	* ~	Forca	(2) Ilendai year 2018 or other tax yo	and proxy tax und	uer se	, and ending			2018
Depar	tment of the Treasury			w irs gov/Form990T for		ons and the latest infor		_ [Onen to Public Inspects
Intern	al Revenue Service		Do not enter SSN numb				ization is a 501(c)(3)		Open to Public Inspecti 501(c)(3) Organizations over identification numb
ΑL	Check box :f address changed		Name of organization (Check box if name	changed	d and see instructions.)		(Einp	loyees' trust, see actions)
B F-	xempt under section	Print	OUR CITY RE	ADING INC					3-3080065
	501(c 113)	or	Number, street, and room		ox. see i	nstructions		E Unrel	ated business activity o
	408(e) 220(e)	Type	4500 PERKIC		o,, 000 i	11011 00110110		(See	nstructions)
	408A 530(a)		City or town, state or pro	ovince, country, and ZIP	or foreig	on postal code		1	
	529(a)		READING, PA	19606		,		531	120
C Boo		1,	F Group exemption num		>				
	63,630,4		G Check organization type			n 501(c) trust	401(a)) trust	Other tr
		_	ition's unrelated trades or		2		e the only (or first) ur		
			EE STATEMENT				e, complete Parts I-V		
•			ace at the end of the previo	ous sentence, complete P	arts I ar	nd II, complete a Schedu	le M for each addition	al trade	or
	siness, then complete f			offiliated group or a par	ant oubo	udiary apatrollad aroun?] Ye	es X No
			poration a subsidiary in an tifying number of the pare		ent-Subs	sidiary controlled group?		16	S (A) NO
			CORPORATION	in corporation -		Telen	hone number > 6	10-	370-3762
			de or Business Inc	come		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	S						٠,	
b	Less returns and allow	vances		c Balance	1c		* 3 * 2'r		
2	Cost of goods sold (S	chedule	A, line 7)		2		* * * * * *	34 74	<u></u>
	Gross profit Subtract						****	*	
	Capital gain net incom	•	•		4a				
			art II, line 17) (attach Forr	m 4/9/)	4b		- 4	^ 4	
	Capital loss deduction			attach statement)	4c 5		* ;	. 3.	
	Rent income (Schedul		ship or an S corporation (a	illacii statement)	6		+ ' ' ' '		
	Unrelated debt-finance	•	ne (Schedule F)		7				
			nd rents from a controlled	organization (Schedule F)	<u> </u>		_		
	· · · · · · · · ·		on 501(c)(7), (9), or (17) o	=	_				-
10	Exploited exempt activ	ıty ınco	me (Schedule I)		10				
11	Advertising income (S	chedule	: J)		11				
12	Other income (See ins	truction	ns, attach schedule)		12		- The g		
	Total. Combine lines				13	0.	1 .		
Pai			ot Taken Elsewhei utions, deductions mus	,			•		
					G WIGH	inc directated busines	3 Income ;	44	
14 15	Salaries and wages	cers, uii	rectors, and trustees (Sch	edule K)				14 15	
16	Repairs and maintena	ance				$\overline{}$		16	
17	Bad debts			_		\vec{b}		17	
18	Interest (attach sched	fule) (se	ee instructions)	OFC		1001		18	
19	Taxes and licenses		•	T ALL		10 Pens		19	
20	Charitable contribution	ıns (See	e instructions for limitation	rules)	22	2019 SEE STA	TEMENT 2	20	
21	Depreciation (attach f			180 001		117 4			
22		ımed on	Schedule A and elsewher	re on returb	MEI	N, U 1 22a	_	22b	
23	Depletion			/ 09	سنسا			23	
24								24	<u></u> .
25 26	Employee benefit pro	-	hodulo I)					25 26	
26 27	Excess exempt expen Excess readership co							27	
2 <i>1</i> 28	Other deductions (att							28	
29	Total deductions Ad							29	
			•			0 (30	-
30	Unrelated business ta	ixable III	icome before net operatini	g loss deduction. Subtrai	ot line 29	9 trom line 13		י טט י	
30 31			ncome before net operating oss arising in tax years be	=				31	

