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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990-EZ (2009)

Δ	For t	he 2009 cale	ndar v	year, or tax year beginning	, 2009, and e	ndina		_
В		if applicable	1	C	, 2000, 4114 01		nployer	identification number
П		i Pi	ease se IRS	Pima County Junior Lives	tock Sales Inc			543984
		change lat	belor I	17315 S. Camino de Las Q				number
	Initial i	return İtyı	pe.	Sahuarita, AZ 85629			•	
	Termin	131	ee pecific			<u></u>	20-6	523-0421
			struc- ons.				roup E umber	xemption ►
		• Section 501	1(c)(3)	organizations and 4947(a)(1) nonexen	not charitable trusts	G Accounting meth-	od: X	Cash Accrual
		mus	t áttá	ch a completed Schedule À (Form 990	or 990-EZ).	Other (specify)		
						H Check ► X If	the or	ganization is not
١.		site: ► <u>N/</u>		V rox 2 2 2 4 4 4)	required to attach	n Sche F)	dule B (Form 990,
K K		xempt status (c		nly one) = $ X \cdot 501(c) \cdot (3)$		 		not more than
N				or Form 990 return is not required, but if				
\overline{L}				b, to line 9 to determine gross receipts		<u> </u>		·
	ınste	ad of Form 9	990-EZ			<u> </u>	▶\$	292,904.
Pa	ırt l			Expenses, and Changes in Net		ces (See the instr	uction	ns for Part I.)
	1			ts, grants, and similar amounts receive			1	202 011
	2	_		revenue including government fees and assessments	contracts		3	292,811.
	4	Investment			•		4	93.
				om sale of assets other than inventory	5a	• •	┝╼┤	<u></u>
				er basis and sales expenses .			1	
Ŗ	l c	Gain or (loss)	from sa	ile of assets other than inventory (Subtract In 5b f	rom In 5a)		5c	
REVEN	6	Special events	and act	tivities (complete applicable parts of Schedule G)	If any amount is from gaming, cho	eck here		
N	a	Gross rever	nue (n	ot including \$	of contributions			
Ē		reported on	line 1	1)	DEC DIVERT	n		
				nses other than fundraising expenses				
				from special events and activities (Subtract line 6b	o from the 6a)	10	6c	
				ventory, less returns and allowances.	. 4 · MAR.2 9 724	10 9	1 1	
		Less: cost o	-		· []	<u> </u>	- <u>-</u> -	
		•	-	oss) from sales of inventory (Subtract li			7c	
	8	Other revenue	•		UGUEN,	<u> </u>	8	000 004
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	•		9	292,904.
	10			ar amounts paid (attach schedule)			10	
Ē	11			or for members.			11 12	
P E	12			ompensation, and employee benefits and other payments to independent co	ntractors		13	1,331.
Ñ	14			utilities, and maintenance	initaciors .		14	1,551.
Ĕ	15			ions, postage, and shipping			15	2,515.
5	16			ribe ► See Statement 1).	16	287,099.
	17			Add lines 10 through 16		· · · · · · · · · ·	17	290,945.
	18			i) for the year (Subtract line 17 from lin	e 9)		18	1,959.
N S	19	Net assets	or fun	d balances at beginning of year (from I	ine 27. column (A)) (must a	gree with end-of-vear		<u> </u>
N S E E		figure repor	rted or	n prior year's return).			19	60,747.
' T	20		-	net assets or fund balances (attach ex			20	
_	21			d balances at end of year. Combine lin			21	62,706.
Pa	rt II	Balanc	ce St	neets. If Total assets on line 25, colun	nn (B) are \$1,250,000 or mo			
20		ah aaaa	لمسم	(See the instructions for Part II)		(A) Beginning of ye		(B) End of year
22		sh, savings, a		ivesiments	•	54,370 2,082		56,987. 1,862.
23 24		nd and buildii her assets (di	•	e ► See Statement 2	1	4,873		4,435.
25		tal assets (u	COCID	See Seacement 2	 ′	61,325		63,284.
26			(desc	ribe ► See Statement 3)	578		578.
			-	alances (line 27 of column (R) must an	ree with line 21)	60 747	ightarrow	62 706

