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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 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARC INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2701 NORTH A STREET City or town, state or country, and ZIP + 4 MIDLAND, TX 79705 F Name and address of principal officer FRED NEWMAN 2701 NORTH A STREET MIDLAND, TX 79705	D Employer identification number 75-1038411 E Telephone number (432) 498-8590 G Gross receipts \$ 6,512,058 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <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		
J Website: www.marcinc-tx.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1959 M State of legal domicile TX

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities To provide highly personalized programs and services to individuals who have intellectual and developmental disabilities by helping them make life choices based on their individual interests and dreams, achieve their personal best with dignity and respect, obtain a job or be involved in an employment environment based on their individual abilities and share in the wholeness of the community To provide highly personalized programs and services to individuals who have intellectual and developmental disabilities by helping them make life choices based on their individual interests and dreams, achieve their personal best with dignity and respect, obtain a job or be involved in an employment environment based on their individual abilities and share in the wholeness of the community</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>																										
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p> <p>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</p> <p>6 Total number of volunteers (estimate if necessary)</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p> <p>b Net unrelated business taxable income from Form 990-T, line 34</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>3</td><td style="text-align: right;">19</td></tr> <tr><td>4</td><td style="text-align: right;">19</td></tr> <tr><td>5</td><td style="text-align: right;">251</td></tr> <tr><td>6</td><td style="text-align: right;">50</td></tr> <tr><td>7a</td><td style="text-align: right;">0</td></tr> <tr><td>7b</td><td style="text-align: right;">0</td></tr> </table>	3	19	4	19	5	251	6	50	7a	0	7b	0													
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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.

Sign Here	***** Signature of officer	2011-12-21 Date
	CHARLOTTE BOSECKER EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name RANDY SILHAN Preparer's signature RANDY SILHAN Date 2011-12-21 Check if self-employed <input checked="" type="checkbox"/>	PTIN Firm's EIN Phone no (432) 580-0204
	Firm's name RANDY SILHAN CPA CFE Firm's address 2817 JBS PARKWAY C-202 ODESSA, TX 79762	

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

To empower individuals with disabilities to live a full and meaningful life by affording them the opportunity to live, work, and play in the community

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 \$ 1,867,142 including grants of \$) (Revenue \$ 2,228,277)
INTERMEDIATE CARE FACILITIES

4b (Code) (Expenses \$ 1,903,126 including grants of \$) (Revenue \$ 2,538,399)
HOME COMMUNITY BASED SERVICES

4c (Code) (Expenses \$ 634,403 including grants of \$) (Revenue \$ 591,026)
DAY HABILITATION

4d Other program services (Describe in Schedule O)
(Expenses \$ 214,266 including grants of \$) (Revenue \$ 293,957)

4e **Total program service expenses** \$ 4,618,937

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 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? <i>If "Yes," complete Schedule C, Part III.</i>		
6 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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	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>	21		No
22	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>	22		No
23	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>	23		No
24a	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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
26	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>	26		No
27	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>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	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>	33		No
34	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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
2	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	
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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
10a	Does the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> TX
18	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
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> KATHRYN FULLER 2701 NORTH A STREET MIDLAND, TX 79705 (432) 498-8590

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) BENJAMIN WRIGHT EXECUTIVE DIRECTOR	40 00	X		X		X	136,692	0	0	
(2) FRED NEWMAN PRESIDENT	2 00	X		X			0	0	0	
(3) MELVIN DUNN VICE PRESIDENT	2 00	X		X			0	0	0	
(4) DAVID MANDELL SECRETARY	2 00	X		X			0	0	0	
(5) J BRIAN MARTIN TREASURER	2 00	X		X			0	0	0	
(6) DEVIN ALSUP DIRECTOR	1 00	X					0	0	0	
(7) DEBBIE BAZE DIRECTOR	1 00	X					0	0	0	
(8) PHILLIP BELL DIRECTOR	1 00	X					0	0	0	
(9) MEGAN DORFNER DIRECTOR	1 00	X					0	0	0	
(10) HON JOHN HYDE DIRECTOR	1 00	X					0	0	0	
(11) LISA KELLY DIRECTOR	1 00	X					0	0	0	
(12) DAN LINEBARGER DIRECTOR	1 00	X					0	0	0	
(13) SHANE LOUDER DIRECTOR	1 00	X					0	0	0	
(14) TODD MEADE DIRECTOR	1 00	X					0	0	0	
(15) JAN MURDOCK DIRECTOR	1 00	X					0	0	0	
(16) HOLLY NEWMAN DIRECTOR	1 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(17) SPENCER SIPKO DIRECTOR	1 00	X						0	0	0
(18) MARTHA SMART DIRECTOR	1 00	X						0	0	0
(19) HOLLY STROMAN DIRECTOR	1 00	X						0	0	0
(20) MEDINA SWAN SELF-ADVOC REP	1 00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								136,692		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	488,844				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼	488,844				
	Program Service Revenue	2a Program service fees	623990	5,651,658	5,651,658	
b Pre-Vocational		624310	16,215	16,215		
c Program fee - rental income		623990	237,852	237,852		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼		5,905,725				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▼		415	415	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▼					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		81,871			
		b Less direct expenses b	25,551			
c Net income or (loss) from fundraising events ▼			56,320			
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
11a Other income	Miscellaneous Revenue	624310	35,203	35,203		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▼		35,203			
	12 Total revenue. See Instructions ▼		6,486,507	5,941,343		

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	136,692		136,692	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,454,005	2,649,998	804,007	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	83,905	61,922	21,983	
9	Other employee benefits	562,170	414,881	147,289	
10	Payroll taxes	287,625	212,267	75,358	
a	Fees for services (non-employees)				
	Management	230,448	230,448		
b	Legal	0			
c	Accounting	11,971		11,971	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	870,053	660,300	209,753	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	245,061	143,666	101,395	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	25,360	140	25,220	
20	Interest	27,344	22,465	4,879	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	283,165	222,850	60,315	
23	Insurance	0			
24	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)				
a					
b					
c					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	6,217,799	4,618,937	1,598,862	0
26	Joint costs. 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
Assets	1 Cash—non-interest-bearing	861,197	1	986,085
	2 Savings and temporary cash investments	14,951	2	
	3 Pledges and grants receivable, net	10,000	3	15,000
	4 Accounts receivable, net	507,120	4	632,799
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,360	9	56,356
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	6,826,453		
	10b Less accumulated depreciation	3,663,803		
		2,971,356	10c	3,162,650
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	259,570	15	259,570	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,672,554	16	5,112,460	
Liabilities	17 Accounts payable and accrued expenses	305,945	17	441,116
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	417,346	23	483,346
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	723,291	26	924,462
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,773,280	27	3,986,712
	28 Temporarily restricted net assets	175,983	28	201,286
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,949,263	33	4,187,998	
34 Total liabilities and net assets/fund balances	4,672,554	34	5,112,460	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,486,507
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,217,799
3	Revenue less expenses Subtract line 2 from line 1	3	268,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,949,263
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-29,973
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,187,998

