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Form **990-EZ****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**Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| A For the 2009 calendar year, or tax year beginning 11/1/2009 , and ending 10/31/2010 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Indiana Farm Bureau St. Joseph County Farm Bureau, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 2767 City, town, or country State ZIP + 4 South Bend IN 46680-2767 |
| D Employer identification number 35-0845580 | E Telephone number (317) 692-7851 |
| F Group Exemption Number 0963 | |

• **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) ►

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

I Website: ► **n/a**

J Tax-exempt status (check only one)— ☒ 501(c) (5) ◀ (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. ► \$ **149,642**

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

| | | |
|--|-----------|----------------|
| 1 Contributions, gifts, grants, and similar amounts received | 1 | 0 |
| 2 Program service revenue including government fees and contracts | 2 | 1,770 |
| 3 Membership dues and assessments | 3 | 35,875 |
| 4 Investment income | 4 | 111,997 |
| 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 <input type="checkbox"/> | | |
| 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 | |
| b Less: cost of goods sold | 7b | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| 8 Other revenue (describe ►) | 8 | 0 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 149,642 |
| 10 Grants and similar amounts paid (attach schedule) | 10 | 5,487 |
| 11 Benefits paid to or for members | 11 | |
| 12 Salaries, other compensation, and employee benefits | 12 | 10,121 |
| 13 Professional fees and other payments to independent contractors | 13 | 2,776 |
| 14 Occupancy, rent, utilities, and maintenance | 14 | 87,362 |
| 15 Printing, publications, postage, and shipping | 15 | 1,735 |
| 16 Other expenses (describe ► See Attached Statement) | 16 | 41,085 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 148,566 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,076 |
| 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 | 510,698 |
| 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 | 511,774 |

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 | | 261,945 | 277,700 |
| 23 Land and buildings | | 248,402 | 233,863 |
| 24 Other assets (describe ► See Attached Statement) | | 351 | 211 |
| 25 Total assets | | 510,698 | 511,774 |
| 26 Total liabilities (describe ► See Attached Statement) | | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 510,698 | 511,774 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2009)n¹² 128

ENVELOPE POSTMARK DATE MAR 11 2011

SCANNED Revenue APR 05 2011

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MAR 16 2011
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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? See statement 1 attached.

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 | see statement 2 | | |
| | (Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 28a | 0 |
| 29 | | | |
| | (Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 29a | 0 |
| 30 | | | |
| | (Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 30a | 0 |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 31a | 0 |
| 32 | Total program service expenses. (add lines 28a through 31a) ▶ | 32 | 0 |

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 |
|----------------------------|--|--|---|--|
| Vandewalle, John | Title President | | | |
| P O Box 2767 South Bend IN | Hr/WK 5.00 | 2,236 | 0 | 0 |
| Monhaut, Richard | Title Vice President | | | |
| P O Box 2767 South Bend IN | Hr/WK 4.00 | 1,175 | 0 | 0 |
| Kemble, Sue | Title Secretary/Treasurer | | | |
| P O Box 2767 South Bend IN | Hr/WK 4.00 | 1,175 | 0 | 0 |
| Sikorski, Linda | Title Women's Leader | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 1,050 | 0 | 0 |
| Ashley, Aletha | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 200 | 0 | 0 |
| Ashley, Warren | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 200 | 0 | 0 |
| Byrd, Bernie | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 305 | 0 | 0 |
| Egyed, Nikki | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 0 | 0 | 0 |
| Gilman, Joyce | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 225 | 0 | 0 |
| James, Clyde | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 25 | 0 | 0 |
| Kemble, James | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 0 | 0 | 0 |
| Kemble, Thomas | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 0 | 0 | 0 |
| Klopfenstein, Wilbur | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 75 | 0 | 0 |
| LaFree, James | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 200 | 0 | 0 |
| LaFree, Marianne | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 200 | 0 | 0 |
| Miller, Doris | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 250 | 0 | 0 |
| Ness, Nathan | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 25 | 0 | 0 |
| Ness, Whitney | Title Director | | | |
| P O Box 2767 South Bend IN | Hr/WK 1.00 | 25 | 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. | | 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. | | |
| 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? | | X |
| b 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 |
| 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? | | 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? | | 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 n/a | | |
| 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. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. | | |
| 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. | | X |
| 41 List the states with which a copy of this return is filed. INDIANA | | |
| 42 a The organization's books are in care of Indiana Farm Bureau Telephone no. (317) 692-7851 Located at 225 S. East Street City Indianapolis ST IN ZIP + 4 46202 | | |
| 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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | X |
| 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: | | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A | | |
| 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. **Not applicable**

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

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."

