EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information

Fo	or c	álen	ndar year 2019 or tax yea	r beginning			, and en	ding					
1	Vam	ie of	foundation			•			A Employer identification	A Employer identification number			
	L.	ĮΝ	COLN COUNTY	ARC,	INC.	_			39-6103417	•			
-	Vumt	ber a	nd street (or P O box number	if mail is not deli	vered to street a	address)		Room/suite	B Telephone number				
	Ρ.	.0	. BOX 143						715-536-4783				
- (City	or t	own, state or province, co	ountry, and ZI	P or foreign p	ostal code .		•	C If exemption application is pe	ending check here			
_	MI	ER.	RILL, WI 5	4452	***								
G	Ch	neck	all that apply	Initial retur	n	Initial return of a f	ormer public ch	arity	D 1 Foreign organizations	, check here			
				Final return	,	Amended return			2 Foreign organizations may	eting the 95% test			
_			,	Address ch		Name change			2 Foreign organizations med check here and attach cor	mputation			
H	Ct	1	type of organization			xempt private foundation		04	E If private foundation stat	tus was terminated			
<u>_L</u>			ction 4947(a)(1) nonexer	•	1	Other taxable private found	ation		under section 507(b)(1)	(A), check here			
;			arket value of all assets at	end of year	J Account		X Accru	al	F If the foundation is in a 6				
	(from Part II, col (c), line 16) ►\$ 412,502. (Part I, c					ther (specify)	\		under section 507(b)(1)	(B), check here			
Į	_	a riteli								(d) Disbursements			
£	қ al	i,t _ž i	(The total of amounts in coli necessarily equal the amounts			(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes (cash basis only)			
		1	Contributions, gifts, grai			ondramed behalf at the confidence of the confide			N/A				
		2	Check X if the foundate Interest on savings and temp		attach Sch B	141.		141.		STATEMENT 1			
		3	cash investments			13,652.	1 2	,652.					
<u>, </u>	-	4	Dividends and interest fr	om securities		13,032.	1.3	,054.		STATEMENT 2			
,			Gross rents Net rental income or (loss)			PERSONAL PROPERTY OF THE PROPE		WEREK PAR	6888340000000000000000000000000000000000	**************************************			
i		_		l cocata not on li	10	1,375.	AGCZZ						
	힐	b	Net gain or (loss) from sale of Gross sales price for all		,839.		M1474-1470						
	Ven	7	assets on line 6a Capital gain net income (from		70031	92366353363655	1	,375.		POTON CESTADADA			
	Re	8	Net short-term capital ga	<u> </u>			148 - 50 DY 148	ACT IN T	et in seasonable con a right resident, made				
		9	Income modifications	T +	7	PS 10 POST CONTRACT	25128600	h resident		701301284108437			
	- 1	10a	Gross sales less returns and allowances				(4) J. C. S.						
		b	Less Cost of goods sold		* -			HAMMA		TO THE WORK			
	ı	C	Gross profit or (loss)				"" "请我关节			THE SHAPE OF STATE			
	ŀ	11	Other income			2,795.		,795.	,	STATEMENT 38			
	+	12	Total Add lines 1 throu	gh 11		17,963.	17	<u>,963.</u>					
		13	Compensation of officers dir		etc	0.		0.		0.			
		14	Other employee salaries	-					C	1953			
		15 16-	Pension plans, employee Legal fees	e benefits					F15 0 101	D-1/17			
	nse		Accounting fees					$\overline{}$	19610	3			
	Expenses		Other professional fees	SI	MT 4	2,613.	2	,613.	Les OCT 26 20	0.			
	e E		Interest	,		, , , , ,			100				
	Administrative [18	Taxes	SI	MT 5	1,949.		0.	OCOL	0.			
~	ist.	19	Depreciation and depleti	on		537.	,	537.		APSTALAGE STATES			
202		20	Occupancy			*.							
0	₽;	21	Travel, conferences, and	meetings									
~		22	Printing and publications					550		4 1 7 4			
	rating a	23	Other expenses		MT 6	7,752.	3	,578.		4,174.			
	iat :	24	Total operating and adm			12,851.	_	,728.	,	A 17A			
3	Oper	25	expenses Add lines 13 Contributions, gifts, gran	-		8,663.		, 120 ·		4,174. 8,663.			
Z	١.		Total expenses and dist			0,003.	CONTRACTOR STATES	\$ 47.55% PER 1.45% A	the state of the second of the second second second	5,003.			
	Ι,		Add lines 24 and 25	aroomonto		21,514.	6	,728.	'	12,837.			
<u>ک</u> ح	12	27	Subtract line 26 from line	e 12:		,	SPACE NAME OF	W 340		PER VERVE STAN			
3,			Excess of revenue over exper		oments .	-3,551.	CHARLES	4214FZ		EXECUTE OF THE SECOND S			
			Net investment income					,235.		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
_		C	Adjusted net income (if r	negative, enter -(D-)		THE REPORT OF	於海外金融	N/A	的物态等。特别数字对			

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2019.04030 LINCOLN COUNTY ARC, INC.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		Γ	
	(must agree with end-of-year figure reported on prior year's return)	1		367,214.
2	Enter amount from Part I, line 27a	2	Г	-3,551.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4	Г	363,663.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	Г	2,025.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	Γ	361,638.

