

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



		al Revenue Service	•	Do not enter SSN ni	ımbers on th	his form as it may	y be ma	ide public if yo	ur organiz	zation is a 501(c)(3))[Open to Pul 501(c)(3) Or	one inspection for ganizations Only
	\overline{A}	Check box if		Name of organizatio	eck box if name o	change	and see instri	uctions.)	-	D Empl	oyer identification	cation number	
		address changed									instr	uctions)	, 500
	B E	xempt under section	Print	PROPERTY	RESER	VE, INC.	,				8	7-61	28054
	X	Number, street, and room or suite no. If a P.O. box, see instructions.									E Unrel	ated busine	ss activity codes
]408(e) []220(e)											,
		408A530(a) City or town, state or province, country, and ZIP or foreign postal code									1		
											900	003	531390
	C Bor	ok value of all assets end of year OVER .		exemption number									
	_1	,000,000.		organization type 🕨		501(c) corporatio		501(c) tru		401(a) trust	L	Other	trust
		scribe the organizatio											
		ring the tax year, was								-	X Ye	es L_	No
		Yes," enter the name a				oration.	EE	STATEM.				0.40	
		e books are in care of						I (A) I		one number > 8			
				de or Business		<u>'</u>		(A) inc	ome	(B) Expense	<u> </u>	(C) Net
t CO		Gross receipts or sale		1,950,63		_		1 050	624			ŀ	
2016		Less returns and allow			c Bal	ance >	1c	1,950	,634.				
		Cost of goods sold (S					2	1 050	<u> </u>			1 0	-0 604
2 4		Gross profit. Subtract					3_	1,950	,634.	ļ		1,9:	50,634.
		Capital gain net incon	•	•			4a					<u> </u>	
		Net gain (loss) (Form			Form 4/9/)		4b	 					
0	_	Capital loss deduction			/	4	4c	07	617	STMT 1		 	57 61 A
\Box		Income (loss) from p		ips and S corporation	is (attach sta	itement)	5	0 /	,614.	STMT 1		 	87,614.
Щ	6	Rent income (Schedu		(Cabadula E)			<u>6</u> 7	<u> </u>				 	
SCANNED		Unrelated debt-finance Interest, annuities, ro			llad araansa	tions (Cab. E)	8		798.				9,798.
Z		Investment income of					_	 	, 150.			 	7,150.
ပ္က		Exploited exempt acti			17) Urganiza	uon (Schedule d)	10					<u> </u>	
Ų,		Advertising income (§					11			<u> </u>		 [
		Other income (See in:		•	STATE	MENT 2	12	1	,673.	<u> </u>			1,673.
		Total. Combine lines		-,,			13	2,049		 		2.04	19,719.
				t Taken Elsew	here (Se	e instructions fo							7
				itions, deductions									
	14	Compensation of off	icers, dir	ectors, and trustees	(Schedule K)				,		14		
	15	Salaries and wages				8 OCT	17	2016	3]		15		
	16	Repairs and mainten	апсе			S OCT	1 ,	טוט כ	6		16	16	55,718.
	17	Bad debts				1			=		17		
	18	Interest (attach sche	dule)			OGE	い色と	I, UT			18		
	19	Taxes and licenses					2121		_		19	2.5	54,916.
	20	Charitable contribution	ons (See	instructions for limit	ation rules)						20		
	21	Depreciation (attach	Form 45	62)				Ţ	21	617,487.			
	22	Less depreciation cla	aimed on	Schedule A and else	where on ret	turn		L	22a		22b	61	<u> 17,487.</u>
	23	Depletion									23		
	24	Contributions to defe		npensation plans							24		
	25	Employee benefit pro	-								25		
	26	Excess exempt expe	•	•							26		
	27	Excess readership of		•				~==	OF 3 C	TO A	27	<u> </u>	77 117
	28	Other deductions (at						SEE	STAT	EMENT 3	28		73,112.
	29	Total deductions		=		-4		0 ()			29		11,233.
	30 31	Unrelated business t		icome before net ope	-		ct line 2		C U V U	емемт 5	30		38,486. 411.
	* 1	MAT ADDITION INCO AL	- HOTTION	controlled to the amount	a on one 301	1				CONTRACTOR CO.	11		→ 1 ⊥ •

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

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

For calendar year 2015 or other tax year beginning

32

33

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T**

Department of the Treasury Internal Revenue Service

32

33

34

 $\overline{38,075}$

37,075.