EXTENDED TO NOVEMBER 15, 2019939329927705

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

Form 990-T

VI [Statements Regarding Certain Activities and Other Information (see instructions)		
At	any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	N
OV	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
Fin	nCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	Į	<u> </u>
her	ere >		X
Ωu	uring the tay year, did the organization receive a distribution from or was if the grantor of or transferor to a foreign trust?		T _X

OUR CITY READING INC

Amounts paid for disallowed fringes

enter the smaller of zero or line 36

Alternative minimum tax (trusts only)

c General business credit Attach Form 3800

e Total credits Add lines 45a through 45d

Total tax Add lines 46 and 47 (see instructions)

50 a Payments: A 2017 overpayment credited to 2018

Part IV Tax Computation

41 Proxy tax See instructions

Part V Tax and Payments

b Other credits (see instructions)

Subtract line 45e from line 44

b 2018 estimated tax payments

c Tax deposited with Form 8868

Form 4136

e Backup withholding (see instructions)

g Other credits, adjustments, and payments:

51 Total payments Add lines 50a through 50g

Total Unrelated Business Taxable Income

Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)

Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)

Tax rate schedule or Schedule D (Form 1041)

Tax on Noncompliant Facility Income See instructions

d Credit for prior year minimum tax (attach Form 8801 or 8827)

Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies

45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)

d Foreign organizations: Tax paid or withheld at source (see instructions)

f Credit for small employer health insurance premiums (attach Form 8941)

52 Estimated tax penalty (see instructions). Check if Form 2220 is attached

Enter the amount of line 54 you want: Credited to 2019 estimated tax

Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed

Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid

2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2

Form 2439

Other

Form 990-T (2018)

Part III

34

35

36

37

39

40

42

43

46

47

54

Part 56

lf	"Yes," see instructions for other forms the orga	nization may have to file				
58 Er	nter the amount of tax-exempt interest received	or accrued during the tax year >\$	().		
Sign	Under penalties of perjury, I declare that I have examin correct and complete Declaration of preparer (other the				ge and belief, it is true,	
Here	Signature of officer	the	y the IRS discuss this retu preparer shown below (se ructions)? X Yes			
•	Print/Type preparer's name	Postar's storature	Date	Check	PTIN	
Paid		ALAN B. CARMAN,		self- employed		
Prepare	ALAN B. CARMAN, CPA	CPA	09/06/19		P0126625	3
Use On	le . Nove et o			Firm's EIN ▶	23-21081	73 🎤
	1330 BROA	1330 BROADCASTING ROAD				
	Firm's address ► WYOMISSIN	G, PA 19610		Phone no 61	<u>10-376-159</u>	5
23711 01-09-	19				Form 990 -	T (2018

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases	2		_	Cost of goods sold S		line 6			
3 Cost of labor	3		_	from line 5. Enter here					
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to			4
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	d Pers	onal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1 Description of property									
(1)									
(2)			-				-		
(3)					-				
(4)									
	2 Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) an			ı
(1)						_			
(2)									
(3)									
(4)				***************************************					
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	tions)					
			2	Gross income from	i	3 Deductions directly conn to debt-finance			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)						•	†		
(2)				· · · · · ·					
(3)				• •					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to need property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					ı	nter here and on page 1, Part I, line 7, column (A)		iter here and on page art I, line 7, column (l	
Totals				.		0.			0.
Total dividends-received deductions in	ncluded in column	8							0.

Totals (carry to Part II, line (5))

0.

0.

0.

columns 2 through 7			a on a Separ	ate basis (For ea	ich periodical listed	f in Part II, fill in	
1 Name of periodical	2 Gro advertis incom	ing	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			 -				
(2)							
(3)							
(4)	T T						
Totals from Part I		0.	0.	22 X 7/4 # - 2		- "\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.
	Enter here a page 1, P	art I,	Enter here and on page 1, Part I,				Enter here and on page 1,

Totals, Part II (lines 1-5)	0.				
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees	(see instruc	ctions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
_(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

