

EXHIBIT E

PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION,
Plaintiff,

v.

ARTHUR NADEL, SCOOP CAPITAL, LLC, SCOOP
MANAGEMENT, INC.,

Defendants,

SCOOP REAL ESTATE, L.P., VALHALLA INVESTMENT
PARTNERS, L.P., VALHALLA MANAGEMENT, INC.,
VICTORY IRA FUND, LTD., VICTORY FUND, LTD.,
VIKING IRA FUND, LLC, VIKING FUND, LLC, AND
VIKING MANAGEMENT, LLC,

Relief Defendants.

Name and address of Claimant
(Please print or type):

Account Name: Vernon M. Lee, IRA
Fund Name: VAL

Mr. Vernon Lee
1299 N Tamiami Trl #526
Sarasota, FL 34238

Case Number: 8:09-CV-00087-T-26TBM
U.S. District Court Middle District of
Florida (Tampa Division)

ATTENTION:

The Honorable Richard A. Lazzara of the United States District Court, Middle District of Florida, entered Orders appointing Burton W. Wiand as Receiver of SCOOP CAPITAL, LLC; SCOOP MANAGEMENT, INC.; SCOOP REAL ESTATE, L.P.; VALHALLA INVESTMENT PARTNERS, L.P.; VALHALLA MANAGEMENT, INC.; VICTORY FUND, LTD.; VICTORY IRA FUND, LTD.; VIKING IRA FUND, LLC; VIKING FUND, LLC; VIKING MANAGEMENT, LLC; VENICE JET CENTER, LLC; TRADEWIND, LLC; LAUREL MOUNTAIN PRESERVE, LLC; LAUREL PRESERVE, LLC; THE MARGUERITE J. NADEL REVOCABLE TRUST UAD 8/2/07; THE LAUREL MOUNTAIN PRESERVE HOMEOWNERS ASSOCIATION, INC.; THE GUY-NADEL FOUNDATION, INC.; LIME AVENUE ENTERPRISES, LLC; A VICTORIAN GARDEN FLORIST, LLC; VIKING OIL & GAS, LLC; and HOME FRONT HOMES, LLC (individually, "Receivership Entity," and collectively, "Receivership Entities"). On April 21, 2010, the Court issued an Order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. In order to be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **September 2, 2010, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.L., 3000 Bayport Drive, Suite 600, Tampa, Florida 33607**. *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to calculate your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided in order to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an account the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2), if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. FURTHER, CLAIMANTS WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS. IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY **SEPTEMBER 2, 2010**, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question. Please answer each question as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." Do not write "NA," "N/A" or the like. If the answer to the question is "no" or "none," please answer as such.

1. Full name of person completing this form. VERNON M. LEE

2. If this form is being completed on behalf of a person or entity other than the person listed in question 1, please provide the name of the person or entity with an interest in the Receivership Entities' assets.
NOT APPLICABLE

3. If this form is being completed on behalf of an entity, please provide the full name of the entity and all of its trustees, officers, directors, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity.
NOT APPLICABLE

4. Current address and telephone number of person completing this form.
4018 Via Mirada
Sarasota, FL 34238
941 321 6956

5. Current address and telephone number of person or entity with an interest in the Receivership Entities' assets (if different from answer to question 4).
NOT APPLICABLE

6. Provide one mailing address where you (or the person/entity on whose behalf you are acting) authorize the receipt of all future communications relating to this claim, including any possible distribution payment you may receive. It is your responsibility to advise the Receiver of any change to this address after the submission of this form.
4018 VIA MIRADA
SARASOTA, FL 34238

7. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information for the identified "account:" (1) the total amount invested; (2) the total amount received; and (3) the Net Investment Amount. If you received funds unrelated to your investment in an "account" (for example, incentive fees), those amounts will also appear in the attached Exhibit. Do the amounts listed in the Exhibit accurately represent the amount of your investment into and all amounts received from that account and any other funds you received from the Receivership Entities? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

 Yes No.

If you answered yes, you do not have to respond to questions 8 and 9.

8. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer:

1st investment in or with the Receivership Entities:

totalled \$ 56,000.00 (50,000 + 6010) } SEE 2000 KI Attached
 was made on 12/31/2000 (date); # IRA VAL01
 through a check (or wire transfer) made payable to VALHALLA and drawn on account number
SEE KI with SEE KI (identify financial institution); for
SEE KI (identify the purported fund or other entity through which your investment in or with
 the Receivership Entities was made).

If applicable, 2nd investment in or with the Receivership Entities:

totalled \$ 387,252.00 (300,000 + 52792 + 34460) } SEE 2001 & 2002
 was made on 12/31/02 (date); and 12/31/02 } K1's Attached
 through a check (or wire transfer) made payable to SEE 2001 & 02 KI and drawn on account number
SEE 2001 & 02 KI with SEE 2001 & 02 KI (identify financial institution); for
SEE 2001 & 02 KI (identify the purported fund or other entity through which your investment in or with
 the Receivership Entities was made).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee (or recipient) of the check (or wire transfer), (4) the account number and financial institution holding the account, and (5) the purported fund or other entity through which your investment in or with the Receivership Entities was made.

Total amount you are claiming you invested in the Receivership Entities: \$ 443,262.00

9. Have you ever received any amount from a Receivership Entity, either as a distribution on your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	Date	Amount	Payor/Payee of check/wire
A.	<u>12/31/02</u>	<u>\$1 443,262.00</u>	<u>VERNON LEE \$ 100,000 7/1/02</u>
B.	_____	_____	<u>VERNON LEE - SCOOP INVESTMENTS</u>
C.	_____	_____	<u>DEPOSIT OF \$ 343,262.00</u>

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ 443,262.00

10. Was any deposit into this account transferred from any other account with any Receivership Entity? Yes No. If yes, please identify the date of any such transfer(s), the account name(s) and Receivership Entity from which the funds were transferred, and the amount of the transfer(s).

11. Was your investment funded in any part with an investment in or funds received or transferred from any "investment club" operated by Arthur Nadel, such as Harmony Investment Club, Indigo Investment Club, or Traders Investment Club? _____ Yes No.

If you answered yes, please identify with specificity the funds received or transferred, the date of any such transfer, and the name of the investment club from which the funds originated.

12. Have you filed or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings; or made any demands against any person or entity, relating in any way to your investment in or with any Receivership Entity, including against (i) financial institutions; (ii) employees, officers, directors, representatives, other investors, or shareholders of any Receivership Entity; (iii) brokers or agents; or (iv) any other person or entity? _____ Yes No.

If you answered yes, please identify with specificity the nature and status of any lawsuits, arbitrations, actions, other proceedings or demands that you have filed, made or otherwise commenced. Please include the name of the attorney and/or firm who commenced any such proceeding or made any such demand on your behalf.

13. If you were not an investor in a Receivership Entity, state how you claim an interest in any distribution by the Receivership Entities (for example, if you are the beneficiary of a deceased investor, the investment was assigned or sold to you, or you provided services or goods to the Receivership Entities for which you have not been paid).

NOT APPLICABLE

14. Did you receive anything of value other than money from any Receivership Entity at any point in time (for example, fax machines, shares of stock)? _____ Yes No. If yes, please identify what you received, from whom, and the date on which you received it.

15. Identify your primary contact person(s) at the Receivership Entities.

ART NADEL

16. List any other employees or other representatives of any Receivership Entity or anyone else associated with a Receivership Entity, including any accountant (such as Michael Zucker), lawyer (such as lawyers associated with Holland & Knight LLP), or investment or trading representative (such as anyone associated with Shoreline Group, LLC) with whom you communicated or dealt.

ANDY MARTIN

17. Please identify with specificity the way in which you came to learn about the Receivership Entities and thereafter invest in or with any of them, including the person who introduced you to the Receivership Entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of the Receivership Entities, information that you relied on, and any other information.

MET ART NADEL IN MAIN STREET OFFICE
AFTER INDIGO SALESMAN RECOMMENDED HIM

Please submit this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of any documentation requested in this form to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood., Esquire, Wiand Guerra King P.L., 3000 Bayport Drive, Suite 600, Tampa, Florida 33607** SO THAT IT IS RECEIVED NO LATER THAN **SEPTEMBER 2, 2010**.

