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Short Form Return of Organization Exempt From Income Tax

2009

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 \$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

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Diamond Sunrise Corporation, 3120 Freeboard Drive #202, West Sacramento, CA 95691. D Employer identification number 94-2747276. E Telephone number 916-414-4400. F Group Exemption Number.

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 [X]. Other (specify) .

I Website: N/A

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

J Tax-exempt status (check only one) - [X] 501(c) (3) (insert no) 4947(a)(1) or 527

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 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. \$ 220,648.

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

Table with 21 rows for revenue and expenses. Includes a 'RECEIVED' stamp dated APR 30 2010 from IRS-OSC OGDEN, UT. Total revenue is 220,648 and total expenses is 258,271.

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

Table with 7 rows for balance sheets. Columns (A) Beginning of year and (B) End of year. Total assets: 951,745. Total liabilities: 1,313,164. Net assets or fund balances: -366,418.

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

ENVELOPE APR 26 2010 POSTMARK DATE

SCANNED MAY 25 2010

SCANNED JUL 19 2010

6 NR

Part V Other Information (Note the statement requirements in the instrs 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		
35a	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
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u> N/A		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u> N/A		
39b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u> N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
40b	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		X
40c	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 ▶ <u>0.</u>		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
40e	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 ▶ <u>None</u>		

42a The organization's books are in care of **▶** Mercy Services Corporation Telephone no. **▶** 916-414-4400
 Located at **▶** 1999 Broadway, Suite 1000, Denver, CO ZIP + 4 **▶** 80202

		Yes	No
42b	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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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 N/A

		Yes	No
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. See Statement 5

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

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 and deferred compensation	(e) Expense account and other allowances
None				

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
None		

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

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.

Sign Here
 Signature of officer: *[Handwritten Signature]* Date: *4/14/10*
 Type or print name and title: *Greg Sparrus, Secretary*

Paid Preparer's Use Only
 Preparer's signature: *Tom Tomaszewski* Date: *4/13/10*
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Tom Tomaszewski, CPA*
3811 Tilden Drive
El Dorado Hills, CA 95762
 Check if self-employed: Preparer's Identifying Number (See instructions): *N/A*
 EIN: *N/A*
 Phone no: *(916) 804-5367*

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Diamond Sunrise Corporation	Employer identification number 94-2747276
----------------------------------------------------------------	-----------------------------------------------------

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 (For lines 1 through 11, check only one box)
- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 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)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

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

- (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?

h Provide the following information about the supported organizations

(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	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
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						

Section B. Total Support

Calendar 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						

12 Gross receipts from related activities, etc (see instructions) 12

13 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 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

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.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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 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 purpose	175,867.	151,058.	185,583.	163,604.	219,995.	896,107.
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 Total. Add lines 1 through 5	175,867.	151,058.	185,583.	163,604.	219,995.	896,107.
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 year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						896,107.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	175,867.	151,058.	185,583.	163,604.	219,995.	896,107.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	796.	1,183.	2,466.	2,457.	653.	7,555.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	796.	1,183.	2,466.	2,457.	653.	7,555.
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.
13 Total support. (add lns 9, 10c, 11, and 12)						903,662.

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.2 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.8 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.9 %

19a 33-1/3 support tests – 2009. 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

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Client 12 ,

Diamond Sunrise Corporation

94-2747276

4/13/10

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Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Administrative Labor & Benefit	\$	35,381.
Advertising and Promotion		262.
Amortization		62.
Audit		5,000.
Consulting		250.
Credit Reports		124.
Depreciation		42,412.
Insurance		5,337.
Interest		21,045.
Maintenance		110,530.
Miscellaneous Taxes		292.
Miscellaneous		730.
Office Expenses		1,941.
Real Estate Taxes		480.
Resident Services Supplies		346.
Telephone		2,136.
Travel		2,656.
Utilities		14,756.
Workers Compensation		1,571.
Total	\$	<u>245,311.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,048.	\$ 16,428.
Furniture and Fixtures	8,579.	5,905.
Loan Fees	1,578.	1,516.
Pledges and Grants Receivable	65,820.	0.
Prepaid Expenses and Deferred Charges	4,548.	5,059.
Replacement Reserve	107,380.	141,538.
Security Deposits	10,243.	11,346.
Tax & Insurance Reserve	2,629.	2,632.
Total	<u>\$ 201,825.</u>	<u>\$ 184,424.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 20,246.	\$ 67,521.
Deferred Revenue	1,213.	39.
Secured Mortgages and Notes Payable	1,247,513.	1,234,215.
Security Deposits Payable	11,568.	11,389.
Total	<u>\$ 1,280,540.</u>	<u>\$ 1,313,164.</u>

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Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Provide 24 low-income rental housing apartments for elderly and handicapped persons pursuant to Section 515 of the Housing Act of 1949, as non-profit owners of the development, located in Diamond Springs, CA.

Statement 5
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? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Client 12.

