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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011**

<b>B</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	<b>C Name of organization</b> ST MARGARET'S DAUGHTERS HOME		<b>D Employer identification number</b> 72-0435080
	Doing Business As		<b>E Telephone number</b> (504) 373-5926
	Number and street (or P O box if mail is not delivered to street address) 3419 ST CLAUDE AVENUE	Room/suite	<b>G Gross receipts \$</b> 8,830,953
	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70117		
<b>F Name and address of principal officer</b> LA WRENCE STANSBERRY 926 AMELIA ST GRETNA, LA 70053		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> N/A			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 1931
			<b>M State of legal domicile</b> LA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities ST MARGARET'S IS A FAITH-BASED ORGANIZATION THAT PROVIDES QUALITY NURSING CARE TO THE POOR		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	264
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,767,451	1,517,780
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47	47,671
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-301,038	571,988
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,061,539	8,830,953
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,952,024	3,491,115
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,536,218	10,032,451
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,488,242	13,523,566	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,573,297	-4,692,613	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	13,889,594	18,155,140
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	4,211,031	13,169,190
		9,678,563	4,985,950

**Part II Signature Block**

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.

<b>Sign Here</b>	***** Signature of officer	2012-03-22 Date
	LAWRENCE STANSBERRY BOARD MEMBER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LINDSAY J CALUB CPA	Preparer's signature LINDSAY J CALUB CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name $\rightarrow$ DUPLANTIER HRAPMANN HOGAN & MAHER LLP				Firm's EIN $\rightarrow$
	Firm's address $\rightarrow$ 1615 POYDRAS STREET SUITE 2100 NEW ORLEANS, LA 70112				Phone no $\rightarrow$ (504) 586-8866

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

ST MARGARET'S IS A FAITH-BASED ORGANIZATION THAT PROVIDES QUALITY NURSING CARE TO THE POOR

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 11,888,824 including grants of \$ ) (Revenue \$ 7,265,502 )

THE HOME RELOCATED TO THE BYWATER AREA IN OCTOBER 2007 AND CURRENTLY HAS 107 RESIDENTS 93 PERCENT OF OUR RESIDENTS ARE IN POVERTY, RECEIVING MEDICAID BENEFITS OUR MISSION IS TO PROVIDE EXCEPTIONAL HEALTHCARE TO THE POOR SENIORS IN THE COMMUNITY

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 11,888,824

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>	Yes	
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization 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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 10		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .		No
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	Yes	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> PHUONG NGUYEN 919 AMELIA STREET GRETNA, LA 70053 (504) 373-5923

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAT ARNOLD SECRETARY/TREASURER	1 00	X		X			0	0	0	
(2) MAE WILKINSON BOARD MEMBER	1 00	X					0	0	0	
(3) PAUL CONNICK VICE PRESIDENT	1 00	X		X			0	0	0	
(4) LEE STANSBERRY BOARD MEMBER	1 00	X					0	0	0	
(5) HELEN PELLEGRINI BOARD MEMBER	1 00	X					0	0	0	
(6) GLENN HAYES BOARD MEMBER	1 00	X					0	0	0	
(7) ADIE ARRILLAGA BOARD MEMBER	1 00	X					0	0	0	
(8) LARRY STANSBERRY PRESIDENT	20 00	X		X			60,000	0	0	
(9) ANN STANSBERRY CHIEF CLINICAL OFFICER	20 00	X		X			53,000	0	0	
(10) JASON HEMEL VP DEVELOPMENT	40 00	X		X			89,000	0	0	
(11) MANDA MOUNTAIN ADMINISTRATOR	40 00	X		X			79,000	0	0	
(12) PHUONG NGUYEN CONTROLLER	40 00	X		X			78,750	0	0	



**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	1,425,193				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	92,587				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	1,517,780				
	<b>Program Service Revenue</b>	<b>2a</b> <u>MEDICARE/MEDICAID PMTS</u>	623000	5,435,381	5,435,381	
<b>b</b> <u>PRIVATE PATIENT REVENUE</u>		623000	1,050,718	1,050,718		
<b>c</b> <u>HOME HEALTH HOSPICE</u>		623000	207,415	207,415		
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		6,693,514				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		47,671		47,671
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
<b>11a</b> OTHER INCOME SECTION 4		999999	526,753	526,753		
	<b>b</b> MANAGEMENT FEES	541610	30,642	30,642		
	<b>c</b> VENDING MACHINES & LUN	722210	10,370	10,370		
	<b>d</b> All other revenue . . . . .		4,223	4,223		
	<b>e Total.</b> Add lines 11a-11d . . . . .		571,988			
<b>12 Total revenue.</b> See Instructions . . . . .		8,830,953	7,265,502	0	47,671	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	360,751	360,751		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	2,742,960	1,980,040	762,920	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,560	6,199	1,361	
<b>9</b>	Other employee benefits . . . . .	124,676	102,234	22,442	
<b>10</b>	Payroll taxes . . . . .	255,168	209,238	45,930	
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	65,909		65,909	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	-13,963	-11,450	-2,513	
<b>12</b>	Advertising and promotion . . . . .	125,826		125,826	
<b>13</b>	Office expenses . . . . .				
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	257,256	257,256		
<b>17</b>	Travel . . . . .	39,734	32,582	7,152	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	43,174		43,174	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	494,408	406,564	87,844	
<b>23</b>	Insurance . . . . .	183,041	174,541	8,500	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	<b>DONATIONS</b>	6,421,589	6,421,589		
<b>b</b>	<b>OTHER MEDICARE EXP</b>	536,057	536,057		
<b>c</b>	<b>SUPPLIES</b>	338,179	302,863	35,316	
<b>d</b>	<b>FOOD - KITCHEN EXPENDIT</b>	273,933	273,933		
<b>e</b>	<b>INVESTMENT INCOME-ST MA</b>	257,443		257,443	
<b>f</b>	All other expenses	1,009,865	836,427	173,438	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	13,523,566	11,888,824	1,634,742	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	416,380	<b>1</b>	2,131,226
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,075,367	<b>4</b>	2,230,145
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 13,056,469		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 1,619,077	11,272,847	<b>10c</b> 11,437,392
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	125,000	<b>15</b>	2,356,377
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,889,594	<b>16</b>	18,155,140	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	388,159	<b>17</b>	382,712
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	43,461	<b>21</b>	22,619
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,236,111	<b>23</b>	11,968,935
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	543,300	<b>25</b>	794,924
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,211,031	<b>26</b>	13,169,190
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	9,678,563	<b>30</b>	4,985,950
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	9,678,563	<b>33</b>	4,985,950	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,889,594	<b>34</b>	18,155,140	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,830,953
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,523,566
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-4,692,613
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,678,563
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	4,985,950

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		No
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST MARGARET'S DAUGHTERS HOME

Employer identification number

72-0435080

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
  - (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?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ST MARGARET'S DAUGHTERS HOME

Employer identification number 72-0435080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No columns

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THIS AMOUNT REPRESENT RESIDENT'S FUNDS HELD IN ESCROW BY ST MARGARET'S DAUGHTERS HOME THIS OFFSETS THE RESIDENT TRUST LIABILITY

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

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

ST MARGARET'S DAUGHTERS HOME

**Employer identification number**

72-0435080

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE CEO IS MARRIED TO THE CHIEF CLERICAL OFFICER

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD AS WELL AS THE CEO & CFO WILL REVIEW THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ST MARGARET'S DAUGHTERS HOME

**Employer identification number**

72-0435080

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
<b>(1)</b> ST MARGARET'S PHARMACY 4000 4TH ST MARRERO, LA 70072 11-3735192	PHARMACY SERVICE FOR ST MARGARET'S NURSING HOME	LA	501 C 3	501 C 3	BOARD OF ST MARGARET'S PHARMACY		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> ST MARGARET'S HOME HEALTH & HOSPICE 919 AMELIA ST GRETNA, LA70053 26-2453815	HOME HEALTH & HOSPICE	LA		INVESTMENT	-257,443	122,926		No		Yes		50 000 %
<b>(2)</b> ST LUKE'S PHARMACY SERVICES 4201 WOODLAND AVE SUITE 1438 NEW ORLEANS, LA70131 27-1649853	PHARMACY	LA		INVESTMENT	-9,444	7,349		No	1,726,466		No	50 000 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2010**

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return ST MARGARET'S DAUGHTERS HOME

Business or activity to which this form relates FORM 990 PAGE 10

Identifying number 72-0435080

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 10 rows for general depreciation system assets.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 5 columns and 3 rows for alternative depreciation system assets.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation amounts.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25** 0

**26** Property used more than 50% in a qualified business use. See Additional Data Table. Table with 9 columns for percentage of business use.

**27** Property used 50% or less in a qualified business use. Table with 9 columns for percentage of business use and S/L status.

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. **28** 14,770

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1. **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

**42** A amortization of costs that begins during your 2010 tax year (see instructions). Table with 6 columns.

**43** A amortization of costs that began before your 2010 tax year. **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report. **44**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0435080

**Name:** ST MARGARET'S DAUGHTERS HOME

### Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
2004 EXPEDITION	2005-03-08	100 000 %	25,971	25,971	5 0	200 DB-HY	0	0
2007 CHEVY S	2007-01-06	100 000 %	43,081	43,081	5 0	200 DB-HY	8,616	0
2007 TOYOTA	2007-03-30	100 000 %	30,508	30,508	5 0	200 DB-HY	1,775	0
1994 DIAD BUS	2009-05-11	100 000 %	4,100	4,100	5 0	200 DB-HY	820	0
2009 CHEVROLET TRAVE	2010-07-12	100 000 %	35,586	17,793	5 0	200 DB-HY	3,559	0

## Application for Change in Accounting Method

Name of filer (name of parent corporation if a consolidated group) (see instructions) <b>ST. MARGARET'S DAUGHTERS HOME</b>	Identification number (see instructions) <b>72-0435080</b>
Number, street, and room or suite no. If a P.O. box, see the instructions. <b>3419 ST. CLAUDE AVENUE</b>	Principal business activity code number (see instructions) <b>EXEMPT ORGANIZATION</b>
City or town, state, and ZIP code <b>NEW ORLEANS, LA. 70117</b>	Tax year of change begins (MM/DD/YYYY) <b>04/01/2010</b> Tax year of change ends (MM/DD/YYYY) <b>03/31/2011</b>
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Name of contact person (see instructions) <b>LAWRENCE STANSBERRY</b>
	Contact person's telephone number <b>504-373-5926</b>

