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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

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

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

C
CALIFORNIA GROUNDWATER ASSN., INC.
P.O. BOX 14369
SANTA ROSA, CA 95402

D Employer identification number
94-6078513

E Telephone number
707-578-4408

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
Other (specify) ►

I Website: ► WWW.GROUNDH2O.ORG

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

J Tax-exempt status (check only one) – ☒ 501(c) (6) ◄ (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 ► $ 365,819.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	15,385.
	2	Program service revenue including government fees and contracts		2	88,061.
	3	Membership dues and assessments		3	111,500.
	4	Investment income		4	4,902.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 13,260. of contributions reported on line 1)	6a	142,242.	
	b	Less direct expenses other than fundraising expenses	6b	108,463.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	33,779.
	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	
	8	Other revenue (describe ► SEE STATEMENT 1)		8	3,729.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	257,356.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2		10	3,050.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	145,349.
	13	Professional fees and other payments to independent contractors		13	36,756.
	14	Occupancy, rent, utilities, and maintenance		14	20,770.
	15	Printing, publications, postage, and shipping		15	6,783.
	16	Other expenses (describe ► SEE STATEMENT 3)		16	113,793.
	17	**Total expenses.** Add lines 10 through 16 ►		17	326,501.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-69,145.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	265,913.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	196,768.

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	336,811.	22	273,868.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	26,747.	24	30,924.
25	**Total assets**	363,558.	25	304,792.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	97,645.	26	108,024.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	265,913.	27	196,768.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **990-EZ** (2009)

TEEA0803L 01/30/10

15

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

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

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

(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 and deferred compensation	(e) Expense account and other allowances
GARY MICKELSON P.O. BOX 2689 PETALUMA, CA 94953-2689	TREASURER 1.00	0.	0.	0.
MIKE MAGGIORA 595 AIRPORT BLVD WATSONVILLE, CA 95076	SECRETARY 0	0.	0.	0.
AUGIE GUARDINO 4825 CROY ROAD MORGAN HILL, CA 95037	PAST-PRESIDENT 1.00	0.	0.	0.
JOHN KRATZ 23945 OLD WAGON RD ESCONDIDO, CA 92027	PRESIDENT 1.00	0.	0.	0.
BRUCE HUNTER 1129 F STREET REEDLEY, CA 93554	VICE PRESIDENT 1.00	0.	0.	0.
MIKE MORTENSSON P.O. BOX 14369 SANTA ROSA, CA 95402	EXECUTIVE DIREC 40.00	79,041.	0.	0.

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	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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?	35a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 1,000.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
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	40b		
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 by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► J. MICHAEL MORTENSSON Telephone no. ► (707) 578-4408

Located at ► P.O. BOX 14369 SANTA ROSA CA ZIP + 4 ► 95402-6369

			Yes	No
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 ►	42b		X
	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 ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 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 ► 43 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	44		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	45		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.

		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		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
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

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

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: 5/10/2010

► J. MICHAEL MORTENSSON — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► James A. Elliott, CPA	Date 5/10/2010	Check if self-employed ► [X]	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► JAMES ELLIOTT & COMPANY, CPA 1400 N. DUTTON AVENUE SUITE 9 SANTA ROSA, CA 95401-7120		EIN ► N/A Phone no ► (707) 541-6081	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CALIFORNIA GROUNDWATER ASSN., INC.

Employer identification number
94-6078513

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CONVENTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	155,502.			155,502.
	2 Less Charitable contributions .	13,260.			13,260.
	3 Gross income (line 1 minus line 2)	142,242.			142,242.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	108,463.			108,463.
	10 Direct expense summary Add lines 4- through 9 in column (d) ►				108,463.
	11 Net income summary Combine lines 3, column (d) and line 10 ►				33,779.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Combine lines 1, column (d) and line 7 ►				

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities: _____		
9a	Is the organization licensed to operate gaming activities in each of these states?		
b	If 'No,' explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If 'Yes,' explain		
11	Does the organization operate gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

			YES	NO
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name. ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____				
c If 'Yes,' enter name and address of the third party				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $_____				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

NEWLETTER ADVERTISING	$ 3,729.
TOTAL	$ 3,729.

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	VARIOUS
CASH AMOUNT GIVEN:	$ 3,050.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	$ 4,501.
BOARD EXPENSE	11,939.
CGAA EXPENSE	8,245.
COMMITTEE EXPENSES	21,453.
DEPRECIATION	7,591.
DUES & SUBSCRIPTIONS	2,780.
EQUIPMENT EXPENSE	6,879.
INSURANCE	27,996.
INTERNET PAGE	2,770.
OFFICE EXPENSES	9,985.
PUBLIC RELATIONS	500.
TRAVEL	9,154.
TOTAL	$ 113,793.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 7,382.	$ 12,604.
DEPOSIT	1,170.	1,170.
FURNITURE AND FIXTURES	611.	179.
MACHINERY AND EQUIPMENT	11,350.	9,140.
PREPAID EXPENSES AND DEFERRED CHARGES	6,234.	7,831.
TOTAL	$ 26,747.	$ 30,924.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
DEFERRED REVENUE	$ 93,720.	$ 104,099.
DUE TO OTHER ASSOCIATIONS	3,925.	3,925.
TOTAL	$ 97,645.	$ 108,024.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CARING FOR CALIFORNIA'S GROUNDWATER RESOURCES; GIVING HIGH QUALITY SERVICE TO MEMBERS AND THE PUBLIC; AND ACTING IN THE BEST INTEREST OF THE GROUNDWATER INDUSTRY.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CALIFORNIA GROUNDWATER ASSOCIATION PROVIDES THE FOLLOWING PROGRAM SERVICES: NEWSLETTER, MEMBERSHIP ROSTERS, SEMINARS, CONVENTION, LEGISLATION MONITORING, INSURANCE PROGRAMS, SPECIFICATION REVIEW, SCHOLARSHIPS, PUBLIC INFORMATION, MEMBERSHIP REFERRALS. IT SERVES MORE THAN 445 MEMBERS DIRECTLY AND ITS ACTIVITIES PROVIDE INDUSTRY-WIDE BENEFITS.

