

Form **4T** **Wisconsin Exempt Organization Business Franchise or Income Tax Return**

For 2016 or taxable year beginning 07012016 and ending 06302017
M M D D Y Y Y Y M M D D Y Y Y Y

2016

Complete form using **BLACK INK**. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

DO NOT STAPLE OR BIND

Exempt Organization Name
FOX VALLEY WORKFORCE DEVELOPMENT BOARD, INC.

Number and Street
1401 MCMAHON DR Suite Number

City
NEENAH State **WI** ZIP (+ 4 digit suffix if known) **54956-6305** A Federal Employer ID Number **391571085**

D Check if applicable and attach explanation:
 1 Amended return
 2 First return - new corporation or entering Wisconsin
 3 Final return - corporation dissolved or withdrew
 4 Short period - change in accounting period
 5 Short period - stock purchase or sale

B Business Activity (NAICS) Code
531120

C State of Organization and Year
 Enter abbreviation of state in box, or if a foreign country, enter below
WI **1983**
Y Y Y Y

E If you have an extension of time to file, enter extended due date 05152018
M M D D Y Y Y Y

F If you have related entity expenses and are required to file Schedule RT with this return

G If you changed your organization name.

H Internal Revenue Service adjustments became final during the year
 Enter years adjusted **▶**

I Check type of organization:
 1 Corporation 2 Trust - due 4th month 3 Trust - due 5th month

J Name of Trustee if Taxable as Trust

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)

1	Unrelated business taxable income (from federal Form 990-T, line 34)	1	<u>0.00</u>
2	Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8)	2	<u>.00</u>
3	Subtract line 2 from line 1. This is apportionable unrelated business taxable income	3	<u>.00</u>
4	Wisconsin apportionment percentage (from Form A-1 or Form A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form A-2, check (<input checked="" type="checkbox"/>) the space after the arrow	4	<u>100.0000 %</u>
	If 100% apportionment, check (<input checked="" type="checkbox"/>) the space after the arrow.		
5	Multiply line 3 by line 4	5	<u>.00</u>
6	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9)	6	<u>.00</u>
7	Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	7	<u>.00</u>
8	Enter 7.9% (0.079) of amount on line 7. This is gross tax	8	<u>.00</u>
9	Nonrefundable credits (from Schedule CR)	9	<u>.00</u>
10	Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax	10	<u>.00</u>

Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 20)

11	Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720)	11	<u>.00</u>
12	Additions (from Schedule T1, line 10 on page 3)	12	<u>.00</u>
13	Add lines 11 and 12	13	<u>.00</u>
14	Subtractions (from Schedule T2, line 8 on page 3)	14	<u>.00</u>
15	Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	15	<u>.00</u>
16	Tax from tax table on amount on line 15. This is gross tax	16	<u>.00</u>

PAPER CLIP check or money order here

17	Nonrefundable credits (from Schedule CR)	17	.00
18	Net income tax paid to other states	18	.00
19	Add lines 17 and 18	19	.00
20	Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax	20	.00
21	Tax from line 10 or 20	21	.00
22	Economic development surcharge (see instructions)	22	.00
23	Endangered resources donation (decreases refund or increases amount owed)	23	.00
24	Veterans trust fund donation (decreases refund or increases amount owed)	24	.00
25	Add lines 21 through 24	25	.00
26	Estimated tax payments less refund from Form 4466W	26	.00
27	Wisconsin tax withheld	27	.00
28	Refundable credits (from Schedule CR)	28	.00
29	Amended Return Only - amount previously paid	29	.00
30	Add lines 26 through 29	30	.00
31	Amended Return Only - amount previously refunded	31	.00
32	Subtract line 31 from line 30	32	.00
33	Interest, penalty, and late fee due (from Form U, line 17 or 26). If you annualized income on Form U, check (✓) the space after the arrow	33	.00
34	Tax due. If the total of lines 25 and 33 is larger than line 32, subtract line 32 from the total of lines 25 and 33	34	.00
35	Overpayment. If line 32 is larger than the total of lines 25 and 33, subtract the total of lines 25 and 33 from line 32	35	.00
36	Enter amount of line 35 you want credited on 2017 estimated tax	36	.00
37	Subtract line 36 from line 35. This is your refund	37	.00
38	Enter total gross receipts from all unrelated trade or business activities	38	75047.00



Additional Information Required

- 1 Person to contact concerning this return: ANTHONY SNYDER Phone #: 920-720-5600 Fax #: _____
- 2 City and state where books and records are located for audit purposes NEENAH, WI
- 3 Are you the sole owner of any limited liability companies (LLCs)? Yes No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return? Yes No
- 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? Yes No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 List the locations of your Wisconsin operations: 1401 MCMAHON DR, NEENAH, WI 54956-6305

