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SCANNED SEP 3 2 2010

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)

OMB No 1545-0047 2007

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

Open to Public Inspection

	A I	For the 2007 calendar	year, or	tax year beginning 06	-01 ,	2007, and	ending	05	5-31	, 20 0 8	
1	В	3 Check if applicable Please C Name of organization D Employer identif							ntıficati	on number	
Ō	7 3 1	Address change	use IRS label or	HUNTING RETREIVER CLUB INC				58-179	5023	l.	
Ī	=	Name change	print or	Number and street (or P O box if mail is not delivered	to street	address) Roo	m/suite	E Telephone nu	mber		
Ī	=	nitial return	type See	PO BOX 96							
ř	=	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4			_	F Accounting me	thod	X Cash Accrual	
Ī	=	Amended return	tions.	MAUD TX	7556	7		Other (spec	:ify) ▶	•	
Ī	=	Application pending	Section	n 501(c)(3) organizations and 4947(a)(1) nonexempt charitat	ble	Hand I are no	t applicat	ole to section 527	organiz	ations	
_		,		must attach a completed Schedule A (Form 990 or 990-EZ				turn for affiliates?		Yes 🗓 No	
							-	mber of affiliates		•	
G Wa	ebsite	e: b				H(c) Are all a	ffiliates ii	ncluded?		Yes No	
		ation type (check only one)	•	X 501(c) (3) ◀ (insert no) 4947(a)(1) or	7 527			list. See instruction	ons)		
K Ch				not a 509(a)(3) supporting organization and its gross		H(d) Is this a organiza	separate ation cove	return filed by ar ered by a group ru	ling?	Yes X No	
				A return is not required, but if the organization chooses	F			n Number ▶			
	•	return be sure to file a com			F			the organizati	on is r	not required	
		eceipts Add lines 6b 8b, 9b						B (Form 990			
Pa				and Changes in Net Assets or Fund	d Bala						
	1			d similar amounts received							
1	a			d funds		1a	1				
1	h	• • • • • • • • • • • • • • • • • • • •		uded on line 1a)			+	142,145			
i	c			cluded on line 1a)			+	210/210			
	d			ants) (not included on line 1a)							
	e		•						1e	142,145	
	2			iding government fees and contracts (from Part	VII line				2		
	3	=		ments					3	48,495	
ĺ	4	•		prary cash investments					4	424	
	5			ecurities					5		
	6a						1				
İ	b										
R	c			ibtract line 6b from line 6a					6c		
e	7	Other investment inco)	7		
e e	, 8a	_) Secur	ities	1 (B) Other	·		
n u e	va				i, occui	8a	- 	2, 0 0.			
•	ь			sales expenses		86	_				
ļ	~			e)		8c					
i	4			ne 8c, columns (A) and (B)	-				8d		
	9			attach schedule) If any amount is from gaming,							
-		Gross revenue (not in			CHOCK						
	_			1b)		9a	. [
	Ь	Less direct expenses	other th	an fundraising expenses		9b	-				
	c							<u> </u>	9c		
ļ		Gross sales of inventor	nry less	returns and allowances		110	HILL				
	b	Less cost of goods so	old -	cial events Subtract line 9b from line 9a returns and allowances		D F G	X X X	181			
	c	Gross profit or (loss)	from sale	es of inventory (attach schedule). Subtract line 10	nh fram	line doa		2010 /2	10c		
1	11	Other revenue (from F	Part VII I	ine 103)	7	T	c 1 6	1010 E	11		
[• (2, 3, 4, 5, 6c, 7, 8d 9c, 10c, and 11	1	<u>で</u>) 以	Ø	2010 8	12	191,064	
E		I JULIA I CACILLE MUNICI	11 ICA T. 1	L, J, 7, J, OC, 1, OU JC, 10C, and 11		الله			13	161,819	
x	12			1 column (B))							
p e	13	Program services (fro	m line 44			1 5	シント		14	0	
n S	13 14	Program services (fro Management and ger	m line 44 neral (fro	m line 44, column (C))			الإ		14	0	
اي	13 14 15	Program services (fro Management and ger Fundraising (from line	m line 44 neral (froi e 44, colu	m line 44, column (C))		جبسيان			15	0	
e s	13 14 15 16	Program services (fro Management and ger Fundraising (from line Payments to affiliates	m line 44 neral (fro e 44, colu (attach s	m line 44, column (C))					15 16	0	
e s	13 14 15 16 17	Program services (fro Management and ger Fundraising (from line Payments to affiliates Total expenses. Add	m line 44 neral (from e 44, colu (attach s I lines 16	m line 44, column (C))		· · · · · · · · · · · · · · · · · · ·	 . <u></u>		15 16 17	161,819	
e s N e t	13 14 15 16 17	Program services (fro Management and ger Fundraising (from line Payments to affiliates Total expenses. Add Excess or (deficit) for	m line 44 neral (from 44, colu (attach s I lines 16 the year	m line 44, column (C))			 		15 16 17 18	161,819 29,245	
e s N e t	13 14 15 16 17 18 19	Program services (fro Management and ger Fundraising (from line Payments to affiliates Total expenses . Add Excess or (deficit) for Net assets or fund ba	m line 44 neral (from 44, colu- (attach s lines 16 the year	m line 44, column (C))			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	15 16 17 18 19	161,819	
e s	13 14 15 16 17	Program services (fro Management and ger Fundraising (from line Payments to affiliates Total expenses . Add Excess or (deficit) for Net assets or fund ba Other changes in net	m line 44 neral (froi e 44, colu (attach s l lines 16 the year llances a assets o	m line 44, column (C))			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	15 16 17 18	161,819 29,245	