If the applicant is a member of a consolidated group, check this box

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

<b>Check the box to indicate the type of applicant.</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ <b>501(c)(3)</b>	<input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Insurance co. (Sec. 816(a)) <input type="checkbox"/> Insurance co. (Sec. 831) <input type="checkbox"/> Other (specify) ▶
<b>Check the appropriate box to indicate the type of accounting method change being requested.</b> (see instructions) <input checked="" type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input type="checkbox"/> Other (specify) ▶	

**Caution.** To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

### Part I Information For Automatic Change Request

	Yes	No
<b>1</b> Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ▶ (a) Change No. <u>8</u> (b) Other <input type="checkbox"/> Description ▶		
<b>2</b> Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.		✓

**Note.** Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

### Part II Information For All Requests

	Yes	No
<b>3</b> Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		✓
<b>4a</b> Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.		✓
<b>b</b> Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		✓

Signature (see instructions)

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

<b>Filer</b> _____ Signature and date _____ Name and title (print or type)	<b>Preparer (other than filer/applicant)</b> _____ Signature of individual preparing the application and date _____ Name of individual preparing the application (print or type) _____ Name of firm preparing the application
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<b>Part II Information For All Requests (continued)</b>		Yes	No
<b>4c</b>	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		✓
<b>d</b>	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director.		✓
<b>e</b>	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day: Date examination ended ▶ _____		✓
<b>f</b>	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
<b>g</b>	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
<b>5a</b>	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		✓
<b>b</b>	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		
<b>c</b>	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If "Yes," attach an explanation.		✓
<b>6</b>	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
<b>7</b>	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If "Yes," the applicant is <b>not</b> eligible to make the change		✓
<b>8a</b>	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		✓
<b>b</b>	If "Yes," attach an explanation.		
<b>9a</b>	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		✓
<b>b</b>	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
<b>c</b>	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
<b>10a</b>	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		✓
<b>b</b>	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s).		
<b>11</b>	Is the applicant requesting to change its <b>overall</b> method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.		✓
	<b>Present method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		
	<b>Proposed method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		

Part II Information For All Requests (continued)				Yes	No	
12	If the applicant is either (i) <b>not</b> changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:					
a	The item(s) being changed.					
b	The applicant's present method for the item(s) being changed.					
c	The applicant's proposed method for the item(s) being changed.					
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).					
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application.					
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions . . . . . If "No," attach an explanation.			✓		
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? . . . . .				✓	
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.					
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?				✓	
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.					
	1st preceding year ended mo.	yr.	2nd preceding year ended mo.	yr.	3rd preceding year ended mo.	yr.
	\$		\$		\$	

Part III Information For Advance Consent Request				Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? . . . . . If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.				
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.				
20	Attach a copy of all documents related to the proposed change (see instructions).				
21	Attach a statement of the applicant's reasons for the proposed change.				
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? . . . . . If "No," attach an explanation.				
23a	Enter the amount of <b>user fee</b> attached to this application (see instructions). ▶ \$ _____				
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).				

Part IV Section 481(a) Adjustment				Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? . . . . . If "Yes," do not complete lines 25, 26, and 27 below.				✓
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ▶ \$ <u>+526,752</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.				

<b>Part IV Section 481(a) Adjustment (continued)</b>		<b>Yes</b>	<b>No</b>
<b>26</b>	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?		
<b>27</b>	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		✓

**Schedule A—Change in Overall Method of Accounting** (If Schedule A applies, Part I below must be completed.)

**Part I Change in Overall Method** (see instructions)

- 1** Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.
 

	Amount
<b>a</b> Income accrued but not received (such as accounts receivable)	\$
<b>b</b> Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	
<b>c</b> Expenses accrued but not paid (such as accounts payable)	
<b>d</b> Prepaid expenses previously deducted	
<b>e</b> Supplies on hand previously deducted and/or not previously reported	
<b>f</b> Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	
<b>g</b> Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	
<b>h</b> <b>Net section 481(a) adjustment</b> (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.	\$
  
- 2** Is the applicant also requesting the recurring item exception under section 461(h)(3)?  Yes  No
- 3** Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

**Part II Change to the Cash Method For Advance Consent Request** (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- 1** A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2** An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

**Schedule B—Change to the Deferral Method for Advance Payments** (see instructions)

- 1** If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
  - a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
  - b** If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
  - c** If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
  - a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
  - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
  - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
  - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

**Schedule C—Changes Within the LIFO Inventory Method** (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970, Application To Use LIFO Inventory Method**, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
  - a Valuing inventory (e.g., unit method or dollar-value method).
  - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
  - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
  - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

**Part II Change in Pooling Inventories**

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
  - a A description of the types of products produced by the applicant. If possible, attach a brochure.
  - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
  - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
  - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
  - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?
b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?
d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)?
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?
b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
4 To determine a contract's completion factor using the percentage-of-completion method:
a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?
b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))?
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

- 1 Attach a description of the inventory goods being changed.
2 Attach a description of the inventory goods (if any) NOT being changed.
3a Is the applicant subject to section 263A? If "No," go to line 4a
b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation.
4a Check the appropriate boxes below.
Identification methods:
Specific identification
FIFO
LIFO
Other (attach explanation)
Valuation methods:
Cost
Cost or market, whichever is lower
Retail cost
Retail, lower of cost or market
Other (attach explanation)
b Enter the value at the end of the tax year preceding the year of change
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
a Copies of Form(s) 970 filed to adopt or expand the use of the method.
b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
c Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Table with 3 columns: Inventory Being Changed (Present method, Proposed method), Inventory Not Being Changed (Present method). Rows correspond to identification and valuation methods listed in 4a.

**Part III Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

**Section A—Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

**Section B—Direct and Indirect Costs Required To Be Allocated**

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material . . . . .		
2 Direct labor . . . . .		
3 Indirect labor . . . . .		
4 Officers' compensation (not including selling activities) . . . . .		
5 Pension and other related costs . . . . .		
6 Employee benefits . . . . .		
7 Indirect materials and supplies . . . . .		
8 Purchasing costs . . . . .		
9 Handling, processing, assembly, and repackaging costs . . . . .		
10 Offsite storage and warehousing costs . . . . .		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle . . . . .		
12 Depletion . . . . .		
13 Rent . . . . .		
14 Taxes other than state, local, and foreign income taxes . . . . .		
15 Insurance . . . . .		
16 Utilities . . . . .		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity . . . . .		
18 Engineering and design costs (not including section 174 research and experimental expenses) . . . . .		
19 Rework labor, scrap, and spoilage . . . . .		
20 Tools and equipment . . . . .		
21 Quality control and inspection . . . . .		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant . . . . .		
23 Licensing and franchise costs . . . . .		
24 Capitalizable service costs (including mixed service costs) . . . . .		
25 Administrative costs (not including any costs of selling or any return on capital) . . . . .		
26 Research and experimental expenses attributable to long-term contracts . . . . .		
27 Interest . . . . .		
28 Other costs (Attach a list of these costs.) . . . . .		

**Part III Method of Cost Allocation** (see instructions) (continued)

**Section C—Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses . . . . .		
2 Research and experimental expenses not included in Section B, line 26 . . . . .		
3 Bidding expenses not included in Section B, line 22 . . . . .		
4 General and administrative costs not included in Section B . . . . .		
5 Income taxes . . . . .		
6 Cost of strikes . . . . .		
7 Warranty and product liability costs . . . . .		
8 Section 179 costs . . . . .		
9 On-site storage . . . . .		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 . . . . .		
11 Other costs (Attach a list of these costs.) . . . . .		

**Schedule E—Change in Depreciation or Amortization** (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants **must** provide this information for each item or class of property for which a change is requested.

**Note.** See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations (see instructions).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? . . . .  Yes  No  
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? . . . .  Yes  No  
If "Yes," enter the applicable section ► \_\_\_\_\_
- 3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? . . . .  Yes  No  
If "Yes," state the election made ► \_\_\_\_\_
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
  - b If the property is residential rental property, did the applicant live in the property before renting it? . .  Yes  No
  - c Is the property public utility property? . . . .  Yes  No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
  - a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).
  - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
  - c The facts to support the asset class for the proposed method.
  - d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
  - e The useful life, recovery period, or amortization period of the property.
  - f The applicable convention of the property.
  - g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

ST. MARGARET'S DAUGHTERS HOME  
ATTACHMENT TO FORM 3115

FORM 3115, PART II, QUESTION 12

- a. The items being changed are the fixed assets as more fully described in the attached detail listing. The depreciation method on all the assets is being changed to straight line. Therefore, all the assets on the attached listing that were not already being depreciated using straight line are being changed to that method.
- b. The present method being used for depreciation is the Modified Cost Recovery System, which uses a 200% declining balance method.
- c. Straight line is the proposed method for the items being changed
- d. The present overall method of accounting is accrual.

FORM 3115, PART II, QUESTION 13

The applicant is an exempt organization, exempt under 501(c)(3). The organization is a faith-based organization that provides quality nursing care to the poor.

FORM 3115, PART IV, QUESTION 25

(See attached)

SCHEDULE E, QUESTION 4a

The property being changed is more fully described in the attached detailed listing of depreciable assets. The assets are used in the organization's exempt purpose, which is the provision of quality nursing care to the poor.

SCHEDULE E, QUESTION 5

The assets are capitalized and depreciated (expensed) over time.

SCHEDULE E, QUESTION 7a

The property is being depreciated under Code Section 168. The only change will be that the assets will now use the straight line method instead of the faster, 200% declining balance method.

SCHEDULE E, QUESTION 7b

The applicable asset class under which each asset is being depreciated is indicated by the life assigned on the attached listing:

1. Vehicles with a life of 5 years
  - a. Asset class 00.22
2. Machinery and equipment with a life of 7 years
  - a. Asset class 00.11
3. Office furniture and equipment with a life of 7 years
  - a. Asset class 00.11
4. Computer equipment with a life of 5 years
  - a. Asset class 00.12

SCHEDULE E, QUESTION 7c

The facts are that the assets in question are described in the Code as fitting into the listed asset class as per above

SCHEDULE E, QUESTION 7d

The method is straight line under Code Section 168(b)(3)

SCHEDULE E, QUESTION 7e

The recovery period used is indicated on the attached detailed listing of fixed assets

SCHEDULE E, QUESTION 7f

The convention used is indicated on the attached detailed listing of fixed assets

SCHEDULE E, QUESTION 7g

Additional 50% bonus depreciation was taken originally on selected assets. No additional first year special depreciation of any kind is taken on any asset after this change. The methodology specified by Medicaid presumes nothing but the use of a strict straight line method, which does not include any accelerated or bonus depreciation.

ST. MARGARET'S DAUGHTERS HOME  
EXPLANATION OF SECTION 481(a) ADJUSTMENT  
FORM 3115, PART IV, QUESTION 25

Because this exempt organization is funded, in part, by Medicaid, it has been mandated by Medicaid that all depreciation be computed using a strict straight-line method. For years ended 3/31/10 and prior, the entity used MACRS to compute depreciation. This change is for the purpose of catching up that difference and commencing straight line depreciation with the fiscal year ended 3/31/11.