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE ALL DOCUMENTS OR OTHER MATERIAL THAT IS RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING THE TRANSFER OF FUNDS INVESTED AND RECEIVED, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM(S).

Sign, date, print your name and title, if any.

By signing below, I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 which forms part of the laws of the United States of America that the information provided in this form is true and correct.

Sign: Vernon M. Lee
Print Name: VERNON M. LEE
Date: 8/7/10
Title: _____

EXHIBIT A

Account Name: Vernon M. Lee, IRA
Fund Name: VAL

Amount Invested:

Total Payments:

Net Investment Amount:

The Receiver has determined not to specify a Net Investment Amount for the above-named account, entity and/or individual. Please respond to questions 8 and 9 on the Proof of Claim Form and provide all documents and other material that supports and otherwise relates in any way to your claim, including copies of cancelled checks, bank or other financial account statements showing the transfer of funds invested and received, statements from the Receivership Entities, wire transfer confirmations, and any other documents regarding your claim.

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT INVESTED INTO AND ALL AMOUNTS RECEIVED FROM THE ABOVE-NAMED ACCOUNT AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

SCHEDULE K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, etc.

▶ See separate instructions.

OMB No 1545-0099

2000

For calendar year 2000 or tax year beginning 1/1, 2000, and ending 12/31, 2000

Partner's identifying number ▶	Partnership's identifying number ▶ 65-0907461
Partner's name, address, and ZIP code Vernon M. Lee 1714 Fessler Street Englewood, FL 34223	Partnership's name, address, and ZIP code Valhalla Investment Partners, L.P. 1668 Main Street Sarasota, FL 34236

ATTACHMENT
IRA/VAL 01

A This partner is a <input type="checkbox"/> general partner <input checked="" type="checkbox"/> limited partner <input type="checkbox"/> limited liability company member	F Partner's share of liabilities (see instructions): Nonrecourse \$ Qualified nonrecourse financing \$ Other \$
B What type of entity is this partner? ▶ Individual	G Tax shelter registration number . . . ▶
C Is this partner a <input checked="" type="checkbox"/> domestic or a <input type="checkbox"/> foreign partner?	H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2)
D Enter partner's percentage of: (i) Before change or termination (ii) End of year Profit sharing 0.0000 % 0.6365 % Loss sharing 0.0000 % 0.6365 % Ownership of capital 0.0000 % 0.6365 %	I Check applicable boxes: (1) Final K-1 (2) Amended K-1
E IRS Center where partnership filed return: Atlanta, GA	

J Analysis of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
0	50,000	6,010	(0)	56,010

	(a) Distributive share item	(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1	See page 6 of Partner's Instructions for Schedule K-1 (Form 1065) Sch B, Part I, line 1 Sch B, Part II, line 5 Sch E, Part I, line 4 Sch D, line 5, col. (f) Sch D, line 12, col. (g) Sch D, line 12, col. (f) Enter on applicable line of your return
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a 361	
	b Ordinary dividends	4b	
	c Royalties	4c	
d Net short-term capital gain (loss)	4d 7,809		
e Net long-term capital gain (loss):			
(1) 28% rate gain (loss)	e(1)		
(2) Total for year	e(2)		
f Other portfolio income (loss) (attach schedule)	4f		
5 Guaranteed payments to partner	5	See page 6 of Partner's Instructions for Schedule K-1 (Form 1065). Enter on applicable line of your return	
6 Net section 1231 gain (loss) (other than due to casualty or theft)	6		
7 Other income (loss) (attach schedule)	7 -2,160		
Deductions	8 Charitable contributions (see instructions) (attach schedule)	8	Sch A, line 15 or 16 See page 7 and 8 of Partner's Instructions for Schedule K-1 (Form 1065)
	9 Section 179 expense deduction	9	
	10 Deductions related to portfolio income (attach schedule)	10	
	11 Other deduction (attach schedule)	11	
Credits	12a Low-income housing credit:		Form 8586, line 5 See page 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	(1) From section 42(j)(5) partnerships for property placed in service before 1990	a(1)	
	(2) Other than on line 12a(1) for prop. placed in service before 1990	a(2)	
	(3) From section 42(j)(5) partnerships for property placed in service after 1989	a(3)	
	(4) Other than on line 12a(3) for prop. placed in service after 1989	a(4)	
	b Qualified rehabilitation expenditures related to rental real estate activities	12b	
	c Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities	12c	
	d Credits related to other rental activities	12d	
13 Other credits	13		

SCHEDULE K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, etc.

