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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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 requirement

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

			the 2010 calendar year, or tax year beginning , 2010, and ending				, 20			
В	Che	ck if licable	C Name of organization			D Emplo	yer ide	entification number		
Ш	Add	lress ch	nange ISLAMIC ZAWIVAH EDUCATION TRUST					31-6633120		
	Nan	ne chan	Number & street (or P O box, if mail is not delivered to str	reet addr)	Room/ suite	E Teleph	one nu	mber		
	Initi	al retur								
Ц	Terr	minated	2339 15th Street			18)27 <u>4-0137</u>				
		ended r				F Group	Exemp	tion		
	App pen	lication ding				Numbe		<u> </u>		
			ng Method X Cash Accrual Other (specify) ▶		- 1		_	zation is not required		
			e:▶ N/A		-		edule l	B (Form 990, 990-EZ,		
_						r 990-PF)	-			
K			If the organization is not a section 509(a)(3) supporting organization a	_						
			D-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be rec	quired (se	e instruction	ns) But	t if the organization		
			to file a return, be sure to file a complete return	*						
L			s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are				. ^	110 567		
			ssets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 9				▶ \$	110,567		
<u> </u>	'arı	tl	Revenue, Expenses, and Changes in Net Assets or F							
_		_	Check if the organization used Schedule O to respond to any question	in this Part	1	<u></u>		74,801		
		1	Contributions, gifts, grants, and similar amounts received	•			2	74,001		
		2	Program service revenue including government fees and contracts	•	• • •		3			
		3 4	Membership dues and assessments		•		4	8,112		
	ł	- 4 5а	Investment income Gross amount from sale of assets other than inventory	5a				0,112		
		b	Less cost or other basis and sales expenses	5b						
	_	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b				5c			
i	R E V	6 Gaming and fundraising events								
}	/	а	Gross income from gaming (attach Schedule G if greater than							
į		_	\$15,000)	6a						
	Ĕ	ь	Gross income from fundraising events (not including \$	L	contributi	ions				
	ļ	_	from fundraising events reported on line 1) (attach Schedule G if the							
			sum of such gross income and contributions exceed \$15,000)	6b						
	ŀ	С	Less direct expenses from gaming and fundraising events	6c						
		d	Net income or (loss) from gaming and fundraising events (add lines 6a	and 6b and	subtract					
	ł		line 6c)				6d			
		7a	Gross sales of inventory, less returns and allowances	7a	•	27,654	\Box			
	İ	b	Less cost of goods sold	7b		18,822				
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7	7a)			7c	8,832		
		8	Other revenue (describe in Schedule O)		,		8	···		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			>	9	91,745		
	Ī	10	Grants and similar amounts paid (list in Schedule O)	D			10			
	₌	11	Benefits paid to or for members RECEIVE	<u>.U .</u>			11			
)	ζ	12	Salaries, other compensation, and employee benefits	. ပြွ			12			
į		13	Professional fees and other payments to independent contractors 2	144 O.L.			13	49,888		
	5	14	Occupancy, rent, utilities, and maintenance	RS.			14	13,361		
Ę		15	Printing, publications, postage, and shipping OGDEN:	17			15			
•	_	16	Other expenses (describe in Schedule O)	, I			16	1,037		
_		17	Total expenses. Add lines 10 through 16	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	17	64,286		
	╻ │	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	27,459		
N	ទ្ច	19	Net assets or fund balances at beginning of year (from line 27, column ((A)) (must ag	gree with			_ .		
N E T	A S S E T		end-of-year figure reported on prior year's return)				19	54,278		
•	T S	20	Other changes in net assets or fund balances (explain in Schedule O) .				20	01 505		
_	_	21	Net assets or fund balances at end of year Combine lines 18 through 2	0		<u></u> ▶	21	81,737		

