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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**B** Check if applicable:

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

C Name of organization

ENID JOINT RECREATION TRIAD, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 89

Room/suite

City or town, state or country, and ZIP + 4

ENID, OK 73702

D Employer identification number

73-1000111

E Telephone number

(580) 233-1000

F Group Exemption
Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► WWW.EJRTSPORTS.COM**J** Tax-exempt status
(check only one)

501(c)(3)

☒

501(c)(4)

☐

(Insert no.)

4947(a)(1) or

527

H Check ☐ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

197,302.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	30,213.
	2	Program service revenue including government fees and contracts	2	112,707.
	3	Membership dues and assessments	3	
	4	Investment income	4	459.
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less cost or other basis and sales expenses	5b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6 b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	53,923.
	6 c	Less direct expenses from gaming and fundraising events	6c	42,309.
	6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,614.
	7 a	Gross sales of inventory, less returns and allowances	7a	
	7 b	Less cost of goods sold	7b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154,993.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	86,813.
	13	Professional fees and other payments to independent contractors	13	4,335.
	14	Occupancy, rent, utilities, and maintenance	14	16,508.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	44,633.
17	Total expenses. Add lines 10 through 16	17	152,289.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,704.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	141,242.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,946.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments ATTACHMENT. 4	90,822.	22	98,828.
23 Land and buildings	50,420.	23	45,118.
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	141,242.	25	143,946.
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	141,242.	27	143,946.

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

What is the organization's primary exempt purpose? YOUTH SUMMER RECREATION PROGRAM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SUMMER RECREATION PROGRAMS FOR YOUTH(Grants \$) If this amount includes foreign grants, check here ☐ 28a 152,289.

29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30a**31 Other program services** (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐ 31a**32 Total program service expenses** (add lines 28a through 31a) 32 152,289.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TROY ENMEIER	PRESIDENT			
410 S. JACKSON ENID, OK 73701	1.00	0	0	0
RON JANZEN	TREASURER			
2426 ROBIN RIDGE ENID, OK 73703	1.00	0	0	0
BILL PETERS	DIRECTOR			
1920 HURON STREET ENID, OK 73703	1.00	0	0	0
L.D. RAPP	SECRETARY			
3007 BARN SWALLOW RD ENID, OK 73703	1.00	0	0	0
RANDY MCCLENDON	DIRECTOR			
4609 SUNSHINE CIRCLE ENID, OK 73703	1.00	0	0	0
BRIAN SKAGGS	DIRECTOR			
3833 ROCKWOOD ENID, OK 73703	1.00	0	0	0
SCOTT CLEMENS	DIRECTOR			
4013 SHILOH AVE ENID, OK 73703	1.00	0	0	0
MISTY MOSELEY-HELBER	DIRECTOR			
3518 S LAKESHORE DR ENID, OK 73703	1.00	0	0	0
RICHARD SABIN	DIRECTOR			
1602 E ELM AVE ENID, OK 73701	1.00	0	0	0
DAVID OGLETREE	DIRECTOR			
4206 BUNKER HILL ST ENID, OK 73703	1.00	0	0	0
STEPHEN MILES	DIRECTOR			
4002 SHILOH ENID, OK 73703	1.00	0	0	0
RANDY FLOYD	DIRECTOR			
1714 QUAILWOOD DR ENID, OK 73703	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed OK		
42a The organization's books are in care of ENID JOINT RECREATION TRIAD Telephone no (580) 233-1000 Located at P.O. BOX 89 ENID, OK ZIP + 4 73701		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b		X

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☐ No

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

Sign Here ☒ Signature of officer ☒ Date 5/7/12

☒ Ron Janzen - Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Gary A. Lewis Preparer's signature *Gary A. Lewis* Date 5/1/12

Firm's name BKD, LLP Firm's EIN 44-0160260

Firm's address 205 W. MAPLE, STE 200 Phone no 580-237-3300

ENID, OK 73701-4026

Check ☐ if self-employed PTIN P00365539

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		CONCESSIONS (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	53,773.			53,773.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	53,773.			53,773.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	24,516.			24,516.
	8 Entertainment				
	9 Other direct expenses	17,643.			17,643.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(42,159.)
11 Net income summary Combine line 3, column (d), and line 10				11,614.	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number
73-1000111

ENID JOINT RECREATION TRIAD, INC.

