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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

Open to Public Inspection

	artment of the	the Treasury		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 re	equirements.	i		nspection	
_			year.	or tax year beginning , 2009, and end					
_	Check if ap		ease	C Name of organization		D Employer identification number			
	Address ci	hange us	e IRS bel or	YELLOWSTONE BIBLE ENCAMPMENT		8	1-03	190416	
=	Name cha	enge pri	ınt or	Number and street (or P O box, if mail is not delivered to street address) Room/s	uite E Tele	phone n	umb	er	
=	Initial retur Terminate	2.		2565 Arnica Drive		406-587-6851			
=	Amended	Sp	struc-	City or town, state or country, and ZIP + 4	F Gro	up Exe	mpt	ion	
=	Application		ons	Bozeman, MT 59715-9272	Nur	nber	▶		
	• Sect	tion 501(c)(3) or	ganiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G	Accounting M	lethod:		Cash Accrual	
				pleted Schedule A (Form 990 or 990-EZ).	Other (specify	<i>(</i>) ►			
				Н	Check ► 🗹	if the	orgai	nization is not	
1.	Vebsit	e: ► www.ye	ellows	tonebiblecamp.com	required to at	tach S	chec	dule B (Form 990,	
<u>J 1</u>	ax-exe	mpt status (che	eck or	ly one) — 🔽 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	990-EZ, or 99	00-PF)			
	Check 🕨		_	ation is not a section 509(a)(3) supporting organization and its gross receipt	•			han \$25,000. A	
_				urn is not required, but if the organization chooses to file a return, be sure		olete re	turn		
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo		<u> </u>	<u>; </u>	De d D	
F	art l			enses, and Changes in Net Assets or Fund Balances (Se	e the instru	1	<u>s 10</u>		
	1		_	s, grants, and similar amounts received		1	<u> </u>	22,741	
	2	_		evenue including government fees and contracts		2		86,287	
	3	-		and assessments		3	 	0	
Revenue	4	Investment in	-			4	├	1,299	
	5a			n sale of assets other than inventory		-			
	b			r basis and sales expenses				0	
	C			sale of assets other than inventory (Subtract line 5b from line 5a) vities (complete applicable parts of Schedule G). If any amount is from gaming, chec		5c			
	6	•			Y IICIE P				
	a	Gross revenu reported on la					1		
	ь	•	•	ses other than fundraising expenses 6b					
	C			s) from special events and activities (Subtract line 6b from line 6a)		6c		0	
	7a			entory, less returns and allowances	14,290		\vdash		
	b	Less. cost of			9,096	-{ ·			
	C		_	s) from sales of inventory (Subtract line 7b from line 7a)		7c		5,194	
	8	Other revenu		(The Case of the C	-,, 1 · · ;	8	_	0	
	9			Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	7	9	$\overline{}$	115,521	
	10				S	10		0	
	11			for members	SO	11		0	
S	12	Salaries, other	er cor	npensation, and employee benefits	188 188	12		24,111	
enses	13	Professional	fees	and other payments to independent contractors CININ, UT		13		0	
ē	14	Occupancy, i	rent,	utilities, and maintenance	<u> </u>	14		39,740	
EXD	15			ons, postage, and shipping		15		5,085	
	16	Other expens	ses (c	escribe admin, interest, food/kitchen, program supplies, insuran	ice)	16		56,995	
	17	Total expens	ses. /	Add lines 10 through 16	. •	17		125,931	
Ś	18	Excess or (de	eficit)	for the year (Subtract line 17 from line 9)		18	L	(10,410)	
set	19			d balances at beginning of year (from line 27, column (A)) (must			ĺ		
As	Ì	end-of-year f	figure	reported on prior year's return)		19	_	357,981	
Net Assets	20	Other change	es in i	net assets or fund balances (attach explanation)		20	<u> </u>	(1)	
	21			balances at end of year. Combine lines 18 through 20		21		347,570	
Ρ	art li	Balance S	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more, f			ad o		
				· · · · · · · · · · · · · · · · · · ·	(A) Beginning o		<u> </u>	(B) End of year	
22				restments		25,805	_	132,422	
23					23	33,334	1-1	221743	
24		•		Inventory)		245		315	
25		otal assets .			3:	9,384	++	354,480	
26			•	Deferred revenue, payroll + AIP + restricted funds		1,403	+	6910	
<u>2</u>	<u> </u>			alances (line 27 of column (B) must agree with line 21)		57,981		347,570	
	Privac		erworl	Reduction Act Notice, see the separate instructions. Cat	No 10642I		Fo	orm 990-EZ (2009)	

Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	1.)		Expenses
	t is the organization's primary exempt purpose?		(Required for section 501(c)(3) and 501(c)(4)			
	cribe what was achieved in carrying out the org)(3) and 501(c)(4)		
	ner, describe the services provided, the number o	f persons benefited, and c	other relevant info	rmation for		a)(1) trusts; optional
each	program title.			_	for ot	hers)
28	The purpose of this organization is to provide a mean	ns of spiritual, physical and r	mental			
	development in a camp setting.					