Accumulated depreciation at 3/31/10, using MACRS (see attached detailed listing)	1,651,422.39
Accumulated depreciation at 3/31/10, using straight line (see attached detailed listing)	(1,124,669.77)
Difference--481(a) adjustment (increase to income)	<u>526,752.62</u>

ASSET DEPRECIATION REPORT

STMARGARET

Sorted: ASSET A/C#

Method: 1-FEDERAL-Std Conv Applied

Range 16500 - 17500

Include: All assets

Date Acq	Description	Inv Credit	Cost	Sec. 179	Depr Basis	Current Depr	Beg A/Depr	Selling Price
Date Sold	Meth - Conv - Life - ITC - Stat - New - Listed	Depr Year	Net Book Value	Salvage Value	Prior Bonus	Current Bonus	End A/Depr	Gain/Loss
<b>ASSET A/C#: 16500 - BLDG &amp; LEASEHOLD IMP</b>								
09/17/07	3419 St Claude Bldg-Bywater	0 00	3,596,147 40	0 00	3,596,147 40	92,208 91	234,364 31	
	MACRS MM 39 00 Omit Active New Not Listed	4	3,269,574 18	0 00	0 00	0 00	326,573 22	
09/17/07	3419 St Claude Land-Bywater	0 00	899,035 00	0 00	899,035 00	0 00	0 00	
	LAND HY 10 00 Omit Active New Not Listed	4	899,035 00	0 00	0 00	0 00	0 00	
09/17/07	Improvements-3419 St Claude Bywater	0 00	4,682,799 39	0 00	4,682,799 39	120,071 78	305,182 44	
	MACRS MM 39 00 Omit Active New Not Listed	4	4,257,545 17	0 00	0 00	0 00	425,254 22	
09/17/07	Building Handicap Ramp-3419 St Clau	0 00	3,860 00	0 00	3,860 00	98 97	251 55	
	MACRS MM 39 00 Omit Active New Not Listed	4	3,509 48	0 00	0 00	0 00	350 52	
09/30/07	Improvements-3419 St Claude Bywater	0 00	474,216 03	0 00	474,216 03	12,159 39	30,905 11	
	MACRS MM 39 00 Omit Active New Not Listed	4	431,151 53	0 00	0 00	0 00	43,064 50	
10/03/07	Improvements-3419 St Claude Bywater	0 00	10,000 00	0 00	10,000 00	256 41	630 34	
	MACRS MM 39 00 Omit Active New Not Listed	4	9,113 25	0 00	0 00	0 00	886 75	
10/31/07	Improvements-3419 St Claude Bywater	0 00	933,295 70	0 00	933,295 70	23,930 66	58,829 54	
	MACRS MM 39 00 Omit Active New Not Listed	4	850,535 50	0 00	0 00	0 00	82,760 20	
11/30/07	Improvements-3419 St Claude Bywater	0 00	113,939 68	0 00	113,939 68	2,921 53	6,938 63	
	MACRS MM 39 00 Omit Active New Not Listed	4	104,079 52	0 00	0 00	0 00	9,860 16	
12/31/07	Improvements-3419 St Claude Bywater	0 00	476,971 86	0 00	476,971 86	12,230 05	28,027 20	
	MACRS MM 39 00 Omit Active New Not Listed	4	436,714 61	0 00	0 00	0 00	40,257 25	
01/31/08	improvements-3419 St Claude Bywater	0 00	34,543 70	0 00	34,543 70	885 74	1,956 01	
	MACRS MM 39 00 Omit Active New Not Listed	4	31,701 95	0 00	0 00	0 00	2,841 75	
02/29/08	improvements-3419 St Claude Bywater	0 00	59,477 01	0 00	59,477 01	1,525 05	3,240 73	
	MACRS MM 39 00 Omit Active New Not Listed	4	54,711 23	0 00	0 00	0 00	4,765 78	
03/31/08	improvements-3419 St Claude Bywater	0 00	36,554 93	0 00	36,554 93	937 31	1,913 67	
	MACRS MM 39 00 Omit Active New Not Listed	4	33,703 95	0 00	0 00	0 00	2,850 98	
04/30/08	Improvements-3419 St Claude Bywater	0 00	60,000 00	0 00	60,000 00	1,538 46	3,012 82	
	MACRS MM 39 00 Omit Active New Not Listed	3	55,448 72	0 00	0 00	0 00	4,551 28	
06/30/08	Improvements-3419 St Claude Bywater	0 00	26,828 97	0 00	26,828 97	687 92	1,232 53	
	MACRS MM 39 00 Omit Active New Not Listed	3	24,908 52	0 00	0 00	0 00	1,920 45	
<b>Totals for ASSET A/C#: 16500</b>			<b>11,407,669 67</b>	<b>0 00</b>	<b>11,407,669 67</b>	<b>269,452 18</b>	<b>676,484 88</b>	<b>0 00</b>
		<b>(14 assets)</b>	<b>10,461,732 61</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>945,937 06</b>	<b>0 00</b>

Summary For:	16500	Cost	Section 179	+ Accum. Depr	= Total
Beginning Balances	(14 assets)	11,407,669 67	0 00	676,484 88	676,484 88
+ Additions (A)	(0 assets)	0 00	Curr Depr 0 00	269,452 18	269,452 18
Subtotals		11,407,669 67	0 00	945,937 06	945,937 06
- Disposals (D) and Trades (T)	(0 assets)	0 00	0 00	0 00	0 00
Ending Balances	(14 assets)	11,407,669 67	0 00	945,937 06	945,937 06

ASSET A/C# 16700 - VEHICLES

03/08/05	2004 Expedition	0 00	25,970 63	0 00	25,970 63	0 00	25,970 63	
	MA200 MQ 500 Omit Active New Other List	7	0 00	0 00	0 00	0 00	25,970 63	
01/06/07	2007 Chevy Suburban	0 00	43,081 40	0 00	43,081 40	4,714 83	34,241 10	
	MA200 MQ 500 Omit Active New Other List	5	4,125 47	0 00	0 00	0 00	38,955 93	
03/30/07	2007 Toyota Camry	0 00	30,508 18	0 00	30,508 18	1,775 00	11,050 41	
	MA200 MQ 500 Omit Active New Lux Auto	5	17,682 77	0 00	0 00	0 00	12,825 41	
05/11/09	1994 DIAD Bus	0 00	4,100 00	0 00	4,100 00	656 00	2,460 00	
	MA200 HY 6 00 Omit Active New Other List	2	984 00	0 00	2,050 00	0 00	3,116 00	
07/12/10 (A)	2009 Chevrolet Traverse	0 00	35,586 25	0 00	35,586 25	21,351 75	0 00	
	MA200 HY 5 00 Omit Active New Other List	1	14,234 50	0 00	0 00	17,793 13	21,351 75	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted ASSET A/C#  
 Method 1-FEDERAL-Std Conv Applied

Range 16500 - 17500  
 Include All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Bag A/Depr End A/Depr	Selling Price Gain/Loss
<b>Totals for ASSET A/C# 16700</b>		<b>(5 assets)</b>	139,246.46 37,026.74	0.00 0.00	139,246.46 2,050.00	28,497.58 17,793.13	73,722.14 102,219.72	0.00 0.00

Summary For	16700	Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(4 assets)	103,660.21	0.00	73,722.14	73,722.14
+ Additions (A)	(1 assets)	35,586.25	Curr Depr. 0.00	28,497.58	28,497.58
Subtotals		139,246.46	0.00	102,219.72	102,219.72
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
Ending Balances	(5 assets)	139,246.46	0.00	102,219.72	102,219.72

**ASSET A/C#: 17000 - MACHINERY & EQUIPMENT**

11/19/07	Therapy Equipment	0.00	3,534.00	0.00	3,534.00	441.57	1,988.52	
	MA200 HY 7.00 Omit Active New Not Listed	4	1,103.91	0.00	0.00	0.00	2,430.09	
03/31/08	A/C Units	0.00	6,124.00	0.00	6,124.00	382.59	4,784.94	
	MA200 HY 7.00 Omit Active New Not Listed	4	956.47	0.00	3,062.00	0.00	5,167.53	
05/01/08	Air Conditioning/Heating Unit	0.00	730,309.20	0.00	730,309.20	63,875.44	506,745.16	
	MA200 HY 7.00 Omit Active New Not Listed	3	159,688.60	0.00	365,154.60	0.00	570,620.60	
09/30/08	Air Conditioning/Heating Unit	0.00	22,231.00	0.00	22,231.00	1,944.40	15,425.59	
	MA200 HY 7.00 Omit Active New Not Listed	3	4,861.01	0.00	11,115.50	0.00	17,369.99	
12/14/09	Air Conditioning/Heating Units	0.00	8,298.42	0.00	8,298.42	1,016.13	4,741.95	
	MA200 HY 7.00 Omit Active New Not Listed	2	2,540.34	0.00	4,149.21	0.00	5,758.08	
04/01/10 (A)	Air Conditioning/Heating Unit	0.00	78,687.34	0.00	78,687.34	44,964.19	0.00	
	MA200 HY 7.00 Omit Active New Not Listed	1	33,723.15	0.00	0.00	39,343.67	44,964.19	
<b>Totals for ASSET A/C# 17000</b>		<b>(6 assets)</b>	849,183.96 202,873.48	0.00 0.00	849,183.96 383,461.31	112,624.32 39,343.67	533,686.16 646,310.48	0.00 0.00

Summary For	17000	Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(5 assets)	770,496.62	0.00	533,686.16	533,686.16
+ Additions (A)	(1 assets)	78,687.34	Curr Depr. 0.00	112,624.32	112,624.32
Subtotals		849,183.96	0.00	646,310.48	646,310.48
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
Ending Balances	(6 assets)	849,183.96	0.00	646,310.48	646,310.48

**ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP**

09/17/07	Electric Beds	0.00	9,575.20	0.00	9,575.20	1,196.40	5,387.80	
	MA200 HY 7.00 Omit Active New Not Listed	4	2,991.00	0.00	0.00	0.00	6,584.20	
09/17/07	Bed Rails	0.00	10,964.18	0.00	10,964.18	1,369.95	6,169.35	
	MA200 HY 7.00 Omit Active New Not Listed	4	3,424.88	0.00	0.00	0.00	7,539.30	
09/17/07	Signs	0.00	32,757.30	0.00	32,757.30	4,092.96	18,431.96	
	MA200 HY 7.00 Omit Active New Not Listed	4	10,232.39	0.00	0.00	0.00	22,524.91	
09/17/07	Blinds	0.00	10,000.00	0.00	10,000.00	1,249.48	5,626.82	
	MA200 HY 7.00 Omit Active New Not Listed	4	3,123.70	0.00	0.00	0.00	6,876.30	
09/17/07	Security System	0.00	22,377.39	0.00	22,377.39	2,796.01	12,591.36	
	MA200 HY 7.00 Omit Active New Not Listed	4	6,890.02	0.00	0.00	0.00	15,387.37	
09/17/07	Whirlpool Tubs	0.00	30,251.20	0.00	30,251.20	3,779.83	17,021.81	
	MA200 HY 7.00 Omit Active New Not Listed	4	9,449.56	0.00	0.00	0.00	20,801.64	
09/17/07	Sprinklers	0.00	10,061.00	0.00	10,061.00	1,257.10	5,661.15	
	MA200 HY 7.00 Omit Active New Not Listed	4	3,142.75	0.00	0.00	0.00	6,918.25	
09/17/07	Time Clock	0.00	1,788.35	0.00	1,788.35	223.45	1,006.27	
	MA200 HY 7.00 Omit Active New Not Listed	4	558.63	0.00	0.00	0.00	1,229.72	
09/17/07	Chapel Furniture	0.00	17,444.40	0.00	17,444.40	2,179.64	9,815.66	
	MA200 HY 7.00 Omit Active New Not Listed	4	5,449.10	0.00	0.00	0.00	11,995.30	
09/17/07	Washers & Dryers	0.00	34,796.52	0.00	34,796.52	4,347.75	19,579.38	
	MA200 HY 7.00 Omit Active New Not Listed	4	10,869.39	0.00	0.00	0.00	23,927.13	
09/17/07	Game Table	0.00	490.52	0.00	490.52	61.29	276.01	
	MA200 HY 7.00 Omit Active New Not Listed	4	153.22	0.00	0.00	0.00	337.30	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted ASSET A/C#  
 Method: 1-FEDERAL-Std Conv Applied

Range 16500 - 17500  
 Include All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Dapr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C# 17500 - OFFICE FURN/FIX/EQUIP</b>								
09/17/07	Chairs MA200 HY 7 00 Omit Active New Not Listed	0 00 4	7,002.60 2,187.40	0.00 0.00	7,002.60 0.00	874.96 0.00	3,940.24 4,815.20	
09/17/07	Armoire MA200 HY 7 00 Omit Active New Not Listed	0.00 4	1,782.34 556.75	0.00 0.00	1,782.34 0.00	222.70 0.00	1,002.89 1,225.59	
09/17/07	Mattresses MA200 HY 7 00 Omit Active New Not Listed	0.00 4	14,265.00 4,455.96	0.00 0.00	14,265.00 0.00	1,782.38 0.00	8,026.66 9,809.04	
09/17/07	Manual Beds MA200 HY 7 00 Omit Active New Not Listed	0.00 4	42,682.20 13,332.64	0.00 0.00	42,682.20 0.00	5,333.05 0.00	24,016.51 29,349.56	
09/17/07	3 Drawer Cabinets MA200 HY 7 00 Omit Active New Not Listed	0.00 4	17,823.68 5,567.58	0.00 0.00	17,823.68 0.00	2,227.03 0.00	10,029.07 12,256.10	
09/17/07	Furniture MA200 HY 7 00 Omit Active New Not Listed	0.00 4	20,736.42 6,477.43	0.00 0.00	20,736.42 0.00	2,590.97 0.00	11,668.02 14,258.99	
09/17/07	Appliances-Trane MA200 HY 7 00 Omit Active New Not Listed	0.00 4	48,352.40 15,103.83	0.00 0.00	48,352.40 0.00	6,041.53 0.00	27,207.04 33,248.57	
09/17/07	Pot Rack-3 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	1,278.00 399.21	0.00 0.00	1,278.00 0.00	159.68 0.00	719.11 878.79	
09/17/07	Freezers-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	22,580.00 7,053.31	0.00 0.00	22,580.00 0.00	2,821.33 0.00	12,705.36 15,526.69	
09/17/07	Bun Racks-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	710.00 221.78	0.00 0.00	710.00 0.00	88.71 0.00	399.51 488.22	
09/17/07	Dry Storage Shelves-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	2,822.00 881.51	0.00 0.00	2,822.00 0.00	352.60 0.00	1,587.89 1,940.49	
09/17/07	Gas Range MA200 HY 7 00 Omit Active New Not Listed	0.00 4	6,676.00 2,085.39	0.00 0.00	6,676.00 0.00	834.15 0.00	3,756.46 4,590.61	
09/17/07	Gas Fryer MA200 HY 7 00 Omit Active New Not Listed	0.00 4	5,014.00 1,566.22	0.00 0.00	5,014.00 0.00	626.49 0.00	2,821.29 3,447.78	
09/17/07	Top Table Kettle MA200 HY 7 00 Omit Active New Not Listed	0.00 4	5,030.00 1,571.22	0.00 0.00	5,030.00 0.00	628.49 0.00	2,830.29 3,458.78	
09/17/07	Steamer MA200 HY 7 00 Omit Active New Not Listed	0.00 4	5,815.00 1,816.44	0.00 0.00	5,815.00 0.00	726.57 0.00	3,271.99 3,998.56	
09/17/07	Oven MA200 HY 7 00 Omit Active New Not Listed	0.00 4	7,752.00 2,421.49	0.00 0.00	7,752.00 0.00	968.60 0.00	4,361.91 5,330.51	
09/17/07	Baker Table MA200 HY 7 00 Omit Active New Not Listed	0.00 4	330.00 103.08	0.00 0.00	330.00 0.00	41.23 0.00	185.69 226.92	
09/17/07	Food Mixer MA200 HY 7.00 Omit Active New Not Listed	0.00 4	3,113.00 972.41	0.00 0.00	3,113.00 0.00	388.96 0.00	1,751.63 2,140.59	
09/17/07	Refrigerator MA200 HY 7 00 Omit Active New Not Listed	0.00 4	4,859.00 1,517.81	0.00 0.00	4,859.00 0.00	607.12 0.00	2,734.07 3,341.19	
09/17/07	Heated Plate Dispenser-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	3,910.00 1,221.36	0.00 0.00	3,910.00 0.00	488.55 0.00	2,200.09 2,688.64	
09/17/07	Serving Counter-3 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	17,129.00 5,350.58	0.00 0.00	17,129.00 0.00	2,140.23 0.00	9,638.19 11,778.42	
09/17/07	Dome Storage Cart-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	2,250.00 702.83	0.00 0.00	2,250.00 0.00	281.13 0.00	1,266.04 1,547.17	
09/17/07	Air Curtain Refrigerator MA200 HY 7 00 Omit Active New Not Listed	0.00 4	6,400.00 1,999.16	0.00 0.00	6,400.00 0.00	799.67 0.00	3,601.17 4,400.84	
09/17/07	Patient Tray Delivery Cart-2 MA200 HY 7 00 Omit Active New Not Listed	0.00 4	5,942.00 1,856.10	0.00 0.00	5,942.00 0.00	742.44 0.00	3,343.46 4,085.90	
09/17/07	Dispenser Tray MA200 HY 7 00 Omit Active New Not Listed	0.00 4	1,427.00 445.75	0.00 0.00	1,427.00 0.00	178.30 0.00	802.95 981.25	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted: ASSET A/C#  
 Method 1-FEDERAL-Std Conv Applied

Range: 16500 - 17500  
 Include: All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP</b>								
09/17/07	Electric Range MA200 HY 7 00 Omit Active New Not Listed	0 00 4	11,346 00 3,544 15	0 00 0 00	11,346 00 0 00	1,417 66 0 00	6,364 19 7,801 85	
09/17/07	Beverage Table MA200 HY 7 00 Omit Active New Not Listed	0 00 4	2,803 00 875 57	0 00 0 00	2,803 00 0 00	350 23 0 00	1,577 20 1,927 43	
09/17/07	Water Filter System MA200 HY 7 00 Omit Active New Not Listed	0 00 4	256 00 79 97	0 00 0 00	256 00 0 00	31 99 0 00	144 04 176 03	
09/17/07	Ice Maker-2 MA200 HY 7 00 Omit Active New Not Listed	0 00 4	8,560 00 2,673 89	0 00 0 00	8,560 00 0 00	1,069 55 0 00	4,816 56 5,886 11	
09/17/07	Frozen Drink Machine MA200 HY 7 00 Omit Active New Not Listed	0 00 4	2,269 00 708 77	0 00 0 00	2,269 00 0 00	283 51 0 00	1,276 72 1,560 23	
09/17/07	Hand Sink-4 MA200 HY 7 00 Omit Active New Not Listed	0 00 4	3,293 00 1,028 64	0 00 0 00	3,293 00 0 00	411 45 0 00	1,852 91 2,264 36	
09/17/07	Food Waste Collector MA200 HY 7 00 Omit Active New Not Listed	0 00 4	1,708 00 533 53	0 00 0 00	1,708 00 0 00	213 41 0 00	961 06 1,174 47	
09/17/07	Compartment Sink MA200 HY 7 00 Omit Active New Not Listed	0 00 4	3,149 00 983 65	0 00 0 00	3,149 00 0 00	393 46 0 00	1,771 89 2,165 35	
09/17/07	Dish Cart-2 MA200 HY 7 00 Omit Active New Not Listed	0 00 4	1,282 00 400 46	0 00 0 00	1,282 00 0 00	160 18 0 00	721 36 881 54	
09/17/07	Wire Shelves-3 MA200 HY 7 00 Omit Active New Not Listed	0 00 4	206 00 64 35	0 00 0 00	206 00 0 00	25 74 0 00	115 91 141 65	
09/17/07	Dishwasher MA200 HY 7 00 Omit Active New Not Listed	0 00 4	15,167 00 4,737 71	0 00 0 00	15,167 00 0 00	1,895 00 0 00	8,534 20 10,429 29	
09/17/07	Pantleg Duct Vent MA200 HY 7 00 Omit Active New Not Listed	0 00 4	1,650 00 515 41	0 00 0 00	1,650 00 0 00	206 17 0 00	928 42 1,134 59	
09/17/07	Dish table-2 MA200 HY 7 00 Omit Active New Not Listed	0 00 4	308 00 96 21	0 00 0 00	308 00 0 00	38 48 0 00	173 31 211 79	
09/17/07	Hose Reel MA200 HY 7 00 Omit Active New Not Listed	0 00 4	958 00 299 25	0 00 0 00	958 00 0 00	119 70 0 00	539 05 658 75	
09/17/07	Under Counter Refrigerator MA200 HY 7 00 Omit Active New Not Listed	0 00 4	1,452 00 453 56	0 00 0 00	1,452 00 0 00	181 43 0 00	817 01 998 44	
09/17/07	Food Cart MA200 HY 7 00 Omit Active New Not Listed	0 00 4	2,128 00 664 72	0 00 0 00	2,128 00 0 00	265 89 0 00	1,197 39 1,463 28	
09/17/07	Drop In Sink MA200 HY 7 00 Omit Active New Not Listed	0 00 4	695 00 217 10	0 00 0 00	695 00 0 00	86 84 0 00	391 06 477 90	
09/17/07	Mop Sink MA200 HY 7 00 Omit Active New Not Listed	0 00 4	608 43 190 06	0 00 0 00	608 43 0 00	76 02 0 00	342 35 418 37	
09/17/07	Kitchen Equipment-Loubat MA200 HY 7 00 Omit Active New Not Listed	0 00 4	24,978 72 7,802 60	0 00 0 00	24,978 72 0 00	3,121 04 0 00	14,055 08 17,176 12	
09/28/07	Kitchen Equipment-Loubat MA200 HY 7 00 Omit Active New Not Listed	0 00 4	3,508 04 1,095 81	0 00 0 00	3,508 04 0 00	438 32 0 00	1,973 91 2,412 23	
10/03/07	Privacy Curtains MA200 HY 7 00 Omit Active New Not Listed	0 00 4	20,207 13 6,312 10	0 00 0 00	20,207 13 0 00	2,524 84 0 00	11,370 19 13,895 03	
10/24/07	Mattresses MA200 HY 7 00 Omit Active New Not Listed	0 00 4	21,719 00 6,784 36	0 00 0 00	21,719 00 0 00	2,713 75 0 00	12,220 89 14,934 64	
10/24/07	Worktable MA200 HY 7 00 Omit Active New Not Listed	0 00 4	574 41 179 43	0 00 0 00	574 41 0 00	71 77 0 00	323 21 394 98	
10/31/07	Tabernacle MA200 HY 7 00 Omit Active New Not Listed	0 00 4	6,104 00 1,906 71	0 00 0 00	6,104 00 0 00	762 68 0 00	3,434 61 4,197 29	
11/08/07	Chapel Furniture MA200 HY 7 00 Omit Active New Not Listed	0 00 4	670 00 209 29	0 00 0 00	670 00 0 00	83 72 0 00	376 99 460 71	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted ASSET A/C#  
 Method: 1-FEDERAL-Std Conv Applied

