2018.05090 KENTUCKY ASSOCIATION OF COU 8147_TA1

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

| Form 990-1 | ALLAN CONT. INDUCT. IN C. COUNTED AND | 70248 | Page 2 |
|--------------|--|-----------------------|-----------------------|
| Part I | III / Total Unrelated Business Taxable Income | | |
| 33 / | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 1,000. |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1 | 35 | 1,000. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | |
| | lines 33 and 34 | ∞ 36 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 350 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | * * | 1,000. |
| 30 | enter the smaller of zero or line 36 | 38 | 0. |
| Part I | | 1 30 | |
| | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | ▶ 39 | 0. |
| 39 | | 39 | |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| 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 | 0. |
| Part \ | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| b | Other credits (see instructions) 45b | | |
| C | General business credit. Attach Form 3800 | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| е | Total credits Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 | 46 | 0. |
| 47 | Other taxes. Check if from; Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched | dule) 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 | 49 | 0. |
| 50 a | Payments: A 2017 overpayment credited to 2018 | | |
| | 2018 estimated tax payments 50b | | |
| | Tax deposited with Form 8868 | \neg | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | |
| | Backup withholding (see instructions) 50e | | |
| | Credit for small employer health insurance premiums (attach Form 8941) 50f | | |
| | Other credits, adjustments, and payments: Form 2439 | | |
| 9 | Form 4136 Other Total 50g | | |
| E4 | Total payments. Add lines 50a through 50g | 51 | |
| 51 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 | - |
| | , | 53 | |
| 53 | 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 | 54 | |
| 54 | | 55 | |
| 55 Dort \ | | D 35 | |
| Part \ | | | T., I., |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | here > | | x |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust | > | Х |
| | 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 ▶\$ | | |
| C: | Under penalties of perjuly, I declare that have examined this return, including accompanying schedules and statements, and to the best of m correct, and complete peclaration of peparer (other than taxpayer) is based on all information of which preparer has any knowledge | ny knowledge and beli | ef, it is true, |
| Sign | 4.26, 10 | | iss this return with |
| Here | EXECUTIVE DIRECTOR/CEO | the preparer show | |
| | Signafure offofficer Date Title | instructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date Check | ıf PTIN | |
| Paid | self- empl | oyed | |
| Prepa | arer REBECCA L. PHILLIPS, CPA RSUSCES S. Mullis 05/08/20 | P00024 | 1055 |
| Use (| 8 | | |
| USE C | 462 S. FOURTH ST., SUITE 2600 | | |
| | Firm's address LOUISVILLE KY 40202-3445 Phone no | 0 (502)749-1 | 900 |
| 823711 01 | | | m 990-T (2018) |

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | /aluation ► N/A | | | | | |
|--|----------------------|--|----------|---|--|--|-------------|---|-----------|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | r | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | btract I | ine 6 | | | |
| 3 Cost of labor | 3 | |] | from line 5. Enter here a | and in F | Part I, | | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | | |
| (attach schedule) | 4a | | _ 8 | Do the rules of section | 263A (1 | with respect to | | Ye | s No |
| b Other costs (attach schedule) | 4b | | _ | property produced or a | cquired | l for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | . 5 | | <u> </u> | the organization? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Pe | rsonal Property I | Leas | ed With Real Pro | oper | ty) | |
| Description of property | | | | | | | | | |
| (1) | . | | | - | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | · | | | | | | | | • |
| | | ed or accrued | | | | 0(-) 5 | | | |
| (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 | ersona | sonal property (if the percenta I property exceeds 50% or if sed on profit or income) | ige | 3(a) Deductions direct columns 2(a) a | and 2(b | ected with the incon) (attach schedule) | ne in |
| _(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 | ı (A) | • | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Det | ot-Financed | I Income (see | ınstru | uctions) | | | | | |
| | | | ; | 2. Gross income from | | Deductions directly co to debt-finar | | | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) Straight line depreciation (attach schedule) | | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | \top | | |
| (2) | | | | | | | | | |
| (3) | | | | | | - | | _ , , | |
| (4) | | | | | | | | - | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property a schedule) | (| 5. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable ded (column 6 x total o 3(a) and 3(b | f columns |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on part I, line 7, colur | nn (B) |
| Totals | alianda e e e to | - 0 | | ▶] | | | 0. | | 0. |
| Total dividends-received deductions in | iciuded in columi | 18 | | . | | | > | | 0. |
| | | | | | | | | Form 990 |)-T (2018 |