STATEMENT 8
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 P2007123 CALIFORNIA GROUNDWATER ASSN., INC. 94-6078513

5/10/10 02:50PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
	FURNITURE AND FIXTURES									
19	OFFICE SUPPLY CABINET	12/07/04		300			271	200DB MQ	5	29
20	COAT RACK	12/06/04		43			39	200DB MQ	5	4
21	FOLDING TABLE	12/22/04		34			32	200DB MQ	5	2
22	EXECUTIVE DESK	12/09/04		250			226	200DB MQ	5	24
23	EXECUTIVE DESK KEYBOARD S	12/09/04		40			35	200DB MQ	5	5
24	2 TWO DRAWER FILES	12/09/04		360			325	200DB MQ	5	35
25	LASER PRINTER RACK	12/22/04		50			45	200DB MQ	5	5
26	BOOKSHELF	12/09/04		180			163	200DB MQ	5	17
27	FOLDING TABLE	12/09/04		37			33	200DB MQ	5	4
28	EXECUTIVE CHAIR	12/09/04		215			195	200DB MQ	5	20
29	2 DESKS	12/09/04		300			271	200DB MQ	5	29
30	EXECUTIVE CHAIR	12/09/04		160			145	200DB MQ	5	15
31	2 METAL 4- DRAWER FILE	12/09/04		290			263	200DB MQ	5	27
32	1 METAL 2-DRAWER FILE CAB	12/09/04		80			72	200DB MQ	5	8
33	SALES TAX	12/09/04		160			145	200DB MQ	5	15
34	MISC SUPPLIES	12/01/04		713			646	200DB MQ	5	67
36	OFFICE FURNITURE	6/30/05		927			767	200DB HY	5	107
37	FURNISHINGS	6/30/05		587			486	200DB HY	5	68
38	TELEPHONE	6/30/05		227			188	200DB HY	5	26
39	VALUABLE PAPERS ETC	6/30/05		1,372			1,134	200DB HY	5	158
	TOTAL FURNITURE AND FIXTURE			6,325		0	5,481			665
	MACHINERY AND EQUIPMENT									
1	HP WORKSTATION	12/01/04		1,995			1,804	200DB MQ	5	191
2	HP WORSTATION	12/01/04		1,995			1,804	200DB MQ	5	191
3	NETWORK SERVER	12/01/04		2,855			2,582	200DB MQ	5	273
4	HP WORKSTATION	12/01/04		1,425			1,289	200DB MQ	5	136
5	HP LAPTOP	12/01/04		1,995			1,804	200DB MQ	5	191
6	HP LASER JET 2420	12/02/04		1,117			1,010	200DB MQ	5	107
7	HP LOW VOLTAGE US TOWER	12/06/04		395			357	200DB MQ	5	38
8	HP SB21 PROJECTOR	12/31/04		536			485	200DB MQ	5	51
9	COMDIAL PHONE SYSTEM	11/30/04		1,546			1,396	200DB MQ	5	150
10	DSL PHONE LINE	12/26/04		160			145	200DB MQ	5	15
11	MISC POWER CORD/CABLES	12/03/04		90			82	200DB MQ	5	8
12	HP PRINTER FAX	12/02/04		269			242	200DB MQ	5	27

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
13	PITNEY BOWES POSTAGE METE	12/31/04		2,220			2,008	200DB MQ	5	212
14	MITA COPIER	12/31/04		2,127			1,923	200DB MQ	5	204
15	TAPE RECORDER	12/01/04		72			65	200DB MQ	5	7
16	AUTOMATIC PAPER FOLDER	12/07/04		765			692	200DB MQ	5	73
17	ELECTRIC CALCULATOR	12/01/04		35			32	200DB MQ	5	3
18	ELECTRIC STAPLER	12/07/04		130			118	200DB MQ	5	12
35	COMPUTERS & RELATED EQUIP	6/30/05		9,177			7,591	200DB HY	5	1,057
40	OFFICE EQUIPMENT	10/31/07		2,253			969	200DB MQ	5	514
41	OFFICE EQUIPMENT	6/30/08		7,947			1,589	200DB HY	5	2,543
42	OFFICE EQUIPMENT	6/30/09		2,924				200DB HY	5	585
43	PARKINSON ACCTG SYSTEM	7/07/09		2,025				S/L	3	338
	TOTAL MACHINERY AND EQUIPME			44,053		0	27,987			6,926
	TOTAL DEPRECIATION			50,378		0	33,468			7,591
	GRAND TOTAL DEPRECIATION			50,378		0	33,468			7,591