



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 requirements.

OMB No 1545-1150

**2010****Open to Public  
Inspection**

**A** For the 2010 calendar year, or tax year beginning 1/1/2010, and ending 12/31/2010

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization Indiana Farm Bureau  
Porter County Farm Bureau Inc.  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1304 E Evans Avenue  
 City or town state or country ZIP + 4  
Valparaiso IN 46383-4329

**D** Employer identification number 35-0917141

**E** Telephone number (317) 692-7851

**F** Group Exemption Number 0963

**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)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000.

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

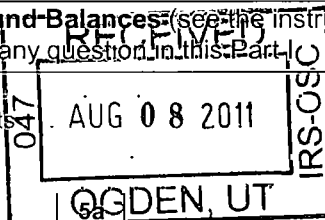
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 126,971

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received.	1	
	2	Program service revenue including government fees and contracts.	2	1,756
	3	Membership dues and assessments.	3	44,515
	4	Investment income.	4	80,700
	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 line 5b from line 5a).	5c	0
	6	Gaming and fundraising events.		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000).	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6b	
	c	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 line 6c).	6d	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 in Schedule O).	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	126,971
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O).	10	6,079
	11	Benefits paid to or for members.	11	
	12	Salaries, other compensation, and employee benefits.	12	17,550
	13	Professional fees and other payments to independent contractors.	13	3,546
	14	Occupancy, rent, utilities, and maintenance.	14	7,168
	15	Printing, publications, postage, and shipping.	15	265
	16	Other expenses (describe in Schedule O).	16	106,635
	17	<b>Total expenses.</b> Add lines 10 through 16.	17	141,243
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-14,272
	<b>Net Assets</b>	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
20		Other changes in net assets or fund balances (explain in Schedule O).	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20.	21	236,522

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2010)SCANNED AUG 22 2011  
Expenses  
Net Assets

5/25

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	153,522	<b>22</b>	145,457
<b>23</b> Land and buildings . . . . .	96,994	<b>23</b>	90,929
<b>24</b> Other assets (describe in Schedule O) . . . . .	278	<b>24</b>	136
<b>25</b> Total assets . . . . .	250,794	<b>25</b>	236,522
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>	
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21). . . . .	250,794	<b>27</b>	236,522

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See schedule O 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 )

<b>28</b> Porter County Fair & 4-H Programs, booth at fair with giveaways and Taste of Porter County, sponsor livestock arena and 4-H programs. Purpose is to educate public about agriculture and Farm Bureau. 130 volunteers for 11 (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Scholarships and Banquets. help young people and keep Farm Bureau name in eye of public. PCFB awards 12 scholarships and holds 2 banquet with 53 students, parents and board members in attendance. (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> Annual meeting with candidate night. elect board members and officers. Meet candidates and hear their views. 21 candidates spoke and 122 FB members attended. 6 volunteers gave 72 hours for planning of meeting. (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O). (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses. (add lines 28a through 31a) . . . . .	<b>32</b>	0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
Rust, Jacob 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title President Hr/WK 5.00	2,500		
Gutt, Edwin 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Vice President Hr/WK 4.00	1,420		
Morrow, Debbie 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Secretary/Treasurer Hr/WK 4.00	1,000		
Rust, Katy 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Women's Leader Hr/WK 4.00	2,390		
Birky, Gene 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	280		
Birky, Mary 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	300		
Garriott, James 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	200		
Gutt, Vernetta 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	1,540		
Hardesty, Barbara 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	280		
Hardesty, Bob 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	280		
Hineline, James 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	275		
Hineline, Pat 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	340		
Kreiger, Dorothy 1304 E. Evans Avenue Valparaiso IN 46383-4329	Title Director Hr/WK 1.00	440		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> 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) . . . . .		X
<b>35</b> 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		
<b>a</b> 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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		X
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38 a</b> 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 tax year covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .		
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42 a</b> The organization's books are in care of ▶ <u>Indiana Farm Bureau Inc.</u> Telephone no. ▶ <u>(317) 692-7851</u> Located at ▶ <u>225 S. East Street</u> City <u>Indianapolis</u> ST <u>IN</u> ZIP + 4 ▶ <u>46202</u>		
<b>b</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)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</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 . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

**Yes** **No**

**45** ☐ ☒ X

**a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

**45a** n/a

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**46** ☐ ☒ 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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

**Yes** **No**

**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 None City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK .00			
Name City Str ST ZIP	Title Hr/WK .00			
Name City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK .00			

**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 City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		

**d** Total number of other independent contractors each receiving over \$100,000 ☐

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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

**Sign Here** Signature of officer *Elaine Rueff* Date *7/22/11*  
Type or print name and title *Elaine Rueff*

**Paid Preparer's Use Only** Print/Type preparer's name *Elaine Rueff* Preparer's signature *Elaine Rueff* Date *7/20/2011* Check if self-employed ☐ PTIN *P0146784*  
Firm's name *Indiana Farm Bureau Inc.* Firm's EIN *35-0409100*  
Firm's address *PO Box 1290, Indianapolis, IN 46206* Phone no *(317) 692-7851*

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Porter County Farm Bureau Inc

**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**

Employer identification number

35-0917141

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 12,107

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 76

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 9,292

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 142

Form 990-EZ, Part I, Line 16, Other Expenses: Unrelated business income taxes: 39

Form 990-EZ, Part I, Line 16, Other Expenses: Ag Promotion: 16,834

Form 990-EZ, Part I, Line 16, Other Expenses: District Dues: 744

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous Expense: 700

Form 990-EZ, Part I, Line 16, Other Expenses: Building Expense for leased space: 66,977

Form 990-EZ, Part II, Line 24, Other Assets: Equipment, net of accumulated depreciation:

Beginning of year: 278, End of year: 136

Form 990-EZ Part III Organization's primary exempt purpose. Represent the farmer's voice on

issues related to agriculture, educate the consumer and promote farm products, keep members

abreast of policies and new developments

Form 990-EZ Part V Line 35A Program Service income is related to exempt organizations purpose.

