution   Colors   from a partnership or an Scorporation (attach statement)   Solution   Schedule C)   Tourielated debt-inanced income (Schedule E)   Tourielated debt-inanced income (Schedule I)   Tourielated business and rents from a controlled organization (Schedule G)   Tourielated business income (Schedule I)   Tourielated business income (Schedule	Ö	<b>c</b> Cap	· · · · · · · · · · · · · · · · · · ·								
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CEXCEPT for contributions, deductions must be directly connected with the unrelated business income			-		•		$\overline{}$	14,999.	17,2	D Employer identification number (Employees' trust, see instructions)  0 5 - 6012417  E Unrelated business activity code (See instructions)  1(a) trust	-2,295.
Compensation of officers, directors, and trustees (Schedule Market Schedule Ma		Part i	Deduction	ns No	t Taken Elsewher	re (See instructions fo	r limita	itions on deductions)			
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Repairs and maintenance  17 Bad debts  Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  19 Charitable contributions (See instructions for limitation rules)  20 Charitable contributions (See instructions for limitation rules)  21 Depreciation (attach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Contributions of deferred compensation plans  24 Contributions of deferred compensation plans  25 Employee benefit programs  26 Excess exemples penses (Schedule I)  27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28  29 O.  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 -2,295.  31 Deduction for det operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31 Unrelated business taxable income. Subtract line 31 from line 30			mpensation of off	ficers, dii	rectors, and trustees (Sch	edule K)	-11 /5	-0		14	<del></del>
Since   2006											
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 -2, 295.			~								-2,295.
							ry 1, 20	118 (see instructions)			2 205
								<u> </u>			

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructi	ons)	33	-2,295.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of			
	lines 33 and 34			36	-2,295.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36,		_	0 005
Dort I	enter the smaller of zero or line 36			38	
Part I					0
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	on line 20 i	from:	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of Tax rate schedule or Schedule D (Form 1041)	on line 38	irom:	40	
41	Proxy tax See instructions			40	
42	Alternative minimum tax (trusts only)			42	<del>-</del>
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	
Part \		_	<del></del>	1 77 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b	<del></del>	7	
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		]	
е	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44		Other (attach schedule)	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	47			
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0.
	Payments: A 2017 overpayment credited to 2018	50a	<del></del>	4 1	
	2018 estimated tax payments	_50b		4	
	Tax deposited with Form 8868	50c		-	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	· <u>-</u>	-	
	Backup withholding (see instructions)	_50e		-	
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	50f		-	
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g	[30 <u>H</u> ]		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	<del></del>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded >	55	
Part \	I Statements Regarding Certain Activities and Other Information	on (see ii	nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other a	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have	to file		
	$\label{thm:center} \textit{FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the}$	foreign co	untry		
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to	, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	200	and to the best of the	audo des e	f ballati dua fina
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	er has any k	and to the best of my kni nowledge	owieage and	Delier, it is true,
Here	Nausa i A Talmer 10124/2019 DEXECUTE	ירו ימנדי	TDDOMOD	-	discuss this return with
	Signature of officer Date Date	ve D		the preparer nstructions)	shown below (see
	- <del> </del>			if PTIN	169 10
	Print/Type preparer's name Preparer's signature Dat	ເຮ	self- employed		
Paid	WILLIAM TATEWOSIAN William Lemain 10	0-3-1	<b>?</b>   3611- 6111piloyed		0431966
Prepa	CAMPANA CARCA C MAMPUOCTANI IID	)	Firm's EIN ▶		-0392492
Use C	300 METRO CENTER BLVD, STE 225		THE CASE OF THE PERSON OF THE		
	Firm's address ► WARWICK, RI 02886		Phone no.	401-7	73-7873
823711 01			- (		Form <b>990-T</b> (2018)

Schedule /	A - Cost of Goods	Sold. Enter	method of invent	ory valuation	N/A	<del></del>		<del></del>		
	at beginning of year	1		6 Inventory at end				6		
2 Purchases		2		7 Cost of goods so	Id Subtract	line 6				
3 Cost of lab	or	3		from line 5. Enter	here and in	Part I,				
4 a Additional	section 263A costs			line 2			Ĺ	7		
(attach sch	nedule)	4a		8 Do the rules of se	ection 263A	(with respect to		<del></del>	Yes	No
<b>b</b> Other cost	s (attach schedule)	4b		property produce	ed or acquire	d for resale) apply to	)			
5 Total Add	lines 1 through 4b	5		the organization?	)					
Schedule (	C - Rent Income (	From Real	Property and	Personal Prope	erty Leas	sed With Real	Prop	erty)		
1 Description of p	property									
(1)			· · · · · · · · · · · · · · · · · · ·							
(2)								-		
(3)										
(4)										
		2. Rent receiv	ed or accrued		•		•			
(a) From	n personal property (if the perc for personal property is more 10% but not more than 50%)	than	of rent for pe	d personal property (if the p rsonal property exceeds 50° is based on profit or income	% or if	3(a) Deductions of columns		onnected with the 2(b) (attach sche		ın
(1)				<u> </u>						_
(2)										-
(3)										
(4)		-								
Total		0.	Total		0.					
	e. Add totals of columns 2 e 1, Part I, line 6, column		ter		0.	(b) Total deductio Enter here and on pag Part I, line 6, column (	ge 1, _			0.
	- Unrelated Deb		I Income (see ii	nstructions)		1. 2. 1	,			
				2 Gross income from		3. Deductions direct to debt-		cted with or alloc d property	able	
	1. Description of debt-fina	anced property		or allocable to debt- financed property	, ,	Straight line depreciation (attach schedule)		,	schedule)	_
(1) T T D D T (	mm HOHOR CAT	DEN IN	rm -	40 6		TATEMENT		STATEM		5
	TT HOUSE GAI	KDEN UN.	T.T.	49,65	• •	19,3	40.	-	<u>37,8</u>	99.
(2)	<del></del> .									
(4)										
4 Amount debt on or alle	of average acquisition ocable to debt-financed (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocat (column 6 x 3(a)		
(1)	173,456.		574,223.	30.23		14,9	99.		17,2	94.
(2)					%					
(3)					%					
(4)					%					•
	ATEMENT 2	STAT	EMENT 3			Enter here and on page 1 Part I, line 7, column (A)		Enter here a		
Totals						14,9	99.		17,2	94.
	s-received deductions inc	hided in column	n 8			<del>=</del> -1-				n

