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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

➤ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

А	ror the	2009 calendar year, or tax year beginning , 2009, and endin		
В	Check if app	Please use IRS	□	Employer identification number
-	change	label or OVEODD CEMETERY COMPANY		EQ 0707724
<u> </u>	Name d	- brint of		52-0797734 Telephone number
-	Initial re	See TO DOY 1107		·
-	Termina Amende	Specific FO BOX 1107		(410) 822-6950
-	return Applicat	Instruc-	F	Group Exemption
	pending	1018. EASTON, MD 21001		Number · · · ►
	• Sec		unting r (speci	method X Cash Accrual fv) ►
				X If the organization is not
1.1	Nebsite			attach Schedule B (Form 990,
J ·	ax-exer	12	Z, or 9	
	Check >		rmally	not more than \$25,000 A
	orm 990	0-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a	•	·
L	dd lines	5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	159,219.
Pa	irt I 🔝 F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	e inst	ructions for Part I)
	1	Contributions, gifts, grants, and similar amounts received	. 1	
		Program service revenue including government fees and contracts		78,164.
	4	Membership dues and assessments Investment income ATCH 1 Gross amount from sale of assets other than inventory 54,972	4	26,083.
	5 a	Gross amount from sale of assets other than inventory		
	1	Less cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	31.
ne	1 _	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue		Gross revenue (not including \$ of contributions		
è		reported on line 1) 6a		
_		Less direct expenses other than fundraising expenses 6b	-	
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	- 6c	İ
	1	Gross sales of inventory, less returns and allowances	. ••	
	l .	Less cost of goods sold		
			7c	
	8	Gross profit or (loss) from sales of inventory (Subtract line 76 from line 7a) Other revenue (describe ▶	, 8	<u> </u>
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	104,278.
	10	Grants and similar amounts paid (attach socied to)	40	
	11	Grants and similar amounts paid (attach schedule) Benefits paid to or for members	. 44	
vs.	12	Salarios, other compensation and employed barrefits	. 43	
nses	13	Salaries, other compensation, and employee beriefits	13	
oen	14	Salaries, other compensation, and employee beriefits Professional fees and other payments to independe the following the same street of the same	14	+
Expe	' '		15	
_		Printing, publications, postage, and shipping) 16	55,721.
	I	Other expenses (describe ATCH 2	´ 4~	56,471.
			_	47,807.
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· -10	47,007.
SS		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		1,131,544.
t A		end-of-year figure reported on prior year's return)	. 19	1,131,344.
Net		Other changes in net assets or fund balances (attach explanation)		1 170 251
		· · · · · · · · · · · · · · · · · · ·	<u>► 21</u>	1,179,351.
Ρá	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in		
	_	(See the instructions for Part II) (A) Beginning of year		(B) End of year
22		savings, and investments ATCH 3 897, 48		
23	Land a	and buildings 234,06		
24		assets (describe)	24	
25/	1 -	1,131,54	— 	
26	₹Togal	labilities (describe)	26	
_	Net a	sets or fund balances (line 27 of column (B) must agree with line 21)	4 . 27	
JSA 908	₀₀₀ —Fc	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

Part III Statement of Program Service Accomplishmed What is the organization's primary exempt purpose? ATCH 4 Describe what was achieved in carrying out the organization's exedescribe the services provided, the number of persons benefited, and organization.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)			
28 PERPETUAL CARE OF CEMETERY (Grants \$) If this amount include 29 OPENING OF GRAVES	28a				
(Grants \$) If this amount include 30 SURVEYING LAND TO SET UP NEW CEMETERY I EQUIPMENT	29a				
31 Other program services (attach schedule)	es foreign grants, check her	e ▶ [30a 31a ▶ 32		
Part IV List of Officers, Directors, Trustees, and Key Emplo (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0)	(d) Contr employee be		for Part IV) (e) Expense account and other allowances
ATTACHMENT 5		-0-		-0-	-0-

