



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



Short Form  
Return of Organization Exempt From Income Tax

2008

Open to Public  
Inspection

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 \$1,000,000 and total assets less than \$2,500,000 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

## A For the 2008 calendar year, or tax year beginning

7/1/2008, and ending

6/30/2009

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>GARDEN COUNTY HEALTH SERVICES FOUNDATION</b>	D Employer identification number 81-0657445
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 1100 WEST 2ND		E Telephone number 308-772-3283
<input type="checkbox"/> Name change	City, town, or country OSHKOSH	State NE	F Group Exemption Number ►
<input type="checkbox"/> Initial return		ZIP + 4 69154	
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ►

J Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000  
A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 20,037

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 17,811
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 399
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	b Less: cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c 0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a 1,827
	b Less: direct expenses other than fundraising expenses . . . . .	6b 1,377
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c 450
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe ► ) . . . . .	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9 18,660
	10 Grants and similar amounts paid (attach schedule) . . . . .	10 11,653
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe ► See attached statement ) . . . . .	16 510
	17 Total expenses. Add lines 10 through 16 . . . . .	17 12,163
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 6,497
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 26,745
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 33,242

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	18,866	22 25,363
23 Land and buildings . . . . .		23
24 Other assets (describe ► Nursing Home Van ) . . . . .	7,879	24 7,879
25 Total assets . . . . .	26,745	25 33,242
26 Total liabilities (describe ► ) . . . . .	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	26,745	27 33,242

**Part III: Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? To enhance quality of care & services to local health care  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner.  
describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts,  
optional for others )

28 Awarded to Garden County Health Services toward purchase of camera equipment, ems equipment, and bath remodel, and activities used 100% of time by qualified health services patients

(Grants \$ 4,133 ) If this amount includes foreign grants, check here

28a

29 Awarded to Garden County Hospital Auxiliary for physical therapy stimulation equipment

(Grants \$ 500 ) If this amount includes foreign grants, check here .

29a

30 Awarded to Garden County Nursing Home for nursing home bath remodel

(Grants \$ 7,020 ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here.

31a

---

**32 Total program service expenses. (add lines 28a through 31a)**

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if

## the ins

0

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV.)

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33  Yes  No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 34  Yes  No

35 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 explaining your reason for not reporting the income on Form 990-T. 35  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No 0

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38 a 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 unpaid at the start of the period covered by this return? 38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b  Yes  No

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. 39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 39b  Yes  No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40a  Yes  No

b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I. 40b  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c  Yes  No

d Enter amount of tax on line 40c reimbursed by the organization. 40d  Yes  No

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. 40e  Yes  No

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The books are in care of ► Name Marlis Shearer Telephone no. ► 308-772-3226  
Located at ► 102 Coldwater City Lisco ST. NE ZIP + 4 ► 69148

b At any time during the calendar year, did the organization have an interest in or a signature or other 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 Foreign Bank and Financial Accounts.

c 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: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45  Yes  No

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	None	Str	Title			
City		ST	ZIP	Hr/WK .00	0	0
Name		Str	Title			
City		ST	ZIP	Hr/WK .00	0	0
Name		Str	Title			
City		ST	ZIP	Hr/WK .00	0	0
Name		Str	Title			
City		ST	ZIP	Hr/WK .00	0	0
Name		Str	Title			
City		ST	ZIP	Hr/WK .00	0	0
Total number of other employees paid over \$100,000 ►				0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service	(c) Compensation
Name	None	Str		
City		ST	ZIP	0
Name		Str		
City		ST	ZIP	0
Name		Str		
City		ST	ZIP	0
Name		Str		
City		ST	ZIP	0
Name		Str		
City		ST	ZIP	0
Name		Str		
City		ST	ZIP	0
Total number of other independent contractors each receiving over \$100,000 ►			0	0

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Marlis Shearer	Date
	Type or print name and title	Marlis Shearer, Treas.	12-7-09

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See Instructions)
	Karen M. Johnson	12/2/2009	<input checked="" type="checkbox"/>	P00416325
	Firm's name (or yours if self-employed), address, and ZIP + 4	JOHNSON & ASSOCIATES 803 BOX BUTTE AVE, ALLIANCE, NE 69301	EIN	► 80-0001929
			Phone no	► 308-762-5100

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

GARDEN COUNTY HEALTH SERVICES FOUNDATION

Employer identification number

81-0657445

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  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 exempt 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). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. \_\_\_\_\_   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Garden County Health	47-0526224	7	X		X		X		4,133
Garden County Hospital	47-0249940	7	X		X		X		500
Garden County Nursing	47-0526224	7	X		X		X		7,200
									0
									0
<b>Total</b>									0

**Part II . Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I )

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
4 <b>Total</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10						0
<b>12 Gross receipts from related activities, etc (see instructions)</b> . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	0.00%
16a <b>33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>33 1/3% support test-2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances-test-2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test-2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions		► <input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 <b>Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	0.00%
19a <b>33 1/3% support tests—2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support tests—2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)





**Part I, Line 16 (990-EZ) - Other Expenses**

510

1	Travel, Meals and Entertainment	
	a Travel	1a _____
	b Total meals and entertainment	1b _____
2	Fundraising	2 _____
3	From Form 4562 - Amortization	3 _____
4	Conferences, conventions, and meetings	4 _____
5	Depreciation, depletion, etc	5 _____
6	Equipment rental and maintenance	6 _____
7	Interest	7 _____
8	Supplies	8 _____ 43
9	Telephone	9 _____
10	Unrelated business income taxes	10 0
11	Occupation tax	11 20
12	Advertising	12 435
13	Safe deposit box rent	13 12
14		14 _____
15		15 _____
16		16 _____
17		17 _____
18		18 _____
19		19 _____
20		20 _____
21		21 _____
22		22 _____
23		23 _____
24		24 _____
25		25 _____
26		26 _____