INVESTMENT IN DEBT FINANCED RENTAL PROPERTIES INVESTMENT IN PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIO	NS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YE FOR TAX YEAR 2013 FOR TAX YEAR 2014	ARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	883		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10	% CONTRIBUTIONS	883	
TOTAL CONTRIBUTIONS A		883	
EXCESS 10% CONTRIBUTI EXCESS 100% CONTRIBUT TOTAL EXCESS CONTRIBU	IONS	883 0 883	
ALLOWABLE CONTRIBUTIO	NS DEDUCTION		0
TOTAL CONTRIBUTION DE	DUCTION	<u>-</u>	0

SCHEDULE M (Form 990-T) '

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning

► INVESTMENT

OUR CITY READING INC

Unrelated business activity code (see instructions) ▶ 531390

Describe the unrelated trade or business

Part I Unrelated Trade or Business Income

IN PARTNERSHIPS

(A) Income

► Go to www.irs.gov/Form990T for instructions and the latest information.

ENTITY

OMB No 1545-0687

(C) Net

23-3080065

(B) Expenses

Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Internal Revenue Service (99) ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Name of the organization

1 a	Gross receipts or sales			^	
b	Less returns and allowances c Balance >	1c		* *	
2	Cost of goods sold (Schedule A, line 7)	2			,
3	Gross profit Subtract line 2 from line 1c	3		- -	
4 a	Capital gain net income (attach Schedule D)	4a		•	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		•	
С	Capital loss deduction for trusts	4c		-	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5	-6,586.		-6,586.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10_			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			ļ
13	Total. Combine lines 3 through 12	13	-6,586.		-6,586.
14	deductions must be directly connected with the u Compensation of officers, directors, and trustees (Schedule K)			14	T
15	Salaries and wages			15	
16	Repairs and maintenance			16	· · · · · · · · · · · · · · · · · · ·
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	7
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduc	tion S	Subtract line 29 from line	13 30	-6,586.
31	Deduction for net operating loss arising in tax years beginning on or	after	January 1, 2018 (see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-6,586.

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
GOGGLEWORKS APARTMENTS LLC - NET RENTAL REAL ESTATE INCOME READINGS FUTURE LLC - ORDINARY BUSINESS INCOME (LOSS) READING HOSPITALITY LLC - ORDINARY BUSINESS INCOME (LOSS)	-126. -6,389. -71.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-6,586.

SCHEDULE M (Form 990-T) ·

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

ENTITY

Opén tó Public Inspection for 501(c)(3) Organizations Only

Name	of the organization OUR CITY READING INC			Employer ident		
	Jurelated business activity code (see instructions) ► 53112	0		23 300	, 0 0	0.5
			D RENTAL PRO	PERTY - SO	VEF	RETGN BAN
	পোলা Unrelated Trade or Business Income	-	(Å) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales			WESTERN LI	È.	
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2			W. 18	
3	Gross profit Subtract line 2 from line 1c	3		50/2002/05/5		
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	'			
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			76.98388838		
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7	1,946,345.	1,352,56	6.	593,779.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)		"			
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		的學習的		
13	Total. Combine lines 3 through 12	13	1,946,345.	1,352,56	6.	593,779.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unconnected with th					or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			-	14	
15	Salaries and wages			-	15	
16 17	Repairs and maintenance			}	16	
	Bad debts			<u> </u>	17	
18 19	Interest (attach schedule) (see instructions) Taxes and licenses			-	18	
20	Charitable contributions (See instructions for limitation rules)			-	19	
21	Depreciation (attach Form 4562)		04	*	20	
22	Less depreciation claimed on Schedule A and elsewhere on return		21 22a			
23	Depletion		ZZd		22b 23	<u> </u>
23 24	Contributions to deferred compensation plans				24	
2 4 25	Employee benefit programs			-	25	
26	Excess exempt expenses (Schedule I)			<u> </u>	26	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

593,779.

593,779.