	Functional Expenses organizations and section	•			•	
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	services	and general	(2) r arranding
22 a	Grants paid from donor advised funds (attach schedule)					‡
	(cash \$ noncash \$))				‡ ‡
	If this amount includes foreign grants, check here	22a				‡
22 b	Other grants and allocations (attach schedule)					•
	(cash \$noncash \$))				1
	If this amount includes foreign grants, check here	22b			-	<u> </u>
23	Specific assistance to individuals (attach	ŀ			•	1
	schedule)	23				‡
24	Benefits paid to or for members (attach					#
	schedule)	24				1
25 a	Compensation of current officers, directors,					
	key employees, etc listed in Part V-A	25a			·	
b	Compensation of former officers, directors,					
	key employees, etc listed in Part V-B	25b				
c	Compensation and other distributions, not					
	included above to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c	35,389	35,389		
26	Salaries and wages of employees not included					}
	on lines 25a, b, and c	26				
27	Pension plan contributions not included on					
	lines 25a b, and c	27				
28	Employee benefits not included on lines			-		
	25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	1,650	1,650		
32	Legal fees	32				
33	Supplies	33	6,057	6,057		
34	Telephone	34	2,298	2,298		
35	Postage and shipping	35	8,989	8,989		
36	Occupancy	36	6,500	6,500		
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	9,703	9,703		
40	Conferences conventions, and meetings	40	48,939	48,939		
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)4562	42	833	833		
43	Other expenses not covered above (itemize)					
a	ADVERTISING	43a	9,162	9,162		
b	INSURANCE	43b	4,694	4,694		
С	AWARDS	43c	4,939	4,939		
d	FIELD REP EXPENSE	43d	20,288	20,288		
е	PUB RELATIONS AND EXPOS	43e	513	513		
f	NEW CLUB START UP	43f	500	500		
g	OTHER FUNCTIONAL EXP	43g	1,365	1,365		
44	Total functional expenses. Add lines 22a			·	*****	
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	161,819	161,819	0	
Joint	Costs. Check ▶ ☐ If you are following SOP 98-2		· - · · ·	·		
	ny joint costs from a combined educational campaign and fur	ndraisir	ng solicitation reporte	d in (B) Program se	rvices?	. ▶ 🔲 Yes 🗌 N
	s," enter (i) the aggregate amount of these joint costs \$			ount allocated to Pro		
	ne amount allocated to Management and general \$			amount allocated to	-	
<u> </u>					<u>~</u>	5 000 (000)

Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	What is the organization's primary exempt purpose? ▶ ANIMAL RESEARCH AND EDUCATION							
All o	ganizations must describe their exempt purpose achieve	ments in a clear and concise manner State the number	Expenses (Required for 501(c)(3) and					
		ents that are not measurable (Section 501(c)(3) and (4)	(4) orgs and 4947(a)(1)					
orga	nizations and 4947(a)(1) nonexempt charitable trusts mu	st also enter the amount of grants and allocations to others)	trusts but optional for others)					
a	See SERVICES							
•								
•								
•			_					
•								
i	Grants and allocations \$) If this amount includes foreign grants, check here	162,445					
b								
			_					
i	Grants and allocations \$) If this amount includes foreign grants, check here						
c								
•								
i	Grants and allocations \$) If this amount includes foreign grants check here						
ď								
į	Grants and allocations \$) If this amount includes foreign grants, check here						
e	Other program services (attach schedule)							
	Grants and allocations \$, g g						
f	Total of Program Service Expenses (should equal line	44, column (B), Program services).............	▶ 162,445					