Part XII Financial Statements and Reporting

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

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	Yes	
d	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		
3a	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	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
MARC INC

Employer identification number

75-1038411

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
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	444,887	396,697	493,383	337,268	570,715	2,242,950
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	444,887	396,697	493,383	337,268	570,715	2,242,950
5 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)						
6 Public Support. Subtract line 5 from line 4						2,242,950

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	444,887	396,697	493,383	337,268	570,715	2,242,950
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	405,214	389,303	293,786	14,140	35,618	1,138,061
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						3,381,011
12 Gross receipts from related activities, etc (See instructions)					12	

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**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	66 340 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	57 100 %

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years 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 stop here 						

Section C. Computation of Public Support Percentage


15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. 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 **stop here.** The organization qualifies as a publicly supported organization 

b 33 1/3% support tests—2009. 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 **stop here.** The organization qualifies as a publicly supported organization 

20 Private Foundation 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).

Facts And Circumstances Test

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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 MARC INC

Employer identification number 75-1038411

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 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		284,526		284,526
b Buildings		3,820,781	134,468	3,820,781
c Leasehold improvements		825,110	3,993	825,110
d Equipment		1,896,036	335,808	1,896,036
e Other			3,663,803	-3,663,803
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,162,650

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,486,507
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,217,799
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	268,708
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-29,973
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-29,973
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	238,735

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

1	Total revenue, gains, and other support per audited financial statements	1	6,499,721
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	13,214
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,214
3	Subtract line 2e from line 1	3	6,486,507
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	6,486,507

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

1	Total expenses and losses per audited financial statements	1	6,231,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	13,214
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,214
3	Subtract line 2e from line 1	3	6,217,799
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,217,799

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
X	2	Management is required to evaluate the tax positions taken by the Organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS Management has analyzed the tax positions of the Organization, and has concluded that as of June 30, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements The Organizations Forms 990, Return of Organization Exempt from IncomeTax, are subject to examination by the IRS, generally for three years after they were filed Management believes it is no longer subject to income tax examinations for years prior to 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MARC INC

Employer identification number 75-1038411

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a [x] Mail solicitations
b [] Internet and e-mail solicitations
c [] Phone solicitations
d [] In-person solicitations
e [x] Solicitation of non-government grants
f [] Solicitation of government grants
g [x] Special fundraising events

2a Did the organization have a written or oral agreement with any individual... [] Yes [x] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Big Boy Toys			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	81,871			81,871
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	81,871			81,871
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,551			25,551
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				25,551
11 Net income summary Combine lines 3 and 10 in column (d) ▶				56,320	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
MARC INC

Employer identification number

75-1038411

Identifier	Return Reference	Explanation
Form 990 Part XI	5	A prior period adjustment to beginning net assets was made to restate accumulated depreciation in the amount of 29,973

Identifier	Return Reference	Explanation
Form 990 Part VI	11a	The 990 is reviewed by the finance director prior to filing and presented to the board annually along with the annual financial statement audit

Identifier	Return Reference	Explanation
Form 990 Part VI	12c	The executive director in conjunction with the HR director, conducts an annual board of directors orientation meeting in which the conflict of interest policy and its disclosure requirements are presented to the board members. Board members are requested to disclose their relationships that might be deemed a conflict of interest. Board members abstain from votes in business in which there is a known or potential conflict of interest. The executive assistant maintains a record of all officers and directors and the companies with whom they are affiliated. The requirements for disclosure are presented to key management employees during their annual employment review.

Identifier	Return Reference	Explanation
Form 990 Part VI	15b	An evaluation tool is utilized by the board of directors during the annual review of the executive director and key management of the Organization. The Organization participates in a formal review of each employee annually and participants in a compensation survey that is provided annually by a local nonprofit service agency.

Identifier	Return Reference	Explanation
Form 990 Part VI	19	The public documents are available upon request at the Organizations administrative offices in Midland, Texas

Identifier	Return Reference	Explanation
Form 990 Part VI	2	Board president, Fred New man is the father of board member, Holly New man

Identifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 214,266, Grants and allocations 0, Revenue 293,957 OPPORTUNITY PARK OTHER PROGRAMS

Identifier	Return Reference	Explanation
		<p>Form 990, Part III, Line 4d Program Service Expenses 214,266, Grants and allocations 0, Revenue 293,957 OPPORTUNITY PARK OTHER PROGRAMS Form 990 Part XI Line 5 A prior period adjustment to beginning net assets was made to restate accumulated depreciation in the amount of 29,973 Form 990 Part VI Section B Line 11a The 990 is reviewed by the finance director prior to filing and presented to the board annually along with the annual financial statement audit Form 990 Part VI Section B Line 12c The executive director in conjunction with the HR director, conducts an annual board of directors orientation meeting in which the conflict of interest policy and its disclosure requirements are presented to the board members Board members are requested to disclose their relationships that might be deemed a conflict of interest Board members abstain from votes in business in which there is a known or potential conflict of interest The executive assistant maintains a record of all officers and directors and the companies with whom they are affiliated The requirements for disclosure are presented to key management employees during their annual employment review Form 990 Part VI Section B Line 15b An evaluation tool is utilized by the board of directors during the annual review of the executive director and key management of the Organization The Organization participates in a formal review of each employee annually and participants in a compensation survey that is provided annually by a local nonprofit service agency Form 990 Part VI Section C Line 19 The public documents are available upon request at the Organizations administrative offices in Midland, Texas Form 990 Part VI Section A Line 2 Board president, Fred Newman is the father of board member, Holly Newman</p>

**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
MARC INC

Employer identification number

75-1038411

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
(1) THE MARC ENDOWMENT INC 2701 NORTH A STREET MIDLAND, TX 79705 31-1807636	Endowment fund	TX	501 C 3	SEC 170B	MARC Inc		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	

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
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		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) The MARC Endowment Inc	p	5,588	Actual cost
(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**