1,000.

OMB No 1545-0687

10000 1 (20	TROTERTI RESERVE, INC.	07 01	20034	
Part III	Tax Computation			
_	ganizations Taxable as Corporations. See instructions for tax computation.			
Cor	introlled group members (sections 1561 and 1563) check here 🕨 🚻 See in:	structions and:	1	
a Ent	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order):		
(1)) \$0. (2) \$0. (3) \$	0.]		
b Ent	ter organization's share of: (1) Additional 5% tax (not more than \$11,750)	0.	1 1	
(2)) Additional 3% tax (not more than \$100,000)	0.1		
c Inc	come tax on the amount on line 34	SEE STATEMENT 6	35c	12,976.
36 Tru	usts 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 Pro	oxy tax. See instructions	•	37	
38 Alte	ernative minimum tax	·	38	
39 Tot	tal Add lines 37 and 38 to line 35c or 36, whichever applies		39	12,976.
Part IV	Tax and Payments		-	
40a For	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Oth	her credits (see instructions)	40b	7	
c Ger	neral business credit. Attach Form 3800	40c	7	
d Cre	edit for prior year minimum tax (attach Form 8801 or 8827)	40d	7	
e Tot	tal credits. Add lines 40a through 40d		40e	
41 Sub	btract line 40e from line 39		41	12,976.
	ner taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866 Other (attach schedule)	42	
43 Tot	tal tax. Add lines 41 and 42		43	12,976.
44 a Pay	yments: A 2014 overpayment credited to 2015	44a 25,000		
· -	15 estimated tax payments	44b	7	
	x deposited with Form 8868	44c	7	
	reign organizations; Tax paid or withheld at source (see instructions)	44d	7	
	ckup withholding (see instructions)	44e	-	
	edit for small employer health insurance premiums (Attach Form 8941)	441	┥	
	ner credits and payments: Form 2439		네	
	Form 4136 Other	Total ▶ 44g		
45 Tot	tal payments. Add lines 44a through 44g		45	25,000.
	timated tax penalty (see instructions). Check if Form 2220 is attached		46	
	x due. If line 45 is less than the total of lines 43 and 46, enter amount owed	>	47	
	erpayment. If line 45 is larger than the total of lines 43 and 46, enter amount over	rpaid	48	12,024.
	ter the amount of line 48 you want: Credited to 2016 estimated tax	10,000 Refunded	49	2,024.
	Statements Regarding Certain Activities and Other In	nformation (see instructions)		
	ime during the 2015 calendar year, did the organization have an interest in or a si	gnature or other authority over a financial a	ccount (ban	ik. Yes No
	es, or other) in a foreign country? If YES, the organization may have to file FinCEN		,	"
	ts. If YES, enter the name of the foreign country here	, , , , , , , , , , , , , , , , , , , ,		x
During the	ie tax year, did the organization receive a distribution from, or was it the grantor of, or transferor se instructions for other forms the organization may have to file	to, a foreign trust?		<u>x</u>
	e amount of tax-exempt interest received or accrued during the tax year			
	e A - Cost of Goods Sold. Enter method of inventory valuation	► N/A		
_		at end of year	6	
2 Purchas		ods sold. Subtract line 6		
3 Cost of I		5. Enter here and in Part I, line 2	7	
_		es of section 263A (with respect to	<u> </u>	Yes No
	, , , , , , , , , , , , , , , , , , , ,	produced or acquired for resale) apply to		100 110
	Add lines 1 through 4b 5 the organi	, , , , ,		x
	Under penalties of perjury, I declare that I have examined this return, including accompanying s	chedules and statements, and to the best of my kn	owledge and	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of	_		
Here	minhael ze Chand 10/6/16	/ /- / / \	-	scuss this return with nown below (see
	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature	Date Check	if PTIN	
	1 Tante Type proparer 5 name	self- employed		
Paid	JOAN S MCMAHON Jan Menah	9/21/16		0966494
Preparer	- DELOTME MAY 1/LD	Firm's EIN		-1065772
Use Only	555 MISSION STREET	T IIIII S EIIV		
	Firm's address SAN FRANCISCO, CA 94105	Phone se	415-79	83-4000
	LIMITAGORDO P DEM LIVERCIDCO, CV 34103		ユエリー / (-J - T O O O

