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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491318028089

2018

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd er	nding 12-31-	2018			
		ndation ENCE SQUARE APARTMENTS INC			A Employer identification number				
%	GORDO	N ROLFES	To		61-1183268				
		street (or P O $$ box number if mail is not delivered to street address) IT SPENCE SQ	Room/suite		B Telephone nu	mber (see instruction	ıs)		
	·					5			
		, state or province, country, and ZIP or foreign postal code I, KY 410111444			C If exemption	application is pendin	g, check here		
G Ch	neck all	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere . \square		
		☐ Final return ☐ Amended return				ganizations meeting			
		Address change Name change				k here and attach co	· -		
H Ch	eck ty	pe of organization \blacksquare Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec			
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation						
			☑ Cash ☐ Accru	ıal		ation is in a 60-mont			
		rom Part II, col (c), ▶\$ 588,473 Other (specify)			under sectio	n 507(b)(1)(B), chec	k nere		
		(Part I, column (d) must	be on cash basis)						
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	0						
	2	Check ► ✓ If the foundation is not required to attach Sch B							
wie	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
	5a	Gross rents							
	ь	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10							
Reverue	ь 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)			0				
~	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	0		0				
	13	Compensation of officers, directors, trustees, etc	0						
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
SU:	16a	Legal fees (attach schedule)							
Expenses	b	Accounting fees (attach schedule)							
	С	Other professional fees (attach schedule)							
and Administrative	17	Interest							
Str	18	Taxes (attach schedule) (see instructions)							
≣	19	Depreciation (attach schedule) and depletion							
₹ G	20	Occupancy							
1 pi	21	Travel, conferences, and meetings							
a.	22	Printing and publications	os.1						
Operating	23	Other expenses (attach schedule)	86,665	-			86,665		
ərat	24	Total operating and administrative expenses.	00.000		•		20.005		
ă	25	Add lines 13 through 23	86,665		0		86,665		
_	25	Contributions, gifts, grants paid	<u> </u>	-					
	26	Total expenses and disbursements. Add lines 24 and 25	86,665		0		86,665		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	-86,665						
	ь	Net investment income (If negative, enter -0-)			0				
	С	Adjusted net income (if negative, enter -0-)							

296,715

500,342

204

204

500.138

500,138

500,342

522.049

588,473

175,000

175,000

413.473

413,473 588,473

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500,138

-86,665

413,473

413,473 Form 990-PF (2018)

522,049

588,473

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Deferred revenue .

Other liabilities (describe -_

		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		_
		Less allowance for doubtful accounts ▶		
2	8	Inventories for sale or use		
set	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach sche	èdul∈	e)

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22

23

24

25

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28

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31

Part III

2

Liabilities

Balances

Fund

ō

Assets 27

Net 30 2 Total of line 1, column (d) 2 0 249441 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the 0 049888 number of years the foundation has been in existence if less than 5 years 4 645,248 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 5 Multiply line 4 by line 3

32,190 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 0 7 32,190 86,665 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Page **6**

Pa	Statements Regard	ııng	Activities for which	Form 4720 May Be	Requirea (continue	:a)				
5a	During the year did the foundation p	oay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	~	No			
	(2) Influence the outcome of any sp	pecifi	c public election (see sect	tion 4955), or to carry		_				
	on, directly or indirectly, any vo	ter re	egistration drive?		· · · 🗌 Yes	✓	No			
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Yes	<u>~</u>	No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in			· -						
	(5) Provide for any purpose other t				· · L Yes	✓	No			
	educational purposes, or for the		- ·	• • • • • • • • • • • • • • • • • • • •						
b	If any answer is "Yes" to $5a(1)-(5)$,		· ·		⊔ Yes	✓	No			
_	Regulations section 53 4945 or in a		=					5b		
	Organizations relying on a current n				_	. 🗔	ŀ			
_	If the answer is "Yes" to question 5		-			✓				
C	·			·		_				
	tax because it maintained expenditu If "Yes," attach the statement requi				· · L Yes	Ш	No			
6a	Did the foundation, during the year,		· · · · · · · · · · · · · · · · · · ·		ums on					
	a personal benefit contract?				·	✓	No.			
b	Did the foundation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?			6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction?		No.			
b	If yes, did the foundation receive ar	ıy pro	oceeds or have any net in	come attributable to the	transaction?	٠	110	7 b		No
8	Is the foundation subject to the sec	tion 4	1960 tax on payment(s) o	of more than \$1,000,000	ın remuneration or					
	excess parachute payment during th	ne ye	ar [?]		· · 🗌 Yes		No			
	Information About (Offic	ers Directors Trust	tees Foundation Ma				/AAC		
Pa	and Contractors	J111C	ers, Directors, Trust	ices, i odiladioli m	anagers, mgmy rai	u Lii	ipio	,ccs,		
1	List all officers, directors, truste	aa f	undation managers ar	d their compensation	Coo instructions					
<u> </u>	List all officers, directors, truster		b) Title, and average	(c) Compensation (If						
	(a) Name and address	,	hours per week devoted to position	not paid, enter	employee benefit plans deferred compensati	s and			se acc Iowan	
See	Addıtıonal Data Table									
		1								
		1								
		1								
	Compensation of five highest-pa	id en	nnlovees (other than t	hose included on line	 1—see instructions)	[f non	l er	ter "	NONE	71
_	compensation of five ingliest pa				(d) Contributions t		, с.			
(a)	Name and address of each employee	paid	(b) Title, and average	(-) (employee benefit		(e) E	Expens	se acco	ount,
• •	more than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferred	d	ot	her all	owanc	es
					compensation					
Tota	I number of other employees paid ov	er ¢5	0 000	l						
	in number of other employees paid ov	сі рэ	0,000				E	~ 004)_P= -	(201
							rori	ハッタ	D-PF (,∠∪18

