| | | | TP 4 | F 2020 | 29393 | 207 | 01821 1 |
|--------------------------------|------------|---|-----------|-------------------------|--|---|--|
| 000 T | | EXTENDED TO MA | | | | | OMB No 1545-0687 |
| Form 990-T | | Exempt Organization Bus | | | | | CIVID 140 1343-0667 |
| / | | (and proxy tax undo | | | 7 20 201 | 00 | 2010 |
| • | For cal | lendar year 2018 or other tax year beginning $\ \underline{	ext{JUL} \ \ 1}$, | | | | <u>9</u> | 2018 |
| Department of the Treasury | | ► Ga to www.irs.gov/Form990T for in: | | | | Ь | Open to Public Inspection for 01(c)(3) Organizations Only |
| Internal Revenue Service | | Do not enter SSN numbers on this form as it may | | | ition is a 501(c)(3). | | 01(c)(3) Organizations Only yer identification number |
| A Check box if address changed | | Name of organization (L. Check box if name cl | hanged | and see instructions.) | | (Emplo | yees' trust, see |
| | 4 | DESTRUCTION CONTRACTOR CERT | o. | .aa | | | , |
| B Exempt under section | | DELMARVA COMMUNITY SERV | | | | | 2-1000521 ted business activity code |
| X 501(CV3) | Type | Number, street, and room or suite no. If a P.O. box | , see in | structions. | | | structions) |
| 408(e) 2220(e) | "" | 2450 CAMBRIDGE BELTWAY | | | | ł | |
| 408A530(a) | | City or town, state or province, country, and ZIP or | r foreign | postal code | | E 2 1 1 | 120 |
| C Book value of all assets | | CAMBRIDGE, MD 21613 | | | | 5311 | .20 |
| at end bi vear | 70 | 1 | <u> </u> | FO1/a) truet | 401(a) | truot | Other trust |
| | | G Check organization type X 501(c) corp tion's unrelated trades or businesses. | 1 | | 401(a) | | Other trost |
| | - | | <u> </u> | | the only (or first) un | | than one |
| trade or business here | | | | | complete Parts I-V. | | |
| | | ce at the end of the previous sentence, complete Pa | ris i and | in, complete a Scheoule | IVI TOT CACH AUUITION | ai ii aue i | ונ |
| business, then complete | | -v. poration a subsidiary in an affiliated group or a paren | t aubau | diany controlled group? | | Yes | S X No |
| | | | เเรียบอก | ulary controlled group? | | | , (2) 140 |
| | | tifying number of the parent corporation. ► THE ORGANIZATION | | Talanh | one number > 4 | 10-2 | 221-1900 |
| | | de or Business Income | - γ | (A) Income | (B) Expenses | | (C) Net |
| 1a Gross receipts or sale | | | | 7.7 | Carpenses | | |
| b Less returns and allo | | c Balance ▶ | 1c | | | | |
| 2 Cost of goods sold (S | | | 2 | | | áza i | |
| 3 Gross profit. Subtract | | | 3 | | | | |
| 4 a Capital gain net incon | | | 4a | | | | |
| • • | , | Part II, line 17) (attach Form 4797) | 4b | - | | | |
| c Capital loss deduction | | | 4c | | | | |
| • | | ship or an S corporation (attach statement) | 5 | | | | |
| 6 Rent income (Schedu | • | sup of all o corporation (utable substituting) | 6 | | AMBASSA. CAMPUL TO A STATE OF THE STAT | *************************************** | |
| 7 Unrelated debt-finance | | ne (Schedule F) | 7 | 49,481. | 67,1 | 18. | -17,637. |
| | | nd rents from a controlled organization (Schedule F) | 8 | 20,7202. | <u>.</u> | | |
| | - | on 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | | |
| 10 Exploited exempt acti | | | 10 | | | | |
| 11 Advertising income (| | • | 11 | | | | |
| 12 Other income (See in | | • | 12 | | | | |
| 13 Total. Combine lines | | • | 13 | 49,481. | 67,1 | 18. | -17,637. |
| | | ot Taken Elsewhere (See instructions fo | r limita | tions on deductions.) | | | |
| (Except for | contribi | utions, deductions must be directly connected | l with t | he unrelated business | income.) | | |
| 14 Compensation of off | ficers, di | rectors, and trustees (Schedule K) | | | | 14 | |
| 15 Salaries and wages | | | | | | 15 | |
| 16 Repairs and mainter | nance | | | | | 16 | |
| 17 Bad debts | | | | | | 17 | |
| 18 Interest (attach sche | edule) (s | ee instructions) | | | | 18 | |
| 19 Taxes and licenses | | | | | | 19 | |
| 20 Charitable contribut | ions (Se | e instructions for limitation rules) | | | | 20 | |
| 21 Depreciation (attach | | • | | 21 | | ar di Para | |
| 22 Less depreciation cl | aimed of | n Schedule A and elsewhere on return | | 22a | | 22b | |
| 23 Depletion | | | | Received (| n Marras | 23 | |
| 24 Contributions to def | erred co | mpensation plans | | | | 24 | |
| 25 Employee benefit pr | - | | | IRS - 08 | 20 OO | 25 | |
| 26 Excess exempt expe | • | • | | APR 2 9 | 20 20 | 26 | |
| 27 Excess readership c | • | • | | HIR & O | 4048 | 27 | |
| 28 Other deductions (a | | | | ~ | | 28 | |
| 29 Total deductions. A | | | | Ogden, | Utah | 29 | 0. |
| | | ncome before net operating loss deduction. Subtrac | | | | 30 | -17,637. |
| | | loss arising in tax years beginning on or after Janua | ry 1, 20 | 18 (see instructions) | 21 | 81 | |
| | | ncome. Subtract line 31 from line 30 | | | 31 | 82 | <u>-17,637.</u> |
| 823701 01-09-19 LHA F | or Papei | rwork Reduction Act Notice, see instructions. | | | | | Form 990-T (2018) |