| Schedule F - Interest, A | Innuitie | s, Royai | ties, ar | | Controlled O | | | zation | I S (see ins | struction | ons) |
|---------------------------------------|---|-----------------------------------|-----------------------------------|--|--|--|---|-------------------------------------|--|-----------|--|
| Name of controlled organization | on | 2. Emp identific numi | ation | 3. Net unr | related income a instructions) | 4 . To | tal of specified ments made | include | of column 4 id in the cont ition's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) KENTUCKY ASSOCIATION | OF | | | | | | | | | | |
| (2) COUNTIES INSURANCE A | | 61-13192 | 17 | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | , | | | |
| Nonexempt Controlled Organiz | ations | | | | | - | | | | 1 | |
| 7. Taxable Income | | nrelated incom se instructions | | 9. Total | of specified pays made | ments | 10. Part of coluin the controllingross | mn 9 that ing organi s income | is included ization's | | Deductions directly connected with income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | 1.000. | | | 1 000. | | |
| (3) | | | | | | | | | • | | |
| (4) | | | · | | | | | | | | |
| | | | | | | | Add colun Enter here and line 8, o | | 1, Part I, | | Add columns 6 and 11 or here and on page 1, Part I, line 8, column (8) |
| Totals | | | | | | <u> </u> | | | 1,000. | | |
| Schedule G - Investmer | | ne of a s | Section | 1 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | |
| (see instru | ption of incor | me | | | 2. Amount of | ıncome | 3. Deductio directly conne (attach sched | ected | 4. Set- | | 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 Part I, line 9, column (B) |
| Schedule I - Exploited E (see instruc | - | Activity | Incom | e, Othe | r Than Ad | lvertisi | ing Income | • | | | |
| Description of exploited activity | 2 Gi unrelated income trade or b | business from | directly of with pro of unr | penses connected oduction related s income | 4. Net incomfrom unrelated business (cominus colum gain, compute through | trade or olumn 2 n 3) If a e cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | 6 Exp attribut colui | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | Enter here page 1, line 10, c | Part I, | page 1 | re and on I, Part I, , col (B) | | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals | | 0. | | 0. | | | | | | | |
| Schedule J - Advertisin | | | | | | | _ | | | | |
| Part I Income From P | eriodic | als Rep | orted o | n a Con | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (c | | 5 Circulat | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | _ | | | | | | _ |
| (4) | | | | | | _ | | | | | |
| Totals (carry to Part II, line (5)) | • | | 0. | | 0. | _ | | | | | |
| | | | | | | | | | | | Form 990-T (201 |

| orn | i 990-T (| 2018) | KENTUCKY | ASSOCIATION | OF | COUNTIES | INC |
|-----|-----------|-------|----------|-------------|----|----------|-----|
| | | | | | | | |

61-0870248

Page 5

| | () ILDIVIOUNT TIDBO | OCIALIDA OL | OUGHT LUD. | 21101 | | <u> </u> |
|---------|------------------------|---------------------|------------|------------------|-----------------------------|-----------------------|
| Part II | Income From Peri | iodicals Rep | orted on a | a Separate Basis | (For each periodical lister | d in Part II, fill in |
| | columns 2 through 7 on | n a line-by-line ba | asis.) | | | |

| 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) | | | | | | |
| (2) | | | | | | , |
| (3) | | | | | | |
| (4) | | - | | | | |
| Totals from Part I | O . | 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, 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 | 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 | NET | EDUCTION | STATEMENT | |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/08 | 29,398. | 399. | 28,999. | 28,999. |
| 06/30/09 | 12,028. | 0. | 12,028. | 12,028. |
| 06/30/10 | 5,771. | 0. | 5,771. | 5,771. |
| 06/30/11 | 10,154. | 0. | 10,154. | 10,154. |
| 06/30/12 | 14,841. | 0. | 14,841. | 14,841. |
| 06/30/13 | 5,121. | 0. | 5,121. | 5,121. |
| 06/30/14 | 12,365. | 0. | 12,365. | 12,365. |
| 06/30/15 | 12,892. | 0. | 12,892. | 12,892. |
| 06/30/16 | 9,751. | 0. | 9,751. | 9,751. |
| 06/30/17 | 546. | 0. | 546. | 546. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 112,468. | 112,468. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

| ENTITY | 1 |
|--------|-----------|
| OMB No | 1545-0687 |

Department of the Treasury Internal Revenue Service (99) , and ending <u>JUN 30 2019</u>

▶ 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).

