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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Name of organization: ENID JOINT RECREATION TRIAD, INC.

D Employer identification number: 73-1000111

E Telephone number: (580) 233-1000

F Group Exemption Number: ►

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: ► WWW.EJRTSPORTS.COM

J Tax-exempt status (check only one): ☐ 501(c)(3) ☒ 501(c)(4) (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 \$50,000. A Form 990-EZ or Form 990 return is not required through 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. ► \$ 198,313.

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 ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	25,000.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	117,025.	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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	571.	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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 exceed \$15,000)	6b	55,717.		
6c	Less: direct expenses gaming and fundraising events	6c	41,569.		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,148.		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	156,744.		
10	Grants and similar amounts paid (attach Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	88,497.		
13	Professional fees and other payments to independent contractors	13	4,075.		
14	Occupancy, rent, utilities, and maintenance	14	13,424.		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	45,311.		
17	Total expenses. Add lines 10 through 16	17	151,307.		

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

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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 ☐

	Yes	No
33 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
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).		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.		
a 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 If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		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.		X
37a 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
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
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		
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 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.		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.		
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. OK,		
42a The organization's books are in care of ENID JOINT RECREATION TRIAD Telephone no (580) 233-1000 Located at P.O. BOX 89 ENID, OK ZIP + 4 73701		
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.	Yes	No
42b		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
42c		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		
44a 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 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
c Did the organization receive any payments for indoor tanning services during the year?		X
d 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		

Form 990-EZ (2010)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		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 must be completed instead of Form 990-EZ		X
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		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 ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

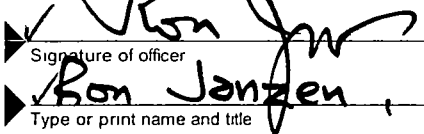
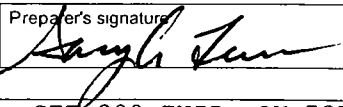
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors 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 		Date 5/9/11		
	Type or print name and title Ron Janzen, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name Gary A. Lewis	Preparer's signature 	Date 5/6/11	Check <input type="checkbox"/> if self-employed	PTIN P00365539
	Firm's name BKD, LLP	Firm's EIN 44-0160260		Phone no 580-237-3300	
	Firm's address 205 W. MAPLE, STE 200 ENID, OK 73701-4026				

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

Part I

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

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

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CONCESSIONS	(b) Event #2	(c) Other Events	(d) Total events
	(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue				
1 Gross receipts	51,344.			51,344.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2).	51,344.			51,344.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	23,807.			23,807.
8 Entertainment				
9 Other direct expenses	17,762.			17,762.
10 Direct expense summary Add lines 4 through 9 in column (d)				(41,569.)
11 Net income summary Combine line 3, column (d), and line 10				9,775.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME

571.

TOTAL

571.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CONCESSIONS	51,344.	41,569.	9,775.
FUND RAISERS	4,373.		4,373.
TOTALS	55,717.	41,569.	14,148.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	3,527.
ADVERTISING	4,829.
BANK FEES	131.
DEPRECIATION	15,199.
FEES & LICENSES	35.
INSURANCE	9,948.
TELEPHONE	1,157.
TROPHIES & AWARDS	3,920.
REGISTRATION FEES	6,565.
TOTAL	45,311.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	7,131.	21,886.
SAVINGS	63,813.	68,936.
TOTALS	70,944.	90,822.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

TROY ENMEIER
PRESIDENT

410 S. JACKSON
ENID, OK 73701

TREASURER

RON JANZEN
2426 ROBIN RIDGE
ENID, OK 73703

DIRECTOR

RAY FEIGHTNER
402 RIDGEWAY DRIVE
ENID, OK 73703

DIRECTOR

MIKE DOTSON
218 N. TAFT
ENID, OK 73703

DIRECTOR

BILL PETERS
1920 HURON STREET
ENID, OK 73703

SECRETARY

L.D. RAPP
3007 BARN SWALLOW RD
ENID, OK 73703

DIRECTOR

KIM BAUGH
1814 BUCKBOARD LN.

ENID JOINT RECREATION TRIAD, INC.