1. 6	* * * *	Datatice Offices (See the instructions)			
	Nate:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only	Beginning of year		End of year
	45	Cash - non-interest-bearing		45	86,939
	46	Savings and temporary cash investments	54,891		23,714
	"	Davings and temporary easin investments 111111111111111111111111111111111111	31,031		20,122
	47.5	Accounts receivable			
	l		-	47c	
	•	Less allowance for doubtful accounts		4/0	
	1	Pledges receivable			
	ь	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers directors trustees, and			
		key employees (attach schedule)		50a	
Α	b	Receivables from other disqualified persons (as defined under section			
s		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50ь	
s	51 a	Other notes and loans receivable (attach			
е		schedule)			
t	ь	Less allowance for doubtful accounts		51c	
s	52	Inventories for sale or use		52	
-	53	Prepaid expenses and deferred charges		53	
	-	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
		Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
		Investments - land, buildings, and		345	
	33 a	equipment basis			
		W			
	D	Less accumulated depreciation (attach		EE.	
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis 57a 12,686			
	b	Less accumulated depreciation (attach			
		schedule)	6,856	57c	11,853
	58	Other assets, including program-related investments			
		(describe >)		58	
	59	Total assets (must equal line 74) Add lines 45 through 58	93,889	59	122,506
1	60	Accounts payable and accrued expenses	628	60	
ī	61	Grants payable		61	
a	62	Deferred revenue		62	
b	63	Loans from officers, directors, trustees, and key employees (attach			
_ i }		schedule)		63	
- 1	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t	b	Mortgages and other notes payable (attach schedule)		64b	
1	65	Other liabilities (describe		65	
e s					
3	66	Total liabilities. Add lines 60 through 65	628	66	0
	Orga	nizations that follow SFAS 117, check here ▶ 🏻 and complete lines		:	
		67 through 69 and lines 73 and 74			
۱F	67	Unrestricted	93,261	67	122,506
u	68	Temporarily restricted	0	68	0
ņ	69	Permanently restricted	0	69	0
ď	Orga	nizations that do not follow SFAS 117, check here ▶ 🔲 and			
B	_	complete lines 70 through 74			
a	70	Capital stock, trust principal, or current funds		70	
a	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
i n	72	Retained earnings, endowment, accumulated income, or other funds		72	- *-
C	73	Total net assets or fund balances. Add lines 67 through 69 or lines	-		·
e	, 5	70 through 72 (Column (A) must equal line 19 and column (B) must			
•		equal line 21)	93 261	73	122,506
	74	•			
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	93,889	74	122,506

, Reconciliation of Revenue per A						
a Total revenue gains, and other support per audited finar	icial statements			a		191,064
b Amounts included on line a but not on Part I, line 12						
1 Net unrealized gains on investments		b1				
2 Donated services and use of facilities		b 2				
3 Recoveries of prior year grants		b 3				
4 Other (specify)		[
		b4				
Add lines b1 through b4				📗 b	<u> </u>	
c Subtract line b from line a				с		191,064
d Amounts included on Part I line 12, but not on line a:						
1 Investment expenses not included on Part I, line 6b		d1				
2 Other (specify)						
		d2			}	
Add lines d1 and d2				d		
e Total revenue (Part I, line 12) Add lines c and d		. <u></u>		. ▶ e		191,064
Part IV-B Reconciliation of Expenses per Au	idited Finan	icial Statem	ents With Exp	enses p	er Re	turn
a Total expenses and losses per audited financial statemen	ts			a	ļ	161,819
b Amounts included on line a but not on Part I, line 17		, ,				
1 Donated services and use of facilities		<u> </u>				
2 Prior year adjustments reported on Part I, line 20						
3 Losses reported on Part I line 20		b 3			İ	
4 Other (specify)						
		b4				
Add lines b1 through b4				🔼		
c Subtract line b from line a				с		161,819
d Amounts included on Part I, line 17, but not on line a:						
1 Investment expenses not included on Part I, line 6b		d1				
2 Other (specify)						
		d2				
Add lines d1 and d2				d		
e Total expenses (Part I, line 17) Add lines c and d	<u></u> . <u>.</u>			. ▶ e		161,819
Part V-A Current Officers, Directors, Truste	es, and Key	Employees	S (List each perso	n who was	an offic	er director trustee
or key employee at any time during the year e	ven if they were	not compensa				· · · · · · · · · · · · · · · · · · ·
(A) Name and address	Title and avera week devote	(B) age hours per	(C) Compensation (If not paid, enter	(D) Contribu	enefit	(E) Expense account and other allowances
		·· ····	-0)	plans & def compensation	n plans	
JAMES B REICHMAN	PRESIDENT	r				
12558 HWY 71 COLFAX LA	71417	1	0		0	0
MIKE WITT	VICE PRES	SIDEN				
26633 122nd STRE TREVOR WI	53179	1	0		0	0
MIKE DITTRICH	TREASURE	R				
PO BOX 96 MAUD TX	75567	1	0		0	0
CAROL FORD	SECRETARY	Y				
1910 MERSEA RD 1 WHEATLEY ON AA		1	0		0	0
	<u> </u>					
	,					
	<u> </u>					
				_ ·		
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	<u>L</u>					
		 -				
						-
	EEA					Form 990 (2007)