Diamond Sunrise Corporation

94-2747276

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr
Depr Schedule Only										
Amortization										
17	Loan Fees	7/07/04		1,857			279	S/L	30	62
	Total Amortization			1,857		0	279			62
Buildings										
1	Building	3/01/87		996,862			550,269	S/L	40	24,922
	Total Buildings			996,862		0	550,269			24,922
Furniture and Fixtures										
2	Furniture	3/01/87		9,882			9,882	S/L	5	0
3	Refrigerators	11/01/93		11,840			11,840	S/L	4	0
5	Furniture	9/19/91		830			830	S/L	7	0
6	Furnishings	1/01/97		6,733			6,733	S/L	3	0
7	Furnishings	1/01/00		13,465			13,465	S/L	5	0
9	3 Stoves	8/01/03		1,111			861	S/L	7	159
18	Stove	6/01/05		606			312	S/L	7	87
19	Tables	12/01/05		3,751			1,653	S/L	7	536
	Total Furniture and Fixtures			48,218		0	45,576			782
Improvements										
4	Paving & Fencing	6/10/89		5,085			5,085	S/L	10	0
8	Site Work	1/01/02		6,512			4,557	S/L	10	651
10	Building Improvements	7/12/04		209,206			47,070	S/L	20	10,460
11	Building Improvements	9/30/04		2,800			595	S/L	20	140
12	Building Improvements	10/04/04		15,000			3,188	S/L	20	750
13	Building Improvements	9/01/04		56,650			12,276	S/L	20	2,833
	Total Improvements			295,253		0	72,771			14,834
Machinery and Equipment										
14	Appliances	8/04/04		1,203			760	S/L	7	172
15	Appliances	10/29/04		9,444			5,621	S/L	7	1,349
16	Computer & Printer	8/01/04		995			995	S/L	3	0
20	Air Compressor	7/01/06		2,600			928	S/L	7	371
	Total Machinery and Equipment			14,242		0	8,304			1,892

Client 12

Diamond Sunrise Corporation

94-2747276

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr
	Total Depreciation			<u>1,354,575</u>		<u>0</u>	<u>676,920</u>			<u>42,430</u>
	Grand Total Amortization			1,857		0	279			62
	Grand Total Depreciation			<u>1,354,575</u>		<u>0</u>	<u>676,920</u>			<u>42,430</u>

Client 12

Diamond Sunrise Corporation

94-2747276

4/13/10

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Depr Schedule Only																
Amortization																
17	Loan Fees	7/07/04		1,857							1,857	279	S/L	30		62
Total Amortization																
				1,857		0	0	0	0	0	1,857	279				62
Buildings																
1	Building	3/01/87		996,862							996,862	550,269	S/L	40		24,922
Total Buildings																
				996,862		0	0	0	0	0	996,862	550,269				24,922
Furniture and Fixtures																
2	Furniture	3/01/87		9,882							9,882	9,882	S/L	5		0
3	Refrigerators	11/01/93		11,840							11,840	11,840	S/L	4		0
5	Furniture	9/19/91		830							830	830	S/L	7		0
6	Furnishings	1/01/97		6,733							6,733	6,733	S/L	3		0
7	Furnishings	1/01/00		13,465							13,465	13,465	S/L	5		0
9	3 Stoves	8/01/03		1,111							1,111	861	S/L	7		159
18	Stove	6/01/05		606							606	312	S/L	7		87
19	Tables	12/01/05		3,751							3,751	1,653	S/L	7		536
Total Furniture and Fixtures																
				48,218		0	0	0	0	0	48,218	45,576				782
Improvements																

Client 12

Diamond Sunrise Corporation

94-2747276

4/13/10

04 59PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life	Rate	Current Depr
4	Paving & Fencing	6/10/89		5,085							5,085	5,085	S/L	10		0
8	Site Work	1/01/02		6,512							6,512	4,557	S/L	10		651
10	Building Improvements	7/12/04		209,206							209,206	47,070	S/L	20		10,460
11	Building Improvements	9/30/04		2,800							2,800	595	S/L	20		140
12	Building Improvements	10/04/04		15,000							15,000	3,188	S/L	20		750
13	Building Improvements	9/01/04		56,650							56,650	12,276	S/L	20		2,833
	Total Improvements			295,253		0	0	0	0	0	295,253	72,771				14,834
Machinery and Equipment																
14	Appliances	8/04/04		1,203							1,203	760	S/L	7		172
15	Appliances	10/29/04		9,444							9,444	5,621	S/L	7		1,349
16	Computer & Printer	8/01/04		995							995	995	S/L	3		0
20	Air Compressor	7/01/06		2,600							2,600	928	S/L	7		371
	Total Machinery and Equipment			14,242		0	0	0	0	0	14,242	8,304				1,892
	Total Depreciation			<u>1,354,575</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,354,575</u>	<u>676,920</u>				<u>42,430</u>
	Grand Total Amortization			1,857		0	0	0	0	0	1,857	279				62
	Grand Total Depreciation			<u>1,354,575</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,354,575</u>	<u>676,920</u>				<u>42,430</u>