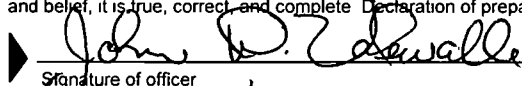
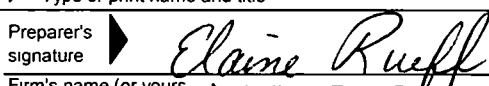
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| Name <u>None</u> Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ | .00 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ | .00 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ | .00 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ | .00 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | 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 <u>None</u> 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 <u>3-07-2011</u> | |
| Paid Preparer's Use Only |  Preparer's signature | | Date <u>3/4/2011</u> | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Indiana Farm Bureau Inc. P.O. Box 1290, Indianapolis, IN 46206</u> | | EIN <u>35-0845580</u> | Preparer's identifying number (See instructions) <u>317-692-7851</u> |

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

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

| Name and address | Title and average hours per week devoted to position | Compensation | Contributions to emp. benefit plans & deferred compensation | Expense account and other allowances |
|---|--|--------------|---|--|
| Nowicki, Eugene P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 175 | 0 | 0 |
| Nowicki, Marcie P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 175 | 0 | 0 |
| Richard, Patricia P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 0 | 0 | 0 |
| Richard, Terrance P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 0 | 0 | 0 |
| Schafer, Dorothy P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 0 | 0 | 0 |
| Schafer, George P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 200 | 0 | 0 |
| Schafer, Val P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 250 | 0 | 0 |
| Schalliol, Mike P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 150 | 0 | 0 |
| Schmidt, Richard P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 0 | 0 | 0 |
| Shafer, Nancy P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 225 | 0 | 0 |
| Shafer, Sid P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 250 | 0 | 0 |
| Sheets, Ed P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 225 | 0 | 0 |
| Sikorski, Jim P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 0 | 0 | 0 |
| Swizek, Evelyn P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 175 | 0 | 0 |
| Vandewalle, Sharon P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 330 | 0 | 0 |
| Wilson, Richard P O Box 2767 South Bend IN | Title Director Hr/WK 1.00 | 200 | 0 | 0 |
| | Title Hr/WK .00 | 0 | 0 | 0 |

Explanations (990-EZ)**Reasonable Cause**

| | |
|----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

General Explanation

| | Part | Line | Explanation |
|----|------|------|---|
| 1 | III | | Represent the farmer's voice on issues related to agriculture, educate the consumer and promote |
| 2 | | | farm products, keep members abreast of policies and new developments. |
| 3 | | | |
| 4 | V | 35 | Program Service Revenue is related to exempt purpose for annual and unit meeting meals. |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Statement 2

Form 990-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - St. Joseph County Farm Bureau, Inc. promotes agricultural education through various activities. St. Joseph County Farm Bureau hosted Ag days, where it ran a booth providing information highlighting the importance and uses of grain. Informational materials on the Champions of Animal Care program were also displayed. 5,000 people attended Ag Days.

St. Joseph County Farm Bureau also conducted a "Christmas Tree Program", through which it used a tree decorated with ornaments representing farm commodities as an educational tool. Seven schools were visited, and 856 students were taught about food production.

activities.

Line 29 - St. Joseph County Farm Bureau, Inc. participated in Food Checkout Week. Farm Bureau volunteers visited a local grocery store where they handed out informational materials and educated consumers about the farmers' share of the price of certain products. A \$50 drawing was held, and each customer was given a loaf of bread.

Three volunteers contributed to the planning, coordination, and carrying out of these activities.

Total contributed to achievement #2

\$50

Line 30 - St. Joseph County Farm Bureau, Inc. supports local farmers and promotes their well being through the Take a Break program. Farm Bureau volunteers prepare snack bags containing water, peanuts, crackers, snack bars, and apples and deliver them to local farmers working in their fields as a reminder to take a break and not overexert themselves. 80 snack bags were delivered to farmers. Several volunteers were involved in this activity.