Form	990 (2007) HUNTING RETREIVER CLUB INC	_		58-1750231		F	age 6
Pa	rt V-A Current Officers, Directors, Trustees, an	d Key Employees	(continued)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitt	ed to vote on organizat	on business at bo	pard			
	meetings						
b	Are any officers directors, trustees, or key employees listed in Fe	orm 990, Part V-A, or h	ighest compensat	ed			1
	employees listed in Schedule A, Part I, or highest compensated	professional and other	ındependent				
	contractors listed in Schedule A, Part II-A or II-B, related to each	h other through family o	r business				1
	relationships? If "Yes," attach a statement that identifies the indiv	riduals and explains the	relationship(s).		75b		X
С	Do any officers, directors, trustees or key employees listed in Fo	orm 990, Part V-A, or hi	ghest				
	compensated employees listed in Schedule A, Part I, or highest						-
	independent contractors listed in Schedule A, Part II-A or II-B, r						
	organizations, whether tax exempt or taxable, that are related to			r			Ī
	the definition of "related organization"				75c		X
	If "Yes' attach a statement that includes the information describe						
d	Does the organization have a written conflict of interest policy?				75d		X
Pa	T V-B Former Officers, Directors, Trustees, and	d Kev Employees	That Receive	ed Compensation	on or	Oth	er
1	Benefits (If any former officer, director, trustee, or k						
	during the year, list that person below and enter the a					,	
	See the instructions)	mount or compensation	or ourier berieffe	iii iiio appropriate e			
	See the mandenons /	· · ·	(C) Compensation	(D) Contributions to	(E)	Expen	se
	(A) Name and address	(B) Loans and Advances	(if not paid enter -0-)	employee benefit plans & deferred compensation plans		nt and o	
			enter -0-)	compensation plans		Owarice	
			· 				
				 			
		·····					
			·		-		
				+			
-							
	·						
				1			
	wa Mili Other Info week a significant			1		- T	T
<u></u>	rt VI Other Information (See the instructions)				T	Yes	No
76	Did the organization make a change in its activities or methods of						
	detailed statement of each change				76		X
77	Were any changes made in the organizing or governing docume	ents not reported to the	IRS?		77		X
	If "Yes " attach a conformed copy of the changes						-
78 a	Did the organization have unrelated business gross income of \$	1 000 or more during th	e year covered by	/			
	this return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? .				78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial co					,	
. •	a statement				79		X
80 ~						-	12
ou a	Is the organization related (other than by association with a state	-	-	ı			
	common membership. governing bodies, trustees, officers etc.	• •	•		60		v
	organization?				80a		X
ь	If "Yes," enter the name of the organization						Ī
		and check whether it is	<u> </u>	r 🗌 nonexempt			1
81 a	Enter direct and indirect political expenditures (See line 81 instru	uctions)	81a		_[1
b	Did the organization file Form 1120-POL for this year?	<u> </u>		<u> </u>	81b	L	X
		EEA			Form	990 (2007)

Par	t VI Other Information (continued)		Yes	No			
32a (Did the organization receive donated services or the use of materials, equipment, or facilities at no charge						
	or at substantially less than fair rental value?	82a		X			
b	If "Yes" you may indicate the value of these items here. Do not include this		[
	amount as revenue in Part I or as an expense in Part II		}				
	(See instructions in Part III)		1				
33a	Bid the digamentation comply with the public inspection requirements to retain a single public approximation	83a	X				
b		83b	X				
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X			
b	If 'Yes," did the organization include with every solicitation an express statement that such contributions or		. ,				
	gifts were not tax deductible?	84b	N/A				
35a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a					
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less?	85b					
	If "Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization						
	received a waiver for proxy tax owed for the prior year		Ī				
c	Dues assessments, and similar amounts from members		. 1	:			
d	Section 162(e) lobbying and political expenditures						
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		1				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		•				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g					
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f						
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	054					
	following tax year?	85h					
36	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a						
	Gross receipts included on line 12, for public use of club facilities						
37	Gross income from other sources (Do not net amounts due or paid to other						
b	sources against amounts due or received from them)						
38a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
	partnership, or an entity disregarded as separate from the organization under Regulations sections						
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		Χ			
ь	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88ь		X			
39a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under						
	section 4911 ▶, section 4912 ▶, section 4955 ▶						
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction						
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes." attach						
	a statement explaining each transaction	89b		X			
С	Enter Amount of tax imposed on the organization managers or disqualified						
	persons during the year under sections 4912, 4955, and 4958						
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction?			X			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			1			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	00-		Х			
20-	at any time during the year?	89g					
	Number of employees employed in the pay period that includes March 12, 2007 (See						
b	Instructions)						
71a	The books are in care of ▶ % MIKE DITTRICH Telephone no ▶ 903-585-2.	310	 -				
, .u	Located at ▶ PO BOX 554 MAUD TX ZIP + 4 ▶ 75567						
ь							
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	91b		X			
	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 Foreign Bank						
	and Financial Accounts			Ė			
			000 /	2007			

