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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **1/1/2009**, and ending **12/31/2009**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **Indiana Farm Bureau**
Kosciusko County Farm Bureau, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 1116
 City, town, or country State ZIP + 4
Warsaw IN 46581-1116

D Employer identification number
35-0817690

E Telephonenumber
(317) 692-7851

F GroupExemption Number **0963**

G Accounting Method ☒ Cash ☐ Accrual
 Other (specify) ►

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

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

Website: ► **n/a**

Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 83,321**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	380	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)
3	Membership dues and assessments	3	30,903	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	52,038	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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)	5c	0		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐				
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0		
b	Less: direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
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	83,321		
10	Grants and similar amounts paid (attach schedule)	10	3,525		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	10,321		
13	Professional fees and other payments to independent contractors	13	2,322		
14	Occupancy, rent, utilities, and maintenance	14	31,407		
15	Printing, publications, postage, and shipping	15	119		
16	Other expenses (describe ► See Attached Statement)	16	34,153		
17	Total expenses. Add lines 10 through 16	17	81,847		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	55,986	22 63,022
23 Land and buildings	139,436	23 133,874
24 Other assets (describe ► See Attached Statement)	0	24 0
25 Total assets	195,422	25 196,896
26 Total liabilities (describe ► See Attached Statement)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	195,422	27 196,896

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

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SCANNED SEP 14 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? See statement 1 attached.

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, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)**28** see statement 2(Grants \$ 0) If this amount includes foreign grants, check here ☐ **28a** 0**29**(Grants \$ 0) If this amount includes foreign grants, check here ☐ **29a** 0**30**(Grants \$ 0) If this amount includes foreign grants, check here ☐ **30a** 0**31** Other program services (attach schedule)(Grants \$ 0) If this amount includes foreign grants, check here ☐ **31a** 0**32 Total program service expenses.** (add lines 28a through 31a) **32** 0**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jon Goon P.O. Box 1116 Warsaw IN 46581-1116	Title President Hr/WK 5.00	735	0	0
Robert Bishop P.O. Box 1116 Warsaw IN 46581-1116	Title Vice President Hr/WK 4.00	485	0	0
Janet Miller P.O. Box 1116 Warsaw IN 46581-1116	Title Secretary Hr/WK 4.00	450	0	0
Lenore Lewis P.O. Box 1116 Warsaw IN 46581-1116	Title Women's Leader Hr/WK 4.00	730	0	0
Vincent Baumgartner P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	0	0	0
Waneta Bishop P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	385	0	0
Dennis Darr P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	350	0	0
Leslie Darr P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	350	0	0
Lana Deatsman P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	210	0	0
Ross Deatsman P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	210	0	0
Ray Fisher P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	315	0	0
Kimber Goshert P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	385	0	0
Orville Haney P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	0	0	0
Greg Kaiser P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	105	0	0
Paula Kaiser P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	350	0	0
Bob Krouse P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	0	0	0
Craig Latham P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	245	0	0
Julene Latham P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	385	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	n/a	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. INDIANA		
42 a The organization's books are in care of Indiana Farm Bureau Telephone no (317) 692-7851 Located at 225 S. East Street City Indianapolis ST IN ZIP + 4 46202		
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.		X
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:		X
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 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
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.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51. **Not applicable**

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	n/a	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	n/a		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	n/a		
b	If "Yes," was the related organization a section 527 organization?	49b	n/a		

50 Complete this table for the organization's 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."

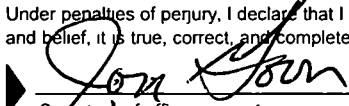
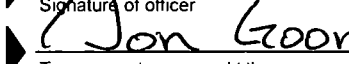
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City <u>ST</u> ZIP _____	Title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

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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 <u>None</u> Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	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		Date <u>8/2/10</u>	
Paid Preparer's Use Only	 Type or print name and title		President, Kosciusko Co. Farm Bureau Inc	
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date 7/21/2010	Check if self-employed ☐	Preparer's identifying number (See instructions) EIN <u> </u> Phone no <u>(317) 692-7851</u>

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Explanations (990-EZ)

Reasonable Cause	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation			
	Part	Line	Explanation
1	III		Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2			farm products, keep members abreast of policies and new developments.
3			
4			
5			
6			
7			
8			
9			
10			

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

34,153

1	Travel	1	4,950
2	Meals and entertainment	2	0
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	4,476
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Membership services	13	0
14	Ag Promotion	14	11,081
15	District Dues	15	723
16	Miscellaneous Expenses	16	473
17	Building Expenses for leased space	17	12,450
18	Unrelated Business Income Taxes, State	18	0
19	Political Contributions	19	0
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contribution to emp. benefit plans & deferred compensation	Expense account and other allowances
Steve Lewis P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	280	0	0
Chns Lozier P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	455	0	0
Deb Lozier P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	385	0	0
Cheryl McIntosh P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	420	0	0
Ken McIntosh P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	385	0	0
Leesa Metzger P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	140	0	0
Steve Metzger P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	210	0	0
Roger Miller P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	0	0	0
Janet Moore P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	315	0	0
Tim Moore P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	245	0	0
Janet Smith P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	140	0	0
Tom Smith P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	175	0	0
Roger Studebaker P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	315	0	0
Sue Studebaker P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	315	0	0
William Stump P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	350	0	0
Jeff Wise P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	140	0	0
	Title Hr/WK .00	0	0	0

Kosciusko County Farm Bureau, Inc.
35-0817690

12/31/2009 year end

Statement 2

Form 990-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - Kosciusko County Farm Bureau, Inc. educates the public about many types of agriculture located within the county and the positive impact of agriculture in a person's daily life. This is accomplished through the Ag Day and Taste of Ag programs. Area fourth graders are invited to presentations about animal and agriculture production found within Kosciusko County. Local citizens are given sample of all agriculture products produced within the county.