32908 1

		osses for Tax on Inv	estment/	Income				J 010	Jar / Tage
(a) List and descri		(s) of property sold (for exam ; or common stock, 200 shs		ate,	P -	ow acquired Purchase Donation	(c) Date (mo., d	acquired lay, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRAD	ED SE	CURITIES			1 -	Donation			
b CAPITAL GAINS					1				
С									
d									
е									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a 28,899	•			30,46	4.				-1,565.
b 2,940	•								2,940.
C									
d	_	• • • •							
e					_				
Complete only for assets show	ving gain in	o column (h) and owned by th						Col. (h) gain	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col (I) col. (I), If any				not less than (from col (
_a									-1,565.
<u>b</u>									2,940.
<u>c</u>									
đ	<u> </u>								
<u>e</u>									
2 Capital gain net income or (net	capital loss		ın Part I, line ın Part I, line	7 e 7	}	2	<u> </u>		1,375.
3 Net short-term capital gain or (If gain, also enter in Part I, line	8, column	• •	I (6)		}			37 / 3	
If (loss), enter -0- in Part I, line Part Va Qualification	llndor S	Section 4040/o) for E	Poduood	Tay on Not	J L	3	omo	N/A	
							01116		
(For optional use by domestic priv	ate foundat	ions subject to the section 45	340(a) tax on	net investment in	come)				
If section 4940(d)(2) applies, leave	this part b	lank							
Was the foundation liable for the s					od?				Yes X No
1 Enter the appropriate amount i					ntries				
(a)	ii cacii colo	1	il dellons bei	lore making any cr					(d)
Base period years Calendar year (or tax year begin	(מו מונות	(b) Adjusted qualifying distr	ributions	Net value of no	(c) oncharif	able-use assets	.	Distrib	(d) ution ratio ided by col (c))
2018	illing iii)	, , , ,	2,535.			361,976		(coi. (b) div	.062256
2017		8	3,259.			357,152			.023125
2016						<u> </u>			
2015									
2014									
2 Total of line 1, column (d)							2		.085381
3 Average distribution ratio for th	ie 5-year ba	ase period - divide the total or	n line 2 by 5 (0, or by the numbe	er of ye	ars			
the foundation has been in exis	tence if less	s than 5 years					3		.042691
4 Enter the net value of noncharit	able-use as	ssets for 2019 from Part X, lir	ne 5				4		390,916.
5 Multiply line 4 by line 3							5		16,689.
6 Enter 1% of net investment ince	ome (1% of	Part I, line 27b)					6	_	112.
7 Add lines 5 and 6							7		16,801.
									10 00=
8 Enter qualifying distributions fr							8		12,837.
If line 8 is equal to or greater the See the Part VI instructions.	ian line 7, c	heck the box in Part VI, line 1	ib, and comp	lete that part usin	g a 1%	tax rate			