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

| | | 41,085 |
|----|--|--------|
| 1 | Travel | 8,876 |
| 2 | Meals and entertainment | 165 |
| 3 | Fundraising | |
| 4 | Amortization | 0 |
| 5 | Conferences, conventions, and meetings | 4,575 |
| 6 | Depreciation | 140 |
| 7 | Depletion | |
| 8 | Equipment rental and maintenance | |
| 9 | Interest | |
| 10 | Supplies | |
| 11 | Telephone | |
| 12 | Unrelated business income taxes | 0 |
| 13 | Membership services | 1,230 |
| 14 | Ag Promotion | 14,611 |
| 15 | District Dues | 586 |
| 16 | Miscellaneous Expenses | 639 |
| 17 | Building Expenses for leased space | 10,263 |
| 18 | Unrelated Business Income Taxes, State | 0 |
| 19 | Political Contributions | 0 |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |

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

351

211

| Description | | Beginning | End |
|-------------|--|-----------|-----|
| 1 | Accounts Receivable | 0 | 0 |
| 2 | Prepaid Expenses | 0 | 0 |
| 3 | Equipment, net of accumulated depreciation | 351 | 211 |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

ASSET DEPRECIATION SHORT REPORT

ST JOSEPH COUNTY FARM BUREAU Oct. 15, 2010

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00

Include All assets

| Date Acq | Description | Meth/Life | Cost | Section 179 | Depr Basis | Includes Section 179 | | |
|---|-------------------------------------|-------------|------------|-------------|------------|----------------------|-----------|------------|
| | | | | | | Beg A/Depr | Curr Depr | End A/Depr |
| ASSET A/C#: 1600-00 - BUILDING | | | | | | | | |
| 01/10/70 | Building | SL/50 00 | 142,974 49 | 0 00 | 142,974 49 | 105,322 49 | 2,859 00 | 108,181 49 |
| 10/15/74 | Building improvements | SL/50 00 | 12,893 08 | 0 00 | 12,893 08 | 9,030 08 | 258 00 | 9,288 08 |
| 12/30/86 | Windows | SL/10 00 | 4,866 00 | 0 00 | 4,866 00 | 4,866 00 | 0 00 | 4,866 00 |
| 11/03/87 | Roof | SL/20 00 | 4,860 00 | 0 00 | 4,860 00 | 4,278 00 | 243 00 | 4,521 00 |
| 12/21/88 | Light fixtures | SL/10 00 | 10,317 88 | 0 00 | 10,317 88 | 10,317 88 | 0 00 | 10,317 88 |
| 05/26/92 | Sewer line installed & connected | MSL/15 00 | 26,150 00 | 0 00 | 26,150 00 | 23,586 00 | 1,743 00 | 25,329 00 |
| 05/01/93 | Air conditioners | MSL/10 00 | 4,215 00 | 0 00 | 4,215 00 | 4,215 00 | 0 00 | 4,215 00 |
| 05/01/94 | Building addition | MACRS/39 00 | 289,475 89 | 0 00 | 289,475 89 | 115,039 89 | 7,422 00 | 122,461 89 |
| 10/01/94 | Parking lot resurfaced | MSL/10 00 | 8,894 00 | 0 00 | 8,894 00 | 8,894 00 | 0 00 | 8,894 00 |
| 10/05/94 | Cabinets | MSL/15 00 | 3,731 00 | 0 00 | 3,731 00 | 3,731 00 | 0 00 | 3,731 00 |
| 12/01/95 | Restrooms remodel | MSL/15 00 | 5,500 00 | 0 00 | 5,500 00 | 4,888 00 | 367 00 | 5,255 00 |
| 10/02/96 | Air conditioner | MSL/ 5 00 | 9,525 00 | 0 00 | 9,525 00 | 9,525 00 | 0 00 | 9,525 00 |
| 12/01/96 | Carpet (insurance) | MSL/ 5 00 | 8,616 59 | 0 00 | 8,616 59 | 8,616 59 | 0 00 | 8,616 59 |
| 02/01/97 | Ceiling painted, wallpaper in mgr's | MSL/10 00 | 5,030 00 | 0 00 | 5,030 00 | 5,030 00 | 0 00 | 5,030 00 |
| 07/01/97 | Sump pump | MSL/10 00 | 1,595 00 | 0 00 | 1,595 00 | 1,595 00 | 0 00 | 1,595 00 |