Asset ID	Location	Description	Cost	Salvage Value	Begin Depreciation Date	Depreciation 2010	Accumulated Depreciation	Book Value	Depreciation	6/30/2011 Accum Deprec	Remaining Depreciation
B100001	100	BUILDING - 2001 NORTH ASH - MIDLAND IS - 7700	100,000.00	10,000.00	11/14/1964	\$ 2,150.00	\$ 92,212.50	\$ 7,787.50	\$ 2,150.00	\$ 94,362.50	\$ 5,127.50
B100002	100	BUILDING - 2001 NORTH ASH	158,424.00	15,842.40	11/11/1964	\$ 5,652.02	\$ 62,654.45	\$ 95,769.55	\$ 5,652.02	\$ 101,421.57	\$ 5,101.25
B100003	100	BUILDING - 2001 NORTH ASH	100,000.00	10,000.00	11/11/1964	\$ 2,150.00	\$ 92,212.50	\$ 7,787.50	\$ 2,150.00	\$ 94,362.50	\$ 5,127.50
B100004	100	ADDITION - 2001 NORTH ASH	50,050.00	5,005.00	11/11/1964	\$ 2,402.52	\$ 54,357.25	\$ 44,642.75	\$ 2,402.52	\$ 56,745.27	\$ 15,416.26
B100005	100	BATHRM SKINNY LKS SYSTEM	2,220.00	222.00	11/11/1964	\$ 1,059.90	\$ 1,162.75	\$ 1,059.90	\$ 1,059.90	\$ 2,119.65	\$ 1,795.25
B100006	100	BUILDING - 2001 NORTH ASH	1,227.00	122.70	11/11/1964	\$ 4,627.12	\$ 15,254.00	\$ 13,626.88	\$ 4,627.12	\$ 18,253.99	\$ 5,200.21
B100007	100	BUILDING - 2001 W. GOLF COURSE	14,546.00	1,454.60	11/11/1964	\$ 4,235.42	\$ 9,310.58	\$ 5,235.42	\$ 4,235.42	\$ 9,450.90	\$ 2,745.20
B110001	110	BUILDING - 2000 LINDA CREEK	140,176.00	14,017.60	11/11/1964	\$ 4,205.92	\$ 90,776.00	\$ 49,399.00	\$ 4,205.92	\$ 94,981.92	\$ 21,194.01
B120001	120	BUILDING - 424 S. ANKLEMAN	1,220.00	122.00	11/11/1964	\$ 4,699.60	\$ 104,174.47	\$ 102,954.47	\$ 4,699.60	\$ 107,654.07	\$ 22,112.92
B120002	120	BUILDING - 424 S. ANKLEMAN	1,220.00	122.00	11/11/1964	\$ 4,691.50	\$ 92,276.17	\$ 127,723.83	\$ 4,691.50	\$ 96,967.67	\$ 4,790.02
B120003	120	STORAGE BLDG #10	1,110.00	111.00	11/11/1964	\$ 39.52	\$ 607.21	\$ 549.29	\$ 39.52	\$ 588.81	\$ 707.04
B120004	120	BUILDING - 211 LINDA CREEK	100,000.00	10,000.00	11/11/1964	\$ 2,451.14	\$ 10,969.11	\$ 89,030.89	\$ 2,451.14	\$ 91,481.93	\$ 2,114.96
B120005	120	CAPITALIZED EXPENSES TAXES	1,195.19	119.52	11/11/1964	\$ 67.94	\$ 229.77	\$ 965.42	\$ 67.94	\$ 297.71	\$ 1,014.45
B120006	120	Capitalize Taxes	45,000.00	4,500.00	11/11/1964	\$ 16.20	\$ 49.90	\$ 44,499.10	\$ 16.20	\$ 60.10	\$ 42,515.20
B120007	120	BRICK VENEER BUILDING #1 LINDA CREEK	11,220.00	1,122.00	11/11/1964	\$ 3,207.46	\$ 15,996.00	\$ 14,782.54	\$ 3,207.46	\$ 17,989.90	\$ 7,992.27
B120008	120	CAPITALIZED EXPENSES TAXES	1,500.00	150.00	11/11/1964	\$ 61.99	\$ 222.00	\$ 1,278.00	\$ 61.99	\$ 283.99	\$ 1,566.44
B120009	120	CAPITALIZED EXPENSES TAXES	442.40	44.24	11/11/1964	\$ 14.55	\$ 42.22	\$ 400.21	\$ 14.55	\$ 56.76	\$ 297.46
B120010	120	BUILDING - 2001 BRYDEN	115,227.41	11,522.74	11/11/1964	\$ 2,945.26	\$ 24,006.11	\$ 91,221.30	\$ 2,945.26	\$ 94,166.56	\$ 90,246.57
B120011	120	CAPITALIZED EXPENSES TAXES	5,247.77	524.78	11/11/1964	\$ 27.49	\$ 102.07	\$ 5,145.70	\$ 27.49	\$ 517.19	\$ 694.01
B100001	100	BUILDING - 2000 SHILLINE	14,220.00	1,422.00	11/11/1964	\$ 2,527.77	\$ 46,592.50	\$ 31,927.50	\$ 2,527.77	\$ 49,455.27	\$ 25,111.42
B100002	100	STORAGE BLDG #5	600.00	60.00	11/11/1964	\$ 22.67	\$ 547.17	\$ 547.17	\$ 22.67	\$ 569.84	\$ 400.16
B100003	100	BUILDING - 2004 WILLOWWOOD	1,750.00	175.00	11/11/1964	\$ 2,926.47	\$ 47,962.29	\$ 46,212.29	\$ 2,926.47	\$ 49,138.76	\$ 27,195.24
B170001	170	BUILDING - 2004 WILLOWWOOD	101,121.00	10,112.10	11/11/1964	\$ 2,022.92	\$ 49,201.42	\$ 51,919.58	\$ 2,022.92	\$ 53,942.50	\$ 29,652.65
B170002	170	STORAGE BLDG #5	600.00	60.00	11/11/1964	\$ 22.67	\$ 547.17	\$ 547.17	\$ 22.67	\$ 569.84	\$ 400.16
B170003	170	BUILDING - 212 LINDA CREEK	1,120.00	112.00	11/11/1964	\$ 2,965.77	\$ 45,021.05	\$ 43,855.95	\$ 2,965.77	\$ 46,821.72	\$ 29,866.95
B170004	170	STORAGE BLDG #5	600.00	60.00	11/11/1964	\$ 22.67	\$ 547.17	\$ 547.17	\$ 22.67	\$ 569.84	\$ 400.16
B100001	100	BUILDING - 1101 NORTH ASH	21,000.00	2,100.00	11/11/1964	\$ 9,282.52	\$ 112,493.11	\$ 103,210.59	\$ 9,282.52	\$ 112,493.11	\$ 159,990.26
B100002	100	BUILDING - 1101 NORTH ASH	117,120.00	11,712.00	11/11/1964	\$ 2,515.25	\$ 71,190.62	\$ 45,929.38	\$ 2,515.25	\$ 74,714.63	\$ 20,766.55
B100003	100	CELL PHONE BLDG #ADP	101,750.00	10,175.00	11/11/1964	\$ 2,769.27	\$ 11,579.99	\$ 90,170.01	\$ 2,769.27	\$ 92,939.28	\$ 90,705.74
B100004	100	OFFICE FURNITURE	227,210.00	22,721.00	11/11/1964	\$ 10,721.12	\$ 226,920.00	\$ 100,289.00	\$ 10,721.12	\$ 237,641.12	\$ 52,952.21
B100005	100	FURNITURE	2,220.00	222.00	11/11/1964	\$ 112.27	\$ 235.59	\$ 1,984.41	\$ 112.27	\$ 2,096.68	\$ 1,029.54
B100006	100	OFFICE FURNITURE	200,520.00	20,052.00	11/11/1964	\$ 2,117.20	\$ 270,742.00	\$ 229,678.00	\$ 2,117.20	\$ 231,795.20	\$ 270,422.00
B100007	100	MARK OFFICE - 2001 NORTH ASH	4,451.20	445.12	11/11/1964	\$ 7,232.26	\$ 29,232.26	\$ 24,800.00	\$ 7,232.26	\$ 32,032.26	\$ 24,800.00
B100008	100	OFFICE ADDITION - 2001 NORTH ASH	2,500.00	250.00	11/11/1964	\$ 2,121.67	\$ 25,014.72	\$ 22,893.28	\$ 2,121.67	\$ 25,014.72	\$ 22,893.28
B100009	100	OFFICE FURNITURE - KEMPBULL	7,240.00	724.00	11/11/1964	\$ 2,512.52	\$ 4,171.26	\$ 3,068.74	\$ 2,512.52	\$ 4,421.26	\$ 2,122.21
B100010	100	TRAIL BUILDING	2,000.00	200.00	11/11/1964	\$ 90.46	\$ 1,762.14	\$ 833.86	\$ 90.46	\$ 924.32	\$ 1,552.64
B400005	145	Building - Apperich	176,002.90	17,600.29	11/22/09	\$ 2,520.09	\$ 2,520.09	In Service 11/22/09	\$ 2,520.09	\$ 5,040.19	\$ 149,602.25
B400006	140	Building - Jordan	166,215.75	16,621.58	05/21/10	\$ 521.09	\$ 521.09	In Service 5/21/10	\$ 4,936.56	\$ 5,457.65	\$ 140,758.10
Adjustment	145	FROM WIP - Excav Fees	1,300.00	130.00	11/22/09	\$ 75.00	\$ 1,706.494.92	\$ 1,706.494.92	\$ 75.00	\$ 1,706,222.25	\$ 1,615.00
Adjustment	140	FROM WIP - Excav Fees	1,750.00	175.00	05/21/10	\$ 75.75	\$ 2,750.00	\$ 2,750.00	\$ 75.75	\$ 2,825.75	\$ 1,507.92
B400007	151	Building - shandin	167,969.24	16,796.92	07/21/10	\$ 2,342.07	\$ 2,342.07	In Service 9/21/10	\$ 4,684.14	\$ 7,028.21	\$ 140,941.03
Adjustment		WIP - Excav Fees Shandin House			07/21/10					\$ 22.22	\$ 22.22
32000000	140	TAXES AS PART OF FUNDED ASSET OF HOME	2,517,267.27							\$ 1,572,075.75	\$ 945,191.52
32000000	140	TAXES AS PART OF FUNDED ASSET OF HOME								\$ 26.90	\$ 26.90
										\$ 29.57	\$ 29.57
										\$ 4,259.29	\$ 4,259.29