Open to Public Inspection for 501(c)(3) Organizations Only

| Name | of the organization | | | | Employer identifica | ation number |
|-----------|--|----------|------------|-------------|---------------------|-----------------|
| | KENTUCKY ASSOCIATION OF COUNTIES | INC. | | | 61-0870248 | |
| ι | Inrelated business activity code (see instructions) > 531120 | | | | | |
| | Describe the unrelated trade or business BUILDING RENTA | AL | | | | |
| Pa | TI Unrelated Trade or Business Income | | (A) In | come | (B) Expenses | (C) Net |
| 1a | 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 | | | | |
| C | Capital loss deduction for trusts | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | | | | |
| 6 | Rent income (Schedule C) | 6 | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | 653. | 729 | <u>-76.</u> |
| 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 | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | | 653. | 729 | -76 |
| | deductions must be directly connected with the | unre | lated bus | iness incor | · | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | |
| 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) | | | 1 1 | 20 | |
| 21 | Depreciation (attach Form 4562) | | | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 1 | | 22a | 221 | |
| 23 | Depletion | | | | 23 | |
| 24 | Contributions to deferred compensation plans | | | | 24 | |
| 25 | Employee benefit programs | | | | 25 | 1 |
| 26 | Excess exempt expenses (Schedule I) | | | | 26 | |
| 27 | Excess readership costs (Schedule J) | | | | 27 | |
| 28 | Other deductions (attach schedule) | | | | 28 | T |
| 29 | Total deductions. Add lines 14 through 28 | | | | 29 | |
| 30 | Unrelated business taxable income before net operating loss dedu | | | | 13 30 | -76. |
| 31 | Deduction for net operating loss arising in tax years beginning on | or after | January 1, | 2018 (see | | |
| | instructions) | | | | 31 | |
| <u>32</u> | Unrelated business taxable income Subtract line 31 from line 30 | | | | 32 | <u>-76.</u> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| KENTUCKY ASSOC | | | | | 61-0870248 | 3 | - | |
|--|--------------------------------|--|---|------------------|--|---------------|--|--------|
| Schedule A - Cost of Goods | S SOIG. Enter | method of invento | | | | | | |
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of ye | | - | 6 | | |
| 2 Purchases | 2 | | 7 Cost of goods sold S | Subtract I | ine 6 | | | |
| 3 Cost of labor | 3 | | from line 5. Enter her | e and in l | Part I, | | | |
| 4a Additional section 263A costs | | | line 2 | | Ĺ | 7 | r | , |
| (attach schedule) | 4a | | 8 Do the rules of section | n 263A (1 | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or | acquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | | | |
| Schedule C - Rent Income ((see instructions) | (From Real | Property and | Personal Property | Lease | ed With Real Prop | perty) | <u></u> | |
| . Description of property | | | | | | | | |
| (1) | | | . | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | ed or accrued | | | 3(a) Deductions directly | connected w | ith the income | ın |
| (a) From personal property (if the per- rent for personal property is more 10% but not more than 50% | than | of rent for per | d personal property (if the percent sonal property exceeds 50% or is based on profit or income) | itage if | columns 2(a) an | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | - | | | | | | | |
| Total | | Total | | | | | | |
| c) Total income. Add totals of columns 2 here and on page 1, Part 1, line 6, column | | ter | | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | |
| Schedule E - Unrelated Deb | t-Financed | I Income (see in | nstructions) | | | | | |
| | | | 2. Gross income from | | 3. Deductions directly con- to debt-finance | | r allocable | |
| 1. Description of debt-fin | anced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (at | Other deduction tach schedule) | |
| /4\ | | | | - | | | ATEMENT 2 | |
| (1) BUILDING | | | 45,000 | | 0 | - | 50 | 310. |
| (2) | | | | - | | | | |
| (3) | | | | - | | + | | |
| (4) | | | | - | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina (attac | adjusted basis allocable to inced property in schedule) | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (colum | llocable deduct n 6 x total of co 3(a) and 3(b)) | |
| SEE STATEMENT 3 | SEE STAT | | | - | | | | |
| (1) 5,923. | | 407,615. | 1.45% | - | 653 | • | | 729. |
| (2) | | | <u>%</u> | - | | | | |
| (3) | | + | % | - | | | | |
| (4) | | | % | + | | | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A) | | ere and on pag line 7, column | |
| Totals | | | • | · | 653 | | | 729. |
| Total dividends-received deductions in | cluded in columi | 18 | | | | | | 0. |
| | | | | | | | Form 990-T | (2018) |