Yes No Yes Yes No Yes Ye	Form 99	0-EZ (2009) 52-07977	34		Page 3				
Joil the organization engage in any activity not previously reported to the RS? If "Yes," attach a detailed description of each activity. July Were any changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T and the organization had uncertainty and proxy tax requirements? Joseph If "Yes," has I filled a texterium or Form 990-T for this yea? Joseph If "Yes," has I filled a texterium or Form 990-T for this yea? Joseph If "Yes," has I filled a texterium or Form 990-T for this yea? Joseph If "Yes," has I filled a texterium or Form 990-T for this yea? Joseph If "Yes," has I filled a texterium or Form 990-T for this yea? Joseph Did the organization undergo a liquidation, dissolution, termination, or significant dissopsition of net assets during the year? If Yes, "complete Spotiable parts of Schotiule N. Joseph Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the peniod covered by this return? Joseph If Yes, "complete Schotius Line Hill amount involved. Joseph Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year, and an enter the total amount involved. Joseph If Yes, "complete Schotius Corributions included on line 9. Joseph Did the organization Schotia mount of tax imposed on the organization during the year under section 4911 p. section 4911 p. section 4912 p. section 4915 p. section 4915 p. section 4955 p. section 49	Part \	Other Information (Note the statement requirements in the instructions for Part V.)							
A war work changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes, any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes, any changes made to the organization does not not reported on Form 980-T, attach a statement explaining why the organization did not report the income on Form 980-T and the organization have uncleaded business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for the year? b If "Yes," has it filed a tax return on Form 990-T for the year? b Did the organization did property applicable parts of Schedule N. 33b 35b		·		Yes	No				
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 X 35 If the organization had income from business activities, such as those reported on lines 2, 68, and 7a (among others), but not reported on Form 950-T, attach a statement explaining why the organization had necome from 950-T and the organization did not report the income on Form 950-T. 34 X 36 Did the organization undergo a liquidation, dissolution, termination, or significant desposition of net assets during the year? If "Yes," shall field at sureturn on Form 950-T for this year? 35b X 376 Did the organization undergo a liquidation, dissolution, termination, or significant desposition of net assets during the year? If "Yes," complete a Special Expension of Special Expension of Special Expension of Special Expension of Special Expension Organization Bertal Expension of Special Expension Organization Bertal Expension of Special Expension Organization Bertal and enter the total amount mobiled. 37b X 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 37b X 39 Section 501(c)(2) organizations Eriter 1 and the total amount mobiled. 38b 38b 38b 39 Section 501(c)(3) and 501(c)(4) organizations Eriter amount of tax imposed on the organization with a disqualified person in a prior year, and that the transaction has not been reported on	33				١				
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39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 ▶ c Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L. Part I. c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Losted at ▶ 125 BAY STREET EASTON, MD DAI any time during the calendar year, did the organization have an interest in or a signature authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and enter the amount of tax-exempt interest received or accrued during the tax			38a						
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Form 990-E2	Z (2009)			52-079773	3 4	Page 4
Part VI	Section 501(c)(3) organizations and section 4947 and complete the tables for lines 50 and	(a)(1) nonexempt char	exempt charitat ritable trusts mus	ole trusts only. st answer questi	All sectio ons 46-49	n 9b
47 Did 48 Is t 49a Did b If "	If the organization engage in direct or indirect products for public office? If "Yes," complete School the organization engage in lobbying activities? the organization a school as described in section the organization make any transfers to an exer Yes," was the related organization a section 527 implete this table for the organization's five high aployees) who each received more than \$100,00	edule C, Part I If "Yes," complete Schedu 170(b)(1)(A)(II)? If "Yes," mpt non-charitable related organization? nest compensated emplo	ule C, Part II	officers, directors, f there is none, en	ter "None "	nd key
	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(C) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
f Tot	tal number of other employees paid over \$100,0 mplete this table for the organization's five hig 00,000 of compensation from the organization.	phest compensated inde f there is none, enter "No	one "			
	(a) Name and address of each independent contractor paid	·	(b) Type o	or service	(c) Compens	ation
d Tot	tal number of other independent contractors rec		•			
Sign Here	Under penalties of perjury, I declare that I have examined and belief, it is true, correct/and/complete Declaration of Signature of officer Type or print name and title			f which preparer has an		
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 P O BOX 1187/125 BAY STR	ON S/3/1 EET EASTON, MD 21601	Check if self-employed ► EIN	Preparer's identifying in P00040 ■ 34-187 one no ■ 410-82	846 6254	uctions)
May the IR	RS discuss this return with the preparer shown all				XYes Drm 990-EZ	No (2009)

FORM 990EZ, PART I - II	IVESTMENT INCOME
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DESCRIPTION	AMOUNT
DIVIDEND INCOME INTEREST INCOME	3,650. 22,433.
TOTAL	26,083.