923521 12-17-19

Bezemb prompting foundations described in section 4940(c), described in the section 4940(c), described in the section 4940(c) described in the section 4940(c) described in the section 4940(c) requirements in Part V, check here □ and enter 1% control of the section 4940(c) requirements in Part V, check here □ and enter 1% control of the section 4940(c) requirements in Part V, check here □ and enter 1% control of the section 4940(c) requirements in Part V, check here □ and enter 1% control of the section 4940(c) in the section 4940(c) requirements in Part V, check here □ and enter 1% control of Part V, there is a section 4940(c) in the section 4940(c) in th		990-PF (2019) LINCOLN COUNTY ARC, INC.	/o\ 4	040/b) 4040/b) 67.41		610341		Page 4
Date of ruling or determination letter		No. 40 King St. 10	• • •	<u></u>	940 - Tseas	See instri	Jeuon	S) 85884
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	ıa							
of Part I, line 27b	b			l l	1	- Carrier A. London Broke I	2	25.
c. All other domestic foundations enter 2% of the 27h. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Sav under sciton 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 22.5 4 3 3 22.5 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 6 CondistPayments. 2 2019 estimated tax payments and 2018 overpayment created to 2019 6 Exempt foreign organizations - tax withhold at source can be called the properties of the form 8883) 6 Seculp withholding encoepoidly withhold 7 Total credits and payments. Add lines 6a through 60 8 CondistPayments. 9 Tax date. If the total of lines 5 and 8 is a more than line 7, enter amount over a line of the form 220 is attached. 9 Tax date. If the total of lines 5 and 8 is amore than line 7, enter amount over a line of the form 220 is attached. 9 Tax date. If the total of lines 5 and 8 is amore than line 7, enter amount over a line of the form 220 is attached. 10 Verpayment I line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11 Enter the amount of line 10 to be, Credeted to 2020 estimated tax Payment Refunded 11 PERTITURE 2 Statements Regarding Activities. 1a During the tax vear, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any patricical campaign? 1a During the tax vear, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any patricical campaign? 1a During the tax vear, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any patricical campaign? 1b (if it is foundation in the foundation in the participate or intervene in any patricipate or intervene in any patricical c	_				33.63		烈松沙	1006
Add lines 1 and 2 4 Subtitle A (income) bix (domestic section 4947(a) (1) Irvists and taxable foundations only; others, enter -0-) 5 Tax based on whetheret income Subtract line of from line 3 if zero or less, enter -0- 5 Tax based on whetheret income Subtract line of from line 3 if zero or less, enter -0- 5 Tax based on whetheret income Subtract line of from line 3 if zero or less, enter -0- 5 Tax based on which a processor of lines of some state of the subtract line of the subtrac	C		of Part	t I, line 12, col. (b)				
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5 Tax based on investment income: Subtract line 4 from line 3 if zero or less, enter -0- 6 Cedits/Psyments. 2 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations: -1 sax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroreously withheld d	3	Add lines 1 and 2			3		2	25.
6 Credits/Payments. a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - Lax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 0 0 0 6 6 0 0 0 6 6 0 0 0 6 6 0 0 0 6 6 0 0 0 0	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, en	nter -0-)	4			
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c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6s through 6d 8 Enter any penalty for underpayment of setimated tax. Check here It Form 220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than line 7, enter amount owed 11 Enter the amount of line 10 to be. Credited to 2020 estimated tax. ► Refunded ► 11 PERTIVITI-86. Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition it in answer is "Yes" to 1a or 1b, attach a detailed description of the activities 16 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition it in answer is "Yes" to 1a or 1b, attach a detailed description of the activities 1 Did it the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 2 Did it be foundation life Form 1120-POL for this year? 3 Enter the rembursement (if any) of lax on political expenditures (section 4955) imposed during the year. 1 On the foundation madagers ► \$ 0. (2) On foundation managers ► \$ 0. 2 Has the foundation made any changes, not previously reported to the IRS? 11 "Yes", attach a detailed description of the activities 1 Has a the foundation made any changes, not previously reported to the IRS? 11 "Yes", attach a detailed description of the activities 1 Has a the foundation made any changes, not previously reported to the IRS? 11 "Yes", attach a detailed description of the activities 1 Has a the foundation made any changes, not previously reported to the IRS? 11 "Yes", attach a detailed description of the activities and co				1				
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Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		· · · · · · · · · · · · · · · · · · ·	_6d	J 0 •	746338	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#182 PA 183	<u> </u>
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10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2020 estimated tax \rightary Refunded 11 PEPARTYLIPSA Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c Did the foundation (if any) of tax on political expenditures (section 4955) imposed during the year 1 (1) On the foundation S O (2) On foundation managers S O (3) On the foundation managers S O (0		cheo	_				
Enter the amount of line 10 to be. Credited to 2020 estimated tax Part	10				$\overline{}$			23.
Part VII S Statements Regarding Activities				Refunded -				
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition it the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation P S O. (2) On foundation managers ▶ \$ O. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ O. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously peported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation have inverted by Guenses gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A b If "Yes," attach the statement required by General instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain	Pa	Statements Regarding Activities		1,10,11,10				
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It the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$		any political campaign?				1a		X
distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \(\infty \) S	b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? See	e the instructions for the defin	ition	1b		X
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	t any m	naterials published or				
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 ⋅ (2) On foundation managers ▶ \$ 0 ⋅ e. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0 ⋅ 2. Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filled a tax return on Form 990-T for this year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 8 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions WI b) If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation of each state as required by General Instruction G? If "No," attach explanation is the foundation during status as a private operating foundation within the meaning of section 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV		•				160	\$ 100 mg	
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year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV			tion 49	42(j)(3) or 4942(j)(5) for cale	ndar			意識へ
10 Did any persons become substantial contributors during the tax year? If "Yes." attach a schedule listing their names and addresses						9		x d
Early 900_PF (2010)	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	e listing t	heir names and addresses	_		_	X