| UTILITIES JANITORIAL SERVICE GROUNDS & BUILDING MAINTENANCE GROUNDS & BUILDING MAINTENANCE GROUNDS & BUILDING MAINTENANCE GROUNDS & BUILDING MAINTENANCE 10,642. 2,676. DEPRECIATION 29,364. INTEREST 266. INTEREST - SUBTOTAL - 1 50,310. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL | FORM 990-T (M) SCHEDULE E - OTHER | DEDUCTIONS | | STATEMENT | 2 |
|--|---|--------------|---|-----------|------|
| JANITORIAL SERVICE GROUNDS & BUILDING MAINTENANCE DEPRECIATION 10,642. GROUNDS & BUILDING MAINTENANCE DEPRECIATION 29,364. 1NSURANCE 10,102. 10,102. 10,102. 10,102. 10,012. 10,012. 10,012. 10,012. 10,012. 10,012. 10,012. 10,012. 10,012. 10,012. 10,013. 10,014. 10,015. 10,012. 10,012. 10,012. 10,013. 10,013. 10,014. 10,014. 10,015. 10,014. 10,014. 10,015. 10,014. 10, | DESCRIPTION | | AMOUNT | TOTAL | |
| GROUNDS & BUILDING MAINTENANCE DEPRECIATION 129, 364. 1NSURANCE INTEREST 266. INTERNET AND PHONE - SUBTOTAL - 1 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL | UTILITIES | | 5,435. | | |
| DEPRECIATION 125,364. INSURANCE 915. INTERST 226. INTERNET AND PHONE - SUBTOTAL - 1 50,310. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 50,310. FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT TOTAL | JANITORIAL SERVICE | | | | |
| INSURANCE INTEREST 266. INTERNET AND PHONE - SUBTOTAL - 1 50,310. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 50,310. FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL | | | | | |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 50,310. FORM 990-T (M) | INSURANCE | | | | |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X SUBTOTAL - 1 SOUBTOTAL - 1 ACTIVITY ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL | | | • | | |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 50,310. FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT TOTAL ACTIVITY AMOUNT TOTAL ACTIVITY AMOUNT TOTAL X - SUBTOTAL - 1 407,615. | | 1 | 1,012. | 50 | 310 |
| FORM 990-T (M) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 407,615. | 505101111 | 1 | | | |
| ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 5,923. FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY AMOUNT TOTAL X - SUBTOTAL - 1 407,615. A 407,615. | TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 3(B) | | 50, | 310. |
| DESCRIPTION NUMBER AMOUNT TOTAL 5,923. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 407,615. 407,615. | | | TY | STATEMENT | 3 |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. 407,615. | DESCRIPTION | | AMOUNT | TOTAL | |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 5,923. 407,615. 407,615. | X | | 5 923. | | |
| FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 407,615. | - SUBTOTAL - | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5, | 923. |
| ALLOCABLE TO DEBT-FINANCED PROPERTY ACTIVITY NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 407,615. | TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 4 | | 5, | 923. |
| ACTIVITY AMOUNT TOTAL X - SUBTOTAL - 1 407,615. | · · | | vp m v | STATEMENT | 4 |
| NUMBER AMOUNT TOTAL X - SUBTOTAL - 1 A07,615. 407,615. | ADDOCABLE TO DEBT-FT | NANCED FROFE | | | |
| - SUBTOTAL - 1 407,615. | DESCRIPTION | | AMOUNT | TOTAL | |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5 | | 1 | 407,615. | 407, | 615. |
| | TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 5 | | 407 | 615 |