

720
41A720

Kentucky
UNBRIDLED SPIRIT



A _____
Kentucky Corporation/LLET Account Number

Department of Revenue

**KENTUCKY CORPORATION
INCOME TAX AND LLET RETURN 2015**

Taxable period beginning **JAN 1**, 2015, and ending **DEC 31, 2015.**

B Check applicable box(es): LLET Receipts Method <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Gross Profits <input type="checkbox"/> \$175 minimum Nonfiling Status Code _____ Enter Code _____	D Federal Identification Number 61-1294828 Name of Corporation GRANDEL FARMS RESIDENTS ASSOCIATION, INC Number and Street C/O MULLOY 8303 SHELBYVILLE ROAD City State ZIP Code Telephone Number LOUISVILLE KY 40222	Taxable Year 12 / 15 Ending Mo. Yr. Kentucky Secretary of State Organization Number State and Date of Incorporation KY 08/03/1994 Principal Business Activity in KY SERVICE NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov) 531390
C Income Tax Return <input checked="" type="checkbox"/> Separate <input type="checkbox"/> Mandatory NEXUS Nonfiling Status Code _____ Enter Code _____	E Name of Common Parent _____ Kentucky Corporation/LLET Account Number _____ F Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address <input type="checkbox"/> Change of accounting period G Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return-RAR Provide explanation of changes in Part V - Explanation of Amended Return Changes.	

PART I - LLET COMPUTATION			PART II - INCOME TAX COMPUTATION		
1. Schedule LLET, Section D, line 1	1	00	1. Income tax (see instructions)	1	0 00
2. Tax credit recapture	2	00	2. Tax credit recapture	2	00
3. Total (add lines 1 and 2)	3	00	3. Tax instalment on LIFO recapture	3	00
4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1	4	00	4. Total (add lines 1 through 3)	4	00
5. Nonrefundable tax credits (attach Schedule TCS)	5	00	5. Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions)	5	00
6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	6	00	6. Nonrefundable LLET credit (Part I, line 6 less \$175)	6	00
7. Withholding tax (Form PTE-WH)	7	00	7. Nonrefundable tax credits (attach Schedule TCS)	7	00
8. Estimated tax payments	8	00	8. Net income tax liability (line 4 less lines 5 through 7, but not less than zero)	8	00
9. Certified rehabilitation tax credit	9	00	9. Estimated tax payments <input type="checkbox"/> Check if Form 2220-K attached	9	00
10. Film industry tax credit	10	00	10. Extension payment	10	00
11. Extension payment	11	00	11. Prior year's tax credit	11	00
12. Prior year's tax credit	12	00	12. LLET overpayment from Part I, line 18	12	00
13. Income tax overpayment from Part II, line 17	13	00	13. Corporation income tax paid on original return	13	00
14. LLET paid on original return	14	00	14. Corporation income tax overpayment on original return	14	00
15. LLET overpayment on original return	15	00	15. Income tax due (lines 8 and 14 less lines 9 through 13)	15	0 00
16. LLET due (lines 6 and 15 less lines 7 through 14)	16	0 00	16. Income tax overpayment (lines 9 through 13 less lines 8 and 14)	16	00
17. LLET overpayment (lines 7 through 14 less lines 6 and 15)	17	00	17. Credited to 2015 LLET	17	00
18. Credited to 2015 income tax	18	00	18. Credited to 2015 interest	18	00
19. Credited to 2015 interest	19	00	19. Credited to 2015 penalty	19	00
20. Credited to 2015 penalty	20	00	20. Credited to 2016 corporation income tax	20	00
21. Credited to 2016 LLET	21	00	21. Amount to be refunded	21	00
22. Amount to be refunded	22	00			

TAX PAYMENT SUMMARY (Round to nearest dollar)		OFFICIAL USE ONLY	
LLET	INCOME	P	
1. LLET due (Part I, Line 16) \$.00	1. Income tax due (Part II, Line 15) \$.00	W	
2. Interest \$.00	2. Interest \$.00	2	
3. Penalty \$.00	3. Penalty \$.00	0	
4. Subtotal \$.00	4. Subtotal \$.00	4	
TOTAL PAYMENT (Add Subtotals) \$.00		V	
		A	
		L	
		#	