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

_	990-EZ (2009) PIlia County Jun				-054	13964 Page 2
Par	III Statement of Program Se	rvice Accomplishments	See the instruction	ons.)	_	Expenses
	the organization's primary exempt purpose? Ec				Keg Solv	uired for section
Desci	ibe what was achieved in carrying out the ibe the services provided, the number o	ne organization's exempt purp	ooses In a clear and co	ncise manner,	orgai	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
descr	ibe the services provided, the number o am title	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; optional
		4 TV			101 0	liers.)
28	Auction of livestock for				l	
	Fair in 2009. All livest	tock legally entere	ed in the sale	was sold,		
	with net proceeds going t	to participants.				
		nis amount includes foreign g	rants, check here	▶	28a	
29	, ,					
23						
		.			}	
				- -		
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶ □	29 a	
30				·		
	7.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5				20-	
		nis amount includes foreign gi	rants, cneck nere		30 a	
31	Other program services (attach schedul				_	
		nis amount includes foreign g	rants, check here		31 a	_
32	Total program service expenses (add I			<u> </u>	32	
Par	IV List of Officers, Directors	, Trustees, and Kev Em	ployees. List each or	ne even if not com	pens	ated. (See the instrs.)
		(b) Title and average hours	//	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	ns and	and other allowances
		to position		deferred compensa	ation	
Jos	e Bernal	President	0.		0.	0.
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		77. 5				
<u>kay</u>	Moreno	Vice President	0.		0.	0.
		0	ŀ			
]				
Lau	ra Levin	Secretary	0.		0.	0.
	14-16-14	1 000000001	1		٠.	٠.
		-				
Gar	rett Ham] Treasurer	0.		0.	0.
173	15 S. Camino de Las Quint	las 0				
	uarita, AZ 85629	1				
- Dan	darrea, iii ooora					
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BAA	··· <u>·</u>	TEEA0812L (01/30/10	•		Form 990-EZ (2009)

			Yes	No
			res	NO
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		l v
24	each activity	34	-	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	╁	 ^
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?	35a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	L	<u> </u>
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	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	J		
	b Did the organization file Form 1120-POL for this year?	37 b		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?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:	1		
	a Initiation fees and capital contributions included on line 9	J		:
	b Gross receipts, included on line 9, for public use of club facilities N/A	-		ļ
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	1		
70	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	Section 4511 7 0., Section 4512 7 0., Section 4505 7		i	
	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	40 ь		х
	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 • 0 . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	1		,
	by the organization		1	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		ļ	
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	L	X
41	List the states with which a copy of this return is filed None			
42	a The organization's books are in care of ► Garrett Ham Telephone no. ► 520-6	23-0	121	
	Located at ► 17315 N Camino de Las Quintas Sahuarita AZ ZIP + 4 ► 85629		341	
	Locality 17 Committee and Settleton parametrical unit 14 Cooper			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If 'Yes,' enter the name of the foreign country:			
		1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country	لتنتا		
Δ3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	and sines and amount of tax exempt interest received of accided during the tax year.			, .1
			Yes	No
44	Did the organization maintain any donor advised funds? If IVos I Form 900 must be completed instead			
	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44		Х
ΛE				
43	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		х
BA		rm 990	-F7 /	20091

ر. 50 ص	EZ (2009) Pima County Junior	Livestock Sales	e Inc		86-054	3081	Page 4
Part VI	Section 501(c)(3) organization: 501(c)(3) organizations and sec 46-49b and complete the tables	s and section 4947	(a)(1) nonex	empt char aritable tru	itable trusts on sts must answe	v. All section	on
47 Did t 48 Is the 49 a Did t b If 'Ye	the organization engage in direct or indirect or indirect office? If 'Yes,' complete Schedule (the organization engage in lobbying activitie organization a school as described in settle organization make any transfers to an es,' was the related organization a section	ties? If 'Yes,' complete ection 170(b)(1)(A)(ii)? le exempt non-charitable in 527 organization?	Schedule C, Pa If 'Yes,' comple related organiz	art IIte Schedule ation?	E	47 48 49a 49b	X X X X
	plete this table for the organization's five loyees) who each received more than \$10	(b) Title and average	mployees (othe from the organical Compensation)	T T	ontributions to employee	(e) Expens	e
(a	n) Name and address of each employee paid more than \$100,000	hours per week devoted to position		de	benefit plans and ferred compensation	account an other allowar	d ces
None	I number of other employees paid over \$1	00,000					
51 Com	pplete this table for the organization's five pensation from the organization. If there i		,	1	each received mor	e than \$100,00	
None							
d Tota	I number of other independent contractors	s each receiving over \$	100,000	•			
Sign Here	Under penalties of penury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Garrett Ham Type or print name and tille	nined this return, including according to other than officer) is based on a	mpanying schedules all information of whi	ch preparer has	and to the best of my kno any knowledge 3-21-/3 Date easurer	wledge and belief,	ıt ıs
Paid Pre- parer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 RS discuss this return with the preparer sl	Services, LLC oad 2		. Y-(0	employed N	Paparer's Identifying the instructions) /A N/A N/A)) 296-080 ► X Yes	
BAA						Form 990-E 2	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