	art II	Balance Sheets. (see the ins	tructions for Part II)			··		
		Check if the organization used Sch	edule O to respond to any	question in th	ıs Part II		<u>, , , , , </u>	<u></u>
						nning of year	<u> </u>	(B) End of year
22		n, savings, and investments		ļ		43,099	22	70,396
23		d and buildings	• •		•	1,679	23	3,341
24		er assets (describe in Schedule O)				5,500	24	8,000
25		l assets		-	54	1,278	25 26	81,737
26 27		il liabilities (describe in Schedule O		, lino 21)		1,278	27	81,737
	ari III	assets or fund balances (line 27 of Statement of Program Se					2'	Expenses
1	201 101	Check if the organization used So	•			101 T LITTING	(Red	guired for section 501(c)(3)
Wh	at is the	e organization's primary exempt purp			no r art m			501(c)(4) organizations and
		what was achieved in carrying out the			ear and con	cise manner.	1	tion 4947(a)(1) trusts, optional others)
		ne services provided, the number of	- : : :					
28			· · · · · · · · · · · · · · · · · · ·	-	•			
							1	
	(Grants	s \$) If this	amount includes foreign gra	nts, check he	re	<u></u> ▶ ∏	28	a
29								
	(Grants	s \$) If this	amount includes foreign gra	nts, check he	re	<u></u> ▶	29	a
30								
		<u>. </u>						
	(C====	- h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		nto obsolubo			30	
24	(Grants	program services (describe in Sched	amount includes foreign gra	nis, check ne	re		30,	<u>a </u>
31	(Grants	· · ·	amount includes foreign gra	nte chack ha	rΔ	▶ □	31:	a
32	<u> </u>	program service expenses (add line		into, oncor no			32	
	nt IV	List of Officers, Directors		Employee			ensate	d. (see the instr. for Part IV.)
L		Check if the organization used So	· · · · · · · · · · · · · · · · · · ·					
		(a) Name and address	(b) Title and average	(c) Comp	ensation	(d) Contribution	s to	(e) Expense
		(a) Name and address	(b) Title and average hours per week devoted to position	(c) Comp (If not enter	pald,		s to lans 8	
Se	e at	(a) Name and address	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
Se	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	ee at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and
	e at	` `	` 'hours per week "	(If not	pald,	(d) Contribution employee benefit p	s to lans 8	account and

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<u> </u>	Check if the organization used Schedule O to respond to any question in this Part V			ſ
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			\Box
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T.			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	l	1	
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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]			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
а				
b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b		'		1
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its	١		١,,
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	X
С	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			1
_	4912, 4955, and 4958			1
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization			
е		400	•	x
44	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u>^</u>
41 42a	List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ See attachment #3 Telephone no. ▶			
42a	Located at > ZIP + 4 >	-		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account/2	42b	100	X
	If "Yes," enter the name of the foreign country			† <u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		•	
	and Financial Accounts.			1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country. ▶			
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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
-	of Form 990-EZ	44Ь		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	l	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in		:	
	Schedule O	44d	L	X
JVA		990-	EZ (2010