9 volunteers contributed a total of 14 volunteer hours in coordinating and carrying out these activities. Approximately 1,200 fourth graders attended the presentation and around 900 local citizens were able to participate in this program.

Kosciusko County Farm Bureau contributed \$3,500 toward the activities of Ag Day and Taste of Ag.

Total contributed to achievement #1	\$3,500
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Line 29 - Kosciusko County Farm Bureau, Inc. supports the local 4-H program through various methods. The local 4-H program needs support to ensure the continuation of 4-H programs, recognition of youth who excel in 4-H projects, promotion of good life skills, and the promotion of good animal care. It is also thought this support will help to motivate the youth to be good stewards of the land and animals and to be good citizens.

Kosciusko County Farm Bureau, Inc. contributed \$1,700 toward 4-H trips, awards, plaques, and auction purchases of projects.

Total contributed to achievement #2	\$1,700
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Line 30 - Kosciusko County Farm Bureau, Inc. hopes to have an effect on legislation desirable to agriculture by getting members involved. The organization educates members of legislative activities, uses member input to develop policy promoting agriculture, and discusses these issues affecting agriculture with legislators. Approximately 1,000 voting members of the organization are involved, though it is hoped that all members in the county are served.

30 volunteers contributed a total of 400 volunteer hours in carrying out these activities over five sessions.

Kosciusko County Farm Bureau, Inc. contributed \$2,000 to these activities.

Total contributed to achievement #3	\$2,000
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ASSET DEPRECIATION SHORT REPORT

KOSCIUSKO COUNTY FARM BUREAU Dec. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv AppliedRange 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
12/31/79	BUILDING - Warsaw 1979-12	SLP/50 000	132,069 94	0 00	132,069 94	76,391 94	2,641 00	79,032 94
09/30/83	Syracuse Building 1983-09	MSL/35 000	35,655 67	0 00	35,655 67	23,776 67	1,019 00	24,795 67
11/21/89	REPLACE ROOF - Warsaw 1989-11	MSL/20 000	4,325 00	0 00	4,325 00	3,588 00	216 00	3,804 00
12/24/97	AGENT OFFICES - Warsaw 1997-12	MSL/20 000	10,369 08	0 00	10,369 08	5,347 08	518 00	5,865 08
01/31/98	Syracuse Agent Offices 1998-01	MSL/20 000	8,085 80	0 00	8,085 80	4,410 80	404 00	4,814 80
02/06/98	REPLACE CARPET - Warsaw 1998-02	MSL/ 5 000	8,408 81	0 00	8,408 81	8,408 81	0 00	8,408 81
04/30/98	Syracuse carpet 1998-04	MSL/ 5 000	2,073 43	0 00	2,073 43	2,073 43	0 00	2,073 43
12/31/98	OFFICE REMODELING - Warsaw 1998-12	MSL/20 000	15,288 36	0 00	15,288 36	7,846 36	764 00	8,610 36
Grand totals	1600-00 - BUILDING (8 assets)		216,276 09	0 00	216,276 09	131,843 09	5,562 00	137,405 09
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
06/01/79	KRUEGER FOLDING TABLES (8) 1979-06	MA200/ 7 000	992 41	0 00	992 41	992 41	0 00	992 41
12/01/83	MICROWAVE OVEN (WARSAW) (1) 1983-12	MA200/ 7 000	153 00	0 00	153 00	153 00	0 00	153 00
02/01/87 D	CURTIS MATHES VCR- C35A30636 (1) 1987-02	MA200/ 7 000	208 95	0 00	208 95	208 95	0 00	208 95
03/01/87	MICROWAVE OVEN (SYRACUSE) (1) 1987-03	MA200/ 7 000	89 94	0 00	89 94	89 94	0 00	89 94
05/01/87	TELEVISION CART (1) 1987-05	MA200/ 7 000	111 42	0 00	111 42	111 42	0 00	111 42
08/01/94	POLE SIGN (1) 1994-08	MA200/ 7 000	900 79	0 00	900 79	900 79	0 00	900 79
Grand totals	1610-00 - FURNITURE & EQUIPMENT (6 assets)		2,456 51	0 00	2,456 51	2,456 51	0 00	2,456 51
Less 1 Disposed assets (Current Depreciation \$0 00)			208 95	0 00	208 95	208 95		208 95
Net totals	1610-00 - FURNITURE & EQUIPMENT (5 assets)		2,247 56	0 00	2,247 56	2,247 56	0 00	2,247 56
Grand totals for all accounts: (14 assets)			218,732 60	0 00	218,732 60	134,299 60	5,562 00	139,861 60
Less: 1 Disposed assets (Current Depreciation: \$0.00)			208 95	0 00	208 95	208 95		208 95
Net totals for all accounts: (13 assets)			218,523 65	0 00	218,523 65	134,090 65	5,562 00	139,652 65

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	218,732 60	0 00	0 00	218,732 60	134,299 60	5,562 00	139,861 60	78,871 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	208 95	0 00	0 00	208 95	208 95	0 00	208 95	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	218,523 65	0 00	0 00	218,523 65	134,090 65	5,562 00	139,652 65	78,871 00
Total Additional First Year Depreciation Taken at 30% Rate:			0.00					
Total Additional First Year Depreciation Taken at 50% Rate:			0.00					
Total Additional First Year Depreciation Taken:			0.00					