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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10/01/11 , and ending 09/30/12

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Kiwanis Int'l Montgomery Chapter

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1695 Perry Hill Road

City or town, state or country, and ZIP + 4
Montgomery AL 36106-2729

D Employer identification number
63-0144686

E Telephone number
334-260-7996

F Group Exemption Number ▶ 0026

G Accounting Method [ ] Cash [X] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c)(4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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 ▶ $ 187,279

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments See Statement	3	181,374
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	5,905
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	187,279
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	583
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	51,856
	13	Professional fees and other payments to independent contractors	13	2,650
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	179
	16	Other expenses (describe in Schedule O)	16	126,528
	17	**Total expenses.** Add lines 10 through 16 ▶	17	181,796
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,483
	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	16,842
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-5,850
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	16,475

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For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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	10,541	22	18,198
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	12,386	24	8,583
25 **Total assets**	22,927	25	26,781
26 **Total liabilities** (describe in Schedule O)	6,085	26	10,306
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,842	27	16,475

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 [X]

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

What is the organization's primary exempt purpose?

See Schedule O

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

28 (Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

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 $ 583) If this amount includes foreign grants, check here ▶ [ ] 31a 123,457

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 123,457

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) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Keith Norman	President 0.00	0	0	0
Russ Dunman	First Vice P 0.00	0	0	0
Chris East	Second Vice 0.00	0	0	0
Jeff Samuel	Treasurer 0.00	0	0	0
Ed Livingston	Secretary 0.00	0	0	0
Andrea Screws	Director 30.00	40,758	7,800	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	33		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)	34		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)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ Andrea Screws Telephone no ▶ 334-260-7996

1695 Perry Hill Road

Located at ▶ Montgomery AL ZIP + 4 ▶ 36106-2729

			Yes	No
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
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

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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."

(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

/Keith B Norman — Signature of officer — Date 2/4/2013

/KEITH B. NORMAN PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
F. Chan Lambert	F. Chan Lambert	01/29/13		P00246358

Firm's name ▶ LIVINGS, LANKFORD, LAMBERT & CO., P.C. Firm's EIN ▶ 63-0931690

Firm's address ▶ 9541 WYNLAKES PL, MONTGOMERY, AL 36117 Phone no 334-277-3060

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Kiwanis Int'l Montgomery Chapter

Employer identification number

63-0144686

Form 990-EZ, Part I, Line 8 - Other Revenue

Description		Amount
SPOUSE'S NIGHT	$	5,760
LATE FEES	$	145
Total	$	5,905

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Expenses		
BOARD MEETINGS	$	1,789
INTERNATIONAL CONVENTION	$	5,837
DISTRICT CONVENTION EXPENSE	$	2,624
Bad Debt Expense	$	1,292
DUES - KWI	$	23,259
OFFICE EXPENSE	$	1,397
KIWANIS INTERNATIONAL SUP	$	580
ACTIVITY CENTER RENTAL	$	17,600
LUNCHES	$	56,548
TELEPHONE	$	930
INTERNET EXPENSE	$	820
EQUIPMENT MAINTENANCE	$	1,100
D&O LIABILITY INSURANCE	$	458
INSURANCE	$	600
PRESIDENT'S GIFT	$	255
LADIES NIGHT	$	8,798

Name of the organization: Kiwanis Int'l Montgomery Chapter

Employer identification number: 63-0144686

SERVICE CHARGES	$	35
Non-investment Depreciation	$	2,606
Total	$	126,528

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
ADJUST PRIOR PERIOD SEP PLAN PAYABLE	$ -5,850

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	$ 10,906	$ 7,106
Prepaid Expenses and Deferred Charges	$ 892	$ 1,055
See Attached Schedule	$ 16,943	$ 19,383
Less Accumulated Depreciation	$ 16,355	$ 18,961
Total	$ 12,386	$ 8,583

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	$ 6,085	$ 10,306

Form 990-EZ, Part III - Primary Exempt Purpose

The Kiwanis Club of Montgomery is a non-profit community organization whose goals are to form enduring friendships, to render altruistic service and to build a better community in Montgomery, Alabama and surrounding areas.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

The Kiwanis Club of Montgomery is a non-profit community organization whose

Name of the organization: Kiwanis Int'l Montgomery Chapter

Employer identification number: 63-0144686

goals are to form enduring friendships, to render altruistic service and to build a better community in Montgomery, Alabama and surrounding areas.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return: Kiwanis Int'l Montgomery Chapter

Identifying number: 63-0144686

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,380
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	203
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		60	5.0	MQ	200DB	3
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,606
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

