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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 7/1/2009 , and ending 6/30/2010

B Check if applicable
- [✓] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

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

C Name of organization: HIGH SOARING EAGLES CENTER, INC

Number and street (or P O box, if mail is not delivered to street address): 104 CHOWING DRIVE — Room/suite: 102

City, town, or country: DESOTO — State: TX — ZIP + 4: 75115-4900

D Employer identification number: 30-0208824

E Telephone number: 972-223-5590

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 [X] Cash [ ] Accrual
Other (specify) ▶

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

I **Website:** ▶ www soaringeaglecenter org

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 ▶ $ 160,489

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	56,407
	2	Program service revenue including government fees and contracts		2	14,037
	3	Membership dues and assessments		3	1,923
	4	Investment income		4	97
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 87,132		
	b	Less. cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	87,132
	8	Other revenue (describe ▶ PROCEEDS FROM FUNDRAISERS)		8	893
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	160,489
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	59,343
	13	Professional fees and other payments to independent contractors		13	2,438
	14	Occupancy, rent, utilities, and maintenance		14	26,169
	15	Printing, publications, postage, and shipping		15	72
	16	Other expenses (describe ▶ See Attached Statement)		16	22,092
	17	**Total expenses.** Add lines 10 through 16 ▶		17	110,114
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	50,375
	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	42,035
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	92,410

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SCANNED Revenue 2010

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	37,805	22	91,512
23	Land and buildings		23	
24	Other assets (describe ▶ FIXED ASSETS NET OF DEPRECIATION (SEE LIST))	8,154	24	5,959
25	**Total assets**	45,959	25	97,471
26	**Total liabilities** (describe ▶ See Attached Statement)	3,924	26	5,061
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21).	42,035	27	92,410

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

(HTA)

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

What is the organization's primary exempt purpose? Meeting the needs of young people with disabilities

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

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

28	Special Olympics Year-round athletic training and competition We compete in weekly practices and weekend tournaments in basketball, bowling & softball 25 athletes are involved (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	426
29	Socials Held three times a year to provide social opportunities for families and our young people Includes dances, game nights, parties & gym nights Forty families participate. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	1,677
30	Associates Day Program Held 4 days a week to provide job training and educational classes Classes include reading, math, spanish, letter writting, etc 12 young people attend (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	30,687
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	32,790

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MYRLE WESTLUND 842 NORA LANE DESOTO TX 75115	Title PRES Hr/WK 20 00	0	0	0
MARK SCOTT 1413 LINDA LANE CEDAR HILL TX 75104	Title BRD MBR Hr/WK 2 00	0	0	0
JAN JOHNSON 2125 GRANDVIEW CR CEDAR HILL TX 75104	Title BRD MBR Hr/WK 2 00	0	0	0
BONNIE SORRELLS 1830 GREEN TREE LANE DUNCANVILLE TX 75137	Title BRD.MBR. Hr/WK 2 00	0	0	0
CAROL PARKER 1402 RICHARDS CIRCLE DESOTO TX 75115	Title BRD MBR Hr/WK 2 00	0	0	0
LOGAN GARRETT 601 MEADOWLARK DR RED OAK TX 75154	Title TREAS Hr/WK 2 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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. ▶

42 a The organization's books are in care of ▶ MYRLE WESTLUND Telephone no ▶ 972-223-2450

Located at ▶ 104 CHOWING DRIVE City DESOTO ST TX ZIP + 4 ▶ 75115-4900

			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)?	42b		X
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
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 ▶ ☐

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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

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

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 11/12/10

▶ MYRLE WESTLUND — PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 10/29/2010	Check if self-employed ▶ [X]	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Randy Hines PO Box 277, Waxahachie, TX 75168-0277		EIN ▶ Phone no ▶ (972) 938-7175	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIGH SOARING EAGLES CENTER, INC

Employer identification number
30-0208824

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 a 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 [X] 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 to 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 it 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
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
(HTA)

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 any "unusual grants ")	16,165	922	22,098	3,413	56,407	99,005
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	16,165	922	22,098	3,413	56,407	99,005
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)						39,676
6 **Public support.** Subtract line 5 from line 4						59,329

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	16,165	922	22,098	3,413	56,407	99,005
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	170	97	267
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,604	150	330	5,607	16,853	24,544
11 **Total support.** Add lines 7 through 10						123,816
12 Gross receipts from related activities, etc (see instructions)					12	292,124

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	47 92%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	43.77%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

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 I, Line 8 (990-EZ) - Other Revenue

893

	Description		Amount
1	PROCEEDS FROM FUNDRAISERS	1	893
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

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

22,092

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	350
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	2,195
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	1,017
12	Unrelated business income taxes	12	0
13	Office Supplies	13	611
14	Thrift Store Supplies & Maintenance	14	1,560
15	Advertising	15	2,177
16	Special Olympics Expenses	16	426
17	Social Activity Expenses	17	1,677
18	Job Training Expenses (handicapped members)	18	6,950
19	Bank Service Charges	19	
20	Volunteers Expense	20	153
21	Vehicle Expenses	21	4,445
22	Officer's Insurance	22	636
23	Miscellaneous	23	-105
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

	Description	Beginning	End
		8,154	5,959
1	FIXED ASSETS NET OF DEPRECIATION (SEE LIST)	8,154	5,959
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

	Description	Beginning	End
		3,924	5,061
1	PAYROLL LIABILITIES	1,872	2,951
2	SALES TAX PAYABLE	1,711	2,110
3	CREDIT CARD	341	0
4			
5			
6			
7			
8			
9			
10			

Assets by Classification - 990EZ

6/30/2010 HIGH SOARING EAGLES CENTER, INC 30-0208824

Item No	Description of Property "**" indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2009 Deprec.	2009 Accum Deprec
3-yr Software (qual 179 property)															
2	QUICKBOOKS	1/25/2008	F-1	100 00%	263	0	0		263	3	SL	MM	132	88	220
	Total 3-yr Computer software (qualified 179 property)				263	0	0	0	263				132	88	220
5-yr Computers (not listed)															
4	COMPUTER	12/31/2005	F-5	100 00%	750	0	0	0	750	5	SL/GDS	HY	525	150	675
1	LAPTOP COMPUTER	1/25/2008	F-5	100 00%	600	0	0	0	600	5	SL/GDS	HY	180	120	300
6	DELL COMPUTER	7/17/2008	F-5	100 00%	529	0	0	0	529	5	SL/GDS	HY	53	106	159
	Total 5-yr Computers and peripherals (not listed propert				1,879	0	0	0	1,879				758	376	1,134
7-yr Office furn, fixtures, equip															
3	FIREPROOF FILE CAI	5/21/2008	F-11	100 00%	300	0	0	0	300	5	SL/GDS	HY	81	60	141
	Total 7-yr Office furniture, fixtures and equipment				300	0	0	0	300				81	60	141
5-yr Truck, van, auto on trk chassis															
5	VEHICLE	7/8/2008	V-7	100 00%	8,354	0	0	0	8,354	5	SL/GDS	FM	1,671	1,671	3,342
	Total 5-yr Light trucks, vans, and autos built on a truck (				8,354	0	0	0	8,354				1,671	1,671	3,342
	SubTotals				10,796	0	0	0	10,796				2,642	2,195	4,837
	Less Assets Sold				(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				10,796	0	0	0	10,796				2,642	2,195	4,837