| Form 990-1 | | DELMARVA COMMUNITI | | | | 72-100 | 0321 | , age <u>E</u> |
|------------|---------|---|--|-----------------|------------------|---------------------------------------|-------------|---|
| Part I | 1 | Total Unrelated Business Taxab | le Income | | | | | |
| 33 | Total | of unrelated business taxable income compute | d from all unrelated trades or businesses | (see instruc | ctions) | | 33 | -17,637. |
| 34 | Amou | ints paid for disallowed fringes | | | | | 34 | |
| 35 | Deduc | ction for net operating loss arising in tax years | beginning before January 1, 2018 (see in | structions) | STM | т 1 | 35 | 0. |
| 36 | | of unrelated business taxable income before sp | | | | | | |
| | | 33 and 34 | | | | | 36 | -17,637. |
| 37 | | fic deduction (Generally \$1,000, but see line 37 | 7 instructions for exceptions) | | | 38 | 37 | 1,000. |
| 38 | | ated business taxable income. Subtract line | | ine 36. | | - | | <u> </u> |
| • | | the smaller of zero or line 36 | • · · · · · · · · · · · · · · · · · · · | , | | 39 | 38 | -17,637. |
| Parti | | Tax Computation | | | | · · · · · · · · · · · · · · · · · · · | 1 1 1 | |
| 39 | | nizations Taxable as Corporations. Multiply li | ne 38 hv 21% (0.21) | | | | 39 | 0. |
| | • | s Taxable at Trust Rates. See instructions for | | int on line ? | 38 from: | | | |
| 40 | | | | Jill On Illio C | ou morn. | | 40 | |
| 4.4 | | Tax rate schedule or Schedule D (For | 11 1041) | | | | 41 | |
| 41 | - | tax. See instructions | | | | | 42 | |
| 42 | | native minimum tax (trusts only) | Name. | | | | | |
| 43 | | n Noncompliant Facility Income. See instruct | | | | | 43 | 0. |
| 44 | | . Add lines 41, 42, and 43 to line 39 or 40, while | cnever applies | | | | 44 | |
| Part \ | | Tax and Payments | | 1 | | | | |
| 45 a | | gn tax credit (corporations attach Form 1118; t | rusts attach Form 1116) | 45a | | | | |
| b | | credits (see instructions) | | 45b | | | | |
| C | | ral business credit. Attach Form 3800 | | 45c | | | | |
| d | | t for prior year minimum tax (attach Form 880 | 1 or 8827) | 450 | | | | |
| е | Total | credits. Add lines 45a through 45d | | | | | 45e | |
| 46 | | act line 45e from line 44 | | | _ | | 46 | 0. |
| 47 | Other | taxes. Check if from Form 4255 | Form 8611 Form 8697 Form | 1 8866 🔃 | J Other (atta | ch schedule) | 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 F | form 965-B, Part II, column (k), line 2 | | | | 49 | 0. |
| 50 a | Paym | nents: A 2017 overpayment credited to 2018 | | 50a | | | | |
| b | 2018 | estimated tax payments | | 50b | | | | |
| C | Tax d | leposited with Form 8868 | | 50c | | | | |
| d | Foreig | gn organizations: Tax paid or withheld at sourc | e (see instructions) | 50d | | | | |
| е | Backı | up withholding (see instructions) | | 50 <u>e</u> | | | | |
| f | Credi | t for small employer health insurance premium | ns (attach Form 8941) | 50f | | | | |
| | | | rm 2439 | | | | | |
| • | | | her Total | ▶ 50g | | | | |
| 51 | Total | payments. Add lines 50a through 50g | | | | <u> </u> | 51 | |
| 52 | | nated tax penalty (see instructions). Check if Fo | irm 2220 is attached 🕨 🔲 | | | | 52 | |
| 53 | Tax d | lue. If line 51 is less than the total of lines 48, | 49, and 52, enter amount owed | | | • | 53 | |
| 54 | Over | payment. If line 51 is larger than the total of lir | nes 48, 49, and 52, enter amount overpaid | j | | • | 54 | |
| 55 | Enter | the amount of line 54 you want: Credited to 2 | 019 estimated tax | | Refun | ded 🕨 | 55 | _ |
| Part. | | Statements Regarding Certain A | | tion (se | e instruction | ons) | | - |
| 56 | At an | y time during the 2018 calendar year, did the c | roanization have an interest in or a signat | ure or othe | r authority | | | Yes No |
| | | a financial account (bank, securities, or other) | | | | | | |
| | | N Form 114, Report of Foreign Bank and Finar | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | here | | , | | , | | | X |
| 57 | | ng the tax year, did the organization receive a d | istribution from, or was it the grantor of, | or transfero | r to, a foreig | n trust? | | x |
| ٠. | | s," see instructions for other forms the organiz | | | | | | |
| 58 | | the amount of tax-exempt interest received or | • | | | | | |
| | Ur | nder penalties of perjury, I declare that I have examined | this return, including accompanying schedules an | d statements, | , and to the bes | st of my knowle | edge and be | lief, it is true, |
| Sign | co | orrect, and complete Declaration of preparer (other than | 1 1 | parer has any | knowledge | _ | | |
| Here | | Lando a Grande | 14/22/2020 EXECU | TTVE | DIRECT | T 7 T | | discuss this return with shown below (see |
| | | Signature of officer | Date Title | | DIII. | | | X Yes No |
| - | | Print/Type preparer's name | Preparer's signature | Date | | eck | ıf PTIN | |
| | | Trime type proparer a name | JOHN G. WILAND, | 5416 | | if- employed | | |
| Paid | | JOHN G. WILAND, CPA | - | 04/21 | | ii- employed | | 1357234 |
| Prep | | | BERG, WIMBISH & STO | | | ırm's EIN | | 2-1197902 |
| Use (| Unly | | TE ROAD, SUITE 310 | | - T | II II S EIN 💌 | | . 1171704 |
| | | Firm's address ANNAPOLIS, | | | | hone no | 410-2 | 24-4920 |
| 00074: - | 1.00 | Trime addiess - AMMAPOLIS, | HD CIAOT | | 1 1 | none no. | <u> </u> | |
| 823711 0 | 1-09-19 | | | | | | | Form 990-T (2018) |