Form **990-T** (2018)

Schedule F - Interest,	, <u>, , , , , , , , , , , , , , , , , , </u>	-, <del></del>		<del></del>	Controlled O						,
1 Name of controlled organiz	zation	2 Emp identific numl	ation		elated income instructions)		l of specified ents made	include	t of column 4 t ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)			_								
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations										
7. Taxable Income		nrelated incom se instructions		9. Total	of specified payr made	ments	10 Part of colu in the controll gross	mn 9 tha ing organ s income	nization's		ductions directly connected income in column 10
(1)							-				
(2)											
(3)											
(4)											
F.A.I.							Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
<sup>rotals</sup> Schedule G - Investm	ont Incor	no of a	Saction	501(c)(	7) (9) or	(17) Or	nanization	`			
	ient incor structions)	HE OI A	Jecuti	1 30 1(0)(	, <sub>J</sub> , ( <del>J</del> ), Ul	(17) 01	gamzauul	•			
	scription of inco	me			2 Amount of	income	3 Deduction	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)						- 1					
(3)				-							
(4)		-									
				_	Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page Part I, line 9, column (8
Totals				•		0.					0
Schedule I - Exploited	d Exempt	Activity	Incom	ne, Othe	r Than Ad	lvertisi	ng Income	В			
1 Description of exploited activity	2. G unrelated incom trade or l	e from	directly with pr of un	openses connected roduction irelated ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inc from activity is not unrela business inc	that ited	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-										
(2)						Ţ					
(3)											
(4)											
	Enter her page 1 line 10,	, Part I, col (A)	page	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 26
Totals Advertis	▶  ping !===	0.		0.	I						0
Schedule J - Advertise Part I Income From					solidated	Basis				<u> </u>	
1 Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c		5 Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	_				1						
			_			-					
Totals (carry to Part II, line (5))			0.	0					L		0
July to tart it, into (0)			<b>- •</b> 1		71		<u> </u>				Form <b>990-T</b> (201

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Form 990-T (2018) PRESERVE RHODE ISLAND 05-60124

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

	1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<u></u>	<u> </u>	
(2)								
(3)								
(4)								
Totals from	) Part I	▶	0.	0.			<u> </u>	0.
			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, Par	t II (lines 1-5)		0.	0.				0.

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

	1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Ente	er here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/98	5,231.	366.	4,865.	4,865.
12/31/99	1,520.	0.	1,520.	1,520.
12/31/00	1,290.	0.	1,290.	1,290.
12/31/01	0.	0.	0.	0.
12/31/02	0.	0.	0.	0.
12/31/03	0.	0.	0.	0.
12/31/04	377.	0.	377.	377.
12/31/05	0.	0.	0.	0.
12/31/06	0.	0.	0.	0.
12/31/07	0.	0.	0.	0.
12/31/08	2,194.	0.	2,194.	2,194.
12/31/09	3,164.	0.	3,164.	3,164.
12/31/10	0.	0.	0.	0.
12/31/11	131.	0.	131.	131.
12/31/12	446.	0.	446.	446.
12/31/14	2,404.	0.	2,404.	2,404.
12/31/15	212.	0.	212.	212.
12/31/16	846.	0.	846.	846.
12/31/17	609.	0.	609.	609.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	18,058.	18,058.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
LIPPITT HOUSE GARDEN UNIT	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH		177,660. 176,896. 176,132. 175,368. 174,604. 173,840. 173,076. 172,312. 171,548. 170,784. 170,020.
BEGINNING TWELFTH MONTH		169,236.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		2,081,476.
AVERAGE AQUISITION DEBT		173,456.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED I AVERAGE ADJUSTEI		D INCOME	STATEMENT	3
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVIT NUMBER	Y	
LIPPITT HOUSE GARDEN UNIT		1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST	R	581,30 567,1		
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	THE YEAR		574,2	23.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			
FORM 990-T SCHEDULE E - DEPRECIA	ATION DEDUCT	ION	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	TRUOMA	TOTAL	
DEPRECIATION ON UNIT - SUBTOTAL -	- 1	19,348.	19,3	48.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		19,3	48.
FORM 990-T SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST ON MORTGAGE INSURANCE		7,081. 8,904.		
REPAIRS AND MAINTENANCE UTILITIES		5,995. 7,727.		
COND MGT FEES - SUBTOTAL	- 1	8,192.	37,8	99.