Form 990-T /	E	Exempt Organization Bu			ax Return	•	OMB No 1545-0687
	For ca	(and proxy tax und	der se	ection 6033(e))			2018
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990T for i Do not enter SSN numbers on this form as it ma		_	Open to Public Inspection for		
A Check box if address changed		Name of organization (<u> </u>	(Em	501(c)(3) Organizations Only loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	WASATCH HOMELESS HEALT	רוד כ	ARE			37-0569356
X 501(c 0 3)	or	Number, street, and room or suite no. If a P.O. bo				E Unre	lated business activity code
408(e) 220(e)	Type	409 S 400 W	,, Juc 1	1130 0000113		(See	instructions)
408A 530(a)		City or town, state or province, country, and ZIP (or foreig			521	.120
C Book value of all assets	·	F Group exemption number (See instructions.)	<u>*101</u>	·		د د درا	.120
at end of year	28.	G Check organization type ► X 501(c) cor		n 501(c) trust	401(a)	trust	Other trust
		ition's unrelated trades or businesses.	1		the only (or first) un		
	_	N-RESIDENTIAL RENTAL			complete Parts I-V		
		ce at the end of the previous sentence, complete P	arts I ai				
business, then complete							
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group?	▶ [Y	es X No
		tifying number of the parent corporation 🕨					
J The books are in care of				Telepho	one number 🕨 8	01-	364-0058
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale							
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S		•	2		 +	_	
3 Gross profit Subtract			3				<u> </u>
4a Capital gain net incon		•	4a				
		art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c				
		thip or an S corporation (attach statement)	5				
6 Rent income (Schedu	-	na (Cabadula E)	6	10 625	10 2	F 2	7 (27
7 Unrelated debt-financ		,	7	10,625.	18,2	54.	-7,627.
		and rents from a controlled organization (Schedule F)	8				
		in 501(c)(7), (9), or (17) organization (Schedule G)					
		•	10				
11 Advertising income (\$12 Other income (See ins			11		 		
13 Total. Combine lines			13	10,625.	18,2	F 2	-7,627.
		ot Taken Elsewhere (See instructions for		ations on deductions)	10,2	<u>54.</u>	-1,021.
(Except for d	ontribu	itions, deductions must be directly connecte	MV	rie unrelated business	income)		
14 Compensation of off	icers, dii	ectors, and trustees (Schedule K)	=			14	
15 Salaries and wages		SEP :	962			15	
16 Repairs and mainten	ance	SEP :	20 2	38- 030		16	
17 Bad debts18 Interest (attach sche	dula) (ce		-			17	
19 Taxes and licenses	uuie) (50	ee instructions) OGD	ĿN.	UL		18 19	**
	nns (See	instructions for limitation rules)		<u></u>		20	
21 Depreciation (attach		•		21	115,175.	20	
D)		Schedule A and elsewhere on return		22a	115,175.	22b	0.
23 Depletion Z				<u> </u>	110/1/01	23	
24 Contributions to defe	rred cor	mpensation plans				24	
25 Employee benefit pro		•				25	
26 Excess exempt expe	-	hedule I)			i	26	
27 Excess readership co						27	
28 Other deductions (at	tach sch	edule)				28	
29 Total deductions A	dd lines	14 through 28				29	0.
30 Unrelated business t	axable ır	ncome before net operating loss deduction. Subtraction	ct line 2	9 from line 13		30	-7,627.
		oss arising in tax years beginning on or after Janua	ary 1, 20	018 (see instructions)		31	
		ncome. Subtract line 31 from line 30				32	<u>-7,627.</u>
823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions					Form 990-T (2018)