	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	89,519
29						_

	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	
30			_			

	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount		eck here	. ▶ □	31a	
32	Total program service expenses (add lines 28a t				32	
	t IV List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV.)
	400	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Mike	Monday					_
192	Quiet Water, Billings, MT 59105	President	-0-		-0-	-0-
Bill (Goben	Mr				
766	Teepee Trail, Billings, MT 59105	Vice-president	-0-		-0-	-0-
	e Mevers					
	Forest Glen Dr., Bozeman, MT 59718	Secretary	-0-		-0-	-0-
	k Arnold	_				
2565	i Arnica Dr., Bozeman, MT 59715	Treasurer	-0-		-0-	-0-
					_	
			. <u> </u>			
				L		
						

34 35 a	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33 34	Yes	No ✓
34 35 a	description of each activity			· ·
35 a	the changes	34		1
а			_	1
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		✓
	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?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9	j .		
	Gross receipts, included on line 9, for public use of club facilities] .		
	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		,	
	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	40b		✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		ļ
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			ı
	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		1
	List the states with which a copy of this return is filed. ▶ none			
		406-58	7-685	1
	Located at ▶ 2565 Arnica Drive, Bozeman, MT ZIP + 4 ▶	59715	-9272	
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		Yes	_
	account)?	42b		✓
;	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
,	and enter the amount of tax-exempt interest received or accrued during the tax year		-	
1				
			Yes	No
44 I	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
44	Form 990-EZ	44	Yes	No
44 45		44	Yes	No ✓

_	A
Page	4

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chan nd 51.	exempt charitab ritable trusts mus	le trusts only. A t answer questio	ll sec ns 46	tion -49t)
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete	•			46		✓
	Did the organization engage in lobbying activitie	•			47		✓
	Is the organization a school as described in section		•		48		✓
	Did the organization make any transfers to an ex		_		49a		√
	If "Yes," was the related organization a section 5				49b		<u> </u>
	Complete this table for the organization's five hi employees) who each received more than \$100,						
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to		Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acc	ount a	ınd
None	(nan \$100,000	devoted to position	 	doising compensation	outer	allowa	iices_
	•••••••••••••••••••••••••••••••••••••••						
						_	
				ł i			
				_			
	•••••••••••••••••••••••••••••••••••••••			1			
f	Total number of other employees paid over \$100	<u> </u>	J	L			
	Complete this table for the organization's five \$100,000 of compensation from the organization			ors who each rece	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Con	npensa	ation
None							
		<u>. </u>					
			_				
		•••••••••••					
	•••••••••••••••••	***************************************					
d	Total number of other independent contractors	each receiving over \$100,0	000				
	Under penalties of perjury, I declare that I have examinand belief, I is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes of which preparer has a	t of my any kno	knowle wledge	edge e
Sign	1 1 2 1 0	\display \di	1	8-12-20			
Here	trank Com	<u>e</u>			(0		
	Signature of officer	7		Date			
	Type or print name and title	Teasure	<u>/</u>				
		Date	Check if	Preparer's identifying num	ber (See	 instruc	tions)
Paid	Preparer's signature	Date	self- employed ▶	opaio: o identifying fidit	.501 1000		
Prepare	Firm's name (or	!	employed > [_	<u>'</u>			
Use On	y yours if self-employed), address, and ZIP + 4			ione no 🕨			 ;
May the	e IRS discuss this return with the preparer show	n above? See instructions		. ▶ □	Yes		No
							(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