Asset ID	Location	Description	Cost	Salvage Value	Begin Depreciation Date	6/30/2010 Accum. Depr.	Remaining Depreciation	Depreciation 2011	6/30/2011 Accum. Depreciation	Remaining Depreciation
SW40001	400	POWER PANELS SW	2,700.00	0.00	11/01/10	\$ 5,720.00	\$ 5,720.00	\$ 5,720.00	\$ 5,720.00	\$ 0.00
SW40002	400	ENERGY CONSERVATION	10,250.00	0.00	11/01/10	\$ 10,250.00	\$ 10,250.00	\$ 10,250.00	\$ 10,250.00	\$ 0.00
SW40003	400	QUIET FAN FANES	4,000.00	0.00	11/01/10	\$ 6,450.22	\$ 6,450.22	\$ 6,450.22	\$ 6,450.22	\$ 0.00
SW40004	400	WINDUP OFFICE FEG	7,715.00	0.00	11/01/10	\$ 5,715.00	\$ 2,000.00	\$ 5,715.00	\$ 5,715.00	\$ 0.00
SW40005	400	SCISSOR	1,400.00	0.00	11/01/10	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ 0.00
SW40006	400	ENERGY CONSERVATION	1,500.00	0.00	11/01/10	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 0.00
SW40007	400	FAN FANES - PRINTING	2,900.00	0.00	11/01/10	\$ 2,900.00	\$ 2,900.00	\$ 2,900.00	\$ 2,900.00	\$ 0.00
SW40008	400	HP ACCOUNTING KIT	12,425.00	0.00	11/01/10	\$ 12,425.00	\$ 12,425.00	\$ 12,425.00	\$ 12,425.00	\$ 0.00
SW40009	400	HP ACCOUNTING KIT	1,004.00	0.00	11/01/10	\$ 1,004.00	\$ 1,004.00	\$ 1,004.00	\$ 1,004.00	\$ 0.00
SW40010	400	SERVERS SOFTWARE	1,940.00	0.00	11/01/10	\$ 1,940.00	\$ 1,940.00	\$ 1,940.00	\$ 1,940.00	\$ 0.00
SW40011	400	SERVERS SOFTWARE	2,500.00	0.00	11/01/10	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 0.00
SW40012	400	ADP FAX MACHINE	1,000.00	0.00	11/01/10	\$ 552.22	\$ 447.78	\$ 552.22	\$ 552.22	\$ 447.78
SW40013	400	IMPRES	24,240.00	0.00	01/01/10	\$ 5,707.17	\$ 18,532.83	\$ 11,414.22	\$ 17,121.50	\$ 7,118.50
SW40014	400	MICKSONG DYNAMICS SOFTWARE	2,427.00	0.00	01/01/10	\$ 5,422.67	\$ 27,162.27	\$ 10,965.22	\$ 16,296.00	\$ 10,866.00
SW40015	400	TRIMON SOFTWARE - 4 CHEVYVILLE AVENUE SHELBY BOARD	1,700.00	0.00	01/01/10	\$ 251.67	\$ 1,448.33	\$ 562.22	\$ 545.00	\$ 545.00
SW40016	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	2,200.00	0.00	01/01/10	\$ 57.50	\$ 2,142.50	\$ 175.00	\$ 2,067.50	\$ 2,067.50
SW40017	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	487.75	0.00	01/01/10	\$ 156.17	\$ 331.58	\$ 156.17	\$ 487.75	\$ 487.75
SW40018	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	1,014.75	0.00	01/01/10	\$ 162.29	\$ 852.46	\$ 254.50	\$ 546.95	\$ 546.95
SW40019	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	4,200.00	0.00	01/01/10	\$ 715.00	\$ 3,485.00	\$ 1,420.00	\$ 2,065.00	\$ 2,145.00
SW40020	400	SCISSOR - 2009 EDITION FOR KALAI PLAINS DYNAMICS SOFTWARE	1,715.00	0.00	01/01/10	\$ 266.22	\$ 1,448.78	\$ 572.67	\$ 569.00	\$ 569.00
SW40021	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	2,751.25	0.00	01/01/10	\$ 602.54	\$ 2,148.71	\$ 1,227.00	\$ 1,940.62	\$ 1,940.62
SW40022	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	2,957.00	0.00	01/01/10	\$ 941.25	\$ 2,015.75	\$ 1,962.25	\$ 2,947.75	\$ 2,947.75
SW40023	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	1,200.00	0.00	01/01/10	\$ 102.00	\$ 1,098.00	\$ 204.17	\$ 206.25	\$ 206.25
SW40024	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	11,750.00	0.00	01/01/10	\$ 1,955.22	\$ 9,794.78	\$ 2,916.67	\$ 5,575.00	\$ 5,575.00
SW40025	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	5,000.00	0.00	01/01/10	\$ 1,222.75	\$ 3,777.25	\$ 2,067.50	\$ 4,001.25	\$ 4,001.25
SW40026	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	2,725.50	0.00	01/01/10	\$ 562.75	\$ 2,162.75	\$ 1,127.50	\$ 1,035.25	\$ 1,035.25
SW40027	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	742.75	0.00	01/01/10	\$ 122.96	\$ 619.79	\$ 247.92	\$ 271.85	\$ 271.85
SW40028	400	MICKSONG DYNAMICS SOFTWARE TRAINING - IMPLEMENTATION	7,025.00	0.00	01/01/10	\$ 1,170.52	\$ 5,854.48	\$ 2,341.67	\$ 2,51	