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	459.
TOTAL	<u>459.</u>

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CONCESSIONS	53,773.	42,159.	11,614.
FUND RAISERS	150.	150.	
TOTALS	<u>53,923.</u>	<u>42,309.</u>	<u>11,614.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	7,546.
DEPRECIATION	14,801.
ADVERTISING	1,711.
CONTRACT LABOR	50.
FEES & LICENSES	2,610.
INSURANCE	9,581.
TELEPHONE	1,195.
TROPHIES & AWARDS	4,620.
REGISTRATION FEES	2,519.
TOTAL	<u>44,633.</u>

ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	21,886.	35,094.
SAVINGS	68,936.	63,734.
TOTALS	<u>90,822.</u>	<u>98,828.</u>

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

Tax Comprehensive Depreciation

FYE: 12/31/2011

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth	Tax Period	Tax Credit Amount	Tax Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Group: 1823													
40	CROSSLIN STORAGE BUILDING	4/05/05	2,105		S/L-MM	390	0	0	0	0	54	362	1,743
60	RELOCATING BUILDING FROM EHS TO	6/12/07	4,500		S/L-MO	150	0	0	1,075	0	300	1,375	3,125
1823			6,605				0	0	1,383	0	354	1,737	4,868
Group: 2823													
1	MISC FIELD EQUIPMENT	1/01/85	2,755		PRE-HY	50	0	0	2,755	0	0	2,755	0
3	SCOREBOARD CABLE	3/31/86	432		PRE-HY	50	0	0	432	0	0	432	0
8	LAWN MOWER	9/21/87	135		200DBHY	70	0	0	135	0	0	135	0
10	POWER VAC/JACK	1/08/88	130		200DBHY	70	0	0	130	0	0	130	0
11	PITCHING MACHINE	4/10/88	400		200DBHY	70	0	0	400	0	0	400	0
12	11HP RIDING MOWER	4/13/88	350		200DBHY	70	0	0	350	0	0	350	0
18	JOHN DEERE TRACTOR	1/13/95	13,649		150DBHY	70	0	0	13,649	0	0	13,649	0
19	FRONT END LOADER	4/09/96	2,743		S/L-HY	50	0	0	2,743	0	0	2,743	0
21	BUNKER RAKE	4/21/00	5,100		200DBHY	50	0	0	5,100	0	0	5,100	0
23	FIELD EQUIPMENT	9/20/01	1,156		200DBHY	70	0	0	1,156	0	0	1,156	0
26	TILLER	4/29/02	812		200DBHY	70	0	0	812	0	0	812	0
28	PITCHING MACHINE	6/17/02	1,325		200DBHY	70	0	0	1,325	0	0	1,325	0
29	MISC. EQUIPMENT	6/25/02	399		200DBHY	70	0	0	399	0	0	399	0
30	GRASSHOPPER MOWER	6/25/03	9,367		S/L-HY	70	0	0	9,367	0	0	9,367	0
31	PROTECTIVE EQUIPMENT	5/14/03	211		S/L-HY	70	0	0	211	0	0	211	0
37	FENCE SAFETY TOPPER	4/21/05	1,838		S/L-MO	70	0	0	1,488	0	262	1,750	88
38	PITCHING MACHINE	6/23/05	750		S/L-MO	70	0	0	589	0	107	696	54
39	POWER WASHER	7/09/05	243		S/L-MO	70	0	0	191	0	35	226	17
41	PA SYSTEM	6/29/05	774		S/L-MO	70	0	0	608	0	111	719	55
42	BAGGER FOR GRASSHOPPER	8/29/05	1,879		S/L-MO	70	0	0	1,432	0	288	1,700	179
43	FENCE TOPPER FOR SOUTH COMP	1/15/05	1,152		S/L-MO	70	0	0	850	0	165	1,015	137
45	T-BALL FIELD CONCRETE	3/15/06	920		S/L-MO	150	0	0	296	0	62	358	562
46	T-BALL DUGOUT	4/27/06	800		S/L-MO	150	0	0	249	0	53	498	48
47	FENCE AT T-BALL FIELD	4/15/06	2,410		S/L-MO	70	0	0	763	0	161	924	1,486
50	EZ UP TENTS	1/09/06	637		S/L-MO	70	0	0	455	0	91	546	91
51	SCOREBOARDS	2/15/06	18,573		S/L-MO	70	0	0	13,045	0	2,653	15,698	2,875
52	GATOR	5/22/06	5,195		S/L-MO	70	0	0	3,401	0	743	4,144	1,051
53	WEED EATER	6/10/06	268		S/L-MO	70	0	0	175	0	39	214	54
54	BB WATER REEL TRAVELING SPRINKLER	3/01/06	6,473		S/L-MO	70	0	0	4,469	0	925	5,394	1,079
55	PORTABLE PITCHER'S MOUND	2/23/06	1,631		S/L-MO	70	0	0	1,126	0	233	1,359	272
56	DELL COMPUTER	2/23/06	451		S/L-MO	70	0	0	311	0	64	375	76
57	PRINTER	2/23/06	200		S/L-MO	70	0	0	138	0	29	167	33
59	LIGHTS- SOUTH FIELD	8/10/06	17,275		S/L-MO	150	0	0	5,087	0	1,151	6,238	11,037
61	2 PITCHING MACHINES	4/20/07	2,320		S/L-MO	50	0	0	1,701	0	464	2,165	155
64	TRACTOR TILLER	5/14/09	1,800		S/L-MO	50	0	0	600	0	360	960	840
65	CHALKER	7/22/09	313		S/L-MO	50	0	0	89	0	62	151	162
2823			104,866				0	0	76,027	0	8,038	84,065	20,801
Group: 3823													
2	CONCESSION EQUIPMENT	1/01/85	1,680		PRE-HY	50	0	0	1,680	0	0	1,680	0
4	MICROWAVE	5/04/86	99		PRE-HY	50	0	0	99	0	0	99	0
5	BUILDING IMPROVEMENT	6/30/86	535		PRE-HY	50	0	0	535	0	0	535	0
6	REFRIGERATOR	5/01/87	450		200DBHY	70	0	0	450	0	0	450	0
7	SKEL ICE BIN	9/10/87	125		200DBHY	70	0	0	125	0	0	125	0
14	AIR COND FOR CONCESSION	7/14/88	527		200DBHY	70	0	0	527	0	0	527	0
15	NACHO CHEESE MACHINE	5/02/90	174		200DBHY	50	0	0	174	0	0	174	0
16	CARTS W/ROLLERS	2/08/91	135		200DBHY	50	0	0	135	0	0	135	0