Form 990 (2007) HUNTING RETREIVER CLUB INC

58-1750231

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Pari	VI Other Information (contin	nued)						Yes	No
С	At any time during the calendar year, did	the organization m	aintain an office outsi	de of the United S	States?		91c		X
	If "Yes " enter the name of the foreign cou	intry >						_	_
92	Section 4947(a)(1) nonexempt charitable	trusts filing Form 9	90 in lieu of Form 10	41 - Check here				▶ [7
	and enter the amount of tax-exempt inter-					1		_	_
Pari	VII Analysis of Income-Pro	ducing Activit	ies (See the instruct	ions)	•				
·	: Enter gross amounts unless otherwise	ı	business income	-T	y section 512, 513, or 51	4	(E)		
ındıcı		(A)	(B)	(c)	(D)		Related		
93	Program service revenue	Business code	Amount	Exclusion code	Amount	e	xempt fun income		
a	r regiani sol nee revenue				· -				
b			* *- *-	-					
c									
ď				-		-			
			<u>. </u>	 	,,-				
e	Madiana (Madiana no manto								
'	Medicare/Medicaid payments			 					
9	Fees and contracts from government agencies			-	4.0	105			
94	Membership dues and assessments	<u></u>		02	48,				
95	Interest on savings & temporary cash investments			14		424			
96	Dividends and interest from securities .								
97	Net rental income or (loss) from real estate								
a	debt-financed property								
ь	not debt-financed property			-					
98	Net rental income or (loss) from personal property								
99	Other investment income	-							
100	Gain or (loss) from sales of assets other than inventory								
101	Net income or (loss) from special events								
102	Gross profit or (loss) from sales of inventory								
103	Other revenue a								
b			-						
c				!					
d				·					
е									
104	Subtotal (add columns (B) (D), and (E))				48,	919			
105	Total (add line 104, columns (B), (D), and	I(E))					4	18,9	19
Note:	Line 105 plus line 1e, Part I, should equal	the amount on line	12, Part I						
Part	VIII Relationship of Activities	to the Accon	plishment of Ex	empt Purpos	Ses (See the instruc	tions)			
Line	No. Explain how each activity for which	n income is reporte	ed in column (E) of Pa	rt VII contributed	importantly to the a	ccomplishmer	it		
1	of the organization's exempt purpo	ses (other than by	providing funds for s	such purposes)					
			•						
					<u> </u>				
Parl	IX Information Regarding Ta	axable Subsid	iaries and Disre	garded Entiti	es (See the instruc	tions)			
C	(A) Name address, and EIN of corporation		(B)	(c)		(D)		(E)	
	partnership, or disregarded entity	Uri,	Percentage of ownership interest	Nature of	activities	otal income		-of-ye ssets	≀ar
	,		%						
	***************************************		%						
			%				\vdash		
			%				1		
Part	X Information Regarding Tr	ansfers Asso		onal Benefit	Contracts (See	the instruction	s)		
(a)	· · · · · · · · · · · · · · · · · · ·						Yes	<u>x</u>	No
(а) (b)		•	•		•		☐ Yes	=	No
	te: If "Yes" to (b), file Form 8870 and Form		•	. J. Jonal Benefit of				فكا	
	te. ii 1e3 to (b), iiic i oiiii oo/o aiid i oiiii	TALO (SCE HISH GC)		EEA		•	Form 9	990 (2	20071
				LLA				(2	,

Page 8

58-1750231

Form 990 (2007)