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer Identification number Name of the organization 31-6633120 ISLAMIC ZAWIVAH EDUCATION TRUST 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(Iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 🛱 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c Type III-Functionally integrated d Type III-Other **b** Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box 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) X and (iii) below, the governing body of the supported organization? . . . 11g(i) X 11g(li) (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? 11q(III) Provide the following information about the supported organization(s) (VI) Is the (vII) Amount of (III) Type of organization (IV) Is the organization (V) Did you notify the (I) Name of supported (II) EIN organization in col (1) support organization (described on lines 1-9 in col (I) listed in your organization in col. (I) organized in the above or IRC section governing document? of your support? ILS.2 (see Instructions)) Yes Yes No Yes No No Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			•			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010 (f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	51,196	42,405	33,610	23,216	74,801	225,228
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,645	19,032	22,262	23,009	27,654	136.602
3	Gross receipts from activities that are not an unrelated trade or business under section 513					,	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	95,841	61,437	55,872	46,225	102,455	361,830
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						361,830
	tion B. Total Support		,				
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	
9	Amounts from line 6	95,841	61,437	55,872	46,225	102,455	361,830
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			<u> </u>			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	95,841	61,437	55,872	46,225	102,455	361,830
14	First five years. If the Form 990 is for the or organization, check this box and stop here			ourth, or fifth tax	year as a sectio		(3) ▶ □
	tion C. Computation of Public Sup			ump (fl)		15	100.00 %
15 16	Public support percentage for 2010 (line 8, c	• • •	*	(1))		16	<u>100.00 %</u> %
16 Sec	Public support percentage from 2009 Sched tion D. Computation of Investment					<u> </u>	
17	Investment income percentage for 2010 (line			13 column (fl)		17	0.00 %
18	Investment income percentage from 2009 So					18	"
19a	33 1/3 % support tests 2010. If the organ						
	not more than 33 1/3 %, check this box and						
b	33 1/3 % support tests 2009. If the organ						
	18 is not more than 33 1/3 %, check this box						
20	Private foundation. If the organization did n						
11.7.6	10 000A2A TWE 10004 Converte For			11.0			m 990 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ISLAMIC ZAWIVAH EDUCATION TRUST

Employer identification number

31-6633120

OTHER EXPENSES
Bank Charges 97
Insurance 765
Tax Preparation 175
OTHER ASSETS
Inventory beginning 6500 end 8000

990 PRIMARY EXEMPT PURPOSE

<u>Attachment</u>	1: page (O - 990-EZ	Page 2, 1	Part III		
Open to Public Inspection	For calendar year	2010 or tax period	beginning	1	and ending	·
Name of Organizatio		ployer Identification Number -6633120				
			Primary	Purpose		
Production	of Audio	CD-ROM of	clergy's	religious	lectures	and seminars

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public				
Inspection For calendar year 2010 or tax	period beginning	, and	ending	ufo a ha na Nivershaw
Name of Organization ISLAMIC ZAWIVAH EDUCATION	ייים וופייי		31-66331	ification Number
(A) Name and Address	(B) Title and Average	(E) Expense Account		
(A) Name and Address	Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	
Khalid Bhatti, MD	President	not paid, enter 0)	Dell Flans & Del. Comp.	& Other Allowarious
17 Cobble Hill Road				
Loudonville, NY 12211		l 0	0	0
· ·	Trustee	_		
802 Huntington Drive				
Schenectady, NY 12309		0	0	0
Ahmed Y Ali	Trustee			
74 Eagle Street				
Troy, NY 12180		0	0	0
,				
		!		

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-E	ZZ Page 3, Part V	7, Line 42a
Open to Public Inspection For calendar year	2010 or tax period beginning	, and ending
Name of Organization ISLAMIC ZAWIVAH EDUC		Employer Identification Number 31-6633120
Part V - Line 42a		
Individual Name or Business Name		Ahmed Y Ali
Street Address		. 2339 15th Street
U S Address		
Zip code <u>12180</u> or	City Troy	State <u>NY</u>
Foreign Address		
City	.	
Province or State	·	
Country		
Postal code		
Phone Number	,	(518)466-9010
Fax Number		

L0506F

JVA

2010 DETAIL STATEMENTS

990 - 2010 ADDITIONAL DETAIL STATEMENTS

ISLAMIC ZAWIVAH EDUCATION TRUST 31-6633120

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562 1,338

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2010

Department of the Treasury Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return.