FORM 990EZ, PART I - OTHER EXPENSES

BANK CHARGES	125.
GRASS MAINTENANCE	24,620.
GENERAL MAINTENANCE	5,271.
TRASH REMOVAL	914.
INSURANCE	500.
OFFICE EXPENSE	19.
SOFTWARE EXPENSE	689.
GRAVE OPENING EXPENSE	8,400.
COL NICHE LETTERING EXPENSE	1,500.
MANAGEMENT FEE	10,701.
LICENSES AND PERMITS	165.
REPURCHASE OF GRAVE SITE	2,817.
TOTAL	55,721.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS INVESTMENTS - SECURITIES	9,846. 632,037. 255,597.	8,141. 254,822. 682,324.
TOTALS	897,480.	945,287.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

NON PROFIT CEMETERY COMPANY; LOT SALES AND MAINTENANCE

MENT 5	EXPENSE ACCT. AND OTHER ALLOWANCES	·	·	·	Ċ	·	·	·
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ó	.0	·	Ö	.0	.0	.0
KEY EMPLOYEES	COMPENSATION	Ċ	Ö	Ö	Ċ	Ö	Ö	· O
OF OFFICERS, DIRECTORS, TRUSTEES AND	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 5.00	VICE PRESIDENT 5.00	TREASURER 5.00	SECRETARY 5.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00
FORM 990EZ, PART IV - LIST (NAME AND ADDRESS	DAVID VALLIANT PO BOX 1187 EASTON, MD 21601	RICHARD NEWTON PO BOX 1187 EASTON, MD 21601	ROBERT T VALLIANT, JR PO BOX 1187 EASTON, MD 21601	ELAINE COX PO BOX 1187 EASTON, MD 21601	S JOSEPH CALLAHAN PO BOX 1187 EASTON, MD 21601	NINA CALLAHAN PO BOX 1187 EASTON, MD 21601	JIM KLAIR PO BOX 1187

FORM 990EZ, PART IV - LIST OF OFFICERS,

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EMPLOYEES	
KEY	
AND	
TRUSTEES	
DIRECTORS,	

ATTACHMENT 5 (CONT'D)

NAME AND ADDRESS

HOURS PER WEEK DEVOTED TO POSITION TITLE AND AVERAGE

COMPENSATION

CONTRIBUTIONS BENEFIT PLANS TO EMPLOYEE

EXPENSE ACCT. ALLOWANCES AND OTHER

GRAND TOTALS

EASTON, MD 21601

ATTACHMENT 5

6392

SCHEDULE D (Form 1041)

Capital Gains and Losses

Employer identification number

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OXFORD CE	EMETERY COMPANY				52-07977	34	
Note: Form 5227	filers need to complete only F	Parts I and II					
Part I Short	t-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
	Description of property 00 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
							. —
					<u> </u>		
b Enter the sh	hort-term gain or (loss), if any,	from Schedule D	-1, line 1b			1 b	1.
2 Short-term	capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	⁴		2	
3 Net short-te	erm gain or (loss) from partner	ships Sicorpora	tions, and other	estates or trusts		3	
	capital loss carryover Enter the						
Carryover V	Vorksheet		. .			4	()
5 Net short-to	erm gain or (loss). Combine lir	nes 1a through 4	in column (f)	Enter here and on lin	e 13,		1
column (3) Part II Long-	on the back	ne - Assats Hala	Moro Than On			5	1.
	Description of property	(b) Date acquired	(c) Date sold		(e) Cost or other		(f) Gain or (loss) for
	00 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(d) Sales price	(see page 4 of instructions)		the entire year Subtract (e) from (d)
6 a							
		_					
	·						
					 		
b Enter the lo	ing-term gain or (loss), if any, f	from Schedule D-	1, line 6b			6b	30.
7 Long-term	capital gain or (loss) from Fori	ms 2439, 4684, (6252, 6781, an	d 8824		7	
8 Net long-ter	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						
9 Capital gair						9	
10 Gain from F	Form 4797, Part I					10	
	capital loss carryover. Enter th					11	<i>(</i>
12 Net long-te	Vorksheet	 es 6a through 11		Enter here and on lin			
	on the back	•	• • •			12	30.
	 						