HUNTING RETREIVER CLUB INC

Part XI	,	•	rs To and From Conti	rolled Entities. Cor	nplete only if the organiz	ation	
	ıs a controllıng orga	nization as defined in	section 512(b)(13)		<u> </u>		1
100			A		2) -4	Yes	No
			to a controlled entity as defi	ined in section 512(b)(13	3) OT		
ine	Code? If "Yes," complete	the schedule below	T	(c)			
	(A) Name, address, of	anah	(B) Employer Identification	Description	of	(D)	
İ	controlled ent		Number	transfer	Amou	int of trans	fer
	Controlled ent	ity	Number	- transfer			
a -							
_							
	· · · · · · · · · · · · · · · · · · ·						
b							
	<u>, </u>						
с							
	Totals	5	‡				
						Yes	No
107 Dic	the reporting organization	n receive any transfe	ers from a controlled entity a	s defined in section		103	110
		·	hedule below for each contro				ĺ
	(A)		(B)	(c)		(5)	
	Name, address, of	each	Employer Identification	Description	of Amai	(D) int of trans	
	controlled ent		Number	transfer	Amou	int of trans	ier
а							
b							
c							
				, ,			
	Totals	•					
						Yes	No
108 Did	the organization have a	binding written contra	ict in effect on August 17, 20	06, covering the interest			
ren	its, royalties, and annuitie						
	Under penalties of perjury	I declare that I have exan	nined this return, including accomp ion of preparer (other than officer)	panying schedules and staten	nents and to the best of my k	nowledge wledge	
Please	10 1	A - A			6	- 9_	ID
Sign	1 rich	My Dilly	·d			/-/	
_	Signature of officer				Date		
Here	MIKE DITTRI						
		A A D A	Date	Check if	Preparer's SSN or PTI	N (See Gen. I	nst Y)
na:d	Preparer's	Wamk. W	1 - 3 . G-17				
Paid Preparer's	signature WILLI			5-2010 self- employed ▶	EIN >	, ,,,	
Use Only	Firm's name (or yours if self-employed)	SELPH AND F			Phone no D	<u> </u>	
•	address, and ZIP + 4	-	TX 75503		903-792-028	1	
-	1			EEA		+ Form 990 ((2007)
				 ··			- · <i>)</i>

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

58-1750231 HUNTING RETREIVER CLUB INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position NONE deferred compensation allowances Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50 000 (c) Compensation NONE (b) Type of service Total number of others receiving over \$50,000 for Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation Total number of other contractors receiving over

Pa	Till Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities [Must equal amounts on line 38] Part VI-A or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes." attach a detailed statement explaining the transactions)			
а	Sale exchange, or leasing of property?	2a	-	X
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		Х
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1.000)?	2d		X
e	Transfer of any part of its income or assets?	2e		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		- <u>.</u>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		_X_
С	Did the organization receive or hold an easement for conservation purposes including easements to preserve open space the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		_X_
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		,	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		_	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part I	V Reason fo	r Non-Private F	oundation Status	(See pages 4 through 8	of the instru	ctions)					
certify t	that the organization	ıs not a private foun	dation because it is (Pl	ease check only ONE ap	plicable box)					
5 🗆	A church conven	tion of churches or a	association of churches	Section 170(b)(1)(A)(ı)							
; <u> </u>	A school Section	170(b)(1)(A)(II) (Also	complete Part V)								
· 🗆	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)										
3 🗆	A federal state or local government or governmental unit Section 170(b)(1)(A)(v)										
• 🗆	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶										
0 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)										
1a 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)										
1b 🗌	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)										
12 🗓	An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)										
3 🗌	•			ns (other than foundations the type of supporting a mally integrated	organization		e meets the				
	Provide	e the following infor	mation about the supp	orted organizations. (S	ee page 8 of	the instruction	ns)				
(a) Name(s) of supported organization(s)			(a) (b)		(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support				
					Yes	No					
					<u> </u>						
otal						▶					
	· · · · · · · · · · · · · · · · · · ·										
4 🗌	An organization o	rganized and operate	ed to test for public safe	ty Section 509(a)(4) (Se	e page 8 of	the instruction	ns)				