| Schedule A - Cost of Goods | Sold. Enter | method of inver | tory v | aluation N/A | | | |
|--|-----------------|--|----------|---|----------|---|---|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | • | | 6 |
| 2 Purchases | 2 | |] 7 | Cost of goods sold. Su | btract l | ine 6 | |
| 3 Cost of labor | 3 | |] | from line 5. Enter here a | and in F | Part I, | - 1000000000000000000000000000000000000 |
| 4a 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 ac | cquired | for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | <u>l</u> | the organization? | | | |
| Schedule C - Rent Income (I | From Real | Property and | l Per | sonal Property L | ease | d With Real Prope | erty) |
| (see instructions) | | | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | - | | | | |
| (4) | 2. Rent receiv | ed or accrued | | | | 1 | |
| (a) From personal property (if the perc | | | and ners | onal property (if the percentag | | 3(a) Deductions directly of | connected with the income in |
| rent for personal property is more 10% but not more than 50%) | than | ` of rent for p | personal | property exceeds 50% or if ed on profit or income) | | columns 2(a) and | 1 2(b) (attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | _ | | | | <u> </u> |
| Total | 0. | Total | | | 0. |] | |
| (c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1 Part I, line 6, column (8) | > 0 |
| Schedule E - Unrelated Deb | | Income (see | ınstrı | ictions) | <u> </u> | Tract, into o, column (o) | |
| | | | | 2. Gross income from | | 3. Deductions directly connition to debt-finance | |
| 1. Description of debt-fin | anced property | | ' | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| | | | | | S | TATEMENT 3 | STATEMENT 4 |
| (1) | | - | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) SEE STATEMENT 2 | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or | adjusted basis allocable to inced property | ' | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of column: 3(a) and 3(b)) |
| STATEMENT 5 | STA'TE | | | | | 2 x column by | S(a) and S(b)) |
| (1) | | | 1 | % | | | |
| (2) | | | | % | | | |
| (3) | | | | % | | | |
| (4) | | | | % | | | |
| | | | | | | Enter here and on page 1, Part I, line 7 column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | | 1 | 49,481. | 67,118 |
| Total dividends-received deductions in | cluded in colum | n R | | | Ь | | 0,7110 |