27

28

29

30

27

28

29

30

31

Form 990-T (2018)				Page :			
OUR CITY	23-3080	0065					
Schedule A - Cost of Good	S Sold. Enter method of inve		· · · · · · · · · · · · · · · · · · ·				
 Inventory at beginning of year 	_1	6 Inventory at end of yea	r	6			
2 Purchases	2	7 Cost of goods sold Su	ubtract line 6				
3 Cost of labor	3	from line 5. Enter here	and in Part I,				
4 a Additional section 263A costs		line 2		7			
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No			
Other costs (attach schedule)	4b	property produced or a	equired for resale) apply to				
5 Total Add lines 1 through 4b	5	the organization?					
Schedule C - Rent Income	(From Real Property and	d Personal Property L	eased With Real Prope	erty)			
(see instructions)							
1 0							
1 Description of property							
(1)			·				
(2)	······			***************************************			
(3)							
(4)			***************************************				
	2 Rent received or accrued		2/a) Doductions discottic	connected with the income in			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than of rent for	and personal property (if the percentag personal property exceeds 50% or if ent is based on profit or income)	personal property (if the percentage columns 2(a) and 2(b) (attach schedule)				
(1)							
(2)							
(3)							
(4)							
Total	Total						
c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>			
Schedule E - Unrelated Deb	ot-Financed Income (see	e instructions)					
		2 Gross income from	3 Deductions directly conne to debt-finance				
1 Description of debt-fit	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
				STATEMENT 6			
(1) SOVEREIGN BANK B		1,830,988.	0.	1,118,722.			
(2) GOGGLE WORKS SHO	PS LLC	115,357.	0.	233,844.			
(3)	***************************************						
(4)		27					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			

100.00%

100.00%

%

%

Part I, line 7, column (A) Part I, line 7, column (B) 1,946,345 1,352,566. 0.

1,118,722.

Enter here and on page 1,

233,844.

Form 990-T (2018)

Enter here and on page 1,

1,830,988.

115,357.

(1) (2)

(3)

(4)

Totals

5,834,592.

STATEMENT 4

848,980.

Total dividends-received deductions included in column 8

5,833,502.

STATEMENT 5

445,528.

STATEMENT 4

DESCRIPTION OF DEBT-FINANCED PROPERTY SOVEREIGN BANK BUILDING	ACTIVITY NUMBER 1	AMOUNT OF OUTSTANDING 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 BEGINNING TENTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		6,143,659. 6,110,536. 6,077,247. 6,043,793. 6,010,174. 5,976,387. 5,694,765. 5,660,642. 5,626,349. 5,557,252. 5,557,252. 5,522,445.
AVERAGE AQUISITION DEBT DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	5,834,592. AMOUNT OF OUTSTANDING
GOGGLE WORKS SHOPS LLC BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH	2	DEBT 862,421. 860,050. 857,459. 855,075. 852,614. 850,217. 847,744. 845,336. 842,921. 840,429. 838,001. 835,498.
TOTAL OF ALL MONTHS		10,187,765.

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

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

445,528.

FORM 9.90-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 5
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
SOVEREIGN BANK BUILDING	1	TNUOMA
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		5,935,598. 5,731,405.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		5,833,502.
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
GOGGLE WORKS SHOPS LLC	2	TUOMA
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		456,515. 434,540.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR

FORM 990-T (M) SCHEDULE E - OTHE	R DEDUCTIONS	· · · · · · · · · · · · · · · · · · ·	STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION & AMORTIZATION		282,428.	
INTEREST		318,074.	
PROFESSIONAL SERVICES		59,936.	
INSURANCE		13,003.	
TAXES, FEES AND LICENSES UTILITIES		374,833. 27,940.	
OTHER PROPERTY-RELATED EXPENSES		41,094.	
BANK CHARGES		1,414.	
- SUBTOTAL	- 1		1,118,722
DEPRECIATION & AMORTIZATION		17,274.	,,
INTEREST		32,895.	
PROFESSIONAL SERVICES		4,820.	
RENT		51,840.	
UTILITIES		103,136.	
OFFICE EXPENSE		0.	
TAXES, FEES AND LICENSES		13,614.	
OTHER PROPERTY-RELATED EXPENSES		0.	
BAD DEBT MISCELLANEOUS		0. 1,781.	
INSURANCE		1,085.	
CLEANING AND MAINTENANCE		7,399.	
- SUBTOTAL	- 2	·	233,844
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		1,352,566