Range: 16500 - 17500  
 Include: All assets

Date Acq Date Sold	Meth - Conv - Life - ITC - Stat - New - Listed	Description	Inv Credit Depr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP</b>									
11/20/07		Bed	0 00	572 45	0 00	572 45	71 53	322.11	
	MA200 HY 7 00 Omit Active New Not Listed		4	178 81	0 00	0 00	0 00	393 64	
11/20/07		Grand Piano	0 00	1,200 00	0 00	1,200 00	149 94	675 22	
	MA200 HY 7 00 Omit Active New Not Listed		4	374 84	0 00	0 00	0 00	825 16	
11/30/07		Side Chair	0 00	1,475 00	0 00	1,475 00	184 30	829 96	
	MA200 HY 7 00 Omit Active New Not Listed		4	460 74	0 00	0 00	0 00	1,014 26	
12/04/07		3 Drawer Cabinet	0 00	493 15	0 00	493 15	61 62	277 49	
	MA200 HY 7 00 Omit Active New Not Listed		4	154 04	0 00	0 00	0 00	339 11	
12/04/07		Wall Scone/Corner Table	0 00	2,515 00	0 00	2,515 00	314 24	1,415 15	
	MA200 HY 7 00 Omit Active New Not Listed		4	786 61	0 00	0 00	0 00	1,729 39	
12/10/07		Relia-laid Altar	0 00	1,270 00	0 00	1,270 00	158 68	714 61	
	MA200 HY 7 00 Omit Active New Not Listed		4	396 71	0 00	0 00	0 00	873 29	
12/31/07		Furniture	0 00	1,241 15	0 00	1,241 15	155 08	698 37	
	MA200 HY 7 00 Omit Active New Not Listed		4	387 70	0 00	0 00	0 00	853 45	
01/04/08		Computer	0 00	1,228 18	0 00	1,228 18	141 48	874 47	
	MA200 HY 5 00 Omit Active New Not Listed		4	212 23	0 00	0 00	0 00	1,015 95	
01/04/08		Storage Units	0 00	1,275 24	0 00	1,275 24	159 34	717 55	
	MA200 HY 7 00 Omit Active New Not Listed		4	398 35	0 00	0 00	0 00	876 89	
01/15/08		Refrigerator & Microwave	0 00	1,163 69	0 00	1,163 69	145 40	654 79	
	MA200 HY 7 00 Omit Active New Not Listed		4	363 50	0 00	0 00	0 00	800 19	
02/01/08		Corner Table	0 00	1,015 00	0 00	1,015 00	63 41	793 06	
	MA200 HY 7 00 Omit Active New Not Listed		4	158 53	0 00	507 50	0 00	856 47	
02/15/08		Pianos with Benches	0 00	1,600 00	0 00	1,600 00	99 96	1,250 15	
	MA200 HY 7 00 Omit Active New Not Listed		4	249 89	0 00	800 00	0 00	1,350 11	
02/20/08		Ozone Machines	0 00	815 54	0 00	815 54	60 96	637 21	
	MA200 HY 7 00 Omit Active New Not Listed		4	127 38	0 00	407 77	0 00	688 16	
06/06/08		50 Gallon Fuel Tank	0 00	29,904 00	0 00	29,904 00	2,615 51	20,749 71	
	MA200 HY 7 00 Omit Active New Not Listed		3	6,538 78	0 00	14,952 00	0 00	23,365 22	
06/20/08		Ice Maker	0 00	1,739 56	0 00	1,739 56	152 15	1,207 04	
	MA200 HY 7 00 Omit Active New Not Listed		3	380 37	0 00	869 78	0 00	1,359 19	
11/25/08		Self Contained Extractor	0 00	2,645 55	0 00	2,645 55	231 39	1,835 69	
	MA200 HY 7 00 Omit Active New Not Listed		3	578 47	0 00	1,322 78	0 00	2,067 08	
05/08/09		Computer Server	0 00	8,759 44	0 00	8,759 44	1,401 51	5,255 66	
	MA200 HY 5 00 Omit Active New Not Listed		2	2,102 27	0 00	4,379 72	0 00	6,657 17	
05/25/09		Loubat Equipment	0 00	4,140 82	0 00	4,140 82	507 04	2,366 18	
	MA200 HY 7 00 Omit Active New Not Listed		2	1,267 60	0 00	2,070 41	0 00	2,873 22	
07/27/09		Computer	0 00	1,354 32	0 00	1,354 32	216 69	812 59	
	MA200 HY 5 00 Omit Active New Not Listed		2	325 04	0 00	677 16	0 00	1,029 28	
08/08/09		Computer Equipment	0 00	1,558 38	0 00	1,558 38	249 34	935 03	
	MA200 HY 5 00 Omit Active New Not Listed		2	374 01	0 00	779 19	0 00	1,184 37	
08/06/09		Computer Equipment	0 00	3,265 72	0 00	3,265 72	522 52	1,959 43	
	MA200 HY 5 00 Omit Active New Not Listed		2	783 77	0 00	1,632 86	0 00	2,481 95	
09/02/09		Toaster	0 00	1,423 00	0 00	1,423 00	174 25	813 14	
	MA200 HY 7 00 Omit Active New Not Listed		2	435 61	0 00	711 50	0 00	987 39	
05/26/10 (A)		Care Tracker System	0 00	17,926 60	0 00	17,926 60	10,755 96	0 00	
	MA200 HY 5 00 Omit Active New Not Listed		1	7,170 64	0 00	0 00	8,963 30	10,755 96	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted ASSET A/C#  
 Method 1-FEDERAL-Std Conv Applied

Range. 16500 - 17500  
 Include All assets

Date Acq	Description	Inv Credit	Cost	Sec. 179	Depr Basis	Current Depr	Beg A/Depr	Selling Price
Date Sold	Meth - Conv - Life - ITC - Stat - New - Listed	Depr Year	Net Book Value	Salvage Value	Prior Bonus	Current Bonus	End A/Depr	Gain/Loss
<b>Totals for ASSET A/C# 17500</b>		(84 assets)	660,369.22	0.00	660,369.22	90,025.94	367,529.21	0.00
			202,814.07	0.00	29,110.67	8,963.30	457,555.15	0.00

Summary For	17500	Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(83 assets)	642,442.62	0.00	367,529.21	367,529.21
+ Additions (A)	(1 assets)	17,926.60	Curr. Depr	0.00	90,025.94
Subtotals		660,369.22	0.00	457,555.15	457,555.15
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
Ending Balances	(84 assets)	660,369.22	0.00	457,555.15	457,555.15

<b>Grand totals for all accounts:</b>		(109 assets)	13,056,469.31	0.00	13,056,469.31	500,600.02	1,651,422.39	0.00
			10,904,446.90	0.00	414,641.98	66,100.10	2,152,022.41	0.00

Summary For Grand Totals	Cost	Section 179	+ Accum. Depr.	= Total	
Beginning Balances	(106 assets)	12,924,269.12	0.00	1,651,422.39	1,651,422.39
+ Additions (A)	(3 assets)	132,200.19	Curr. Depr	0.00	500,600.02
Subtotals		13,056,469.31	0.00	2,152,022.41	2,152,022.41
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
Ending Balances	(109 active assets)	13,056,469.31	0.00	2,152,022.41	2,152,022.41

	Cost	Current Depreciation	Ending Accum. Depr.
Depreciable assets: (109 assets, 0 disposed)	13,056,469.31	500,600.02	2,152,022.41
Amortizable assets: (0 assets, 0 disposed)	0.00	0.00	0.00

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, I - Inactive

**Additional Summary Statistics for Assets:**

	Cost	Current Year Section 179	Prior Year Section 179	Depreciable Basis	Beginning Accum. Depr	Current Depreciation	Ending Accum. Depr	Net Book Value
Grand Totals for all assets	13,056,469.31	0.00	0.00	13,056,469.31	1,651,422.39	500,600.02	2,152,022.41	10,904,446.90
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)	13,056,469.31	0.00	0.00	13,056,469.31	1,651,422.39	500,600.02	2,152,022.41	10,904,446.90

Total Bonus Depreciation Taken at 30% Rate:	0.00
Total Bonus Depreciation Taken at 50% Rate:	66,100.10
Total Bonus Depreciation Taken at 100% Rate:	0.00
Total Bonus Depreciation Taken:	66,100.10