Schedule C - Rent Inc	ome (F	rom Real Pro	perty an	d Personal	Prope	rty Leas	ed With Real P	rope	erty)(see instructions)
1. Description of property									
(1)									
(2)				,			-		
(3)	_					_			
(4)							· <u> </u>		
		2. Rent received or a	accrued				01.		
(a) From personal property rent for personal propert 10% but not more:	y is more th	ntage of an	of rent for	and personal prope personal property e nt is based on profi	xceeds 509	6 or if	3(a) Deductions directions directions 2(ectly co (a) and 2	nnected with the income in P(b) (attach schedule)
(1)		<u> </u>							
(2)									
(3)									
Total		0 • Tota	l 		<u> </u>	0.	/b) T-4-1 d - d	_	
(c) Total income. Add totals of co						•	(b) Total deduction: Enter here and on page		•
here and on page 1, Part I, line 6,			<u> </u>			0.	Enter here and on page Part I, line 6, column (B)	<u> </u>	· <u>0.</u>
Schedule E - Unrelate	d Debt-	-Financed Inc	ome (see	instructions)					
				2. Gross in	come from		Deductions directly to debt-fit		
1. Description of	of debt-finan	ced property		or allocable	le to debt-		Straight line depreciation	1	(b) Other deductions
·				1111211000	property		(attach schedule)		(attach schedule)
				 			 -	-	
(1)				 				-+	
(2)			.	 				-	
(3)				 				-	
(4)		P. A		-				+	
 Amount of average acquisition debt on or allocable to debt-finance property (attach schedule) 		 Average adjus of or allocab debt-financed p (attach sche) 	le to roperty	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%		\neg	··· · · · · · · · · · · · · · · · · ·
(2)						%			
(3)		·				%			
(4)						%	•		
			-			E	nter here and on page 1,		Enter here and on page 1,
						F	Part I, line 7, column (A)		Part I, line 7, column (B)
Totals						▶		0.	0.
Total dividends-received deduc								▶	0.
Schedule F - Interest,	Annuiti	es, Royalties	-				nizations (see i	nstruc	ctions)
			Exem	ot Controlled C	rganızat	ions			
Name of controlled organiza	tion	2. Employer identifica number		3. inrelated income (see instructions)		4. If of specified ments made	5. Part of column included in the con organization's gross	uroning	connected with income
(1) DESERET NEWS		1					 		
(2) PUBLISHING		1		····					
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income		unrelated income (loss (see instructions)	9. т	otal of specified pay made	rments	in the con	column 9 that is included trolling organization's income	11.	Deductions directly connected with income in column 10
	<u> </u>		-					 	
(1) (2) 9,798.		9,79	8.	<u> </u>	798.	 	9,798.	╁	
	 	3,13		<u> </u>	130.		9,190.	\vdash	
(3)	 					 -		1	
<u>(4)</u>	L			<u>-</u>			olumns 5 and 10 and on page 1, Part I,	Ent	Add columns 6 and 11 ter here and on page 1, Part I,
							8, column (A)		line 8, column (B)
Totals					•	Ì	9,798.	[0.
						·		'	