73-1000111
ATTACHMENT 5 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION
------------------	--

ENID, OK 73703

SANDY MCCLAIN
2059 LANTERN LANE
ENID, OK 73701

DIRECTOR

RANDY MCCLENDON
4609 SUNSHINE CIRCLE
ENID, OK 73703

DIRECTOR

BRIAN SKAGGS
3833 ROCKWOOD
ENID, OK 73703

DIRECTOR

SCOTT CLEMENS
4013 SHILOH AVE
ENID, OK 73703

DIRECTOR

ROBERT FAULK
118 E RANDOLPH
ENID, OK 73701

DIRECTOR

GRAND TOTALS

Tax Comprehensive Depreciation

FYE: 12/31/2010

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth	Tax Period	Tax Credit Amount	Tax Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Location:													
Group: 1823													
40	CROSSLIN STORAGE BUILDING	4/05/05	2,105		S/L-MM	39.0	0	0	0	0	54	308	1,797
60	RELOCATING BUILDING FROM EHS TO	6/12/07	4,500		S/L-MO	15.0	0	0	775	0	300	1,075	3,425
1823													
			6,605				0	0	1,029	0	354	1,383	5,222
Group: 2823													
1	MISC FIELD EQUIPMENT	1/01/85	2,755		PRE-HY	5.0	0	0	2,755	0	0	2,755	0
3	SCOREBOARD CABLE	3/31/86	432		PRE-HY	5.0	0	0	432	0	0	432	0
8	LAWN MOWER	9/21/87	135		200DBHY	7.0	0	0	135	0	0	135	0
10	POWER VAC/JACK	1/08/88	130		200DBHY	7.0	0	0	130	0	0	130	0
11	PITCHING MACHINE	4/10/88	400		200DBHY	7.0	0	0	400	0	0	400	0
12	11HP RIDING MOWER	4/13/88	350		200DBHY	7.0	0	0	350	0	0	350	0
18	JOHN DEERE TRACTOR	1/13/95	13,649		150DBHY	7.0	0	0	13,649	0	0	13,649	0
19	FRONT END LOADER	4/09/96	2,743		S/L-HY	5.0	0	0	2,743	0	0	2,743	0
21	BUNKER RAKE	4/21/00	5,100		200DBHY	5.0	0	0	5,100	0	0	5,100	0
23	FIELD EQUIPMENT	9/20/01	1,156		200DBHY	7.0	0	0	1,156	0	0	1,156	0
26	TILLER	4/29/02	812		200DBHY	7.0	0	0	812	0	0	812	0
28	PITCHING MACHINE	6/17/02	1,325		200DBHY	7.0	0	0	1,325	0	0	1,325	0
29	MISC EQUIPMENT	6/25/02	399		200DBHY	7.0	0	0	399	0	0	399	0
31	PROTECTIVE EQUIPMENT	5/14/03	9,367		S/L-HY	7.0	0	0	8,698	0	669	9,367	0
37	FENCE SAFETY TOPPER	4/21/05	211		S/L-HY	7.0	0	0	196	0	15	211	0
38	PITCHING MACHINE	6/23/05	1,838		S/L-MO	7.0	0	0	1,225	0	263	1,488	350
39	POWER WASHER	7/09/05	750		S/L-MO	7.0	0	0	482	0	107	589	161
41	PA SYSTEM	6/29/05	243		S/L-MO	7.0	0	0	156	0	35	191	52
42	BAGGER FOR GRASSHOPPER	8/29/05	774		S/L-MO	7.0	0	0	498	0	110	608	166
43	FENCE TOPPER FOR SOUTH COMP	11/15/05	1,879		S/L-MO	7.0	0	0	1,163	0	269	1,432	447
45	T-BALL FIELD CONCRETE	3/15/06	1,152		S/L-MO	7.0	0	0	686	0	164	850	302
46	T-BALL DUGOUT	4/27/06	920		S/L-MO	15.0	0	0	235	0	61	296	624
47	FENCE AT T-BALL FIELD	4/15/06	800		S/L-MO	15.0	0	0	196	0	53	249	551
50	EZ UP TENTS	1/09/06	2,410		S/L-MO	7.0	0	0	602	0	161	763	1,647
51	SCOREBOARDS	2/15/06	637		S/L-MO	7.0	0	0	364	0	91	455	182
52	GATOR	5/22/06	18,573		S/L-MO	7.0	0	0	10,392	0	2,633	13,045	5,528
53	WEED EATER	6/10/06	5,195		S/L-MO	7.0	0	0	2,659	0	742	3,401	1,794
54	BB WATER REEL TRAVELING SPRINKL	3/01/06	288		S/L-MO	7.0	0	0	137	0	38	175	93
55	PORTABLE PITCHER'S MOUND	2/23/06	6,473		S/L-MO	7.0	0	0	3,544	0	925	4,469	2,004
56	DELL COMPUTER	2/23/06	1,631		S/L-MO	7.0	0	0	893	0	233	1,126	505
57	PRINTER	2/23/06	451		S/L-MO	7.0	0	0	247	0	64	311	140
59	LIGHTS- SOUTH FIELD	8/10/06	200		S/L-MO	7.0	0	0	109	0	29	138	62
61	2 PITCHING MACHINES	4/20/07	17,275		S/L-MO	15.0	0	0	3,935	0	1,152	5,087	12,188
64	TRACTOR TILLER	5/14/09	2,320		S/L-MO	5.0	0	0	1,237	0	464	1,701	619
65	CHALKER	7/22/09	1,800		S/L-MO	5.0	0	0	240	0	360	600	1,200
			313		S/L-MO	5.0	0	0	26	0	63	89	224
2823													
			104,866				0	0	67,306	0	8,721	76,027	28,839
Group: 3823													
2	CONCESSION EQUIPMENT	1/01/85	1,680		PRE-HY	5.0	0	0	1,680	0	0	1,680	0
4	MICROWAVE	5/04/86	99		PRE-HY	5.0	0	0	99	0	0	99	0
5	BUILDING IMPROVEMENT	6/30/86	535		PRE-HY	5.0	0	0	535	0	0	535	0
6	REFRIGERATOR	5/01/87	450		200DBHY	7.0	0	0	450	0	0	450	0
7	SKEL ICE BIN	9/10/87	125		200DBHY	7.0	0	0	125	0	0	125	0
14	AIR COND FOR CONCESS	7/14/88	527		200DBHY	7.0	0	0	527	0	0	527	0
15	NACHO CHEESE MACHINE	5/02/90	174		200DBHY	5.0	0	0	174	0	0	174	0
16	CARTS W/ROLLERS	2/08/91	135		200DBHY	5.0	0	0	135	0	0	135	0