Schedule A (Form 990 or 990-EZ) 2007 HUNTING RETREIVER CLUB INC 58-1750231

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note	: You may use the worksheet in the instructions for c	onverting from the	accrual to the cas	sh method of acco	unting	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	o	О	36,851	31,942	68,793
16	Membership fees received	64,150	54,701	59,775	49,925	228,551
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	116,070	102,737	101,109	119,831	439,747
18	Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)) rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the					4 710
19	organization after June 30, 1975	1,766	_0	1,478	1,466	4,710
13		o	0	o	o	0
	Tax revenues levied for the organization s	0	- 0	- 0		
20	benefit and either paid to it or expended on					
	•		0	o	o	0
	The value of services or facilities furnished to	0	U		- 0	
21	the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	o	o	0	o	0
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets	0	0	0	0	0
23	Total of lines 15 through 22	181,986	157,438	199,213	203,164	741,801
24	Line 23 minus line 17	65,916	54,701	98,104	83,333	302,054
25	Enter 1% of line 23	1,820	1,574	1,992	2,032	
26	Organizations described on lines 10 or 11: a E				 -	0
b	Prepare a list for your records to show the name of				: ;	
	governmental unit or publicly supported organization	•			((
	amount shown in line 26a Do not file this list with	-				
С	Total support for section 509(a)(1) test. Enter line 24	4, column (e) 🔒 .			▶ 26c	
d	Add Amounts from column (e) for lines 18		19	<u></u>		
			26b		▶ 26d	
e	Public support (line 26c minus line 26d total)			. 	▶ 26e	
f	Public support percentage (line 26e (numerator)	divided by line 2	6c (denominator))	▶ 26f	%
27	Organizations described on line 12: a For amou person," prepare a list for your records to show the Do not file this list with your return. Enter the sur	name of, and tota n of such amounts	I amounts received s for each year		n. each "disqualifie	
	(2006) (2005)		(2004)		(2003)	
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year	ear, that was more through 11b, as	e than the larger of well as individuals	f (1) the amount o) Do not file this l	n line 25 for the ye li st with your retu	ar or (2) \$5 000 rn. After computin
	(2006) (2005)		(2004)	<u> </u>	(2003)	
с	Add Amounts from column (e) for lines 15 20 Add Line 27a total	68,793	16 228,5	51	► 27c	737,091
,,	Add Tine 27a total	and line 27h total	<u> </u>		274	,31,091
a e	Public support (line 27c total minus line 27d total) .	and mic 2/D total i	· ·	· · · · · · · ·	> 27e	737,091
f	Total support for section 509(a)(2) test Enter amou	nt from line 23 co	lumn (e)	► 27f	741 801	737,001
	Public support percentage (line 27e (numerator)	divided by line 2	7f (denominator))		▶ 27g	99 37%
g h	Investment income percentage (line 18, column	(a) (numerator) d	ivided by line 27f	(denominator))	▶ 27h	0 63%
	Unusual Grants: For an organization described in					
28	prepare a list for your records to show, for each year			=	-	
	description of the nature of the grant Do not file th					// ICI

Schedule A (Form 990 or 990-EZ) 2007 HUNTING RETREIVER CLUB INC

Part V
Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(To be completed UNLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
20	other governing instrument, or in a resolution of its governing body?	29		
3 0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	3	:	
J 1	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		Ì
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		-		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions programs and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	16			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
••				
а	Students rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	224		
d	Scholarships of other linancial assistance	33d		
e	Educational policies?	33e		
Ī				
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		ļ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
				ĺ
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		L
b	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	25		1
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		ı

	t VI-A Lobbying Expenditures by E	lecting Public		age 11 of th	e instri	ictions)	1502	31 raye 0
1 4	(To be completed ONLY by an eligible	•	•	ige i i oi ii	ic mane	ictions ,		
Chec	k ▶ a If the organization belongs to an affiliat	<u> </u>		ed "a" an	d "limite	d control	provi	sions apply
	Limits on Lobbyi	ng Expenditur	es			(a) Affiliated gr totals		(b) To be completed for all electing organizations
	(The term "expenditures" meai				-			Organizations
36	Total lobbying expenditures to influence public op	-			36			
37	Total lobbying expenditures to influence a legislati		· -		37 38			
3 8	Total lobbying expenditures (add lines 36 and 37)			_	36 39			
39	Other exempt purpose expenditures				40		-	
40	Total exempt purpose expenditures (add lines 38			-	40			
41	Lobbying nontaxable amount Enter the amount fr if the amount on line 40 is-	om the following ta						
	Not over \$500,000 20%	- •						
	Over \$500,000			t t				
	Over \$1,000,000 but not over \$1,500,000 . \$175	•			41		ĺ	
	Over \$1,500,000 but not over \$1,500,000 . \$225				**			
	Over \$17.000.000 \$1,00							
42	Grassroots nontaxable amount (enter 25% of line			r	42			
43	Subtract line 42 from line 36 Enter -0- if line 42 is			⊢	43			
44	Subtract line 41 from line 38 Enter -0- if line 41 is	more than line 38			44	<u>-</u>	0	
	Caution: If there is an amount on either line 43 or	line 44, you must f	ile Form 4720					
	4-Year Av	eraging Period	d Under Section	501(h)				-
	(Some organizations that made a sect				e five c	olumns b	elow	
	See the instruction	s for lines 45 throu	gh 50 on page 13 of th	ne instructi	ons)			
		Lo	bbying Expenditures	Durina 4-	Year A	veraging	Perio	d
								