| 01/01/98 | Carpet Hall & Agent offices | MSL/ 5 00 | 5,370 03 | 0 00 | 5,370 03 | 5,370 03 | 0 00 | 5,370 03 |
| 01/01/98 | Remodel agent's offices | MSL/10 00 | 10,442 74 | 0 00 | 10,442 74 | 10,442 74 | 0 00 | 10,442 74 |
| 11/03/98 | Entry door replaced | MSL/10 00 | 2,770 00 | 0 00 | 2,770 00 | 2,770 00 | 0 00 | 2,770 00 |
| 11/10/98 | Roof | MSL/20 00 | 11,208 00 | 0 00 | 11,208 00 | 6,160 00 | 560 00 | 6,720 00 |
| 08/22/00 | Air conditioner | MSL/10 00 | 7,205 00 | 0 00 | 7,205 00 | 6,607 00 | 598 00 | 7,205 00 |
| 10/02/00 | Insulation installed | MSL/15 00 | 1,926 00 | 0 00 | 1,926 00 | 1,157 00 | 128 00 | 1,285 00 |
| 05/28/02 | Heat Pump | MACRS/39 00 | 10,137 00 | 0 00 | 10,137 00 | 1,939 00 | 260 00 | 2,199 00 |
| 03/24/09 | Heat Pump Replacement | MACRS/39 00 | 3,945 00 | 0 00 | 3,945 00 | 63 00 | 101 00 | 164 00 |
| Grand totals 1600-00 - BUILDING (23 assets) | | | 591,647 70 | 0 00 | 591,647 70 | 353,443 70 | 14,539 00 | 367,982 70 |
| ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT | | | | | | | | |
| 12/01/66 | Piano | MA200/ 7 00 | 87 50 | 0 00 | 87 50 | 87 50 | 0 00 | 87 50 |
| 09/01/67 | Range | MA200/ 7 00 | 128 90 | 0 00 | 128 90 | 128 90 | 0 00 | 128 90 |
| 02/01/71 | Refrigerator, Hotpoint | MA200/ 7 00 | 233 58 | 0 00 | 233 58 | 233 58 | 0 00 | 233 58 |
| 10/01/74 | Wall table with drawer | MA200/ 7 00 | 68 00 | 0 00 | 68 00 | 68 00 | 0 00 | 68 00 |
| 01/10/82 | 4-drawer file | MA200/ 7 00 | 267 07 | 0 00 | 267 07 | 267 07 | 0 00 | 267 07 |
| 12/01/87 | Television and VCR, Zenith | MA200/ 7 00 | 800 00 | 0 00 | 800 00 | 800 00 | 0 00 | 800 00 |
| 05/13/05 | Padded Chairs for boardroom (51 ea | M*200/ 7 00 | 1,011 84 | 0 00 | 1,011 84 | 786 00 | 90 00 | 876 00 |
| 05/13/05 | Chairs, Indoor/Outdoor (2 of 8) | M*200/ 7 00 | 139 72 | 0 00 | 139 72 | 107 12 | 13 00 | 120 12 |
| 05/24/05 | Chairs, Boardroom (21 ea) | M*200/ 7 00 | 416 64 | 0 00 | 416 64 | 324 00 | 37 00 | 361 00 |
| Grand totals 1610-00 - FURNITURE & EQUIPMENT (9 assets) | | | 3,153 25 | 0 00 | 3,153 25 | 2,802 17 | 140 00 | 2,942 17 |
| Grand totals for all accounts: (32 assets) | | | 594,800 95 | 0 00 | 594,800 95 | 356,245 87 | 14,679 00 | 370,924 87 |

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

| Additional Summary Statistics: | Cost | Curr Yr 179 | Prior Yr 179 | Depr Basis | Beg A/Depr | Curr Depr | Ending A/Depr | Net Book Val |
|--|------------|-------------|--------------|------------|------------|-----------|---------------|--------------|
| Grand Totals for All Assets | 594,800 95 | 0 00 | 0 00 | 594,800 95 | 356,245 87 | 14,679 00 | 370,924 87 | 223,876 08 |
| Less Inactive Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Disposed Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Traded Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Net Totals (Active Assets) | 594,800 95 | 0 00 | 0 00 | 594,800 95 | 356,245 87 | 14,679 00 | 370,924 87 | 223,876 08 |
| Total Bonus Depreciation Taken at 30% Rate: | | | 0.00 | | | | | |
| Total Bonus Depreciation Taken at 50% Rate: | | | 0.00 | | | | | |
| Total Bonus Depreciation Taken at 100% Rate: | | | 0.00 | | | | | |
| Total Bonus Depreciation Taken: | | | 0.00 | | | | | |