20**09**

Open to Public Inspection

Employer identification number

YEL	<u>.LO'</u>	WSTONE BIE	BLE ENCAMPMI	<u> </u>					81		390416	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
	_	anization is no	ot a private four	idation because it is.	(For lines	1 throug	gh 11, ch	eck only	one box.)		
1				rches, or association			ribed in s	section 1	70(b)(1)(<i>l</i>	A)(i).		
2	Н			on 170(b)(1)(A)(ii). (Att		•						
3				hospital service organ								
4	Ш			ition operated in conj)(A)(iii). Enter the	
_				ate:								
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	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9	\checkmark			receives: (1) more that				m contrib	outions, m	embersh	p fees, and gross	
		receipts from	n activities relate	ed to its exempt function	tions—su	bject to	certain e	kceptions	s, and (2)	no more	than 331/3 % of its	
				ent income and unre after June 30, 1975.						511 tax	from businesses	
10	\Box		_	nd operated exclusive				-	•	(a)(4)		
11	$\bar{\Box}$			and operated exclusive							r to carry out the	
-				blicly supported organ								
				at describes the type								
		a 🗆 Type	ı ь □	Type II c	□ Tvp	e III-Fun	ctionally	ıntegrate	d	d□	Type III-Other	
е		By checking		tify that the organizat							• •	
				n managers and othe								
		509(a)(1) or s	section 509(a)(2)									
f				a written determinati	on from	the IRS	that it is	а Туре	l, Type II	or Type	III supporting _	
		•	, check this box									
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	any of the			
				r indirectly controls, ϵ ning body of the supp				th persor	ns descrit	oed in (ii) 	Yes No	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	
<u>h</u>		Provide the	following informa	ation about the suppo	orted orga	anızatıon	(s).					
(i)		of supported anization	(ii) EIN	(ili) Type of organization (described on lines 1-9		organization sted in your		rou notify nization in	(vi) l organizat	s the	(vii) Amount of support	
	Oig	armzacion .		above or IRC section		document?		of your		zed in the	Support	
				(see instructions))	Yes	No	Yes	No No	Yes	No No		
							100		1.00			
		<u></u>										
								<u> </u>				
						1	1	Ī	l l			

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support		-				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.					20.00 3.04	
Sec	tion B. Total Support		·				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11	Total support. Add lines 7 through 10 .		<u> </u>	L			
12	Gross receipts from related activities, etc.	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secor	nd, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su			<u>·_ · · · · · · · · · · · · · · · · · · </u>	·	 	<u> </u>
<u>000</u> 14	Public support percentage for 2009 (line			1. column (fl)		14	%
15	Public support percentage from 2008 Sci					15	%
16a							
	and stop here. The organization qualifies						
b	33% % support test – 2008. If the organization qua					33% % or more	. 🗀
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" Private foundation. If the organization dis	acts-and-circun inces" test. The	nstances" test, o organization qui	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	line 9 of Pai	rt I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	24,241	26,194	40,802	24 422	22,741	135,710
2	any "unusual grants.")	24,241	20,194	40,002	21,132	22,741	133,710
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	72,886	63,483	66,054	70,577	86,287	359,287
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	97,127	89,677	106,856	91,709	109,028	494,397
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	800	1,150	650	420	325	3,345
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			44 000			44 000
_	amount on line 13 for the year	800	1,150	11,000 11,650	420	325	11,000 14,345
8 8	Add lines 7a and 7b	800	1,130	11,030	420	323	480,052
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	97,127	89,677	106,856	91,709	109,028	494,397
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	368	475	2,803	2,446	1,299	7,391
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	368	475	2,803	2,446	1,299	7,391
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					_	
13	Total support. (Add lines 9, 10c, 11, and 12.)	97,495	90,152	109,659	94,155	110,327	501,788
14	First five years. If the Form 990 is for organization, check this box and stop	here .		id, third, fourth	-		
	tion C. Computation of Public Su	'			<u> </u>	4-1	06 **
15 16	Public support percentage for 2009 (lin			e 13, column (t))	15	96 %
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen			• • • • •	<u>· · · · · · · · · · · · · · · · · · · </u>	16	95 %
			···················		(0)	17	1.5 %
17 18	Investment income percentage for 2009 Investment income percentage from 20		• •	-		17	1.3 %
18 19a							
·Ja	17 is not more than 331/3 %, check this b						
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line	9a, and line 10	is more than 3	33/3 %, and
20	Private foundation. If the organization						