2009

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.

Open to Public Inspection

	if the organization							1 ' '		tion number	
	a County Junion		=						543984		
Part			s (All organizations					See II	nstruct	ions	
_	<u>~</u>		ise it is: (For lines 1 thro	-		•	-				
1			ociation of churches des		section	1 1/0(6)	(1)(A)(I)	•			
2	—		A)(ii). (Attach Schedule I	-	4704						
3	· ·	•	e organization described		-		•		=		
4		- '	d in conjunction with a h	nospital (lescribe	d in sec	tion 17	U(БХІХ А	()(III) E	nter the hospital's	
5	name, city, and sta An organization op 170(b)(1)(A)(iv). (0	erated for the benefit	of a college or university	y owned	or oper	ated by	a gover	nmenta	unit de	scribed in section	
6		•	governmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).				
7	An organization that	at normally receives a (A)(vi). (Complete P	substantial part of its su	upport fr	om a go	vernme	ntal uni	t or from	the ge	neral public described	
8	☐ A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	l.)						
9	from activities relate	d to its exempt function	more than 33-1/3 % of its is – subject to certain excess taxable income (less complete Part III.)	eptions, a	and (2) n	io more t	han 33-	1/3 % of	its supp	ort from aross	
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).			
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o	of, or ca section	rry out ti 509(a)(3	he purposes of one or 3). Check the box that	
	a Type I	b Type II	c 🗌 Type II	l – Fund	tionally	ıntegrat	ed		d 🗌	Type III- Other	
е	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 check this box	received a written det	termination from the IRS	that is a	Type I	, Type II 	or Typ	e III sup	porting	organization,	
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	s?	
										Yes No	
	(i) a person who	o directly or indirectly by	controls, either alone or upported organization?.	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)	
	· -	nber of a person desc	· ·							11 g (ii)	
	• • •	•	n described in (i) or (ii) a	bove?.						11 g (iii)	
h	- ·	•	the supported organization								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	s the ion in col i in your rning ment?	the organ	(i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of Support	
				Yes	No	Yes	No	Yes	No		
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		-		ļ							
	_										
				 							
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Total											

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(Complete only if you checked the box on line 5, 7, or 8 of Part 1.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 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). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (d) 2008 (c) 2007 (a) 2005 (b) 2006 (e) 2009 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test — 2008. 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..... 17a 10%-facts-and-circumstances test - 2009 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. **b 10%-facts-and-circumstances test** — **2008.** 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... Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions BAA Schedule A (Form 990 or 990-EZ) 2009

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calen	dar year (or fiscal yr 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 'unusual grants.')						0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	404 751		!			404 751
3	purpose	404,751.					404,751.
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	Total. Add lines 1 through 5	404,751.	0.	0.	0.	0.	404,751.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the					0	
	year	0.	0.	0. 0.	0.	0.	0.
	Add lines 7a and 7b	0.	<u> </u>	0.	<u> </u>		<u> </u>
8	Public support (Subtract line						404,751.
Soci	7c from line 6) tion B. Total Support				<u></u>		404,731.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	404,751.	0.	0.	0.	0.	404,751.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	691.		<u>.</u>			691.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
	Add lines 10a and 10b .	691.	0.	0.	0.	0.	691.
11	Net income from unrelated business activities not included inline 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.
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and		ation's first, secon	id, third, fourth,	or fifth tax year as	a section 501(c)	405,442.
<u> </u>	organization, check this box and	stop here		• •	<u></u>		(S) ► [X]
	tion C. Computation of Pu			- 12lump (6)		. 15	%
	Public support percentage for 20 Public support percentage from			e 13, column (1))		16	
	tion D. Computation of Inv			·		. 10	
					mn (f))	. 17	%
18	Investment income percentage f	•		=	(1))	18	<u> </u>
	33-1/3 support tests = 2009 If the	organization did not	check the box on I	ine 14, and line 15.	 is more than 33-1/3	% and line 17 is no	
	more than 33-1/3%, check this t	oox and stop here the organization di	. The organization	i qualifies as a pu con line 14 or 19:	iblicly supported on a new and line 16 is n	organization nore than 33-1/3%	. — — . and line 18
20	is not more than 33-1/3%, check Private foundation. If the organ	k this box and sto	p here . The organ	ization qualifies a	is a publicly suppo	orted organization	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
BAA			TEEA0403L				90 or 990-EZ) 2009