Tax Comprehensive Depreciation

FYE: 12/31/2011

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth	Tax Period	Tax Credit Amount	Tax Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Location: 3823 (continued)													
17	MICROWAVE	5/03/91	150		200DBHY	5 0	0	0	150	0	0	150	0
20	USED SLUSH MACHINE	3/24/98	1,500		200DBHY	7 0	0	0	1,500	0	0	1,500	0
22	CONCESSION EQUIPMENT	12/29/00	2,080		200DBHY	5 0	0	0	2,080	0	0	2,080	0
24	AIR CONDITIONER	4/30/02	566		200DBHY	5 0	0	0	566	0	0	566	0
25	MICROWAVE OVEN	4/30/02	160		200DBHY	5 0	0	0	160	0	0	160	0
27	HOT DOG MACHINE	5/07/02	287		200DBHY	5 0	0	0	287	0	0	287	0
32	TABLES	2/26/03	390		S/L-HY	5 0	0	0	390	0	0	390	0
33	SNOW CONE MACHINE	4/28/03	945		S/L-HY	5 0	0	0	945	0	0	945	0
35	5 CONCESSION TABLES	6/14/05	255		S/L-MO	7 0	0	0	203	0	37	240	15
36	FREDRICH HEATING/COOLING UNIT	6/30/05	650		S/L-MO	7 0	0	0	511	0	93	604	46
48	ICE MACHINE	4/20/06	3,966		S/L-MO	7 0	0	0	2,644	0	567	3,211	755
63	POCORN MACHINE	6/28/09	1,178		S/L-MO	5 0	0	0	353	0	236	589	589
68	FERRIS MOWER - BB	4/29/11	6,000		S/L-MO	5 0	0	0	0	0	800	800	5,200
3823			21,852				0	0	13,514	0	1,733	15,247	6,605
Group: 4823													
34	FOOTBALL EQUIPMENT	11/08/04	10,188		S/L-MO	7 0	0	0	8,975	0	1,213	10,188	0
44	FOOTBALL UNIFORM PADS	12/15/05	3,013		S/L-MO	7 0	0	0	2,188	0	431	2,619	394
49	FOOTBALL FIELD MOWER	5/24/06	4,299		S/L-MO	7 0	0	0	2,815	0	614	3,429	870
58	AIR CONDITIONER -FB PROG	11/08/06	595		S/L-MO	5 0	0	0	496	0	99	595	0
62	FOOTBALL SCOREBOARDS	9/24/08	8,600		S/L-MO	5 0	0	0	3,870	0	1,720	5,590	3,010
66	FB FIELD SPRINKLER SYSTEM	5/22/09	6,000		S/L-MO	15 0	0	0	633	0	400	1,033	4,967
67	FB EQUIPMENT RACKS	5/08/10	758		200DBHY	5 0	0	0	455	0	121	576	182
69	FB SPRINKLER UPGRADE	8/19/11	3,500		S/L-MO	15 0	0	0	0	0	78	78	3,422
4823			36,953				0	379	19,432	0	4,676	24,108	12,845
No Location													
			170,276				0	379	110,356	0	14,801	125,157	45,119
Grand Total													
			170,276				0	379	110,356	0	14,801	125,157	45,119

Banner: Tax Current Year Disposals

FYE: 12/31/2011

***** NO ASSETS MEET THIS REPORT'S PRINT CRITERIA *******Please check the print options for this report.**

Note: By default, assets that are in a Misc activity are not included in reports
To include Misc activity assets either change the report's print options or reassign the assets to another activity
For more information, see Help\Frequently Asked Questions

Assets selected:

All associations included

Asset presentation:**First Sort:**

Group

Subtitle YES

Case sensitive NO

Subtotal YES

Sort None

Page break NO

Second Sort:

None

Subtitle NO

Case sensitive NO

Subtotal NO

Sort None

Page break NO

Third Sort:

None

Subtitle NO

Case sensitive NO

Subtotal NO

Sort None

Page break NO