Form 990-	1 Milotiten Mondedbo Mandin Cinca	87-05	69356	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-7,627.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	MT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	<u>-7,627.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	•	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	<u> </u>	38	<u>-7,627.</u>
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	•	> 39	0.
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)	•	4 0	
41	Proxy tax See instructions	•	<u>41</u>	
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 \				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		- i	
	Other credits (see instructions)	···	-	
-	General business credit Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-1. <u>.</u>	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ttach schedule	· —	
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.
	Payments: A 2017 overpayment credited to 2018 2018 estimated tax sayments.		-	
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c Foreign organizations: Tax and or withheld at course (one instructions)		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 50e		\dashv	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		-	
, a			-	
y	Form 4136 Other Total 50g			
51	Total payments Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55		ınded 🕨	55	
Part \				
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 fore	ign trust?	_	X
	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 ▶\$			
	Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my k	nowledge and b	pelief, it is true
Sign	Correct, and complete declaration of preparational than taxpayary's based on all minimized or which preparations any information	ŗ	May the IRS di	scuss this return with
Here	► (//0////01/Y1000/QUSIU 9/20/19 ► CEO		-	own below (see
_	Signature of Officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid		elf- employe	1	
Prepa	orer CPA CPA CPA 08/28/19			1301037
Use	Only Firm's name ► EIDE BAILLY LLP	Frm's EIN	▶ 45-	<u>-0250958</u>
	5 TRIAD CENTER, STE 600		=	
	Firm's address ► SALT LAKE CITY, UT 84180-1106	Phone no		32-2200
823711 0	1-09-19		F	orm 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter me	thod of invento	ory valuation 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 li	ne 6			
3 Cost of labor	3		from line 5. Enter here a			-		
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a	}	8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	46		property produced or a	•				1
5 Total Add lines 1 through 4b	5		the organization?	•				
Schedule C - Rent Income ((From Real Pi	roperty and		Lease	ed With Real Pro	perty)		
(see instructions)	·							
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent received of				2(a) Dadustiana disastitu		d with the means	
(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 percental sonal property exceeds 50% or if its based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	d 2(b) (atta	ach schedule)	161
(1)								
(2)								
(3)								
(4)								
Total	0. 10	otal		0.				
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column		>		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (8)	•		0.
Schedule E - Unrelated Deb		ncome (see in	structions)					
			2. Gross income from		3 Deductions directly con- to debt-finance			
1 Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(1	Other deduction (attach schedule)	
 				S_	ratement 3		TEMENT	4
	E SPACE		114,489.		115,175	•	81,5	808.
(2)						 		
(3)						 		
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-finance STATEME	able to d property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		Allocable deduc umn 8 x total of co 3(a) and 3(b))	
STATEMENT 5			0 20%		10 605	-	10 0	152
(1) 504,829.	5,4	39,053.	9.28%		10,625	-	18,2	<u> </u>
(2) (3) (4)			%			-}		
(3)								
(4)						┼┈		
					nter here and on page 1, lart I, line 7 column (A)	Par	er here and on pag t I, line 7, column	(B)
Totals			▶		10,625	·	18,2	
Total dividends-received deductions in	cluded in column 8					<u> </u>		0.
							Form 990-T	(2018)

1 Name of controlled organiza	ation 2 En	nnlover	2				1				
		fication mber	(loss) (see	3 Net unrelated income (loss) (see instructions)		ayments made ir		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)			 				T		-+		
Nonexempt Controlled Organ	izations										
7 Taxable Income	8 Net unrelated inco (see instruction		9 Total	of specified pays	nents	10 Part of column the controllingross	mn 9 that ing organ s income	is included ization's	11 De	ductions directly connecte income in column 10	
(1)	 										
(2)											
(3)											
(4)											
						Add colun Enter here and line 8		1 Part I,		ld columns 8 and 11 ere and on page 1 Part I, line 8 column (B)	
^{Totals} Schedule G - Investme	ent Income of a	Section	n 501/c)/	(7) (9) or	▶	nanization		0.1		0	
	tructions)	360110	11 30 1(0)	(<i>1)</i> , (3), Oi	(17) (1)	gariizatioi	•				
1 Oeso	cription of income			2 Amount of	income	3 Deduction directly connect (attach scheduction)	cted	4 Set-a (attach se		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I line 9 co			<u></u>			Enter here and on page Part I, line 9, column (B	
Totals			•		0.					0	
Schedule I - Exploited	- '	y Incon	ne, Othe	r Than Ad		ng Income	•			<u> </u>	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	xpenses connected production nrelated sss income	4 Net incomfrom unrelated business (cominus colum gain compute through	I trade or slumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)		T									
(2)	1										
(3)	 									1	
(4)		 		 				· -			
	Enter here and on page 1 Part I line 10, col (A)	page	ere and on 1, Part I 0, col (B)							Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisi	ing Income (see	instructio	0.	· <u>}</u>						0	
	Periodicals Rep			solidated	Basis						
			<u>-</u>			1 -					
1 Name of periodical	2 Gross advertising income	ad	3 Direct vertising costs		ol 2 minus ain, compute	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)		_									
(3)				_							
(4)						-					
	1	1		1		1	}				