| Schedule F - Interest, A | nnuities | s, Royalt | ies, and | Rents | From Co | ntrolle | d Organiza | tions | (see ins | tructions |) |
|-------------------------------------|----------------------------|--|---------------------------------|--------------------------|---|--|---|-----------------------|---|---------------------------|---|
| | | | | Exempt C | ontrolled O | rganızatı | ions | | | | |
| 1. Name of controlled organizate | on | 2. Emp identific numt | ation | | lated income instructions) | | tal of specified ments made | ıncludi | 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) | | | | | | <u> </u> | | <u> </u> | | | |
| Nonexempt Controlled Organiz | ations | | | | | L | | <u> </u> | | | |
| 7. Taxable Income | | nrelated incom | e (loss) | O Total o | of specified pay | menis | 10, Part of colu | mn 9 thai | is included | 11 Ded | uctions directly connected |
| 7. Taxable moonie | | ee instructions | | 9. 10.22 | made | ,,,,,, | in the controll | ing organ s income | ization's | | ncome in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | | | Add colur Enter here and line 8, | | 1, Part I, | Enter he | d columns 6 and 11 are and on page 1, Part I, ane 8, column (B) |
| Totals | | | | | | | | | 0. | | 0. |
| Schedule G - Investment (see instr | | ne of a S | ection | 501(c)(7 |), (9), or (| 17) Or | ganization | | | | • |
| | iption of inco | me | | | 2. Amount of | income | 3. Deduction directly connect (attach scheen | ected | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | - | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | - | | | | | |
| (4) | _ | | - | | | | | | | | |
| Totals | | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| Schedule I - Exploited (see instru | - | Activity | Income | , Other | Than Ad | | ng Income | | | | · |
| Description of exploited activity | 2. G unrelated incom | Gross I business ne from business | directly c | elated | 4. Net incor from unrelate business (cominus colum gain, compu- through | d trade or olumn 2 in 3) If a le cols 5 | 5. Gross inc from activity is not unrela business inco | that ited | attribut | penses able to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | - | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | T | | |
| | page 1 | re and on I, Part I, col (A) | Enter her page 1 line 10, | col (B). | | | | | | j: -: :; | Enter here and on page 1, Part II, line 26 |
| Totals Schedule J - Advertising | na Incor | 0. ne (see i | nstruction | 0. | | | | | | se are minimible | 0. |
| Part Income From I | | | | | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (col 3) If a g | rtising gain col 2 minus gain, compu hrough 7 | s 5. Circula | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | - | | | |
| (4) | | | | | | | <u></u> | | | | |
| Totals (carry to Part II, line (5)) | • | 1 | 0. | 0 | | | | | | | 0. |
| | | | | | | | | | | | Form 990-T (2018) |