	D-T (2015) PROPER				<u></u>		<u>87-612805</u>	4 Page
Sched	lule G - Investme (see inst	ent income of a ructions)	Section	501(c)(7	7), (9), or (17) Or	ganization		
	" .	cription of income			2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deduction and set-asides (col 3 plus col 4
(1)	•				, -			(33 0)33 001 4
(2)			-					
(3)								-
(4)							ļ.,	-
_					Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page Part I, line 9, column (E
Totals				•	0.			
Sched	lule I - Exploited (see instru		y Income	, Other	Than Advertisin	ng Income		
	1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly co with prod of unrei business	nnected luction ated	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)		-		$\overline{}$				
(3)	-							
(4)	-						-	
		Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, c	Part I,				Enter here and on page 1, Part II, line 26
Fotals	•	0.		0.				0
Sched	ule J - Advertisii		instructions	 		<u>.</u> .	- ·	
Part I	Income From I	Periodicals Rep	orted on	a Cons	solidated Basis			
	·		T		4. Advertising gain		г	7. Excess readership
	1. Name of periodical	2. Gross advertising income		Direct ising costs	or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)]	_		
								
(4)								
otals (ca	rry to Part II, line (5))		0.	0.				0
Part II	Income From F	Periodicals Rep 7 on a line-by-line ba	orted on	a Sepa	rate Basis (For ea	ch periodical listed	d in Part II, fill in	<u></u>
	1. Name of periodical	2. Gross advertising income	3.	Direct sing costs	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)
(4)	· · · · · · · · · · · · · · · · · · ·							
(1)		1			-			
								
(2)	*							
(2) (3)			-			-		
(2) (3) (4)	m Part I	D	0.	0.				
(2) (3) (4) otals fror		Enter here and o page 1, Part I, line 11, col (A)	page line 1	0. ere and on 1. Part!, , col (B)				Enter here and on page 1, Part II, line 27
(2) (3) (4) otals from	rt II (lines 1-5)	Enter here and o page 1, Part I, line 11, col (A)	n Enter h page line 1	ere and on 1, Part I, , col (B)	Trustees (see in	structions		Enter here and on page 1, Part II, line 27
(2) (3) (4) otals from		Enter here and o page 1, Part I, line 11, cot (A) ation of Officer	n Enter h page line 1	ere and on 1, Part I, , col (B)	d Trustees (see in	3. Percentime devote	ed to	Enter here and on page 1, Part II, line 27
(2) (3) (4) otals fror otals, Par	rt II (lines 1-5) ule K - Compens	Enter here and o page 1, Part I, line 11, cot (A) ation of Officer	n Enter h page line 1	ere and on 1, Part I, , col (B)		3. Percen	ed to s to unre	Enter here and on page 1, Part II, line 27
(2) (3) (4) (otals from otals, Par Schedu	rt II (lines 1-5) ule K - Compens	Enter here and o page 1, Part I, line 11, cot (A) ation of Officer	n Enter h page line 1	ere and on 1, Part I, , col (B)		3. Percentime devote	ed to s to unre	Enter here and on page 1, Part II, line 27
(2) (3) (4) (otals from otals, Par Schedu	rt II (lines 1-5) ule K - Compens	Enter here and o page 1, Part I, line 11, cot (A) ation of Officer	n Enter h page line 1	ere and on 1, Part I, , col (B)		3. Percentime devote	ed to s to unre	Enter here and on page 1, Part II, line 27
(1) (2) (3) (4) Totals from Schedu (1) (2) (3)	rt II (lines 1-5) ule K - Compens	Enter here and o page 1, Part I, line 11, cot (A) ation of Officer	n Enter h page line 1	ere and on 1, Part I, , col (B)		3. Percentime devote	ed to s to unre	on page 1, Part II, line 27 0

4562

Department of the Treasury internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) 990-T

Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.lrs.gov/form4562.

| Business or activity to which this form relates

OMB No 1545-0172

Sequence No 179

Identifying number

PROPERTY RESERVE, INC. FORM 990-T PAGE 1 87-6128054 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling separately, see instructions (c) Flected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 600,241. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2015 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