Commonwealth of Kentucky
DEPARTMENT OF REVENUE

PART III - TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, ln 28)	1	- 453	00	14. Federal work opportunity credit	14		00
ADDITIONS:				15. Depreciation adjustment	15		00
2. Interest income (state and local obligations)	2		00	16. Other (attach Schedule O-720)	16		00
3. State taxes based on net/gross income	3		00	17. Revenue Agent Report (RAR)	17		00
4. Depreciation adjustment	4		00	18. Net income (line 11 less lines 12 through 17)	18	- 453	00
5. Deductions attributable to nontaxable income	5		00	19. Current net operating loss adjustment (mandatory nexus only)	19		00
6. Related party expenses (attach Schedule RPC)	6		00	20. Kentucky net income (add lines 18 and 19)	20	- 453	00
7. Dividend paid deduction (REIT)	7		00	21. Taxable net income (attach Schedule A if applicable)	21	- 453	00
8. Domestic production activities deduction	8		00	22. Net operating loss deduction (NOLD)	22	0	00
9. Other (attach Schedule O-720)	9		00	23. Taxable net income after NOLD (line 21 less line 22)	23	- 453	00
10. Revenue Agent Report (RAR)	10		00	24. Kentucky domestic production activities deduction (KDPAD)	24		00
11. Total (add lines 1 through 10)	11	- 453	00	25. Taxable net income after KDPAD (line 23 less line 24)	25	- 453	00
SUBTRACTIONS:							
12. Interest income (U.S. obligations)	12		00				
13. Dividend income	13		00				

PART IV - EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V - EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____
 President's Social Security Number _____
 Date Became President _____

I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

[Signature]
 Signature of principal officer or chief accounting officer

13/7/16
 Date

Timothy A. Masterson
 Printed name of principal officer or chief accounting officer

TIMOTHY A. MASTERSON CPA, PSC
 Name of person or firm preparing return

45-3928235
 SSN, PTIN or FEIN

Federal Form 1120, all pages and any supporting schedules must be attached.

May the DOR discuss this return with the preparer?
 Yes No

Make check payable to:
 Kentucky State Treasurer

Email Address: _____
 Telephone No.: (502) 254-1040

Mail to: **REFUNDS OR NO TAX DUE**

Kentucky Department of Revenue, Frankfort, KY 40618-0010

PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40620-0020



Commonwealth of Kentucky
DEPARTMENT OF REVENUE

SCHEDULE Q - KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4 - 15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other

If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

3. If a foreign corporation, enter the date qualified to do business in Kentucky.

4. The corporation's books are in care of: (name and address)

MULLOY PROPERTIES
8303 SHELBYVILLE ROAD
LOUISVILLE, KY 40222

5. Are disregarded entities included in this return? Yes No. If yes, list name, address and federal I.D. number of each entity.

6. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies).

6. (b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Are related party costs as defined in KRS 141.205(1)(l) included in this return? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.

8. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky? Yes No. If yes, list name, address and federal I.D. number of each entity.

9. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity.

10. The federal tax return attached to this Kentucky tax return is: a pro forma federal tax return a copy of the federal tax return filed with the Internal Revenue Service

11. Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return:

12. Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No. If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust? Yes No. If yes, for each series within a statutory trust, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:

13. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

14. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2016? Yes No. If yes, list name and federal I.D. number of entity(ies) filing return(s):

15. Is the corporation currently under audit by the Internal Revenue Service? Yes No. If yes, enter years under audit _____

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. See 2015 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. **Attach a copy of the final determination to each amended return.**

SCHEDULE NOL

41A720NOL (10-15)



Taxable Year Ending

1 2 / 1 5

Mo. Yr.

Commonwealth of Kentucky
DEPARTMENT OF REVENUE

- ▶ See instructions.
- ▶ Attach to Form 720.

NET OPERATING LOSS SCHEDULE

KRS 141.011, KRS 141.200(11); Regulation 103 KAR 16:250

Name of Corporation GRANDEL FARMS RESIDENTS ASSOCIATION, INC	Federal Identification Number 61-1294828	Kentucky Corporation/LLET Account Number
--	--	--

PART I - MANDATORY NEXUS CONSOLIDATED RETURN

Section A - Current Net Operating Loss Adjustment		A	Includible Corporations	
			B	C
Name	Kentucky Corporation/LLET Account Number	Prior Year's NOL Carryforward	Kentucky Net Income	Kentucky Net Losses (Enter as a Positive)
1. Parent		00	00	00
2. Subsidiaries				
a		00	00	00
b		00	00	00
c		00	00	00
d		00	00	00
e		00	00	00
f		00	00	00
g		00	00	00
h		00	00	00
i		00	00	00
j		00	00	00
k		00	00	00
l		00	00	00
m		00	00	00
3. Totals (add Columns A, B and C)	3	00	00	00
4. Limitation-Income (Column B, line 3 multiplied by 50%)			4	00
5. Total NOL (add Column A, line 3 and Column C, line 3)			5	00
Complete line 6 only if Column C, line 3 is greater than line 4.				
6. Disallowed loss, Column C, line 3, less line 4. Enter here and on Form 720, Part III, line 19 (see instructions)			6	00
Complete line 7 only if line 4 is greater than Column C, line 3.				
7. Additional NOLD (see worksheet in instructions). Enter as a negative amount here and on Form 720, Part III, line 19			7	00