Form 990-T (2018) WASATCH H	OMELESS H	EALTH	CAR	E		87-	056935	6 _ a Page 5
Part II Income From Period columns 2 through 7 on a	dicals Report	ed on a S	Separ	rate Basis (For each	ch perio	dical listed in Pa	art II, fill in	
1 Name of periodical	2 Gross advertising income	3 Direct advertising		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		coulation 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.
	Enter here and on page 1, Part I, line 11 col (A)	Enter here a page 1, Pa line 11, col	urt I,					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensatio	n of Officers,	Directors	s, and	Trustees (see in	structio	ns)		
1 Name				2 Title		3 Percent of time devoted to business		pensation attributable prelated business
(1)						%		
(2)						%		
(3)						%		

0 . Form **990-T** (2018)

(4)
Total Enter here and on page 1, Part II, line 14

12/31/05	FORM 990-T	NET	OPERATING	LOSS	DEDUCTI	ON	STATEMENT	2
12/31/06	TAX YEAR	LOSS SUSTAINED	PREVIOUS					
12/31/07	12/31/05	5,408.	5,	408.		0.		0.
12/31/08 13,429. 0. 13,429. 13,429. 13,429. 12/31/10 631. 0. 631. 631. 12/31/11 2,226. 0. 2,226. 2,226. 12/31/12 11,300. 0. 11,300. 11,300. 11,300. 12/31/13 7,687. 0. 7,687. 7,687. 7,687. 12/31/16 9,839. 0. 9,839. 9,839. 12/31/17 13,365. 0. 13,365. 13,365. 13,365. NOL CARRYOVER AVAILABLE THIS YEAR 58,845. 58,845. 58,845. FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT DESCRIPTION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT OBSCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION ACTIVITY SUPPLIES AND EQUIP 71. WATER AND SEWER 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JUNITORIAL 2,765. COMMINICATIONS 60. FROPERTY TAXES 15,547. WAGES AND BENEFITS 41,653. 41,653.	12/31/06	1,370.	1,	370.		0.	(0.
12/31/10	12/31/07	1,929.	1,	561.		368.	368	8.
12/31/11 2,226. 0. 2,226. 2,226. 2,226. 12/31/12 11,300. 0. 11,300. 11,300. 12/31/13 7,687. 0. 7,687. 7,687. 7,687. 12/31/16 9,839. 0. 9,839. 9,839. 12/31/17 13,365. 0. 13,365. 13,365. NOL CARRYOVER AVAILABLE THIS YEAR 58,845. 58,845. FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION NUMBER AMOUNT TOTAL DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION SCHEDULE E - OTHER DEDUCTIONS STATEMENT ACTIVITY SUPPLIES AND MAINTENANCE 2,035. SECURITY 2,153. REPAIRS AND MAINTENANCE 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JANITORIAL 2,765. COMMUNICATIONS 60. PROPERTY TAXES 15,547. WAGES AND BENEFITS 41,653.	12/31/08	13,429.		0.		13,429.	13,429	9.
12/31/12	12/31/10	631.		0.		631.	63:	1.
12/31/13 7,687. 0. 7,687. 7,687. 7,687. 12/31/16 9,839. 0. 9,839. 9,839. 12/31/17 13,365. 0. 13,365. 13,365. NOL CARRYOVER AVAILABLE THIS YEAR 58,845. 58,845. FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT DESCRIPTION NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E, COLUMN 3(A) 115,175. TOTAL OF FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT AMOUNT TOTAL MORTGAGE INTEREST 13,796. 13	12/31/11	2,226.		0.		2,226.	2,22	6.
12/31/16 9,839. 0. 9,839. 9,839. 12/31/17 13,365. 0. 13,365. 13,365. 13,365. 13,365. NOL CARRYOVER AVAILABLE THIS YEAR 58,845.	12/31/12	11,300.		0.		11,300.	11,30	0.
12/31/16	12/31/13	7,687.		0.		7,687.	7,68	7.
12/31/17 13,365. 0. 13,365. 13,365. NOL CARRYOVER AVAILABLE THIS YEAR 58,845. 58,845. FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT : DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT (ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL MORTGAGE INTEREST 13,796. INSURANCE 2,035. SECURITY SUPPLIES AND MAINTENANCE 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JUNITORIAL 2,765. COMMUNICATIONS 60. PROPERTY TAXES 15,547. WAGES AND BENEFITS 41,653.	12/31/16							
FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT : DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT of the substance security Number AMOUNT TOTAL MORTGAGE INTEREST 13,796. INSURANCE 2,035. SECURITY 2091 SECURITY 2091 SECURITY 3091 SE	12/31/17							
DESCRIPTION	NOL CARRYOV	ER AVAILABLE THIS	YEAR			58,845.	58,84	5.
DESCRIPTION NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 115,175. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175. FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT DESCRIPTION NUMBER AMOUNT TOTAL MORTGAGE INTEREST 13,796. INSURANCE 2,035. SECURITY 2,153. REPAIRS AND MAINTENANCE 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JANITORIAL 2,765. COMMUNICATIONS 60. PROPERTY TAXES 15,547. WAGES AND BENEFITS 41,653. - SUBTOTAL - 1 81,508.	FORM 990-T	SCHEDULE I	E - DEPRECI	ATION	DEDUCT	ION	STATEMENT	3
- SUBTOTAL - 1 115,175 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 115,175 FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT (A) DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL MORTGAGE INTEREST 13,796. INSURANCE 2,035. SECURITY 2,035. REPAIRS AND MAINTENANCE 2,153. REPAIRS AND MAINTENANCE 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JANITORIAL 2,765. COMMUNICATIONS 60. PROPERTY TAXES 15,547. WAGES AND BENEFITS 41,653.	DESCRIPTION					AMOUNT	TOTAL	
FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT OF TOTAL DESCRIPTION NUMBER AMOUNT TOTAL MORTGAGE INTEREST 13,796. INSURANCE 2,035. SECURITY 2,035. SECURITY 2,153. REPAIRS AND MAINTENANCE 1,226. FACILITY SUPPLIES AND EQUIP 71. WATER AND SEWER 2,202. JANITORIAL 2,765. COMMUNICATIONS 60. PROPERTY TAXES 15,547. WAGES AND BENEFITS - SUBTOTAL - 1 81,508	DEPRECIATION		- SUBTOTAL	_	1	115,17		75.
ACTIVITY NUMBER AMOUNT TOTAL	TOTAL OF FO	RM 990-T, SCHEDULI	E E, COLUMN	3(A))		115,1	75.
DESCRIPTION MORTGAGE INTEREST INSURANCE SECURITY REPAIRS AND MAINTENANCE FACILITY SUPPLIES AND EQUIP WATER AND SEWER JANITORIAL COMMUNICATIONS PROPERTY TAXES WAGES AND BENEFITS - SUBTOTAL - 1 13,796. 13,796. 12,035. 12,153. 1,226. 71. 2,202. 2,202. 1,765. 60. 81,508.	FORM 990-T	SCHEDUI	LE E - OTHE	R DEI	DUCTIONS		STATEMENT	4
INSURANCE SECURITY REPAIRS AND MAINTENANCE FACILITY SUPPLIES AND EQUIP WATER AND SEWER JANITORIAL COMMUNICATIONS PROPERTY TAXES WAGES AND BENEFITS - SUBTOTAL - 1 2,035. 2,153. 2,153. 1,226. 71. 2,202. 2,765. 60. 15,547. 41,653.	DESCRIPTION					AMOUNT	TOTAL	
TOTAL OF FORM 990-T. SCHEDILE E. COLUMN 3(B) 81.508.	INSURANCE SECURITY REPAIRS AND FACILITY SUI WATER AND SI JANITORIAL COMMUNICATIO	MAINTENANCE PPLIES AND EQUIP EWER ONS KES				2,035 2,153 1,226 73 2,202 2,765 60 15,54	5. 3. 5. 1. 2. 5.	
	WAGES AND B		- SUBTOTAL	-	1	•		08.

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FOOTNOTES

STATEMENT

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	AVERAGE ACQUISITIO ALLOCABLE TO DEBT-FI			STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS MORTGAGE - SUBTOTAL	- 1	504,829.	504,82	29.
TOTAL OF FORM 99	0-т, schedule e, column	4		504,82	29.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI		ERTY	STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS FROM FIXED ASSETS - SUBTOTAL -	1	5,439,053.	5,439,05	53.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		5,439,05	53.