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 | Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|----------|--|--|---|-----------------------|---------------------|--|
| (1) | | _ | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | · | , | | |
| Totals from Part I | ▶ | 0. | 0. | | | | 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, Part 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. Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2018)

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 1 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/10 | 259,661. | 4,005. | 255,656. | 255,656. |
| 06/30/11 | 20,163. | 0. | 20,163. | 20,163. |
| 06/30/12 | 19,649. | 0. | 19,649. | 19,649. |
| 06/30/13 | 28,534. | 0. | 28,534. | 28,534. |
| 06/30/14 | 80,200. | 0. | 80,200. | 80,200. |
| 06/30/18 | 1,213. | 0. | 1,213. | 1,213. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 405,415. | 405,415. |

| 3B. OTHER DEDUCTION 8. ALLOCABLE DEDUCTIONS 1. 22,83 OTHER DEDUCTION 4. 20,43 8. ALLOCABLE |
|---|
| 8. ALLOCABLE DEDUCTIONS 1. 22,83 3B. OTHER DEDUCTION 4. 20,43 |
| ALLOCABLE DEDUCTIONS 22,83 3B. OTHER DEDUCTION 20,43 |
| 3B. OTHER DEDUCTION 20,43 |
| OTHER DEDUCTION 20,43 |
| 8. |
| |
| DEDUCTIONS |
| 28,58 |
| 3B. OTHER DEDUCTION |
| 3. 11,80 |
| 8. ALLOCABLE DEDUCTIONS |
| 7. 15,70 |
| C |

| FORM 990-T | SCHEDULE E - DEPRECIA | ATION DEDUCTI | ON | STATEMENT 3 |
|---|--|----------------------|------------------------------|---------------------------|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| DEPRECIATION DEPRECIATION DEPRECIATION | - SUBTOTAL - - SUBTOTAL - - SUBTOTAL - | - 2 | 21,148. 8,154. 12,288. | 21,148 8,154 12,288 |
| NOMAT OF BODM 000 m | , SCHEDULE E, COLUMN | 3(A) | | 41,590 |
| OTAL OF FORM 990-T | , SCHEDOLE E, COLORN | | | |
| | SCHEDULE E - OTHER | | | STATEMENT 4 |
| FORM 990-T DESCRIPTION | · · · · · · · · · · · · · · · · · · · | | AMOUNT | |
| FORM 990-T DESCRIPTION ALLOCABLE EXPENSES | SCHEDULE E - OTHER | ACTIVITY NUMBER | AMOUNT 39,154. 20,431. | TOTAL 39,154 |
| FORM 990-T | SCHEDULE E - OTHER | ACTIVITY NUMBER 1 2 | 39,154. | STATEMENT 4 |

| | GE ACQUISITION LE TO DEBT-FIN | | RTY | STATEMENT 5 |
|----------------------------|----------------------------------|--------------------|----------|-------------|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| AVERAGE MORTGAGE BALANCE | - SUBTOTAL - | 1 | 337,441. | 337,441. |
| AVERAGE MORTGAGE BALANCE | - SUBTOTAL - | _ | 123,027. | 123,027. |
| AVERAGE MORTGAGE BALANCE | - SUBTOTAL - | _ | 647,527. | 647,527. |
| | 20000 | | | |
| TOTAL OF FORM 990-T, SCHED | OULE E, COLUMN | 4 | | 1,107,995 |

| | AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY | | | | | |
|--|--|--------------------|----------------------|------------|--|--|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL | | |
| AVERAGE ADJUSTED BASIS | - SUBTOTAL - | 1 | 891,214. | 891,214. | | |
| AVERAGE ADJUSTED BASIS AVERAGE ADJUSTED BASIS | - SUBTOTAL - | 2 | 111,546. 993,445. | 111,546. | | |
| AVERAGE ADJUSTED BASIS | - SUBTOTAL - | 3 | 373,443. | 993,445. | | |
| TOTAL OF FORM 990-T, SCHE | EDULE E, COLUMN | 5 | | 1,996,205. | | |