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others recovering ever #50,000 for professional converse		•
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u></u>
List the foundation's four largest direct charitable activities during the tax year Include releorganizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program valeted investments. Can instruction		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3		>
		Form 990-PF (2018)

2a

2b

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

32.262

32.262

32.262

86,665

86.665

86.665

Form 990-PF (2018)

Tax on investment income for 2018 from Part VI. line 5.

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Income tax for 2018 (This does not include the tax from Part VI). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2a

3

4 5

6

1

2

3

4

5

Part XII

c From 2015. . . . d From 2016. . e From 2017. . . .

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years

6 Enter the net total of each column as

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract

line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount

e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9 a Excess from 2014. **b** Excess from 2015. . c Excess from 2016. . d Excess from 2017. . e Excess from 2018. .

indicated below:

(Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

same amount must be shown in column (a))

32,262

Form **990-PF** (2018)

23,549

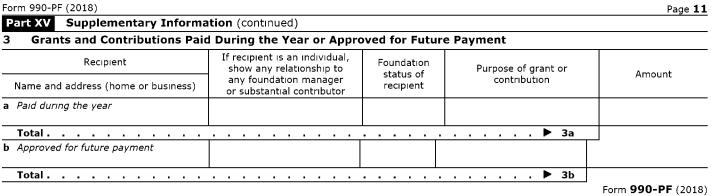
63.116

39,419

39,419

7F (2018)				Pag
II Undistributed Income (see instruct	tions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
outable amount for 2018 from Part XI, line 7				32,
ributed income, if any, as of the end of 2018				

1	Distributable amount for 2018 from Part XI, line 7			32,262
2	Undistributed income, if any, as of the end of 2018			
а	Enter amount for 2017 only		23,549	
b	Total for prior years 2016, 2015, 2014	102,535		
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
ь	From 2014			



nter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees a	and contracts from government agencies					
2 Membe	rship dues and assessments t on savings and temporary cash					
	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
B Gain or invento	(loss) from sales of assets other than					
	ry	—				
	ore or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
d						
e						
2 Subtota	al Add columns (b), (d), and (e).					
2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	
2 Subtota 3 Total. A (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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2 Subtota 3 Total. A (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Brksheet in line 13 instructions to verify calculated to the feature of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation of the foundation's explain and the foundation of the foundation's explain and the foundation of the founda	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
2 Subtota 3 Total. A (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Brksheet in line 13 instructions to verify calculated to the feature of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation of the foundation's explain and the foundation of the foundation's explain and the foundation of the founda	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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2 Subtota 3 Total. A (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Brksheet in line 13 instructions to verify calculated to the feature of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation of the foundation's explain and the foundation of the foundation's explain and the foundation of the founda	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	