	Section B - Asse	ts Placed in Servic	e During 2015 Tax Year	Using the Gen	eral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						- :
ь	5-year property						2,514.
С	7-year property						
d	10-year property						
е	15-year property						14,732.
f	20-year property						
g	25-year property			25 yrs		S/L	
	Decidential contains and a	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Noncondental and a second	/		39 yrs.	MM	S/L	-
	Nonresidential real property	/	-		MM	S/L	
	Section C - Assets	Placed in Service	During 2015 Tax Year U	sing the Altern	ative Deprec	iation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year	/		40 yrs.	MM	S/L	
Par	Summary (See instructions.)		<u>. </u>			
21 L	sted property. Enter amount from li	ne 28				21	
22 To	otal. Add amounts from line 12, line	s 14 through 17, lin	es 19 and 20 in column (g), and line 21.			
Er	nter here and on the appropriate line	es of your return Pa	artnerships and S corpora	tions - see instr	•	22	617,487.
		•	•				

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Otl	ner Int	forma	tion (Ca	aution:	See the i	nstruc	tions for l	mits for	passen	ger auto	mobiles)	
24a	Do you have evidence to s	support the bu	siness/inve	tment	use cl	aimed?	□ Y	es _	No	24b If "\	es," is t	he evide	nce wri	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busine investn use perce	nent	ot	(d) Cost or ther basis	I /bi	(e) sis for depr isiness/inve use only	estment	(f) Recovery period	Me	(g) thod/ vention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25 3	Special depreciation allo	owance for q	ualified list	ed pro	operty	/ placed	in servi	ce durin	g the ta	ax year ar	nd		 			
ι	used more than 50% in	a qualified b	usiness us	se .		•						25			ļ	
26 F	Property used more tha	n 50% ın a q	ualified bu	sines	s use:											
				%			_									
				%							<u> </u>		ļ			
		<u> </u>	<u> </u>	%							J		İ			
<u>27</u> F	Property used 50% or le	ess in a quali	fied busin	ess us	e:		-								I	
				%							S/L ·		<u> </u>		-	
	<u> </u>			%							S/L·		 		ł	
		<u></u>		%							S/L ·		 		1	
	Add amounts in column							, page 1				28		1 00		
<u>29</u> /	Add amounts in column	(i), line 26. E	nter nere					on Use	of Vol	ioloo				29	<u> </u>	
0			h 1	-												_
	plete this section for ve												-	-		3
to yo	our employees, first ans	wer the ques	stions in Se	ection	C to s	see if yo	u meet	an excep	otion to	complet	ing this s	section 1	or those	venicie	S	
				-	1.	a)	· ·	b)	1	(a)	· ,	ط/		٥)	14	<u></u>
30 T	Total business/investment	miles driven di	uring the			nicle		hicle	Ι ,	(c) ehicle	1	d) ticle	1	e) hicle	(f Veh	
	/ear (do not include comr		aring aro		101	11010	-	111010	-	omoic	1 70	11010	1	illoio	1 1011	1010
-	Fotal commuting miles of	= -	the vear						 		1					
	Fotal other personal (no	-	-								 					
	driven	nooning.	,	ŀ												
	Fotal miles driven during	the vear									•					
	Add lines 30 through 32															
	Was the vehicle available		al use	_ T	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
	Was the vehicle used pi	rimarily by a i	more								1				i	
	than 5% owner or relate					ŀ		l			1			ŀ		
36 ls	s another vehicle availa	ble for perso	nal													
ι	ıse?													l		
		Section C	- Question	s for	Empl	oyers V	/ho Pro	vide Vel	nicles	for Use b	y Their I	Employ	es			
Answ	ver these questions to d	determine if y	ou meet a	n exce	eption	to com	pleting :	Section I	B for ve	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%
	ers or related persons															
	Do you maintain a writte employees?	n policy stat	ement tha	prohi	ıbıts a	III persor	nal use (of vehicle	es, ıncl	uding coi	nmuting	, by you	r		Yes	No
38 E	Do you maintain a writte	n policy stat	ement tha	t prohi	ıbıts p	ersonal	use of v	vehicles,	excep	t commut	ing, by y	our/				
е	employees? See the ins	tructions for	vehicles u	sed by	y corp	orate of	ficers, c	lirectors.	or 1%	or more	owners					<u> </u>
	Do you treat all use of ve	•		-												
	Do you provide more that		•		-		informat	tion from	your e	employee	s about					
	he use of the vehicles, a								_						-	<u> </u>
	Do you meet the require														-	
_	Note: If your answer to	37, 38, 39, 40	0, or 41 is	"Yes,"	do n	ot comp	lete Sed	ction B fo	or the c	covered v	ehicles.					
Pai	rt VI Amortization		-	(b	<u> </u>		(c)		_	(d)		(a)			(f)	
	(a) Description of			Date amo begi	rtization ns		Amortizat amount	ole t		Code section		(e) Amortiza period or per		Ar fo	nortization or this year	
<u>42</u> A	Amortization of costs the	at begins du	ring your 2	015 ta	x yea	ır.			_		r					
									+							
			l										1 45			
	Amortization of costs the	-											43			
<u>44 T</u>	otal. Add amounts in c	olumn (f). Se	e the instr	uction	s for	where to	report						44		orm 4EGG	(2015)