Section B - NOL Carryforward (Mandatory Nexus Consolidated)

1. Total current year and prior year NOL (Enter amount from Section A, line 5)	1	00
2. Limitation (Enter amount from Section A, line 4)	2	00
3. Total NOL carryforward (Section B, line 1 less Section B, line 2) If less than zero, enter -0-	3	00

PART II - SEPARATE ENTITY RETURN

NOL Carryforward (Enter all amounts as a positive)

1. Carryforward from prior year (2014 Schedule NOL, Part II, line 4)	1	1664	00
2. Current year NOL from Form 720, Part III, line 21	2	453	00
3. NOLD from Form 720, Part III, line 22	3		00
4. Total NOL carryforward to 2016 (line 1 plus line 2 less line 3)	4	2117	00

Department of the Treasury
Internal Revenue Service

Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

2015

For calendar year 2015 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name GRANDEL FARMS RESIDENTS ASSOCIATION, INC	Employer identification number 61-1294828
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O MULLOY 8303 SHELBYVILLE ROAD	Date association formed 08/03/1994
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40222	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test SEE STATEMENT 1	51726.
C Total expenditures made for purposes described in 90% expenditure test SEE STATEMENT 2	58796.
D Association's total expenditures for the tax year	59196.
E Tax-exempt interest received or accrued during the tax year	0.

Gross Income (excluding exempt function income)

1 Dividends		1
2 Taxable interest SEE STATEMENT 3		2 47.
3 Gross rents		3
4 Gross royalties		4
5 Capital gain net income (attach Schedule D (Form 1120))		5
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
7 Other income (excluding exempt function income) (attach statement)		7
8 Gross income (excluding exempt function income). Add lines 1 through 7		8 47.

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages		9
10 Repairs and maintenance		10
11 Rents		11
12 Taxes and licenses SEE STATEMENT 4		12
13 Interest		13
14 Depreciation (attach Form 4562)		14
15 Other deductions (attach statement) SEE STATEMENT 5		15 400.
16 Total deductions. Add lines 9 through 15		16 400.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8		17 -353.
18 Specific deduction of \$100		18 \$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17		19 -453.										
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		20 0.										
21 Tax credits		21										
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits		22 0.										
23 a 2014 overpayment credited to 2015 23a		<table border="1"> <tr> <td>c Total</td> <td style="text-align: right;">23c 0.</td> </tr> <tr> <td>d Tax deposited with Form 7004</td> <td style="text-align: right;">23d</td> </tr> <tr> <td>e Credit for tax paid on undistributed capital gains (attach Form 2439)</td> <td style="text-align: right;">23e</td> </tr> <tr> <td>f Credit for federal tax paid on fuels (attach Form 4136)</td> <td style="text-align: right;">23f</td> </tr> <tr> <td>g Add lines 23c through 23f</td> <td style="text-align: right;">23g 0.</td> </tr> </table>	c Total	23c 0.	d Tax deposited with Form 7004	23d	e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	f Credit for federal tax paid on fuels (attach Form 4136)	23f	g Add lines 23c through 23f	23g 0.
c Total	23c 0.											
d Tax deposited with Form 7004	23d											
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e											
f Credit for federal tax paid on fuels (attach Form 4136)	23f											
g Add lines 23c through 23f	23g 0.											
b 2015 estimated tax payments 23b												
d Tax deposited with Form 7004												
e Credit for tax paid on undistributed capital gains (attach Form 2439)												
f Credit for federal tax paid on fuels (attach Form 4136)												
g Add lines 23c through 23f												
24 Amount owed. Subtract line 23g from line 22 (see instructions)		24										
25 Overpayment. Subtract line 22 from line 23g		25										
26 Enter amount of line 25 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		26										

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.

Timothy A. Masterson Signature of officer Date **02/11/16** Title **Treasurer**

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

Print/Type preparer's name TIMOTHY A. MASTERSON C	Preparer's signature <i>Timothy A. Masterson</i>	Date 02/11/16	Check if self-employed <input type="checkbox"/>	PTIN P00037134
Firm's name TIMOTHY A. MASTERSON CPA, PSC	Firm's EIN 45-3928235		Phone no. (502) 254-1040	
Firm's address 209 TOWNEPARK CIRCLE, SUITE 100 LOUISVILLE, KY 40243				

FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
HOA MEMBERSHIP DUES			50406.
HOA LATE PAYMENT FEES			1320.
TOTAL TO FORM 1120-H, ITEM B			51726.