SW40004	400	ULD	(12,500)			\$	77,422.51			\$	129,499.55
		0 TO 2011 G L	210,647.25								
		MICROSOFT DYNAMICS GP SOFTWARE TRAINING IMPLEMENTATION		F	04/20/11	26				\$	14.55
		Adjustment from prior year not in client financial statements	32,536.00	G						\$	32,536.00
		Wip adjustment current year	(925.00)							\$	162,110.17
		ULD								\$	2,041.12
		Unadjusted 03/20/11								\$	159,029.01

Asset ID	Location	Description	Cost	Salvage Value	Date Acquired	Depreciation 2010	Accumulated Depreciation 2010	Check Figure	Depreciation 2011	Accumulated Depreciation 2011	Remaining Depreciation
FFL10000	100	STORAGE CABINET	1,27.00	0.00	11/1/05	350	\$	\$	\$	\$	1,27.00
FFL10000	100	KENIGLSTATION	5,000.00	0.00	11/1/05	1,200	\$	\$	\$	\$	5,000.00
FFL10000	100	WASHER DRYER	1,050.00	0.00	11/1/07	0	\$	\$	\$	\$	1,050.00
FFL10004	100	KENIGLSTATION	2,700.00	0.00	11/1/05	0	\$	\$	\$	\$	2,700.00
FFL10005	100	STOVE OVEN	750.00	0.00	11/1/07	0	\$	\$	\$	\$	750.00
FFL10006	100	KENIGLSTATION	1,040.00	0.00	11/1/07	0	\$	\$	\$	\$	1,040.00
FFL10007	100	STOVE OVEN	2,100.00	0.00	11/1/05	0	\$	\$	\$	\$	2,100.00
FFL10008	100	FAN OVEN	1,27.00	0.00	11/1/07	0	\$	\$	\$	\$	1,27.00
FFL10009	100	LINE DRYER	8,200.00	0.00	11/1/07	0	\$	\$	\$	\$	8,200.00
FFL10010	100	KOOLMATESS FOR FLOORING	2,000.00	0.00	10/1/00	0	\$	\$	\$	\$	2,000.00
FFL10011	100	KOOLMATESS	607.00	0.00	11/1/00	0	\$	\$	\$	\$	607.00
FFL10012	100	BURR	2,000.00	0.00	10/1/00	0	\$	\$	\$	\$	2,000.00
FFL10013	100	BLDG ROOF FURNITURE	5,214.40	0.00	11/1/04	350	\$	554.75	\$	5,224.14	4,669.39
FFL10014	100	SEAS	1,174.41	0.00	11/1/04	144	\$	1,774.41	\$	1,125.25	1,174.41
FFL10015	100	CHAIRS	47.20	0.00	11/1/04	100	\$	47.20	\$	192.14	227.16
FFL10016	100	FOR TABLE CUSHION	1,100.12	0.00	11/1/07	0	\$	221.02	\$	651.52	902.55
FFL10017	100	KENIGLSTATION	909.00	0.00	10/1/04	0	\$	\$	\$	\$	909.00
FFL10018	100	WASHER DRYER	1,050.00	0.00	11/1/07	0	\$	\$	\$	\$	1,050.00
FFL10019	100	DISHWASHER	549.00	0.00	11/1/00	0	\$	\$	\$	\$	549.00
FFL10020	100	FAN OVEN	1,205.00	0.00	11/1/07	0	\$	\$	\$	\$	1,205.00
FFL10021	100	FAN OVEN	1,277.00	0.00	11/1/07	0	\$	\$	\$	\$	1,277.00
FFL10022	100	LINE DRYER	927.00	0.00	11/1/07	0	\$	\$	\$	\$	927.00
FFL10023	100	DISHWASHER	527.00	0.00	11/1/07	0	\$	\$	\$	\$	527.00
FFL10024	100	KOOLMATESS	607.00	0.00	10/1/00	0	\$	\$	\$	\$	607.00
FFL10025	100	BURR	525.00	0.00	10/1/00	0	\$	\$	\$	\$	525.00
FFL10026	100	DIET WATER HEATER	57.50	0.00	11/1/04	100	\$	57.50	\$	212.54	649.36
FFL10027	100	BLDG ROOF FURNITURE	1,692.00	0.00	11/1/04	350	\$	1,057.45	\$	1,490.45	1,126.05
FFL10028	100	BLDG ROOF FURNITURE	2,732.04	0.00	11/1/04	350	\$	2,415.25	\$	2,162.26	2,790.32
FFL10029	100	SEAS	260.94	0.00	11/1/04	144	\$	234.09	\$	1,935.15	2,707.02
FFL10030	100	DISHWASHER	115.92	0.00	11/1/04	100	\$	80.45	\$	524.52	792.25
FFL10031	100	A CUSHION	100.52	0.00	11/1/04	100	\$	477.45	\$	100.52	625.22
FFL10032	100	BLDG MATERIALS	75.77	0.00	11/1/04	100	\$	75.77	\$	300.24	407.27
FFL10033	100	KOOLMATESS	49.50	0.00	11/1/04	100	\$	192.17	\$	49.50	247.25
FFL10034	100	KANGLED STEEL	57.20	0.00	11/1/00	100	\$	57.20	\$	252.25	276.95
FFL10035	130	KENIGLSTATION	655.00	0.00	11/1/05	0	\$	\$	\$	\$	655.00
FFL10036	130	SEAS	1,292.20	0.00	11/1/07	0	\$	\$	\$	\$	1,292.20
FFL10037	130	WALL OVEN	999.95	0.00	11/1/07	0	\$	\$	\$	\$	999.95
FFL10038	130	FAN OVEN	1,122.00	0.00	11/1/07	0	\$	\$	\$	\$	1,122.00
FFL10039	130	SEAS OVEN	1,352.00	0.00	11/1/07	0	\$	\$	\$	\$	1,352.00
FFL10040	130	KENIGLSTATION	760.00	0.00	10/1/05	0	\$	\$	\$	\$	760.00