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Schedule D (Form 1041) 2	nna

Dag	2

	dule D (Form 1041) 2009				Page 2
Pa	t Summary of Parts I and II		(1) Beneficiaries	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this	part	(see page 5)	or trust's	
13	Net short-term gain or (loss)	13			1.
14	Net long-term gain or (loss):				2.0
a	Total for year	14a			30.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)				
16	28% rate gain	14c			31.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foi		T Part I line 40) If line	0.5 140 and 15 actu	
to Pa	art V, and do not complete Part IV. If line 15, column (3), is a net loss, complete P	Part IV	and the Capital Loss Ca	es 14a and 15, colu rryover Worksheet,	mn (2), are net gains, go as necessary
_	rt IV Capital Loss Limitation			<u> </u>	
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I I	ine 4c if a trust) the si	maller of	
					(
Note	The loss on line 15, column (3) or b \$3,000 or if Form 1041, page over Worksheet on page 7 of the instructions to figure your capital loss carryove.	ė i, ir	ne 22 (or Form 990-T, I	ine 34), is a loss, c	omplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate				
ther	n 1041 filers. Complete this part only if both lines 14a and 15 in colu e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	ımn (2	2) are gains, or an ar	nount is entered	in Part I or Part II and
	tion: Skip this part and complete the worksheet on page 8 of the instru				
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or	00.0770	, .,		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forr	n 990-T trusts. Complete this part only if both lines 14a and 15 are	e gaır	ns, or qualified divide	ends are include	d in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	I complete the work	sheet on page 8	of the instructions if
eitne	er line 14b, col (2) or line 14c, col (2) is more than zero				·
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dwidends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
22	amount from line 4g, otherwise, enter -0 ▶ 21 Subtract line 21 from line 20. If zero or less, enter -0				
23			22 23		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24		• • • • • • • • • • • • • • • • • • • •		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?		• • • • • • • • • • • • • • • • • • • •		
	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate			nd Trusts	
	(see the Schedule G instructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate	e Sch	edule for Estates ar	nd Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h				
	G, line 1a (or Form 990-T, line 36)		<u></u>	34	

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

20**09**

Name of estate or trust

Employer identification number

OXFORD CEMETERY COMPANY 52-0797734 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the acquired (mo , day, yr) (mo , day, yr) instructions) 1a . 7643 NUVEEN EQUITY PREM OPPORTUNITY FUND 07/10/2009 10/09/2009 10 9. 1. .5659 NUVEEN EQUITY PREM 7. 7. OPPORTUNITY FUND 10/09/2009 10/16/2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year									
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)				
6a 45000 FREDDIE MAC	12/06/2004	07/15/2009	10,900.	10,900.					
24000 FHLMC	01/12/2005	04/15/2009	252.	222.	30.				
CS FIRST BOSTON MTGE - RETURN OF PRINCIPAL	VARIOUS	VARIOUS	6,905.	6,905.					
CREDIT SUISSE MTG - RETURN OF PRINCIPAL	VARIOUS	VARIOUS	12,327.	12,327.					
FREDDIE MAC - RETURN OF PRINCIPAL	VARIOUS	VARIOUS	13,349.	13,349.					
FNMA - RETURN OF PRINCIPAL	VARIOUS	VARIOUS	11,204.	11,204.					
FHLMC - RETURN OF PRINCIPAL	VARIOUS	VARIOUS	18.	18.					
<u>-</u>									
			······································						
	-								
	<u></u>								
6b Total. Combine the amounts in column	n (f) Enter here ar	nd on Schedule D, I	ine 6b		30.				