Form 4626 Department of the Treasury Internal Revenue Service Name

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

110		PROPERTY RESERVE, INC.			87-6128054
		Note: See the instructions to find out if the corporation is a small corporation exempt			
		from the alternative minimum tax (AMT) under section 55(e).			
1		Taxable income or (loss) before net operating loss deduction		1	37,486.
2		Adjustments and preferences:			
	а	Depreciation of post-1986 property		2a	
		Amortization of certified pollution control facilities		2b	
	C	Amortization of mining exploration and development costs	•	2c	
	d	Amortization of circulation expenditures (personal holding companies only)		2d	
	e	Adjusted gain or loss		2e	
	f	Long-term contracts		2f	
	g	Merchant marine capital construction funds		2g	
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
	i	Tax shelter farm activities (personal service corporations only)		2i	_
	j	Passive activities (closely held corporations and personal service corporations only)		2j	
	ķ	Loss limitations		2k	
		Depletion		21	
		Tax-exempt interest income from specified private activity bonds		2m	
		Intangible drilling costs		2n	
		Other adjustments and preferences		20	25 406
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	37,486.
4		Adjusted current earnings (ACE) adjustment:	14.1 27.496		
		ACE from line 10 of the ACE worksheet in the instructions	4a 37,486.		
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	1 _{4b} 0.		
		Multiply line 4b by 75% (.75). Enter the result as a positive amount	40 0.		
		Enter the excess, if any, of the corporation's total increases in AMTI from prior			
		year ACE adjustments over its total reductions in AMTI from prior year ACE			
		adjustments (see instructions). Note: You must enter an amount on line 4d			
		(even if line 4b is positive)	4d 1,168.		
		ACE adjustment.	_,,		
		If line 4b is zero or more, enter the amount from line 4c)		
		• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}	4e	0.
5		Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT)	5	37,486.
6		Alternative tax net operating loss deduction (see instructions)	STATEMENT 7	6	411.
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual		
		interest in a REMIC, see instructions		7	<u>37,075.</u>
8		Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ine 8c);		
		Subtract \$150,000 from line 7 (if completing this line for a member of a controlled			
		group, see instructions). If zero or less, enter -0-	8a 0.		
		Multiply line 8a by 25% (.25)	8b O •		
		Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	lea	₆₋	0
٥		group, see instructions). If zero or less, enter -0-	ŀ	8c	<u>0.</u> 37,075.
9 10		Subtract line 8c from line 7. If zero or less, enter -0- Multiply line 9 by 20% (.20)		9	7,415.
11		Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	ļ	11	1,410.
12		Tentative minimum tax. Subtract line 11 from line 10		12	7,415.
13		Regular tax liability before applying all credits except the foreign tax credit	ł	13	12,976.
14		Alternative minimum tax. Subtract line 13 from line 12, If zero or less, enter -0 Enter here	e and on		
•		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0.
JW/	_	For Paperwork Reduction Act Notice, see separate instructions.		1	Form 4626 (2015)

37,486.