Tax Comprehensive Depreciation

FYE: 12/31/2010

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth Conv	Tax Period	Tax Credit Amount	Tax Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Location: Group: 3823 (continued)													
17	MICROWAVE	5/03/91	150		200DBHY	5.0	0	0	150	0	0	150	0
20	USED SLUSH MACHINE	3/24/98	1,500		200DBHY	7.0	0	0	1,500	0	0	1,500	0
22	CONCESSION EQUIPMENT	12/29/00	2,080		200DBHY	5.0	0	0	2,080	0	0	2,080	0
24	AIR CONDITIONER	4/30/02	566		200DBHY	5.0	0	0	566	0	0	566	0
25	MICROWAVE OVEN	4/30/02	160		200DBHY	5.0	0	0	160	0	0	160	0
27	HOT DOG MACHINE	5/07/02	287		200DBHY	5.0	0	0	287	0	0	287	0
32	TABLES	2/26/03	390		S/L-HY	5.0	0	0	390	0	0	390	0
33	SNOW CONE MACHINE	4/28/03	945		S/L-HY	5.0	0	0	945	0	0	945	0
35	5 CONCESSION TABLES	6/14/05	255		S/L-MO	7.0	0	0	167	0	36	203	52
36	FREDRICH HEATING/COOLING UNIT	6/30/05	650		S/L-MO	7.0	0	0	418	0	93	511	139
48	ICE MACHINE	4/20/06	3,966		S/L-MO	7.0	0	0	2,077	0	567	2,644	1,322
63	POCORN MACHINE	6/28/09	1,178		S/L-MO	5.0	0	0	118	0	235	353	825
3823			15,852				0	0	12,583	0	931	13,514	2,338
Group: 4823													
34	FOOTBALL EQUIPMENT	11/08/04	10,188		S/L-MO	7.0	0	0	7,520	0	1,455	8,975	1,213
44	FOOTBALL UNIFORM PADS	12/15/05	3,013		S/L-MO	7.0	0	0	1,758	0	430	2,188	825
49	FOOTBALL FIELD MOWER	5/24/06	4,299		S/L-MO	7.0	0	0	2,201	0	614	2,815	1,484
58	AIR CONDITIONER -FB PROG	11/08/06	595		S/L-MO	5.0	0	0	377	0	119	496	99
62	FOOTBALL SCOREBOARDS	9/24/08	8,600		S/L-MO	5.0	0	0	2,150	0	1,720	3,870	4,730
66	FB FIELD SPRINKLER SYSTEM	5/22/09	6,000		S/L-MO	15.0	0	0	233	0	400	633	5,367
67	FB EQUIPMENT RACKS	5/08/10	758		200DBHY	5.0	0	379	0	0	455	455	303
4823			33,453				0	379	14,239	0	5,193	19,432	14,021
No Location													
			160,776				0	379	95,157	0	15,199	110,356	50,420
Grand Total													
			160,776				0	379	95,157	0	15,199	110,356	50,420