Part IV	Supple Part II,	ement line	30-E2) al Info 17a or	2009 rmati 17b; a	on. Co and Pa	mplete art III,	this line 1	part to 2. Pro	provi vide aı	de the	expla er add	nations itional	requir	ed by fation. S	Part II, ee ins	line 10 truction	Page 4 ; S.
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TEEA0404L 02/05/10

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Schedule A (Form 990 or 990-EZ) 2009

2009 Federal Statements	Page 1
Pima County Junior Livestock Sales, Inc.	86-0543984
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses	
Advertising and Promotion \$ Auctioneer, inspector Buyer Recognition	2,045. 897. 266. 81. 273,339.
Swine Check Off . Total \$	52. 287,099.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets Machinery and Equipment \$ 4,873. \$ Total \$ 4,873. \$	_
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities	
Funds Held for Other Organizations	Ending 578. 578.
Statement 4 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts	
 (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 	No No

12/31/09		20	2009 Fed	leral	Boo	k Dep	leral Book Depreciation Schedule	ion Sc	hedu	<u>e</u>				Д.	Page 1
:			<u>F</u>	ma Co	unty J	unior Li	Pima County Junior Livestock Sales, Inc.	Sales, Ir	ڹۣ					98-0	86-0543984
No Description	Date	Date	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ So. Deor.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Denr.	Method	Life Rate		Current Denr.
990/990-PF				!	 										
Improvements															
1 Livestock pens	2/26/96		3,058							3,058	1,909	150DB	20		8
2 Livestock pens	3/56/96		209							500	130	15008	8		9
4 Recognition wall	3/31/97		370							370	219	150DB	70		Ξ
6 Hog Panels	3/30/38		425							425	237	150DB	20		14
12 Fence panels	3/04/01	'	2,729	ı						2,729	2,214	200DB	0		103
Total improvements			6,791		0	0	0	0	0	6,791	4,709				220
Machinery and Equipment															
3 Pulley system for signs	4/14/96		182							182	114	15008	20		5
5 Equipment	3/31/97		5,623							5,623	3,326	150DB	20		172
7 Picture wall/frames	3/31/98		755							755	422	15008	29		25
8 Picture wall/frames	6/15/98		089							089	379	15008	20		23
9 Picture wall/frames	7/03/98		584							28	326	150DB	20		19
10 Two scales	3/20/39		5,348							5,348	4,702	200DB	2		32
11 Beef scale	3/25/01		4,287							4,287	3,478	200DB	_		162
	2/08/05		2,131							2,131	1,997	200DB			0
14 Printer	6/30/05	•	473	ı						473	446	200DB	S	ļ	0
Total Machinery and Equipment			20,063		0	0	0	0	0	20,063	15,190				438
Total Depreciation			26,854	1 1			0			26,854	19,899				658
															1

		· • _		
Page 2	86-0543984	Current Depr.	839	
	8	ife_Rate_		
		Method Life Rate		
		Prior Depr.	19,889	
		Depr. Basis —	26,854	
hedule	45	Salvage /Basis Reductn		
ion Scl	Sales, Inc	Prior Solution (Solution)		
2009 Federal Book Depreciation Schedule	Pima County Junior Livestock Sales, Inc.	Prior 179/ Bonus/ Sp. Depr.		
ok Dep	Junior Li	Special Depr. Allow		
al Bo	County	Cur 179 Banus	9	
Feder	Pima	it Bus.	<u>76,854</u>	
2009		e Cost/ d Basis		
		Date Sold		
		Date Acquired		
		Description	eciation	
60		Des	Grand Total Depreciation	
12/31/09		No.	ভ	