10

Adjusted Current Earning ► See ACE Worksheet	· · ·		
4. B			25 406
1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	•	1	37,486.
2 ACE depreciation adjustment:	1 - 1 - 615 405		
a AMT depreciation	2a 617,487	-	
b ACE depreciation:			
(1) Post-1993 property 2b (1)			
(2) Post-1989, pre-1994 property 2b(2)			
(3) Pre-1990 MACRS property 2b(3)			
(4) Pre-1990 original ACRS property 2b(4)			
(5) Property described in sections	1 1		
168(f)(1) through (4) 2b(5)			
(6) Other property [2b(6)] 617, 4			
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7) 617,487	<u>.</u>	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a	_	
b Death benefits from life insurance contracts	3b	_	
c All other distributions from life insurance contracts (including surrenders)	3c	_	
d Inside buildup of undistributed income in life insurance contracts	3d	_	
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix)			
for a partial list)	3e	_	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a t	hrough 3e	3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a	_	
b Dividends paid on certain preferred stock of public utilities that are deductible			
under section 247	4b	_	
c Dividends paid to an ESOP that are deductible under section 404(k)	4c	<u>.</u>	
d Nonpatronage dividends that are paid and deductible under section			
1382(c)	4d	. l	
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a			
partial list)	4e]	
f Total increase to ACE because of disallowance of items not deductible from E&P. Ac	ld lines 4a through 4e	4f	
Other adjustments based on rules for figuring E&P:	1 1		
a intangible drilling costs	5a	.	
b Circulation expenditures	5b	1	
c Organizational expenditures	5c	1 1	
d LIFO inventory adjustments	5d	_	
e Installment sales	5e]	
f Total other E&P adjustments, Combine lines 5a through 5e		5f	
Disallowance of loss on exchange of debt pools		6	
Acquisition expenses of life insurance companies for qualified foreign contracts		7	
B Depletion		181	

Form 4626

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

	FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		AMOUNT
OCOTILLO MANAGEMENT GROUP, LLC		87,614.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 5	87,614.
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
STATE TAX REFUND		1,673.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 12	1,673.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
LOCATION ADMINISTRATIVE EXPENSES UTILITY EXPENSES SECURITY EXPENSES PARKING LOT OPERATION EXPENSES CLEANING EXPENSES GROUNDS MAINTENANCE LEASING & OTHER GENERAL ADMINISTRATIVE EXPENSES OTHER MISCELLANEOUS PARKING LOT MAINTENANCE PARKING LOT ADMINISTRATION SWEEP OPERATIONS	S	154,175. 110,434. 104,093. 184,349. 39,815. 57,281. 1,072. 95,747. 47,388. 40,733. 81,185. 38,655.
ADMINISTRATION EXPENSE-HEADQUAR	TERS	18,185.

FORM 990-T	PARENT CORPORA	TION'S NAME AND	IDENTIFYING NUMBER	STATEMENT 4						
CORPORATION	N'S NAME			IDENTIFYING NO						
CORP. OF TH	ORP. OF THE PRESIDENT									
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5						
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR						
12/31/14	411.	0.	411.	411.						
NOL CARRYOV	ER AVAILABLE THIS	411.	411.							

FORM	990-т	TAX COMPUTATION	STATEMENT 6
1.	TAXABLE INCOME		
2.	LESSER OF LINE 1 OR FIRST	BRACKET AMOUNT . 0	
3.	LINE 1 LESS LINE 2		
4.	LESSER OF LINE 3 OR SECONI	D BRACKET AMOUNT . 0	
5.	LINE 3 LESS LINE 4		
6.	INCOME SUBJECT TO 34% TAX	RATE 0	
7.	INCOME SUBJECT TO 35% TAX	RATE 37,075	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7		
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 1	3 TO FORM 990-T, PAGE 2, LINE 35C	12,976

FORM 4626	ALTERNATI	VE MINIMUM TAX NO	DL DEDUCTION	STATEMENT	7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
12/31/14	411.	0.	411.		
AMT NOL CA	RRYOVER AVAILABLE T	HIS YEAR	411.		