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rt XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Pa	rt XVII	Exempt Organi	zations					•				
		rganization directly or in than section 501(c)(3)							on 501		Yes	No
а⊤	ransfers	from the reporting foun	dation to a no	oncharitable e	xempt organizati	on of				寸		
(1) Cash								. 1a	1)		No
(2) Othe	er assets							. 1a	2)		No
b C	ther tran	nsactions										
(1) Sales	s of assets to a nonchar	table exempt	t organization.					1b	1)		No
(2) Purchases of assets from a noncharitable exempt organization								1b	2)		No	
((3) Rental of facilities, equipment, or other assets								1b	3)		No
(4) Reim	nbursement arrangemen	ts						. 1b	4)		No
(5) Loan	s or loan guarantees.							. 1b	5)		No
(6) Perfoi	rmance of services or m	embership or	fundraising s	olicitations				. 1b	6)		No
c S	haring o	f facılıtıes, equipment, n	nailing lists, c	other assets, c	or paid employees				. 1	с		No
		wer to any of the above								:		
0	f the goo	ods, other assets, or ser nsaction or sharing arra	vices given by	y the reporting	g foundation. If ti (d) the value of t	ne foundati he goods i	on receive other asse	d less than fair mar ts, or services recei	ket value ved			
	runy cru	nodectors of sharing arra	ngement, one	ov in column	(a) the value of t	ne goods,	other asse	is, or services recer	veu ·			
(a) L	ine No	(b) Amount involved	(c) Name of	noncharitable ex	cempt organization	(d) De	escription of	transfers, transactions	, and sharing	arran	gemen	ts
										—		
		ndation directly or indire	•		•			_				
d	escribed	ın section 501(c) (other	than section	501(c)(3)) o	r ın section 527?			\square Y	es 🗹 No	1		
b If	"Yes," c	complete the following s	chedule									
		(a) Name of organization	on		(b) Type of organiz	ation		(c) Description	of relationshi	р		
							_					
										—		
	Lind	ler penalties of perjury,	I doclaro that	t I have evam	and this return	neludina a	ccompany	ng schodulos and st	atomonto a	nd t	o the	bost
		ny knowledge and belief										
		ch preparer has any kno	wledge				,	. , ,				
Sig		*****			2019-11-15		*****		May the IR	S dıs	cuss th	IIS
Hei	·e 👠				2019 11 13	\			return with the pr	epar	er shov	vn
		Signature of officer or t	rustee		Date	7	Tıtle		below	_	_	
		Signature of officer of t	ustee		Date		TILLE		(see instr	? <u>∀</u>	Yes	□ _{No}
	•	Print/Type preparer's	name	Preparer's Si	anature	D-+-			PTIN			
		Trinic, Type preparers	u.iic	. reparer 5 Di	gu.u.e	Date		Check if self-				
								employed ▶ □	P00	249:	147	
Pai	d	MICHAEL G TAYLO	R CPA			2019	9-11-14					
	parer	Firm's name MILL	ED MAVED CI	HITVANIO CT	EVENCTID							
	Only		EK MATEK SU	JLLIVAN & ST	EVENS LLP				Fırm's EIN ▶			
	···y		65 HARRODS	BURG RD STE	E A-100							
			VINCTON :	/ 405043333					Phone no (359)	223-3	3095
		l LE	LEXINGTON, KY 405043399						-,			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation DAVID SCHROEDER DIRECTOR 10 630 N FORT THOMAS AVE FT THOMAS, KY 41075

CAROLYN BAKER	DIRECTOR	0	0	0
8510 OLD TOLL RD FLORENCE, KY 41042	1 0			
GORDON ROLFES	DIRECTOR	0	0	0

FLORENCE, KY 41042				
GORDON ROLFES	DIRECTOR	0	0	0
106 REDBIRD CT EDGEWOOD, KY 41018	10			

GORDON ROLFES	DIRECTOR	0	0	0
106 REDBIRD CT EDGEWOOD, KY 41018	1 0			
OLIVER DITTUS	DIRECTOR	0	0	0
3210 FEELEY RD	1 0			

EDGEWOOD, KY 41018				
OLIVER DITTUS	DIRECTOR	0	0	0
3210 FEELEY RD BURLINGTON, KY 41005	1 0			

KAREN HARGETT	EXECUTIVE DIRECTOR	0	0	0
3210 FEELEY RD BURLINGTON, KY 41005	10			
OLIVER DITTOS	DIRECTOR		l o	U

BURLINGTON, KY 41005				
KAREN HARGETT	EXECUTIVE DIRECTOR	0	0	

(AREN HARGETT	EXECUTIVE DIRECTOR	0	0	
111 BRENT SPENCE SQ	1 0			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491318028089 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2018 Depreciation Schedule

Name: BRENT SPENCE SQUARE APARTMENTS INC EIN: 61-1183268

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TY 2018 Investments - Other	Schedule	
11 2010 Investments Other	Scircule	
Name:	BRENT SPENCE SQUARE APAR	TMENTS INC
EIN:	61-1183268	

DIN. 0240121002000

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Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
INVESTMENT-PANORAMA PLUS APTS	FMV	522,049	522,049	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491318028089			
TY 2018 Other Expenses Schedule							
Name: BRENT SPENCE SQUARE APARTMENTS INC							
EIN: 61-1183268							
Other Expenses Schedule							
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

(Other Expenses Schedule				
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements Charitable Purposes

82,869

3,796

82,869

3,796

LOSS FROM PARTNERSHIP

MANAGEMENT FEE

DLN: 93491318028089

EIN: 61-1183268

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
RETURN TO OWNER					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318028089				
TY 2018 Other Liabilities Schedule							
Name:	BRENT SPENC	E SQUARE APARTMENTS INC					
EIN: 61-1183268							
Descriptio	n	Beginning of Yea - Book Value	r End of Year - Book Value				
LOAN FROM AFFILIATE, PANORAMA WES	ST INC		175,000				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491318028089
TY 2018 Taxes Schedule				_
Name	: BRENT SPEN	CE SQUARE APAR	TMENTS INC	
EIN	: 61-1183268			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NET INVEST INCOME EXCISE TAX				