Third Party Designee

Do you want to allow another person to discuss this return with the department? Yes No Complete the following No
 Print Designee's Name _____ Phone Number ▼ _____ Personal Identification Number (PIN) ▼ _____

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer or Trustee 	Title <u>CEO</u>	Date <u>2/8/18</u>
Preparer's Signature  <u>CRA</u>	Preparer's Federal Employer ID Number <u>39-0974031</u>	Date <u>2/2/18</u>

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908



Schedule T1 - Trust Additions (See instructions)

1	Interest income (less related expenses) from state and municipal obligations	1	_____
2	State and local franchise or income taxes	2	_____
3	Capital gain/loss adjustment	3	_____
4	Federal net operating loss carryover	4	_____
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1)	5	_____
6	Domestic production activities deduction	6	_____
7	Transitional adjustments	7	_____
8	Credits computed (see instructions):		
8a	Business development credit	8a	_____
8b	Community rehabilitation program credit	8b	_____
8c	Development zones credits	8c	_____
8d	Economic development tax credit	8d	_____
8e	Enterprise zone jobs credit	8e	_____
8f	Farmland preservation credit	8f	_____
8g	Jobs tax credit	8g	_____
8h	Manufacturing and agriculture credit	8h	_____
8i	Manufacturing investment credit	8i	_____
8j	Research expense credit	8j	_____
8k	Technology zone credit	8k	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 12),	10	=====

Schedule T2 - Trust Subtractions (See instructions)

1	Interest income (less related expenses) from United States government obligations	1	_____
2	Capital gain/loss adjustment	2	_____
3	Wisconsin net operating loss carryforward	3	_____
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1).	4	_____
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	5	_____
6	Transitional adjustments	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 14),	8	=====

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

OMB No. 1545-0047

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FOX VALLEY WORKFORCE DEVELOPMENT BOARD, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1401 MCMAHON DR City or town, state or province, country, and ZIP or foreign postal code NEENAH, WI 54956-6305	D Employer identification number (Employees' trust, see instructions.) 39-1571085 E Unrelated business activity codes (See instructions.) 531120
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C Book value of all assets at end of year 847,189.	F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity. ▶ **RENTAL INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. ▶ Yes No

J The books are in care of ▶ **ANTHONY SNYDER** Telephone number ▶ **920-720-5600**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)	75,047.	73,402.	1,645.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	75,047.	73,402.	1,645.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

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)	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
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 deduction. Subtract line 29 from line 13	30	1,645.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1	31	688.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	957.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42** 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 0.

45a Payments: A 2015 overpayment credited to 2016 **45a**

b 2016 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total **45g**

46 Total payments. Add lines 45a through 45g **46**

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.

50 Enter the amount of line 49 you want: **Credited to 2017 estimated tax** **Refunded** **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority 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 Yes No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ CEO _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **SCOTT HAUMERSEN, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00084908**

Firm's name: **WEGNER CPAS, LLP** Firm's EIN: **39-0974031**

Firm's address: **2110 LUANN LN MADISON, WI 53713-3074** Phone no. **608-274-4020**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
		STATEMENT 2	STATEMENT 3	
(1) OFFICE SPACE	75,047.	25,271.	48,131.	
(2)				
(3)				
(4)				
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))
STATEMENT 4	STATEMENT 5			
(1) 605,602.	466,966.	100.00%	75,047.	73,402.
(2)		%		
(3)		%		
(4)		%		
Totals			75,047.	73,402.
Total dividends-received deductions included in column 8				0.

FOX VALLEY WORKFORCE DEVELOPMENT BOARD,

Form 990-T (2016) INC.

39-1571085

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 28		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2016)

FOX VALLEY WORKFORCE DEVELOPMENT BOARD,

Form 990-T (2016) INC.

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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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				0. <small>Enter here and on page 1, Part II, line 27.</small>

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			0.

Form 990-T (2016)

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	7,671.	6,983.	688.	688.
NOL CARRYOVER AVAILABLE THIS YEAR			688.	688.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		25,271.	
- SUBTOTAL -	1		25,271.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			25,271.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MORTGAGE INTEREST		22,315.	
BUILDING MAINTENANCE		17,058.	
SALARIES		3,608.	
CONSULTANT		4,400.	
ACCOUNTING		750.	
- SUBTOTAL -	1		48,131.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			48,131.

FORM 990-T	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT	4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		605,602.	
- SUBTOTAL -	1		605,602.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			605,602.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR STATEMENT 5
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		466,966.	
- SUBTOTAL -	1		466,966.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			466,966.