DAA

There are no amounts for Page 2

Tax Asset Detail 10/01/11 - 9/30/12

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: COMPUTER												
27		DELL OPTIPLEX 360 COMPUTE	2/20/09	1,127 19	0 00	563.60	964.88	64.92	1,029 80	97.39	200DB	5 0
28		SCANNER	2/27/11	228.40	0.00	0 00	45 68	73.09	118.77	109.63	200DB	5.0
29		COMPUTER MONITOR	11/02/10	140.00	0.00	0.00	28.00	44.80	72.80	67.20	200DB	5.0
31		IDVILLE BADGE SOFTWARE	12/20/11	2,319.61	0.00c	2,319.61	0.00	2,319.61	2,319.61	0.00	Amort	3.0
		COMPUTER		3,815.20	0.00c	2,883.21	1,038.56	2,502.42	3,540.98	274.22		
Group: FURNITURE												
26		CRADENZA	7/14/09	170.50	0.00	0.00	121.40	19.64	141.04	29.46	200DB	5.0
		FURNITURE		170 50	0.00c	0 00	121.40	19.64	141.04	29.46		
Group: MACHINERY & EQUIPMENT												
1		FILES AND TABLES	9/30/58	333.00	0.00	0.00	333.00	0.00	333.00	0.00	S/L	10.0
2		POSTURE CHAIR	9/30/64	54.00	0.00	0.00	54.00	0.00	54.00	0 00	S/L	10.0
3		STORAGE CABINET	9/30/66	71.00	0.00	0.00	71.00	0.00	71.00	0 00	S/L	10.0
4		FILE CABINET	9/30/66	75 00	0.00	0.00	75.00	0.00	75.00	0.00	S/L	10.0
5		IBM TYPEWRITER	12/31/67	541.00	0.00	0.00	541.00	0.00	541.00	0.00	S/L	10 0
6		TWO SIDE CHAIRS	9/30/71	100 00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	10 0
7		OLIVETTI CALCULATOR	9/30/71	133.00	0.00	0 00	133 00	0.00	133.00	0.00	S/L	10.0
8		DESK	9/30/71	334.00	0.00	0.00	334.00	0.00	334.00	0.00	S/L	10.0
9		MIMEOGRAPH MACHINE	9/30/72	676.00	0.00	0.00	676.00	0.00	676.00	0.00	S/L	10 0
10		CODE-A-PHONE	9/30/72	234.00	0.00	0.00	234.00	0.00	234.00	0 00	S/L	10.0
11		XEROX MACHINE	10/01/76	175.00	0.00	0.00	175 00	0.00	175.00	0.00	S/L	10.0
12		CRT DESK	4/29/85	268.00	0.00	0.00	268.00	0.00	268.00	0.00	S/L	10.0
13		LAMP, TABLE, 4 CHAIRS	12/23/86	650 00	0.00	0.00	650.00	0.00	650.00	0.00	S/L	10 0
15		LD PRINTER	12/30/86	995 00	0.00	0.00	995.00	0.00	995.00	0 00	PRE	5 0
16		FOLDING MACHINE	4/07/91	910.00	0.00	0.00	910.00	0 00	910.00	0.00	200DB	7 0
18		LASER PRINTER	5/26/95	511.00	0 00	0.00	511.00	0.00	511.00	0.00	200DB	5 0
19		TYPEWRITER	8/07/95	270.00	0.00	0.00	270.00	0 00	270.00	0.00	200DB	5.0
21		PRINTER	11/10/97	540.00	0.00	0.00	540.00	0.00	540.00	0.00	200DB	5.0
22		COMPUTER - PRIME TIME	11/20/98	2,046.00	0.00	0.00	2,046.00	0.00	2,046.00	0.00	200DB	5.0
23		DELL DIMENSION 4500 SERIES	7/10/02	2,034.42	0.00	0.00	2,034.42	0 00	2,034.42	0.00	S/L	5 0
24		SHARP COPIER	4/30/05	449 99	0.00	0.00	449.99	0.00	449 99	0.00	200DB	5.0
25		EQUIPMENT	9/25/05	204.77	0.00	0.00	122.88	20.48	143.36	61.41	S/L	10 0
30		DATALOGIC QUICKSCAN IMAC	9/24/12	120.00	0.00c	60.00	0.00	63.00	63.00	57.00	200DB	5 0
		MACHINERY & EQUIPMENT		11,725.18	0.00c	60.00	11,523.29	83.48	11,606.77	118.41		
Group: OTHER ASSETS												
20		PIANO	12/04/95	3,672 00	0.00	0.00	3,672 00	0.00	3,672.00	0.00	S/L	7.0
		OTHER ASSETS		3,672.00	0.00c	0.00	3,672.00	0 00	3,672.00	0.00		

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
		Grand Total		19,382.88	0.00c	2,943.21	16,355.25	2,605 54	18,960.79	422 09		