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004		Total
45	Lobbying nontaxable amount						İ	
	coppying normaxable amount							
46	Lobbying ceiling amount (150% of line 45(e)) .							
		<u> </u>			****			
47	Total lobbying expenditures						İ	
						 		•
48	Grassroots nontaxable amount							
	•				1			· · · · · · · · · · · · · · · · · · ·
49	Grassroots ceiling amount (150% of line 48(e)).	-						
50	Grassroots lobbying expenditures	<u>.</u>						
Par	t VI-B Lobbying Activity by Nonele	•						
	(For reporting only by organizations the				ınstruc	tions)		
	g the year, did the organization attempt to influence		•	ling any		Yes	No	Amount
	pt to influence public opinion on a legislative matte							
a	Volunteers			 L \			\longrightarrow	
D	Paid staff or management (Include compensation		=			-		
c C	Media advertisements							0
d	•							
e f	Publications, or published or broadcast statements Grants to other organizations for lobbying purpose					\vdash		
	Direct contact with legislators, their staffs, government							
g h	Rallies, demonstrations, seminars, conventions, sp		-					
i	Total lobbying expenditures (Add lines c through I							
•	If "Yes" to any of the above, also attach a statemen					<u> </u>	1	

Pa	rt VI			nsfers To and Transaction page 14 of the instructions)	ns and Relationships With Nonc	haritab	le	
51	Did				ng with any other organization described in	section		
J.					27 relating to political organizations?	, 555,		
a				a noncharitable exempt organizati	-	ſ	Yes	No
-			•	, ,		51a(i)	105	X
						a(ii)		X
L						4(11)		1 22
b		Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization						Х
		•		, ,		b(i)		X
	,			• •				X
	(iii)					b(iii)		
		_				b(iv)		X
		_				b(v)		X
						b(vi)		X
С		•	-			C		X
d				•	olumn (b) should always show the fair mark		of the	
					anization received less than fair market valu	ie in any		
	tran	saction or sharing arrang	gement, show in	column (d) the value of the good	s, other assets or services received			
((a)	(b)		(c)	(d)			
Lin	e no	Amount involved	Name of no	oncharitable exempt organization	Description of transfers transactions, and sh	aring arrang	gemen	ts
		:						
					1774			
	··· -··							
]		<u> </u>			
	des	cribed in section 501(c) of es," complete the following	of the Code (oth	ted with, or related to, one or mor er than section 501(c)(3)) or in se	ction 527?	Yes	Х] No
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relations	snib		
								
								
					-			
				<u> </u>				
		**	<u>.</u>					
			.					
					<u> </u>			
		.			-			
		· · · · · · · · · · · · · · · · · · ·			-			
								

EEA

•	Federal Supportin	g Statements	2007 PG 01
Name(s) as shown on return			FEIN
HUNTING RETREIVER CLU	B INC		58-1750231
FORM	Statement #116		
		Accumulated	
Category or Item	Basis	Depreciation	End of Year
EQUIPMENT	6,856		6,856
TRAILER	5,830	833	4,997
TOTAL	12,686	833	11,853

,	Statement of Program Service Accomplishments	2007 01_
Name(s) as shown on return	1	Your Social Security Number
HUNTING RET	REIVER CLUB INC	58-1750231

FORM 990, PART III (a)

Grants and Allocations \$0
Program Service Expenses \$162445
Includes Foreign Grants NO

Explanation

HOLDING CONFERENCES AND PROVIDING GRANTS AND EDUCATIONAL SCHOLARSHIPS FOR ANIMAL RESEARCH

990	Overflow Statement Pa			
Name(s) as shown on return		FEIN		
HUNTING RETREIVER	CLUB INC	58-1750231		

OTHER FUNCTIONAL EXPENSES

Description		mount
MISCELLANEOUS	\$	337
BANK CHARGES		334
EQUIPMENT		694
Total:	\$	1,365

Depreciation and Amortization

(Including Information on Listed Property)

2007

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Attachment

Sequence No 67 ▶ See separate instructions. ▶ Attach to your tax return. Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 -58-1750231 HUNTING RETREIVER CLUB INC 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 the instructions for a higher limit for certain businesses 1 2 2 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2008 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) (See instructions) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 14 15 15 Part III MACRS Depreciation (Do not include listed property) (See instructions) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 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 - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (**b**) Month and (c) Basis for depreciation (**d**) Recovery year placed in (a) Classification of property (business/investment use (e)Convention (g) Depreciation deduction service only-see instructions) 19a 3-year property ь 5-year property 5,830 HY 200 DB 833 C 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs S/L

property			ММ	S/I	L	
Section C - A	ssets Placed in Service Duri	ng 2007 Tax Year Using the	Alternative [)eprecia	ation System	
20a Class life		·		S/I	L	
b 12-year		12 yrs		S/I	L	
c 40-year		40 yrs	ММ	S/I	Ĭ	
Part IV Summary (see I	nstructions)					
21 Listed property Enter amou	nt from line 28	 			21	
22 Total. Add amounts from line	e 12, lines 14 through 17, lines	i 19 and 20 in column (g), and	d line 21			
Enter here and on the appro	priate lines of your return Part	tnerships and S corporations	- see instr		22	833

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Residential rental

Nonresidential real

property

MM

ММ

ММ

27 5 yrs

27 5 yrs

39 yrs

S/L

S/L

S/L