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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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

2012**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning _____, and ending _____		D Employer identification number 84-0923979
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 GRAND JUNCTION PROFESSIONAL FIREFIGHTERS LOCAL 2808 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 4097 City or town state or country ZIP + 4 GRAND JUNCTION CO 81502	E Telephone number (970) 210-0281
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		F Group Exemption Number <input type="checkbox"/>
I Website: N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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. \$ 99,359

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 ☒

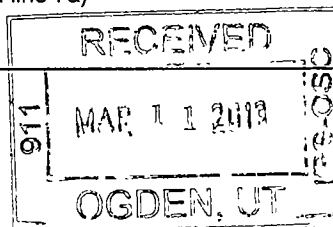
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	56,339
	4 Investment income	4	263
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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	42,757
c Less direct expenses from gaming and fundraising events	6c	19,644	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,113	
Expenses	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	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,715
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	2,000
	12 Salaries, other compensation, and employee benefits	12	5,284
	13 Professional fees and other payments to independent contractors	13	2,366
	14 Occupancy, rent, utilities, and maintenance	14	600
15 Printing, publications, postage, and shipping	15		
16 Other expenses (describe in Schedule O)	16	55,137	
17 Total expenses. Add lines 10 through 16	17	65,387	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,328
	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	106,165
	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	120,493

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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13

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 ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	111,488	22	119,075
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,523	24	1,418
25 Total assets	114,011	25	120,493
26 Total liabilities (describe in Schedule O)	7,846	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,165	27	120,493

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? FIRE PREVENTION EDUCATION & COMMUNITY SERVICE

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 PUBLIC EDUCATION AND AWARENESS ADVERTISING, T-SHIRTS, PARADES, CHILDREN'S NEEDS AND NEIGHBORHOOD ACTION NEIGHGROUP AND BENEVOLENT FUND		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

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 title	(b) 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
KEVIN KUHLMAN PRESIDENT	Hr/WK 2 00	696	625	
ETHAN CLOUTIER VICE PRESIDENT	Hr/WK 2 00	696	625	
WESLEY ENGBARTH TREASURER	Hr/WK 2 00	696	625	
JASON WYTULKA SECRETARY	Hr/WK 2 00	696	625	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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
35 a 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
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		X
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	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
37 a 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?	X	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
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		
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 41		
42 a The organization's books are in care of 42a WES ENGBARTH Telephone no 42a (970) 523-6383		
Located at 42a 803 SABIL DRIVE City 42a FRUITA ST 42a CO ZIP + 4 42a 81521		
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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 43		
44 a 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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 only

All section 501(c)(3) organizations 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

	Yes	No
47		
48		
49a		
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) 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
Name <u>None</u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			

- f** Total number of other employees paid over \$100,000 0

- 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
Name <u>None</u>		
City <u>ST</u> ZIP <u></u>		
Name <u></u>		
City <u>ST</u> ZIP <u></u>		
Name <u></u>		
City <u>ST</u> ZIP <u></u>		
Name <u></u>		
City <u>ST</u> ZIP <u></u>		
Name <u></u>		
City <u>ST</u> ZIP <u></u>		

- d** Total number of other independent contractors each receiving over \$100,000 0

- 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 <u>Wesley Engbarth</u>	Date <u>3/6/13</u>
	Type or print name and title <u>WESLEY ENGBARTH TREASURER</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>PAUL THOMPSON</u>	Preparer's signature <u>[Signature]</u>	Date <u>2/6/2013</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00283330</u>
	Firm's name <u>PAUL L THOMPSON, CPA</u>	Firm's EIN <u></u>		Phone no <u>(970) 242-5552</u>	
	Firm's address <u>PO BOX 2801, GRAND JUNCTION, CO 81502</u>				

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

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

2012

Open to Public Inspection

Name of the organization

GRAND JUNCTION PROFESSIONAL FIREFIGHTERS LOCAL 2808

Employer identification number

84-0923979

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				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