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted: ASSET A/C# Range: 16500 - 17500  
 Method 5-STRAIGHT LINE-Std Conv Applied Include: All assets

Date Acq Date Sold	Description Moth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 16500 - BLDG &amp; LEASEHOLD IMP</b>								
09/17/07	3419 St Claude Bldg-Bywater	0.00	3,596,147.40	0.00	3,596,147.40	92,208.91	234,364.31	
	MACRS MM 39.00 Omit Active New Not Listed	4	3,269,574.18	0.00	0.00	0.00	328,573.22	
09/17/07	3419 St Claude Land-Bywater	0.00	899,035.00	0.00	899,035.00	0.00	0.00	
	LAND HY 10.00 Omit Active New Not Listed	4	899,035.00	0.00	0.00	0.00	0.00	
09/17/07	Improvements-3419 St Claude Bywater	0.00	4,682,799.39	0.00	4,682,799.39	120,071.78	305,182.44	
	MACRS MM 39.00 Omit Active New Not Listed	4	4,257,546.17	0.00	0.00	0.00	425,254.22	
09/17/07	Building Handicap Ramp-3419 St Clau	0.00	3,860.00	0.00	3,860.00	98.97	251.55	
	MACRS MM 39.00 Omit Active New Not Listed	4	3,509.48	0.00	0.00	0.00	350.52	
09/30/07	Improvements-3419 St Claude Bywater	0.00	474,216.03	0.00	474,216.03	12,159.39	30,905.11	
	MACRS MM 39.00 Omit Active New Not Listed	4	431,151.53	0.00	0.00	0.00	43,064.50	
10/03/07	Improvements-3419 St Claude Bywater	0.00	10,000.00	0.00	10,000.00	256.41	630.34	
	MACRS MM 39.00 Omit Active New Not Listed	4	9,113.25	0.00	0.00	0.00	886.75	
10/31/07	Improvements-3419 St Claude Bywater	0.00	933,295.70	0.00	933,295.70	23,930.66	58,829.54	
	MACRS MM 39.00 Omit Active New Not Listed	4	850,535.50	0.00	0.00	0.00	82,760.20	
11/30/07	Improvements-3419 St Claude Bywater	0.00	113,939.68	0.00	113,939.68	2,821.53	6,938.63	
	MACRS MM 39.00 Omit Active New Not Listed	4	104,079.52	0.00	0.00	0.00	9,860.16	
12/31/07	Improvements-3419 St Claude Bywater	0.00	476,971.86	0.00	476,971.86	12,230.05	28,027.20	
	MACRS MM 39.00 Omit Active New Not Listed	4	438,714.61	0.00	0.00	0.00	40,257.25	
01/31/08	Improvements-3419 St Claude Bywater	0.00	34,543.70	0.00	34,543.70	885.74	1,956.01	
	MACRS MM 39.00 Omit Active New Not Listed	4	31,701.95	0.00	0.00	0.00	2,841.75	
02/29/08	Improvements-3419 St Claude Bywater	0.00	59,477.01	0.00	59,477.01	1,525.05	3,240.73	
	MACRS MM 39.00 Omit Active New Not Listed	4	54,711.23	0.00	0.00	0.00	4,765.78	
03/31/08	Improvements-3419 St Claude Bywater	0.00	38,554.93	0.00	38,554.93	937.31	1,913.67	
	MACRS MM 39.00 Omit Active New Not Listed	4	33,703.95	0.00	0.00	0.00	2,850.98	
04/30/08	Improvements-3419 St Claude Bywater	0.00	60,000.00	0.00	60,000.00	1,538.46	3,012.82	
	MACRS MM 39.00 Omit Active New Not Listed	3	55,448.72	0.00	0.00	0.00	4,551.28	
06/30/08	Improvements-3419 St Claude Bywater	0.00	26,828.97	0.00	26,828.97	887.92	1,232.53	
	MACRS MM 39.00 Omit Active New Not Listed	3	24,908.52	0.00	0.00	0.00	1,920.45	
<b>Totals for ASSET A/C#: 16500</b>								
<b>(14 assets)</b>			11,407,669.67	0.00	11,407,669.67	269,452.18	676,484.88	0.00
			10,461,732.61	0.00	0.00	0.00	945,937.06	0.00

Summary For.	16500	Cost	Section 179 + Accum. Depr.	= Total
Beginning Balances	(14 assets)	11,407,669.67	0.00	676,484.88
+ Additions (A)	(0 assets)	0.00	Curr. Depr. 0.00	269,452.18
Subtotals		11,407,669.67	0.00	945,937.06
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00
Ending Balances	(14 assets)	11,407,669.67	0.00	945,937.06

<b>ASSET A/C#: 16700 - VEHICLES</b>								
03/08/05	2004 Expedition	0.00	25,970.63	0.00	25,970.63	0.00	25,970.63	
	MSL MQ 5.00 Omit Active New Other List	7	0.00	0.00	0.00	0.00	25,970.63	
01/06/07	2007 Chevy Suburban	0.00	43,081.40	0.00	43,081.40	8,616.28	28,925.88	
	MSL MQ 5.00 Omit Active New Other List	5	7,539.24	0.00	0.00	0.00	35,542.16	
03/30/07	2007 Toyota Camry	0.00	30,508.18	0.00	30,508.18	1,775.00	10,287.70	
	MSL MQ 5.00 Omit Active New Lux Auto	5	18,445.48	0.00	0.00	0.00	12,062.70	
05/11/09	1994 DIAD Bus	0.00	4,100.00	0.00	4,100.00	820.00	410.00	
	MSL HY 5.00 Omit Active New Other List	2	2,870.00	0.00	0.00	0.00	1,230.00	
07/12/10 (A)	2009 Chevrolet Traverse	0.00	35,586.25	0.00	35,586.25	3,558.63	0.00	
	MSL HY 5.00 Omit Active New Other List	1	32,027.62	0.00	0.00	0.00	3,558.63	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted: ASSET A/C# Range: 16500 - 17500  
 Method: 5-STRAIGHT LINE-Std Conv Applied Include All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>Totals for ASSET A/C#: 16700</b>		<b>(5 assets)</b>	139,246.46 60,882.34	0.00 0.00	139,246.46 0.00	14,769.91 0.00	63,594.21 78,364.12	0.00 0.00

Summary For:	16700	Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(4 assets)	103,660.21	0.00	63,594.21	63,594.21
+ Additions (A)	(1 assets)	35,588.25	Curr. Depr 0.00	14,769.91	14,769.91
<b>Subtotals</b>		139,246.46	0.00	78,364.12	78,364.12
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
<b>Ending Balances</b>	<b>(5 assets)</b>	<b>139,246.46</b>	<b>0.00</b>	<b>78,364.12</b>	<b>78,364.12</b>

**ASSET A/C#: 17000 - MACHINERY & EQUIPMENT**

11/19/07	Therapy Equipment	0.00	3,534.00	0.00	3,534.00	504.86	1,282.16	
	MSL HY 7 00 Omit Active New Not Listed	4	1,766.99	0.00	0.00	0.00	1,767.01	
03/31/08	A/C Units	0.00	6,124.00	0.00	6,124.00	874.86	2,187.15	
	MSL HY 7 00 Omit Active New Not Listed	4	3,061.99	0.00	0.00	0.00	3,062.01	
05/01/08	Air Conditioning/Heating Unit	0.00	730,309.20	0.00	730,309.20	104,329.89	156,494.83	
	MSL HY 7 00 Omit Active New Not Listed	3	469,484.48	0.00	0.00	0.00	260,824.72	
09/30/08	Air Conditioning/Heating Unit	0.00	22,231.00	0.00	22,231.00	3,175.86	4,763.79	
	MSL HY 7 00 Omit Active New Not Listed	3	14,291.35	0.00	0.00	0.00	7,939.65	
12/14/09	Air Conditioning/Heating Units	0.00	8,298.42	0.00	8,298.42	1,185.49	592.74	
	MSL HY 7 00 Omit Active New Not Listed	2	6,520.19	0.00	0.00	0.00	1,778.23	
04/01/10 (A)	Air Conditioning/Heating Unit	0.00	78,687.34	0.00	78,687.34	5,620.52	0.00	
	MSL HY 7 00 Omit Active New Not Listed	1	73,066.82	0.00	0.00	0.00	5,620.52	
<b>Totals for ASSET A/C#: 17000</b>		<b>(6 assets)</b>	849,183.96 568,181.82	0.00 0.00	849,183.96 0.00	115,691.48 0.00	165,300.66 280,992.14	0.00 0.00

Summary For:	17000	Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(5 assets)	770,496.62	0.00	165,300.66	165,300.66
+ Additions (A)	(1 assets)	78,687.34	Curr. Depr 0.00	115,691.48	115,691.48
<b>Subtotals</b>		849,183.96	0.00	280,992.14	280,992.14
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00	0.00
<b>Ending Balances</b>	<b>(6 assets)</b>	<b>849,183.96</b>	<b>0.00</b>	<b>280,992.14</b>	<b>280,992.14</b>

**ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP**

09/17/07	Electric Beds	0.00	9,575.20	0.00	9,575.20	1,367.89	3,419.72	
	MSL HY 7 00 Omit Active New Not Listed	4	4,787.59	0.00	0.00	0.00	4,787.61	
09/17/07	Bed Rails	0.00	10,964.18	0.00	10,964.18	1,566.31	3,915.78	
	MSL HY 7 00 Omit Active New Not Listed	4	5,482.09	0.00	0.00	0.00	5,482.09	
09/17/07	Signs	0.00	32,757.30	0.00	32,757.30	4,679.61	11,699.03	
	MSL HY 7 00 Omit Active New Not Listed	4	18,378.66	0.00	0.00	0.00	16,378.64	
09/17/07	Blinds	0.00	10,000.00	0.00	10,000.00	1,428.57	3,571.43	
	MSL HY 7 00 Omit Active New Not Listed	4	5,000.00	0.00	0.00	0.00	5,000.00	
09/17/07	Security System	0.00	22,377.39	0.00	22,377.39	3,196.77	7,991.93	
	MSL HY 7 00 Omit Active New Not Listed	4	11,188.69	0.00	0.00	0.00	11,188.70	
09/17/07	Whirlpool Tubs	0.00	30,251.20	0.00	30,251.20	4,321.60	10,804.00	
	MSL HY 7 00 Omit Active New Not Listed	4	15,125.60	0.00	0.00	0.00	15,125.60	
09/17/07	Sprinklers	0.00	10,061.00	0.00	10,061.00	1,437.29	3,593.22	
	MSL HY 7 00 Omit Active New Not Listed	4	5,030.49	0.00	0.00	0.00	5,030.51	
09/17/07	Time Clock	0.00	1,788.35	0.00	1,788.35	255.48	638.70	
	MSL HY 7 00 Omit Active New Not Listed	4	894.17	0.00	0.00	0.00	894.18	
09/17/07	Chapel Furniture	0.00	17,444.40	0.00	17,444.40	2,492.06	6,230.15	
	MSL HY 7 00 Omit Active New Not Listed	4	8,722.19	0.00	0.00	0.00	8,722.21	
09/17/07	Washers & Dryers	0.00	34,796.52	0.00	34,796.52	4,970.93	12,427.33	
	MSL HY 7 00 Omit Active New Not Listed	4	17,398.26	0.00	0.00	0.00	17,398.26	
09/17/07	Game Table	0.00	490.52	0.00	490.52	70.07	175.18	
	MSL HY 7 00 Omit Active New Not Listed	4	245.27	0.00	0.00	0.00	245.25	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted: ASSET A/C# Range: 16500 - 17500  
 Method 5-STRAIGHT LINE-Std Conv Applied Include: All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP</b>								
09/17/07	Chairs	0 00	7,002.60	0 00	7,002.60	1,000.37	2,500.93	
	MSL HY 7 00 Omit Active New Not Listed	4	3,501.30	0 00	0.00	0 00	3,501.30	
09/17/07	Armoire	0 00	1,782.34	0 00	1,782.34	254.82	636.55	
	MSL HY 7 00 Omit Active New Not Listed	4	891.17	0 00	0 00	0 00	891.17	
09/17/07	Mattresses	0 00	14,265.00	0 00	14,265.00	2,037.86	5,094.65	
	MSL HY 7 00 Omit Active New Not Listed	4	7,132.49	0 00	0 00	0 00	7,132.51	
09/17/07	Manual Beds	0 00	42,682.20	0 00	42,682.20	6,097.46	15,243.65	
	MSL HY 7 00 Omit Active New Not Listed	4	21,341.09	0 00	0 00	0 00	21,341.11	
09/17/07	3 Drawer Cabinets	0 00	17,823.68	0 00	17,823.68	2,548.24	6,365.60	
	MSL HY 7 00 Omit Active New Not Listed	4	8,911.84	0 00	0 00	0 00	8,911.84	
09/17/07	Furniture	0 00	20,736.42	0 00	20,736.42	2,962.35	7,405.87	
	MSL HY 7 00 Omit Active New Not Listed	4	10,368.20	0 00	0 00	0 00	10,368.22	
09/17/07	Appliances-Trane	0 00	48,352.40	0 00	48,352.40	6,907.49	17,268.72	
	MSL HY 7 00 Omit Active New Not Listed	4	24,176.19	0 00	0 00	0 00	24,176.21	
09/17/07	Pot Rack-3	0 00	1,278.00	0 00	1,278.00	182.57	456.43	
	MSL HY 7 00 Omit Active New Not Listed	4	639.00	0 00	0 00	0 00	639.00	
09/17/07	Freezers-2	0 00	22,580.00	0 00	22,580.00	3,225.71	8,064.28	
	MSL HY 7 00 Omit Active New Not Listed	4	11,290.01	0 00	0 00	0 00	11,289.99	
09/17/07	Bun Racks-2	0 00	710.00	0 00	710.00	101.43	253.57	
	MSL HY 7 00 Omit Active New Not Listed	4	355.00	0 00	0 00	0 00	355.00	
09/17/07	Dry Storage Shelves-2	0 00	2,822.00	0 00	2,822.00	403.14	1,007.65	
	MSL HY 7 00 Omit Active New Not Listed	4	1,411.01	0 00	0 00	0 00	1,410.99	
09/17/07	Gas Range	0 00	6,676.00	0 00	6,676.00	953.71	2,384.28	
	MSL HY 7 00 Omit Active New Not Listed	4	3,338.01	0 00	0 00	0 00	3,337.99	
09/17/07	Gas Fryer	0 00	5,014.00	0 00	5,014.00	716.29	1,790.72	
	MSL HY 7 00 Omit Active New Not Listed	4	2,506.99	0 00	0 00	0 00	2,507.01	
09/17/07	Top Table Kettle	0 00	5,030.00	0 00	5,030.00	718.57	1,796.43	
	MSL HY 7 00 Omit Active New Not Listed	4	2,515.00	0 00	0 00	0 00	2,515.00	
09/17/07	Steamer	0 00	5,815.00	0 00	5,815.00	830.71	2,076.78	
	MSL HY 7 00 Omit Active New Not Listed	4	2,907.51	0 00	0 00	0 00	2,907.49	
09/17/07	Oven	0 00	7,752.00	0 00	7,752.00	1,107.43	2,768.57	
	MSL HY 7 00 Omit Active New Not Listed	4	3,876.00	0 00	0 00	0 00	3,878.00	
09/17/07	Baker Table	0 00	330.00	0 00	330.00	47.14	117.85	
	MSL HY 7 00 Omit Active New Not Listed	4	165.01	0 00	0 00	0 00	164.99	
09/17/07	Food Mixer	0 00	3,113.00	0 00	3,113.00	444.71	1,111.78	
	MSL HY 7 00 Omit Active New Not Listed	4	1,556.51	0 00	0 00	0 00	1,556.49	
09/17/07	Refrigerator	0 00	4,859.00	0 00	4,859.00	694.14	1,735.35	
	MSL HY 7 00 Omit Active New Not Listed	4	2,429.51	0 00	0 00	0 00	2,429.49	
09/17/07	Heated Plate Dispenser-2	0 00	3,910.00	0 00	3,910.00	558.57	1,396.43	
	MSL HY 7 00 Omit Active New Not Listed	4	1,955.00	0 00	0 00	0 00	1,955.00	
09/17/07	Serving Counter-3	0 00	17,129.00	0 00	17,129.00	2,447.00	6,117.50	
	MSL HY 7 00 Omit Active New Not Listed	4	8,564.50	0 00	0 00	0 00	8,564.50	
09/17/07	Dome Storage Cart-2	0 00	2,250.00	0 00	2,250.00	321.43	803.57	
	MSL HY 7 00 Omit Active New Not Listed	4	1,125.00	0 00	0 00	0 00	1,125.00	
09/17/07	Air Curtain Refrigerator	0 00	6,400.00	0 00	6,400.00	914.29	2,285.72	
	MSL HY 7 00 Omit Active New Not Listed	4	3,199.99	0 00	0 00	0 00	3,200.01	
09/17/07	Patient Tray Delivery Cart-2	0 00	5,942.00	0 00	5,942.00	848.86	2,122.15	
	MSL HY 7 00 Omit Active New Not Listed	4	2,970.99	0 00	0 00	0 00	2,971.01	
09/17/07	Dispenser Tray	0 00	1,427.00	0 00	1,427.00	203.86	509.65	
	MSL HY 7 00 Omit Active New Not Listed	4	713.49	0 00	0 00	0 00	713.51	
09/17/07	Electric Range	0 00	11,346.00	0 00	11,346.00	1,620.86	4,052.15	
	MSL HY 7 00 Omit Active New Not Listed	4	5,872.99	0 00	0 00	0 00	5,873.01	

ASSET DEPRECIATION REPORT

STMARGARET Mar. 31, 2011

Sorted ASSET A/C# Range. 16500 - 17500  
 Method 5-STRAIGHT LINE-Std Conv Applied Include All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP</b>								
09/17/07	Beverage Table	0 00	2,803 00	0 00	2,803.00	400 43	1,001 07	
	MSL HY 7 00 Omit Active New Not Listed	4	1,401 50	0 00	0 00	0 00	1,401 50	
09/17/07	Water Filter System	0 00	256 00	0 00	256.00	36 57	91 43	
	MSL HY 7 00 Omit Active New Not Listed	4	128 00	0 00	0 00	0 00	128 00	
09/17/07	Ice Maker-2	0 00	8,580 00	0 00	8,580 00	1,222 86	3,057 15	
	MSL HY 7 00 Omit Active New Not Listed	4	4,279 99	0 00	0 00	0 00	4,280 01	
09/17/07	Frozen Drink Machine	0 00	2,269 00	0 00	2,269 00	324 14	810 35	
	MSL HY 7 00 Omit Active New Not Listed	4	1,134 51	0 00	0 00	0 00	1,134 49	
09/17/07	Hand Sink-4	0 00	3,293 00	0 00	3,293 00	470 43	1,176 07	
	MSL HY 7 00 Omit Active New Not Listed	4	1,646 50	0 00	0 00	0 00	1,646 50	
09/17/07	Food Waste Collector	0 00	1,708 00	0 00	1,708.00	244 00	610 00	
	MSL HY 7 00 Omit Active New Not Listed	4	854 00	0 00	0 00	0 00	854 00	
09/17/07	Compartment Sink	0 00	3,149 00	0 00	3,149 00	449 86	1,124 65	
	MSL HY 7 00 Omit Active New Not Listed	4	1,574 49	0 00	0 00	0 00	1,574 51	
09/17/07	Dish Cart-2	0 00	1,282 00	0 00	1,282.00	183 14	457 85	
	MSL HY 7 00 Omit Active New Not Listed	4	641 01	0 00	0 00	0 00	640 99	
09/17/07	Wire Shelves-3	0 00	206 00	0 00	206 00	29 43	73 57	
	MSL HY 7 00 Omit Active New Not Listed	4	103 00	0 00	0 00	0 00	103 00	
09/17/07	Dishwasher	0 00	15,167 00	0 00	15,167 00	2,166 71	5,416 78	
	MSL HY 7 00 Omit Active New Not Listed	4	7,583 51	0 00	0 00	0 00	7,583 49	
09/17/07	Pantleg Duct Vent	0 00	1,650 00	0 00	1,650 00	235 71	589 28	
	MSL HY 7 00 Omit Active New Not Listed	4	825 01	0 00	0 00	0 00	824 99	
09/17/07	Dish table-2	0 00	308 00	0 00	308.00	44 00	110 00	
	MSL HY 7 00 Omit Active New Not Listed	4	154 00	0 00	0 00	0 00	154 00	
09/17/07	Hose Reel	0 00	958 00	0 00	958.00	136 86	342 15	
	MSL HY 7 00 Omit Active New Not Listed	4	478 99	0 00	0 00	0 00	479 01	
09/17/07	Under Counter Refrigerator	0 00	1,452 00	0 00	1,452 00	207 43	518 57	
	MSL HY 7 00 Omit Active New Not Listed	4	726 00	0 00	0 00	0 00	726 00	
09/17/07	Food Cart	0 00	2,128 00	0 00	2,128 00	304 00	760 00	
	MSL HY 7 00 Omit Active New Not Listed	4	1,064 00	0 00	0 00	0 00	1,064 00	
09/17/07	Drop In Sink	0 00	695 00	0 00	695 00	99 29	248 22	
	MSL HY 7 00 Omit Active New Not Listed	4	347 49	0 00	0 00	0 00	347 51	
09/17/07	Mop Sink	0 00	608 43	0 00	608 43	86 92	217 30	
	MSL HY 7 00 Omit Active New Not Listed	4	304 21	0 00	0 00	0 00	304 22	
09/17/07	Kitchen Equipment-Loubat	0 00	24,978 72	0 00	24,978 72	3,668 39	8,920 97	
	MSL HY 7 00 Omit Active New Not Listed	4	12,489 36	0 00	0 00	0 00	12,489 36	
09/28/07	Kitchen Equipment-Loubat	0 00	3,508 04	0 00	3,508 04	501 15	1,252 87	
	MSL HY 7 00 Omit Active New Not Listed	4	1,754 02	0 00	0 00	0 00	1,754 02	
10/03/07	Privacy Curtains	0 00	20,207 13	0 00	20,207 13	2,886 73	7,218 83	
	MSL HY 7 00 Omit Active New Not Listed	4	10,103 57	0 00	0 00	0 00	10,103 56	
10/24/07	Mattresses	0 00	21,719 00	0 00	21,719 00	3,102 71	7,756 78	
	MSL HY 7 00 Omit Active New Not Listed	4	10,859 51	0 00	0 00	0 00	10,859 49	
10/24/07	Worktable	0 00	574 41	0 00	574.41	82 06	205 15	
	MSL HY 7 00 Omit Active New Not Listed	4	287 20	0 00	0 00	0 00	287 21	
10/31/07	Tabernacle	0 00	6,104 00	0 00	6,104 00	872 00	2,180 00	
	MSL HY 7 00 Omit Active New Not Listed	4	3,052 00	0 00	0 00	0 00	3,052 00	
11/08/07	Chapel Furniture	0 00	670 00	0 00	670 00	95 71	239 28	
	MSL HY 7 00 Omit Active New Not Listed	4	335 01	0 00	0 00	0 00	334 99	
11/20/07	Bed	0 00	572 45	0 00	572.45	81 78	204 45	
	MSL HY 7 00 Omit Active New Not Listed	4	286 22	0 00	0 00	0 00	286 23	
11/20/07	Grand Piano	0 00	1,200 00	0 00	1,200 00	171 43	428 57	
	MSL HY 7 00 Omit Active New Not Listed	4	600 00	0 00	0 00	0 00	600 00	