See separate instructions.

OMB No. 1545-0049

2001

For calendar year 2001 or tax year beginning 1/1, 2001, and ending 12/31, 2001

Partner's identifying number	Partnership's identifying number 65-0907461
Partner's name, address, and ZIP code Vernon M. Lee, IRA 1714 Fessler Street Englewood, FL 34223	Partnership's name, address, and ZIP code Valhalla Investment Partners, L.P. 1888 Main Street Sarasota, FL 34236

ATTACHMENT
IRA VAL 02

A This partner is a general partner limited partner
 limited liability company member

B What type of entity is this partner? IRA

C Is this partner a domestic or a foreign partner?

D Enter partner's percentage of:

	(i) Before change or termination	(ii) End of year
Profit sharing	0.6365 %	2.7077 %
Loss sharing	0.6365 %	2.7077 %
Ownership of capital	0.6365 %	2.7077 %

E IRS Center where partnership filed return: Ogden, UT

F Partner's share of liabilities (see instructions):
 Nonrecourse \$
 Qualified nonrecourse financing \$
 Other \$

G Tax shelter registration number

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2)

I Check applicable boxes: (1) Final K-1 (2) Amended K-1

J Analysis of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
56,010	300,000	52,792	(0)	408,802

	(a) Distributive share item	(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1	See page 6 of Partner's Instructions for Schedule K-1 (Form 1065). Sch. B, Part I, line 1 Sch. B, Part II, line 5 Sch. E, Part I, line 4 Sch. D, line 5, col. (f) Sch. D, line 12, col. (f) Sch. D, line 12, col. (g) Line 4 of worksheet for Sch. D, line 2 Enter on applicable line of your return
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a 4,089	
	b Ordinary dividends	4b	
	c Royalties	4c	
	d Net short-term capital gain (loss)	4d 53,229	
	e (1) Net long-term capital gain(loss)	4e(1)	
	(2) 28% rate gain(loss)	4e(2)	
(3) Qualified 5-year gain	4e(3)		
f Other portfolio income (loss) (attach schedule)	4f		
5 Guaranteed payments to partner	5	See page 6 of Partner's Instructions for Schedule K-1 (Form 1065). Enter on applicable line of your return	
6 Net section 1231 gain (loss) (other than due to casualty or theft)	6		
7 Other income (loss) (attach schedule)	7 32		
Deductions	8 Charitable contributions (see instructions) (attach schedule)	8	Sch. A, line 15 or 16 See page 7 and 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	9 Section 179 expense deduction	9	
	10 Deductions related to portfolio income (attach schedule)	10 7,281	
	11 Other deductions (attach schedule)	11	
Credits	12a Low-income housing credit:		Form 8586, line 5 See page 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	(1) From section 42(j)(5) partnerships	12a(1)	
	(2) Other than on line 12a(1)	12a(2)	
	b Qualified rehabilitation expenditures related to rental real estate activities	12b	
	c Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities	12c	
d Credits related to other rental activities	12d		
13 Other credits	13		

For Paperwork Reduction Act Notice, see instructions for Form 1065.

Cat. No. 11394R

Schedule K-1 (Form 1065) 2001

RXA 7 1066K112 NTF 12224 GLD2867

**SCHEDULE K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, etc.

▶ See separate instructions.