FORM 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	STATEMENT	2
DESCRIPTION		AMOUNT	
GROUNDS			20541.
INSURANCE			3751.
MANAGEMENT FEES			5012.
PROFESSIONAL			159.
REPAIRS			9745.
SECURITY			3400.
UTILITIES			16068.
WEBSITE			120.
TOTAL TO FORM 1120-H, ITEM C			58796.

FORM 1120-H	INTEREST INCOME	STATEMENT	3
DESCRIPTION	US	OTHER	
INTEREST INCOME			47.
TOTAL TO FORM 1120-H, LINE 2			47.

FORM 1120-H	TAXES AND LICENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
MISCELLANEOUS TAX			
TOTAL TO FORM 1120-H, LINE 12			

FORM 1120-H

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

PROFESSIONAL

400.

TOTAL TO FORM 1120-H, LINE 15

400.

For calendar year 2015 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name GRANDEL FARMS RESIDENTS ASSOCIATION, INC	Employer identification number 61-1294828
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O MULLOY 8303 SHELBYVILLE ROAD	Date association formed 08/03/1994
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40222	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B	Total exempt function income. Must meet 60% gross income test	SEE STATEMENT 1
C	Total expenditures made for purposes described in 90% expenditure test	SEE STATEMENT 2
D	Association's total expenditures for the tax year	51726.
E	Tax-exempt interest received or accrued during the tax year	58796.
		59196.
		0.

Gross Income (excluding exempt function income)		
1	Dividends	
2	Taxable interest	SEE STATEMENT 3
3	Gross rents	
4	Gross royalties	
5	Capital gain net income (attach Schedule D (Form 1120))	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	
7	Other income (excluding exempt function income) (attach statement)	
8	Gross income (excluding exempt function income). Add lines 1 through 7	47.

Deductions (directly connected to the production of gross income, excluding exempt function income)		
9	Salaries and wages	
10	Repairs and maintenance	
11	Rents	
12	Taxes and licenses	SEE STATEMENT 4
13	Interest	
14	Depreciation (attach Form 4562)	
15	Other deductions (attach statement)	SEE STATEMENT 5
16	Total deductions. Add lines 9 through 15	400.
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	-353.
18	Specific deduction of \$100	\$100.00

Tax and Payments		
19	Taxable income. Subtract line 18 from line 17	-453.
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	0.
21	Tax credits	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	0.
23	a 2014 overpayment credited to 2015 23a	
	b 2015 estimated tax payments 23b	
	c Total 23c	0.
	d Tax deposited with Form 7004 23d	
	e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e	
	f Credit for federal tax paid on fuels (attach Form 4136) 23f	
	g Add lines 23c through 23f 23g	0.
24	Amount owed. Subtract line 23g from line 22 (see instructions)	
25	Overpayment. Subtract line 22 from line 23g	
26	Enter amount of line 25 you want: Credited to 2016 estimated tax Refunded	

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.

Sign Here: *Timothy A. Masterson* Signature of officer Date: *02/11/16* Title: *CPA*

May the IRS discuss this return with the preparer shown below (see instr.): Yes No

Paid Preparer's Use Only: Print/Type preparer's name: **TIMOTHY A. MASTERSON CPA, PSC** Preparer's signature: *Timothy A. Masterson* Date: **02/11/16** Check if self-employed: PTIN: **P00037134**

Firm's name: **TIMOTHY A. MASTERSON CPA, PSC** Firm's EIN: **45-3928235**

Firm's address: **209 TOWNEPARK CIRCLE, SUITE 100 LOUISVILLE, KY 40243** Phone no.: **(502) 254-1040**

FORM 1120-H EXEMPT FUNCTION INCOME STATEMENT 1

DESCRIPTION	AMOUNT
HOA MEMBERSHIP DUES	50406.
HOA LATE PAYMENT FEES	1320.
TOTAL TO FORM 1120-H, ITEM B	51726.

FORM 1120-H EXPENDITURES DESCRIBED IN 90% TEST STATEMENT 2

DESCRIPTION	AMOUNT
GROUNDS	20541.
INSURANCE	3751.
MANAGEMENT FEES	5012.
PROFESSIONAL	159.
REPAIRS	9745.
SECURITY	3400.
UTILITIES	16068.
WEBSITE	120.
TOTAL TO FORM 1120-H, ITEM C	58796.

FORM 1120-H INTEREST INCOME STATEMENT 3

DESCRIPTION	US	OTHER
INTEREST INCOME		47.
TOTAL TO FORM 1120-H, LINE 2		47.

FORM 1120-H TAXES AND LICENSES STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS TAX	
TOTAL TO FORM 1120-H, LINE 12	

FORM 1120-H

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

PROFESSIONAL

400.

TOTAL TO FORM 1120-H, LINE 15

400.