- 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 <u>TURKEY TROT</u> (event type)	(b) Event #2 <u>2808 GOLF TOURN.</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	30,358	12,399	0	42,757
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	30,358	12,399	0	42,757
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages	536		0	536
	8 Entertainment	350		0	350
	9 Other direct expenses	11,726	7,032	0	18,758
	10 Direct expense summary Add lines 4 through 9 in column (d)				(19,644)
	11 Net income summary Combine line 3, column (d), and line 10				23,113

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				0
	2 Cash prizes				0
Direct Expenses	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7				0

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 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ 0

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 ▶ \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations 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

2012

**Open to Public
Inspection**

Employer identification number

GRAND JUNCTION PROFESSIONAL FIREFIGHTERS LOCAL 2808

84-0923979

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 344

Form 990-EZ, Part I, Line 16, Other Expenses Depletion 743

Form 990-EZ, Part I, Line 16, Other Expenses CABLE FEES 6,915

Form 990-EZ, Part I, Line 16, Other Expenses DONATIONS AND CONTRIBUTIONS 11,526

Form 990-EZ, Part I, Line 16, Other Expenses EDUCATION/CONFERENCES 400

Form 990-EZ, Part I, Line 16, Other Expenses FLOWERS & GIFTS 2,118

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES 1,453

Form 990-EZ, Part I, Line 16, Other Expenses DUES 22,813

Form 990-EZ, Part I, Line 16, Other Expenses RETIREMENT BANQUET EXPENSES 148

Form 990-EZ, Part I, Line 16, Other Expenses REIMBURSED UNION BUSINESS TRAVEL 2,889

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 49

Form 990-EZ, Part I, Line 16, Other Expenses STATION SUBSCRIPTIONS 120

Form 990-EZ, Part I, Line 16, Other Expenses PO BOX FEE 124

Form 990-EZ, Part I, Line 16, Other Expenses RETIREMENT BBQ EXPENSES 747

Form 990-EZ, Part I, Line 16, Other Expenses TV REPAIR 4,723

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 25

Form 990-EZ, Part II, Line 24, Other Assets BOOK VALUE FIXED ASSETS Beginning of year

2,523, End of year 1,418

Form 990-EZ, Part II, Line 26, Liabilities SHORT TERM PAYABLES FOR DUES AND OTHER Beginning

of year 7,846, End of year 0

Name of the organization

Employer identification number

GRAND JUNCTION PROFESSIONAL FIREFIGHTERS LOCAL 2808

84-0923979

Assets by Classification - 990EZ

12/31/2012 GRAND JUNCTION PROFESSIONAL FIREFIGHTERS LOCAL 2808 84-0923979

Item No	Description of Property <small>(****) indicates DISPOSED</small>	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2012 Deprec	2012 Accum Deprec
3-yr Software (qual 179 property)																
6	COMPUTER SOFTWARE	11/12/2010	F-1	100 00%	224	0	0	0	0	224	3	SL	FM	162	62	224
	Total 3-yr Computer software (qualified 179 property)				224	0	0	0	0	224				162	62	224
7-yr Genl purp tools, mach, equip																
1	WELDER	3/24/2009	F-10	100 00%	290	0	0	0	0	290	7	200DB	HY	214	36	250
	Total 7-yr General purpose tools, machinery, and equipment				290	0	0	0	0	290				214	36	250
7-yr Office furn, fixtures, equip																
2	TELEVISION	6/29/2009	F-11	100 00%	1,422	0	0	0	0	1,422	7	200DB	HY	1,049	178	1,227
3	TELEVISION	6/28/2010	F-11	100 00%	597	0	0	0	0	597	7	200DB	HY	377	104	481
4	TELEVISION	8/16/2010	F-11	100 00%	398	0	0	0	0	398	7	200DB	HY	251	70	321
5	TELEVISION	8/30/2010	F-11	100 00%	1,676	0	0	0	0	1,676	7	200DB	HY	1,060	293	1,353
	Total 7-yr Office furniture, fixtures and equipment				4,093	0	0	0	0	4,093				2,737	645	3,382
SubTotals																
	Less Disposed Assets				4,607	0	0	0	0	4,607				3,113	743	3,856
	Ending Totals				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
					4,607	0	0	0	0	4,607				3,113	743	3,856