It promotes agriculture in the community. Revenue is from Fall and Spring banquet ticket

sales.

ASSET DEPRECIATION SHORT REPORT  
**PORTER COUNTY FARM BUREAU Dec. 31, 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								
12/31/74	BUILDING	SL/50 00	160,378 09	0 00	160,378 09	112,931 09	3,208 00	116,139 09
12/31/86	CHAIN LINK FENCE	SL/20 00	1,363 00	0 00	1,363 00	1,363 00	0 00	1,363 00
12/31/90	REMODELING	SL/50 00	2,605 50	0 00	2,605 50	1,040 50	52 00	1,092 50
06/30/92	REPLACE ROOF	MSL/20 00	11,270 00	0 00	11,270 00	10,442 00	564 00	11,006 00
12/14/94	2 FURNACES, 4 AIR CONDITIONERS	MSL/15 00	16,220 00	0 00	16,220 00	16,220 00	0 00	16,220 00
12/23/96	CARPET MGR'S OFFICE	MA200/ 7 00	1,263 88	0 00	1,263 88	1,263 88	0 00	1,263 88
01/23/98	6 PRIVATE OFFICES	MSL/20 00	40,729 30	0 00	40,729 30	24,263 30	2,036 00	26,299 30
02/12/98	WALLPAPER, PAINT	MSL/10 00	3,092 25	0 00	3,092 25	3,092 25	0 00	3,092 25
02/28/98	REPLACE CARPET	MSL/ 5 00	9,336 85	0 00	9,336 85	9,336 85	0 00	9,336 85
06/24/98	PAINT, REMODEL BOARDROOM	MSL/10 00	3,479 10	0 00	3,479 10	3,479 10	0 00	3,479 10
08/31/98	PAVING	MSL/10 00	12,000 00	0 00	12,000 00	12,000 00	0 00	12,000 00
05/24/99	LANDSCAPING	MSL/ 5 00	5,926 07	0 00	5,926 07	5,926 07	0 00	5,926 07
12/01/02	CHAIR LIFT	MACRS/39 00	8,005 95	0 00	8,005 95	1,444 27	205 00	1,649 27
Grand totals 1600-00 - BUILDING (13 assets)			275,669 99	0 00	275,669 99	202,802 31	6,065 00	208,867 31
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
10/01/70	CHAIRS (53)	MA200/ 7 00	680 92	0 00	680 92	680 92	0 00	680 92
10/01/70	TABLES (5)	MA200/ 7 00	295 80	0 00	295 80	295 80	0 00	295 80
06/01/71	CHAIRS (50)	MA200/ 7 00	321 30	0 00	321 30	321 30	0 00	321 30
01/01/72	CHAIRS (50)	M*200/ 7 00	277 95	0 00	277 95	277 95	0 00	277 95
02/01/72	COAT RACK CADDIES (3)	MA200/ 7 00	175 75	0 00	175 75	175 75	0 00	175 75
05/01/81	TABLES (15)	MA200/ 7 00	1,125 00	0 00	1,125 00	1,125 00	0 00	1,125 00
06/01/84	SOUNDCRAFT SOUND SYSTEM (1)	MA200/ 7 00	565 11	0 00	565 11	565 11	0 00	565 11
10/01/87	CHAIRS AND CART (44)	MA200/ 7 00	487 00	0 00	487 00	487 00	0 00	487 00
09/01/95	REFRIGERATOR (1) Kitchen-Aid	MSL/10 00	681 45	0 00	681 45	681 45	0 00	681 45
06/01/00	VIDEO CASSETTE RECORDER (1)	MSL/ 5 00	262 50	0 00	262 50	262 50	0 00	262 50
06/01/03	Popcorn Popper	M*200/ 7 00	985 88	0 00	985 88	952 00	33 88	985 88
10/18/04	Table Toter	M*200/ 7 00	373 13	0 00	373 13	333 00	27 00	360 00
02/19/09	Copier	MA200/ 5 00	266 72	0 00	266 72	63 00	81 00	144 00
Grand totals 1610-00 - FURNITURE & EQUIPMENT (13 assets)			6,498 51	0 00	6,498 51	6,220 78	141 88	6,362 66
Grand totals for all accounts: (26 assets)			282,168 50	0 00	282,168 50	209,023 09	6,206 88	215,229 97

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	282,168 50	0 00	0 00	282,168 50	209,023 09	6,206 88	215,229 97	66,938 53
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)	282,168 50	0 00	0 00	282,168 50	209,023 09	6,206 88	215,229 97	66,938 53
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				

## Page 1 of 1 of Part IV

[illegible]