Attachment Sequence No 67

•) shown on return MIC ZAWIVAH ED		TRUSFOR	FORM	990-	EZ I	form relates INE 14			Identifying number 31-6633120
Part I	Election To Expended Note: If you have any I									
1 Max	imum amount (see instruction								1	
	al cost of section 179 proper	•	ce (see instructio	ons)					2	
	eshold cost of section 179 pr					s) .			3	
	uction in limitation. Subtract			•					4	
	ar limitation for tax year Sub					narried	filing separat	ely,		
	instructions								5	500,000
6	(a) Description	of property		(b) Cos	st (busn us	se only)	(c) Elec	ted cost		
					•	•				
7 Liste	ed property Enter the amou	nt from line 29				7				
8 Tota	al elected cost of section 179	property Add a	mounts in colum	ın (c), lın	es 6 and 7	, —			8	
9 Ten	tative deduction Enter the s	maller of line 5 o	r line 8						9	
10 Can	yover of disallowed deduction	on from line 13 o	f <mark>yo</mark> ur 2009 Forn	n 4562 .			• •		10	
11 Bus	iness income limitation. Ente	er the smaller of b	usiness income	(not less	s than zero) or line	e 5 (see ınstrı	uctions)	11	500,000
12 Sec	tion 179 expense deduction	Add lines 9 and	10, but do not e	enter mo	re than line	e <u>11</u>			12	
13 Car	ryover of disallowed deduction	on to 2011. Add I	ines 9 and 10, le	ess line 1	12,, ▶	13				
Note: D	o not use Part II or Part III b	elow for listed pro	operty Instead,	use Par <u>t</u>	V					
Part I	Special Deprecia	tion Allowand	ce and Othe	r Depr	eciation	(Do n	ot include lis	ted prop	erty)	(See instructions.)
14 Spe	cial depreciation allowance	for qualified prop	erty (other than	listed pro	operty) pla	ced in	service			
durı	ng the tax year (see instructi	ons) ,							14	
15 Prop	perty subject to section 168(f)(1) election							15	
16 Oth	er depreciation (including AC	CRS)							16	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	II MACRS Deprecia	ition (Do not in	clude listed prop	erty) (S	See instruc	tions.)				
				Section	1 A					1 200
	CRS deductions for assets p			-					17	1,338
-	ou are electing to group any		service during th	ne tax ye	ar into one	e or mo	re	. 🗖		
gen	eral asset accounts, check h			<u> </u>			· · ·	>	<u> </u>	
	Section B A	Assets Placed In			1		e General De			
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for C (business/investmonly see instru	nentuse	(d) Reco perio		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a 3	3-year property	1						ļ		
_b 5	5-year property							ļ		
_ C 7	y-year property							ļ <u>.</u>		
d 10	0-year property							ļ		
e 15	5-year property			_				 		
f 20)-year property	1						ļ <u>.</u>		
g 25	5-year property				25 yrs			S/I		
	esidential rental				27 5 yı	$\overline{}$	MM	S/I		
pr	operty				27 5 y		MM	S/I		
	onresidential real				39 yrs	-	MM	S/I		<u> </u>
pr	operty	<u> </u>					MM	S/I		Custom.
	- · · - · - · · - · · · · · · · · · · ·	sets Placed In S	Service During 2	2010 Tax	x Year Usi	ng tne	Aiternative	r		System T
20a C		1				-	·	S/I		<u> </u>
b 12	2-year	1			12 yrs			S/I		
								_ ^"		
c 40)-year				40 yrs	3	<u>MM</u>	S/I		<u> </u>
c 40 Part I	o-year V Summary (See insti				40 yrs	· · ·	<u>MM</u>	S/1		I
c 40 Part I ' 21 Liste	D-year V Summary (See instreed property Enter amount from	om line 28		nd 00					21	
c 40 Part I 21 Liste 22 Tota	D-year V Summary (See Instited property Enter amount from Inne 12	om line 28 2, lines 14 throug	h 17, lines 19 an		column (g)), and li	ine 21 Enter			1,338
c 40 Part I 21 Liste 22 Tota and	D-year V Summary (See instreed property Enter amount from	om line 28 2, lines 14 throug your return Partn	h 17, lines 19 an erships and S c	orporatio	column (g)), and li	ine 21 Enter		21	1,338