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted ASSET A/C# Range: 16500 - 17500  
 Method 5-STRAIGHT LINE-Std Conv Applied Include All assets

Date Acq Date Sold	Description Meth - Conv - Life - ITC - Stat - New - Listed	Inv Credit Depr Year	Cost Net Book Value	Sec. 179 Salvage Value	Depr Basis Prior Bonus	Current Depr Current Bonus	Beg A/Depr End A/Depr	Selling Price Gain/Loss
<b>ASSET A/C#: 17500 - OFFICE FURN/FIX/EQUIP</b>								
11/30/07	Side Chair	0 00	1,475.00	0.00	1,475.00	210.71	526.78	
	MSL HY 7 00 Omit Active New Not Listed	4	737.51	0.00	0.00	0.00	737.49	
12/04/07	3 Drawer Cabinet	0 00	493.15	0 00	493.15	70.45	176.13	
	MSL HY 7.00 Omit Active New Not Listed	4	246.67	0.00	0.00	0.00	246.68	
12/04/07	Wall Scone/Corner Table	0 00	2,515.00	0 00	2,515.00	359.29	898.22	
	MSL HY 7 00 Omit Active New Not Listed	4	1,257.49	0 00	0.00	0.00	1,257.51	
12/10/07	Relia-laid Altar	0 00	1,270.00	0.00	1,270.00	181.43	453.57	
	MSL HY 7 00 Omit Active New Not Listed	4	635.00	0 00	0.00	0.00	635.00	
12/31/07	Furniture	0 00	1,241.15	0 00	1,241.15	177.31	443.27	
	MSL HY 7 00 Omit Active New Not Listed	4	620.57	0 00	0.00	0.00	620.58	
01/04/08	Computer	0.00	1,228.18	0 00	1,228.18	245.64	614.10	
	MSL HY 5 00 Omit Active New Not Listed	4	368.44	0 00	0.00	0.00	859.74	
01/04/08	Storage Units	0 00	1,275.24	0.00	1,275.24	182.18	455.45	
	MSL HY 7 00 Omit Active New Not Listed	4	637.61	0.00	0.00	0.00	637.63	
01/15/08	Refrigerator & Microwave	0 00	1,163.69	0 00	1,163.69	166.24	415.60	
	MSL HY 7 00 Omit Active New Not Listed	4	581.85	0 00	0.00	0.00	581.84	
02/01/08	Corner Table	0 00	1,015.00	0 00	1,015.00	145.00	362.50	
	MSL HY 7 00 Omit Active New Not Listed	4	507.50	0 00	0.00	0.00	507.50	
02/16/08	Pianos with Benches	0 00	1,600.00	0 00	1,600.00	228.57	571.43	
	MSL HY 7 00 Omit Active New Not Listed	4	800.00	0 00	0.00	0.00	800.00	
02/20/08	Ozone Machines	0.00	815.54	0 00	815.54	116.51	291.27	
	MSL HY 7 00 Omit Active New Not Listed	4	407.76	0 00	0.00	0.00	407.78	
06/06/08	50 Gallon Fuel Tank	0 00	29,904.00	0 00	29,904.00	4,272.00	6,408.00	
	MSL HY 7 00 Omit Active New Not Listed	3	19,224.00	0.00	0.00	0.00	10,680.00	
06/20/08	Ice Maker	0.00	1,739.56	0 00	1,739.56	248.51	372.76	
	MSL HY 7 00 Omit Active New Not Listed	3	1,118.29	0 00	0.00	0.00	621.27	
11/25/08	Self Contained Extractor	0 00	2,645.55	0.00	2,645.55	377.94	566.91	
	MSL HY 7 00 Omit Active New Not Listed	3	1,700.70	0 00	0.00	0.00	944.85	
05/08/09	Computer Server	0 00	8,759.44	0 00	8,759.44	1,751.89	875.94	
	MSL HY 5 00 Omit Active New Not Listed	2	6,131.61	0 00	0.00	0.00	2,627.83	
05/26/09	Loubat Equipment	0 00	4,140.82	0 00	4,140.82	591.55	295.77	
	MSL HY 7 00 Omit Active New Not Listed	2	3,253.50	0 00	0.00	0.00	887.32	
07/27/09	Computer	0 00	1,354.32	0.00	1,354.32	270.86	135.43	
	MSL HY 5 00 Omit Active New Not Listed	2	948.03	0.00	0.00	0.00	406.29	
08/06/09	Computer Equipment	0 00	1,558.38	0 00	1,558.38	311.68	155.84	
	MSL HY 5.00 Omit Active New Not Listed	2	1,090.88	0 00	0.00	0.00	487.52	
08/06/09	Computer Equipment	0 00	3,265.72	0.00	3,265.72	653.14	326.57	
	MSL HY 5 00 Omit Active New Not Listed	2	2,286.01	0 00	0.00	0.00	979.71	
09/02/09	Toaster	0 00	1,423.00	0.00	1,423.00	203.29	101.64	
	MSL HY 7 00 Omit Active New Not Listed	2	1,118.07	0.00	0.00	0.00	304.93	
05/26/10 (A)	Care Tracker System	0 00	17,926.60	0 00	17,926.60	1,792.66	0.00	
	MSL HY 5 00 Omit Active New Not Listed	1	16,133.94	0 00	0.00	0.00	1,792.66	
<b>Totals for ASSET A/C#. 17500 (84 assets)</b>			<b>660,369.22</b>	<b>0.00</b>	<b>660,369.22</b>	<b>94,493.98</b>	<b>219,290.02</b>	<b>0.00</b>
			<b>348,585.22</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>313,784.00</b>	<b>0.00</b>

Summary For:	17500	Cost	Section 179 + Accum. Depr.	= Total
Beginning Balances	(83 assets)	642,442.62	0.00	219,290.02
+ Additions (A)	(1 assets)	17,926.60	Curr Depr. 0.00	94,493.98
Subtotals		660,369.22	0.00	313,784.00
- Disposals (D) and Trades (T)	(0 assets)	0.00	0.00	0.00
Ending Balances	(84 assets)	660,369.22	0.00	313,784.00

ASSET DEPRECIATION REPORT  
**STMARGARET Mar. 31, 2011**

Sorted: ASSET A/C# Range: 16500 - 17500  
 Method: 5-STRAIGHT LINE-Std Conv Applied Include All assets

Date Acq	Description	Inv Credit	Cost	Sec. 179	Depr Basis	Current Depr	Beg A/Depr	Selling Price
Date Sold	Meth - Conv - Life - ITC - Stat - New - Listed	Depr Year	Net Book Value	Salvage Value	Prior Bonus	Current Bonus	End A/Depr	Gain/Loss
<b>Grand totals for all accounts: (109 assets)</b>			13,056,469 31	0 00	13,056,469 31	494,407 55	1,124,669 77	0 00
			11,437,391 99	0 00	0 00	0 00	1,619,077 32	0 00

Summary For Grand Totals		Cost	Section 179	+ Accum. Depr.	= Total
Beginning Balances	(106 assets)	12,924,269 12	0 00	1,124,869 77	1,124,669 77
+ Additions (A)	(3 assets)	132,200 19	Curr Depr	0 00	494,407 55
Subtotals		13,056,469 31	0 00	1,619,077 32	1,619,077 32
- Disposals (D) and Trades (T)	(0 assets)	0 00	0 00	0 00	0 00
Ending Balances	(109 active assets)	13,056,469 31	0 00	1,619,077 32	1,619,077 32

	Cost	Current Depreciation	Ending Accum. Depr.
Depreciable assets: (109 assets, 0 disposed)	13,056,469.31	494,407.55	1,619,077.32
Amortizable assets: (0 assets, 0 disposed)	0.00	0.00	0.00

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, I - Inactive

**Additional Summary Statistics for Assets:**

	Cost	Current Year Section 179	Prior Year Section 179	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Value
<b>Grand Totals for all assets</b>	13,056,469.31	0.00	0 00	13,056,469 31	1,124,669 77	494,407 55	1,619,077 32	11,437,391 99
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
<b>Net Totals (Active Assets)</b>	13,056,469 31	0 00	0 00	13,056,469 31	1,124,669 77	494,407 55	1,619,077 32	11,437,391 99

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**