FFL10041	130	FAN OVEN	1,277.00	0.00	11/1/07	0	\$	\$	\$	\$	1,277.00
FFL10042	130	LINE DRYER	927.00	0.00	11/1/07	0	\$	\$	\$	\$	927.00
FFL10043	130	SEAS	795.95	0.00	11/1/00	0	\$	\$	\$	\$	795.95
FFL10044	130	LINE DRYER	705.95	0.00	11/1/00	0	\$	\$	\$	\$	705.95
FFL10045	130	KENIGLSTATION	595.00	0.00	11/1/00	0	\$	\$	\$	\$	595.00
FFL10046	130	DISHWASHER	900.67	0.00	11/1/00	0	\$	\$	\$	\$	900.67
FFL10047	130	DISHWASHER	547.00	0.00	11/1/00	0	\$	\$	\$	\$	547.00
FFL10048	130	SEAS	45.97	0.00	11/1/04	144	\$	45.97	\$	306.05	355.05
FFL10049	130	SEAS	144.67	0.00	11/1/04	144	\$	144.67	\$	795.67	1,050.00
FFL10050	130	BLDG ROOF FURNITURE	109.20	0.00	10/1/04	100	\$	109.20	\$	515.70	627.90
FFL10051	130	DIET WATER HEATER	52.47	0.00	11/1/00	350	\$	52.47	\$	577.12	262.22
FFL10052	130	SEAS OVEN	1,275.00	0.00	11/1/07	144	\$	402.74	\$	1,126.22	511.24
FFL10053	130	WALL OVEN	1,200.00	0.00	11/1/00	0	\$	\$	\$	\$	1,200.00
FFL10054	130	SEAS OVEN	2,700.00	0.00	11/1/00	0	\$	\$	\$	\$	2,700.00
FFL10055	130	LINE DRYER	615.00	0.00	11/1/07	0	\$	\$	\$	\$	615.00
FFL10056	130	SEAS	799.99	0.00	11/1/07	0	\$	\$	\$	\$	799.99
FFL10057	130	SEAS	799.99	0.00	11/1/07	0	\$	\$	\$	\$	799.99
FFL10058	130	STAFFING INSTALL TABLE	697.00	0.00	11/1/07	0	\$	\$	\$	\$	697.00
FFL10059	130	STAFFING EQUIPMENT SWING	1,292.00	0.00	11/1/07	0	\$	\$	\$	\$	1,292.00
FFL10060	130	FAN OVEN	514.00	0.00	11/1/07	0	\$	\$	\$	\$	514.00
FFL10061	130	LINE DRYER	927.00	0.00	11/1/07	0	\$	\$	\$	\$	927.00
FFL10062	130	DISHWASHER	1,029.95	0.00	11/1/00	0	\$	\$	\$	\$	1,029.95
FFL10063	130	BLDG ROOF FURNITURE	24.87	0.00	11/1/04	350	\$	45.00	\$	251.24	247.22
FFL10064	130	SEAS	45.05	0.00	11/1/04	144	\$	45.05	\$	267.74	265.09
FFL10065	130	DISHWASHER	51.50	0.00	11/1/00	350	\$	51.50	\$	542.92	241.91
FFL10066	130	BLDG MATERIALS	57.90	0.00	10/1/00	100	\$	57.90	\$	549.25	417.52
FFL10067	130	CHAIRS	52.57	0.00	11/1/00	350	\$	52.57	\$	600.22	240.96
FFL10068	130	DISHWASHER	1,522.00	0.00	11/1/07	0	\$	\$	\$	\$	1,522.00
FFL10069	130	WALL OVEN	1,029.00	0.00	11/1/00	0	\$	\$	\$	\$	1,029.00
FFL10070	130	KENIGLSTATION	69.70	0.00	11/1/00	100	\$	69.70	\$	300.12	429.52
FFL10071	130	DISHWASHER	11.14	0.00	11/1/00	144	\$	76.05	\$	634.02	355.05
FFL10072	130	SEAS OVEN	124.55	0.00	11/1/00	144	\$	80.85	\$	952.17	796.26
FFL10073	130	FAN OVEN	105.92	0.00	11/1/00	0	\$	105.92	\$	1,055.92	609.11
FFL10074	130	WALL OVEN	292.42	0.00	11/1/00	0	\$	79.75	\$	245.55	272.17
FFL10075	130	SEAS AND OVEN	205.45	0.00	11/1/00	144	\$	129.67	\$	1,924.12	205.45
FFL10076	130	WOOD TABLES	0.00	0.00	11/1/00	250	\$	\$	\$	\$	1,500.15
FFL10077	130	WOOD DINING TABLE CHAIRS AND BENCH	1,170.00	0.00	11/1/00	350	\$	\$	\$	\$	1,655.65
FFL10078	130	WOOD BREAKFAST TABLE AND CHAIRS	24.57	0.00	11/1/00	350	\$	127.67	\$	617.06	1,170.27
FFL10079	130	WOODEN BLDG ROOF FURNITURE	52.72	0.00	11/1/00	350	\$	254.45	\$	202.29	219.61
FFL10080	130	BLDG ROOF FURNITURE	0.00	0.00	10/1/00	350	\$	52.72	\$	207.61	452.29
FFL10081	130	SEAS	11.25	0.00	11/1/00	144	\$	46.60	\$	217.25	267.95
FFL10082	130	WOODEN BENCH	94.90	0.00	11/1/00	144	\$	94.90	\$	640.55	545.65
FFL10083	130	WOODEN BENCH	41.64	0.00	11/1/00	200	\$	41.64	\$	614.19	572.55
FFL10084	130	CHAIR AND BENCH	40.00	0.00	11/1/00	350	\$	210.00	\$	299.99	259.99
FFL10085	130	TABLE	26.00	0.00	11/1/00	350	\$	190.00	\$	251.00	215.00
FFL10086	130	KENIGLSTATION	1,100.00	0.00	11/1/00	100	\$	120.00	\$	570.00	450.00
FFL10087	130	BLDG MATERIALS	197.12	0.00	11/1/00	0	\$	219.42	\$	201.14	1,097.12
FFL10088	130	KOOLMATESS	49.50	0.00	11/1/00	100	\$	192.55	\$	201.17	247.25