ATTACHMENTS 2009 Form 990-EZ Yellowstone Bible Encampment 81-0390416

Part I, Line 20 - Other changes in net assets: Amount shown due to rounding

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

ncidaning	iiiioiiiiatioii	UII	Listea	•	10b	CIE

OMB No 1545-0172

2009

Internal Revenue Service	(
Namo(s) shown on mt m	_

Interna	ment of the Treasury Revenue Service	(99)		➤ See separate	instructions.			our tax return.			Attachment Sequence No. 67	_
	s) shown on return					Business o	or activity to which	n thus form relates			Identifying number	
<u>YEI</u>	LOWSTON	<u>E B</u>	IBLE E	NCAMPMEN	T	FOR	RM 990	<u>- 1</u>			<u>81-0390416</u>	_
Par				e Certain Pro				1				
1	Maximum amou	int Se	ee the instruct	tions for a higher	limit for certain	n busines	ses · · · ·			1		_
2	Total cost of sec	ction 1	179 property p	placed in service	(see instructio	ns) · ·				2		_
3	Threshold cost	of sec	tion 179 prop	erty before reduc	ction in limitation	on (see in:	structions)			3		
4	Reduction in lim	iitatioi	n Subtract lin	e 3 from line 2 If	f zero or less, e	enter -0-				4		
5	Dollar limitation	for ta	x year Subtra	act line 4 from lin	e 1 If zero or l	less, ente	r -0- If marrie	d filing				
	separately, see	ınstru	ctions · · ·							5		
		(a)	Description of p	roperty	•	(b) Cost (b	usiness use only) (c) Elec	ted cost		,	
6			•							-		
7	Listed property	Enter	the amount f	from line 29 ·			7]	_
8	Total elected co	st of s	section 179 p	roperty Add amo	unts in columi	n (c), lines	6 and 7 ·			8		_
9	Tentative deduc	tion	Enter the sma	aller of line 5 or li	ne 8 • • • •					9		
10	Carryover of dis	allow	ed deduction	from line 13 of ye	our 2008 Form	4562 -				10		
11	Business incom	e lımı	tation Enter t	he smaller of bus	siness income	(not less	than zero) or	line 5 (see insti	uctions)	11		
12	Section 179 exp	ense	deduction A	dd lines 9 and 10), but do not er	nter more	than line 11			12		
13	Carryover of dis	allow	ed deduction	to 2010 Add line	es 9 and 10, le	ss line 12	· ▶ 13					
Note:				for listed proper	<u> </u>							_
Par									ted pro	perty)	(See instructions)	_
14	Special depreci	ation	allowance for	qualified proper				n service				
	during the tax ye	ear (s	ee instruction	s) · · · · · ·				• • • • • •	• • •	14		
15	Property subject			•	• • • • • • •	• • • • •			• • •	15		
16	Other depreciat	ion (ir	ncluding ACR	-,				• • • • • • •	· · · ·	16	10,03	<u>0</u>
Par	t III MAC	RS I	<u>Depreciati</u>	on (Do not inc	lude listed pro		ee instruction	s)				_
						ection A					1	_
17				ced in service in t		_				17	4,36	<u>3</u>
18	-	•		sets placed in se	-	-		-				
	asset accounts,		······	Discodis Condi					Ain Cu			_
		Section	on B - Assets	Placed in Servic	(c) Basis for de		T	enerai Deprecia	ation Sy	stem		_
	(a) Classification	of pro	perty	year placed in service	(business/invest only-see instru	ment use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction	_
19a	3-year property			1								_
b	5-year property			سيوائين د	1,	473	5	MQ	200			
<u>c</u>	7-year property			30. 30.00		340	7	MQ	200) DE	3 (<u>ə</u>
d				The section of the se	ļ 			-				_
<u>e</u> _	15-year property	•		-								_
f	20-year property			-					0.0			_
<u>g</u>	25-year property			0000 07			25 yrs		S/L		1	_
n	Residential rent	aı		2009-07	<u> </u>	117	27 5 yrs	MM	S/L		19	2
	property	1					27 5 yrs	MM	S/L			
i	Nonresidential r	eai					39 yrs	MM	S/L			_
	property	ootio	n C. Accete I	Placed in Service	During 2000 I	Tay Vane I	laina tha Alte	MM Panative Depre	S/L		.	
20.5	Class life	ectio	- ASSELS F	Placed in Service	During 2009	iax rear (JSING THE AITE	ernative Depre			<u> </u>	_
20 a				1	<u> </u>		12.00		S/L			
	12-year			 			12 yrs	LALA	S/L		 	_
	40-year		. (con instan	ctions)	l		40 yrs	MM	S/L	<u> </u>	<u> </u>	_
<u>Par</u> 21			y (see instru	n line 28 · · ·						21		_
22				nes 14 through 1		1 20 in col	lumn (a) and	line 21 Enter	here	 -		_
				ır return. Partner:						22	14.52	2

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