OMB No. 1545-0099

2002

For calendar year 2002 or tax year beginning 1/1, 2002, and ending 12/31, 2002

<p>Partner's identifying number ▶</p> <p>Partner's name, address, and ZIP code Vernon M. Lee, IRA 1299 N. Tamiami Tr., Unit 526 Sarasota, FL 34236</p>	<p>Partnership's identifying number ▶ 65-0907461</p> <p>Partnership's name, address, and ZIP code Valhalla Investment Partners, L.P. 1668 Main Street Sarasota, FL 34236</p> <p style="text-align: right; font-size: small;">ATTACHMENT IRA VAL 03</p>																										
<p>A This partner is a <input type="checkbox"/> general partner <input checked="" type="checkbox"/> limited partner <input type="checkbox"/> limited liability company member</p> <p>B What type of entity is this partner? ▶ <u>IRA</u></p> <p>C Is this partner a <input checked="" type="checkbox"/> domestic or a <input type="checkbox"/> foreign partner?</p> <p>D Enter partner's percentage of:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">(i) Before change or termination</td> <td></td> <td style="text-align: center;">(ii) End of year</td> <td></td> </tr> <tr> <td>Profit sharing</td> <td style="text-align: center;">2.7077</td> <td style="text-align: center;">%</td> <td style="text-align: center;">0.0000</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss sharing</td> <td style="text-align: center;">2.7077</td> <td style="text-align: center;">%</td> <td style="text-align: center;">0.0000</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Ownership of capital</td> <td style="text-align: center;">2.7077</td> <td style="text-align: center;">%</td> <td style="text-align: center;">0.0000</td> <td style="text-align: center;">%</td> </tr> </table> <p>E IRS Center where partnership filed return: Ogden, UT</p>		(i) Before change or termination		(ii) End of year		Profit sharing	2.7077	%	0.0000	%	Loss sharing	2.7077	%	0.0000	%	Ownership of capital	2.7077	%	0.0000	%	<p>F Partner's share of liabilities (see instructions):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Nonrecourse</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">\$</td> </tr> </table> <p>G Tax shelter registration number . ▶</p> <p>H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) <input type="checkbox"/></p> <p>I Check applicable boxes: (1) <input type="checkbox"/> Final K-1 (2) <input type="checkbox"/> Amended K-1</p>	Nonrecourse	\$	Qualified nonrecourse financing	\$	Other	\$
	(i) Before change or termination		(ii) End of year																								
Profit sharing	2.7077	%	0.0000	%																							
Loss sharing	2.7077	%	0.0000	%																							
Ownership of capital	2.7077	%	0.0000	%																							
Nonrecourse	\$																										
Qualified nonrecourse financing	\$																										
Other	\$																										
J Analysis of partner's capital account:																											

	(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
	408,802	0	34,460	(443,262)	0
	(a) Distributive share item			(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities		1		See page 6 of Partner's Instructions for Schedule K-1 (Form 1065). Sch. B, Part I, line 1 Sch. B, Part II, line 5 Sch. E, Part I, line 4 Sch. D, line 5, col. (f) Sch. D, line 12, col. (f) Sch. D, line 12, col. (g) Line 5 of worksheet for Sch. D, line 2 Enter on applicable line of your return
	2 Net income (loss) from rental real estate activities		2		
	3 Net income (loss) from other rental activities		3		
	4 Portfolio income (loss):				
	a Interest		4a	1,780	
	b Ordinary dividends		4b		
	c Royalties		4c		
d Net short-term capital gain (loss)		4d	38,536		
e (1) Net long-term capital gain(loss)		4e(1)			
(2) 28% rate gain(loss)		4e(2)			
(3) Qualified 5-year gain		4e(3)			
f Other portfolio income (loss) (attach schedule)		4f			
5 Guaranteed payments to partner		5		See page 6 of Partner's Instructions for Schedule K-1 (Form 1065) Enter on applicable line of your return.	
6 Net section 1231 gain (loss) (other than due to casualty or theft)		6			
7 Other income (loss) (attach schedule)		7	137		
Deductions	8 Charitable contributions (see instructions) (attach schedule)		8		Sch. A, line 15 or 16 See page 7 and 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	9 Section 179 expense deduction		9		
	10 Deductions related to portfolio income (attach schedule)		10	5,795	
	11 Other deductions (attach schedule)		11		
Credits	12a Low-income housing credit:				Form 8586, line 5 See page 8 of Partner's Instructions for Schedule K-1 (Form 1065)
	(1) From section 42(i)(5) partnerships		12a(1)		
	(2) Other than on line 12a(1)		12a(2)		
	b Qualified rehabilitation expenditures related to rental real estate activities		12b		
	c Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities		12c		
d Credits related to other rental activities		12d			
13 Other credits		13			

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

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RXA 7 1065K112 NTF 12224 GLD2867