LH17-0000	17-0	ALUMINUM SIDING	2,700.00	0.00	2,700.00	150	\$	245.00	\$	1,820.07	\$	2,057.22	\$	245.00	\$	1,550.07	\$	1,529.22
LH17-0004	17-0	TILE/CYL CABINET	1,424.10	0.00	1,424.10	150	\$	94.94	\$	4,527.89	\$	900.11	\$	94.94	\$	627.92	\$	791.17
LH17-0000	17-0	ASH HALL KENSAFACING KENSAFACING	1,500.00	0.00	4,100.00	4	\$	1,500.00	\$		\$		\$		\$	1,500.00	\$	
LH17-0000	17-0	FAMILY ENTRANCE	1,400.00	0.00	12,250.00	0	\$	250.00	\$	1,026.07	\$	772.22	\$	250.00	\$	1,206.07	\$	92.22
LH17-0001	17-0	SKINTEK SYSTEM	13,000.00	0.00	23,000.00	54	\$	Fully Depreciated	\$	12,050.00	\$		\$		\$	12,050.00	\$	
LH17-0000	17-0	CASSETT	2,340.00	0.00	13,100.00	0	\$	Fully Depreciated	\$	2,145.09	\$		\$	(0.00)	\$	2,145.09	\$	0.00
LH17-0000	17-0	BAKING OVEN CABINET FAMILY	77.50	0.00	175,000.00	1	\$		\$	77.54	\$	521.92	\$	90.62	\$	77.54	\$	12.97
LH17-0004	17-0	ALUMINUM SIDING	2,270.00	0.00	10,100.00	150	\$	225.00	\$	1,491.25	\$	1,992.75	\$	225.00	\$	1,766.25	\$	1,665.75
LH17-0000	17-0	TILE/CYL CABINET	1,000.00	0.00	13,100.00	150	\$	100.00	\$	604.44	\$	995.56	\$	100.00	\$	711.11	\$	995.56
LH17-0000	17-0	CASSETT	2,224.00	0.00	13,100.00	0	\$	550.92	\$	1,455.72	\$	675.90	\$	550.92	\$	2,365.65	\$	165.76
LH17-0007	17-0	FAMILY ENTRANCE	1,400.00	0.00	1,100.00	0	\$	250.00	\$	1,002.22	\$	390.07	\$	250.00	\$	1,252.22	\$	116.07
LH17-0005	17-0	VINYL FLOORING	1,050.00	0.00	10,000.00	100	\$	105.00	\$	235.62	\$	752.05	\$	105.00	\$	444.47	\$	444.02
LH17-0000	13-0	NEW	2,700.00	0.00	2,700.00	100	\$	57.50	\$	152.05	\$	392.92	\$	57.50	\$	229.55	\$	235.42
LH17-0001	13-0	FF OF THE KITCHEN	17,000.00	0.00	10,000.00	150	\$	1,170.00	\$	7,117.50	\$	10,422.50	\$	1,170.00	\$	2,297.50	\$	9,262.50
LH17-0000	13-0	NEW	1,700.00	0.00	1,400.00	54	\$	Fully Depreciated	\$	1,750.00	\$		\$		\$	1,750.00	\$	
LH17-0000	13-0	ASH HALL KENSAFACING NEW FLOORING	2,270.00	0.00	4,100.00	4	\$	Fully Depreciated	\$	5,575.55	\$		\$		\$	5,575.55	\$	
LH17-0004	13-0	TRIAL ALARMS	4,400.00	0.00	20,000.00	100	\$	440.50	\$	1,741.55	\$	2,902.12	\$	440.50	\$	2,206.25	\$	2,435.02
LH17-0000	13-0	CLIP BODY	1,000.00	0.00	1,000.00	150	\$	67.25	\$	239.75	\$	775.92	\$	67.25	\$	297.00	\$	711.05
LH17-0000	13-0	ELECTRIC PANEL	2,000.00	0.00	2,500.00	40	\$	112.25	\$	377.50	\$	1,597.50	\$	112.25	\$	490.75	\$	1,774.25
LH17-0001	13-0	CAPITAL IMPROVEMENTS	7,000.00	0.00	13,100.00	0	\$	Fully Depreciated	\$	7,295.00	\$		\$		\$	7,295.00	\$	
LH17-0000	13-0	FAMILY KENSAFACING	1,000.00	1,270.00	2,270.00	100	\$	14,914.50	\$	164,062.50	\$	1,657.20	\$	1,657.20	\$	165,720.00	\$	
LH17-0000	13-0	NEW	1,000.00	0.00	1,100.00	100	\$	Fully Depreciated	\$	1,600.00	\$		\$		\$	1,600.00	\$	(0.00)
LH17-0004	13-0	NEW WALL LIGHT FIXTURES	500.00	0.00	4,100.00	100	\$	114.00	\$	605.00	\$	342.00	\$	114.00	\$	722.00	\$	225.00
LH17-0000	13-0	ASH HALL KENSAFACING AND NEW FLOORING	2,200.40	0.00	4,100.00	4	\$	Fully Depreciated	\$	3,504.42	\$		\$		\$	3,504.42	\$	
LH17-0000	13-0	FLYKING AND KENSAFACING	1,000.00	0.00	4,100.00	0	\$	11,000.75	\$	50,359.92	\$	42,040.05	\$	11,000.75	\$	61,020.67	\$	21,015.72
LH17-0001	13-0	SKINTEK SYSTEM	1,500.00	0.00	23,000.00	0	\$	526.77	\$	10,096.26	\$	5,706.44	\$	526.77	\$	10,622.12	\$	5,179.57
LH17-0000	13-0	CAPITAL IMPROVEMENTS	2,000.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	2,269.00	\$		\$	(0.00)	\$	2,269.00	\$	0.00
LH17-0000	13-0	CAPITAL IMPROVEMENTS OFFICE	2,400.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	2,420.00	\$		\$		\$	2,420.00	\$	
LH17-0004	13-0	PAINTING JOB	1,000.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	1,922.00	\$		\$	(0.00)	\$	1,922.00	\$	0.00
LH17-0000	13-0	CASSETT	600.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	952.00	\$		\$	(0.00)	\$	952.00	\$	0.00
LH17-0000	13-0	KITCHEN CABINETS	600.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	695.00	\$		\$		\$	695.00	\$	
LH17-0000	13-0	KITCHEN CABINETS	2,500.00	0.00	23,000.00	100	\$	Fully Depreciated	\$	2,500.00	\$		\$		\$	2,500.00	\$	
LH17-0000	13-0	CASSETT	2,000.00	0.00	23,000.00	0	\$	Fully Depreciated	\$	2,022.55	\$		\$	(0.00)	\$	2,022.55	\$	0.00
LH17-0000	13-0	LANDSCAPING	4,271.95	0.00	4,200.00	100	\$	427.20	\$	2,769.92	\$	1,602.06	\$	427.20	\$	2,206.12	\$	1,165.76
LH17-0000	13-0	LANDSCAPING	4,200.00	0.00	4,200.00	100	\$	516.01	\$	2,099.67	\$	1,022.22	\$	516.01	\$	2,615.25	\$	516.01
LH17-0001	13-0	STAIRWELL	1,300.00	0.00	7,100.00	150	\$	74.90	\$	489.42	\$	674.12	\$	74.90	\$	524.32	\$	599.22
LH17-0000	13-0	LANDSCAPING	1,500.00	0.00	5,100.00	100	\$	150.00	\$	1,065.00	\$	725.00	\$	150.00	\$	1,245.00	\$	555.00
LH17-0000	13-0	BUILDING LABELING SEALING PAINTING	10,000.00	0.00	1,100.00	0	\$		\$	1,000.00	\$	10,000.00	\$		\$	10,000.00	\$	
LH17-0000	13-0	ASH HALL KENSAFACING AND NEW FLOORING	2,200.40	0.00	4,100.00	4	\$	Fully Depreciated	\$	3,504.42	\$		\$		\$	3,504.42	\$	
LH17-0000	13-0	WALL FABRICATION	1,400.55	0.00	2,500.00	150	\$	92.72	\$	412.95	\$	991.02	\$	92.72	\$	507.05	\$	595.20
LH17-0000	13-0	WALL FABRICATION	500.00	0.00	2,500.00	150	\$	50.57	\$	246.45	\$	606.67	\$	50.57	\$	302.32	\$	549.76
LH17-0000	13-0	WORK ROOM BUILDING COUNSELING	1,175.00	0.00	4,100.00	150	\$	75.59	\$	324.02	\$	644.99	\$	75.59	\$	412.62	\$	766.20
LH17-0000	13-0	SPRINKLER SYSTEM	1,000.00	0.00	2,000.00	150	\$	62.39	\$	199.11	\$	1,026.76	\$	62.39	\$	291.50	\$	954.27
LH17-0000	13-0	CONDENSERS	2,700.25	0.00	2,700.00	150	\$	150.21	\$	390.46	\$	2,312.72	\$	150.21	\$	570.67	\$	2,162.51
LH17-0000	13-0	CASSETT	2,700.00	0.00	2,700.00	0	\$	545.00	\$	1,150.52	\$	1,544.17	\$	545.00	\$	1,725.52	\$	999.17
LH17-0000	13-0	ADVANCED SOLAR LIGHT FIXTURES	10,211.00	0.00	25,000.00	0	\$	2,022.20	\$	4,215.21	\$	5,901.29	\$	2,022.20	\$	6,225.51	\$	2,577.99
LH17-0000	13-0	STAIR CASES	2,400.00	0.00	2,400.00	0	\$	65.50	\$	121.00	\$	392.00	\$	65.50	\$	196.50	\$	227.50
LH17-0000	13-0	NEW INSULATION FLOORING AND VINYL	14,000.00	0.00	5,100.00	0	\$		\$	152.25	\$	251.22	\$	1,114.77	\$	152.25	\$	921.52
LH17-0000	13-0	CLASSIC KLEPDAI WOOD FLOORING	1,000.00	0.00	12,200.00	0	\$	202.09	\$	329.49	\$	1,290.04	\$	202.09	\$	542.15	\$	1,056.25
LH17-0000	13-0	CLASSIC KLEPDAI WOOD FLOORING	1,277.23	0.00	13,200.00	0	\$	199.94	\$	322.22	\$	1,366.25	\$	199.94	\$	522.17	\$	1,056.34
LH17-0000	13-0	TILE FLOORING	1,740.00	0.00	13,200.00	0	\$	217.57	\$	344.95	\$	1,397.97	\$	217.57	\$	562.52	\$	1,150.10
LH17-0000	13-0	TRIPLE OAK WOOD FLOORING	500.00	0.00	11,200.00	0	\$	102.51	\$	126.65	\$	657.41	\$	102.51	\$	239.19	\$	550.90
LH17-0000	13-0	NEW DOUBLE GLAZED WINDOW CLIP BODY	4,200.00	0.00	2,100.00	0	\$		\$	546.55	\$	675.02	\$	2,726.95	\$	546.55	\$	2,180.10
LH17-0000	13-0	TRIPLE GLAZED WINDOW	770.00	1,270.00	2,040.00	0	\$		\$		\$		\$		\$		\$	
LH17-0000	13-0	WALL FABRICATION	2,700.00	0.00	2,700.00	150	\$		\$		\$		\$		\$		\$	
LH400001	13-0	PHONE WIRING COPPER EXCHANGE BETWEEN BLDGS	1,152.25	0.00	12,000.00	150	\$	44.35	\$	44.35	\$	1,109.40	\$	44.35	\$	1,121.75	\$	1,021.52
LH400002	13-0	VINYL AND LAMINATE FLOORING	5,952.59	0.00	12,200.00	120	\$	247.21	\$	247.21	\$	5,466.55	\$	595.29	\$	942.70	\$	5,011.19
LH400002	13-0	REFUND ON VINYL FLOORS OVERPAYMENT	(136.00)	0.00	12,200.00	120	\$	(10.55)	\$	(10.55)	\$		\$		\$		\$	(136.00)
LH400000	215	WIRING 1000 FT ROLL 1 2 PLEX	759,459.57	75,742.00	10,150.00	120	\$	50.51	\$	50.51	\$	700.61	\$	75.74	\$	122.55	\$	624.57
LH400002	140	SPRINKLER SYSTEM	15,500.00	0.00	15,500.00	150	\$	172.22	\$	172.22	\$	15,227.75	\$	1,022.22	\$	1,205.56	\$	14,294.44
LH400004	145	SPRINKLER SYSTEM	15,400.00	0.00	11,200.00	150	\$	644.44	\$	644.44	\$	14,715.56	\$	1,026.07	\$	1,711.11	\$	17,055.79
LH400005	125	NEW CARPETING	03/07/10/00				\$	59,476.17	\$	554,395.57	\$		\$		\$	216.96	\$	1,564.22
LH400006	110	NEW CARPETING	02/22/11/00				\$	497,142.90	\$		\$		\$		\$	129.45	\$	1,952.05
		Additional Depreciation					\$	12,969.62	\$		\$		\$					ADJUSTED
							\$		\$		\$		\$					3,591.25