Pe	int MIFA Statements Regarding Activities (continued)			
		No.	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			L
14	The books are in care of ► LAURIE FERGE Telephone no ► 715-53	6-0	350	
17	Located at ▶ P.O. BOX 143, MERRILL, WI ZIP+4 ▶54			
15			_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	-	NA.	
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	A) 360 c. Ka	(42.0(41)	10 W (*)
A	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	300	Yes	No
12	During the year, did the foundation (either directly or indirectly):	322	经定额	大學家
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			7.00
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	A CONTRACTOR		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			X 34
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	7.7		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	288	N.W	
	statement - see instructions) N/A	2b	W64	() VV.0
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>	250 mg		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	基際	《於歌 》	
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		1,
	Did the foundation invest-during the year any amount in a manner that would jeopardize its charitable purposes?	4a	35000 per	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	\$43.0¢		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	- DE	X (0040)
	F0	rm 990	,-r	(2019)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No	
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire		[1]	
any voter registration drive?	•		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		es 🗶 No 🖔	
4945(d)(4)(A)? See instructions	or advertional auropeas or 6		s LA_NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or to		es 🗶 No 🖁	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ter the excentions described i		و ۱۹۷ <u>د کی</u> د: و	
section 53.4945 or in a current notice regarding disaster assistance? See instru		ii riegulaliviis	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				\$20 \$8 \$4 \$2 \$2 \$4 \$4 \$4 \$4 \$2 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		Γ/A ∏ Υ _θ	es 🗌 No	
If "Yes," attach the statement required by Regulations section 53 4945-5(d)		_		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No 💈	44 345 345
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	TO THE TERM
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or	•	Š	
excess parachute payment(s) during the year?	F		s X No	系称[28]60[48]6
Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	lagers, Highly		•
List all officers, directors, trustees, and foundation managers and the	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	account, other allowances
	is promon		- parieum	
SEE STATEMENT 10		0.	0.	0.
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	enter "NONF "	<u> </u>	<u>I</u>
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	υστοισα το ροσιτιστι		Compensation	4.10.11411000
3.00.2				
	,			
				L
Total number of other employees paid over \$50,000			<u> </u>	0
			Form	990-PF (2019)

923551 12-17-19

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	e instructions)
_ 1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	343,300. 53,569.
b	Average of monthly cash balances	1b	53,569.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	396,869.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	396,869.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,953.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	390,916.
6	Minimum investment return Enter 5% of line 5	6	19,546.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	19,546.
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019 (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	225.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	19,321.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,321.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,321.
P	art XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		4.0.00
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	12,837.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	12,837.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	12,837.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	ne section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) . Years prior to 2018	(c) 2018	(d) 2019
1 Distribùtable amount for 2019 from Part XI, line 7				19,321.
2 Undistributed income if any as of the end of 2019			4 670	
a Enter amount for 2018 only			4,679.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			34.7000000000000000000000000000000000000
4 Qualifying distributions for 2019 from				
Part XII, line 4. ► \$ 12,837.				
a Applied to 2018, but not more than line 2a			4,679.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			WENDARD AND THE	
(Election required - see instructions)	0.	AND PROPERTY OF THE PARTY OF TH		
d Applied to 2019 distributable amount				8,158.
e Remaining amount distributed out of corpus	0.			MARKE SERVICE
Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			ngi ping dalaphing ti Banjanjananan mananan mananan mananan mananan	annumary of singular desirably and 1985 1985 1985
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	\$2.50 P. S.			AT DOMESTICS OF
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				,
be distributed in 2020				11,163.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	٠ 0.			TO A STANGE OF A PROPERTY OF THE PROPERTY OF T
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019	SATELY SERVICE STATES			9887年68日日1888年69

923581 12-17-19

Supplementary information	(continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	Teopleti		
a Paid during the year				
JAKOB HALTINNER	NONE	Ī	HELP WITH PRESCRIPTION	
C/O P.O. BOX 143 MERRILL, WI 54452			MEDICATIONS	3,225.
MERRILL, WI 34432				3,223.
LINCOLN COUNTY RESPITE CARE ASSOC	NONE	gov	PROGRAM SUPPORT	
РО ВОХ 925				
MERRILL, WI 54452		+	-	5,438.
		-		
1.000				·····
Total		· ·	<u>▶ 3a</u>	8,663.
b Approved for future payment				
NONE				
			İ	
		<u> </u>		
_				
-				
Total			▶ 3h	0.

Form 990-PF (2019) LINCOLN COUNT	Y ARC, IN	<u>C.</u>		39-6	3103417 Page 1
Part XVI-A Analysis of Income-Prod	ducing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
entor gross amounts amous other was malacia.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
	0000		 		
	_	· · · · · · · · · · · · · · · · · · ·			
D					
c					
d			T		
e	_		 		
g Fees and contracts from government agencies	_				
Membership dues and assessments			+ - + -		
		· · ·	+		
3 Interest on savings and temporary cash investments			14	141	
4 Dividends and interest from securities			14	141. 13,652.	
5 Net rental income or (loss) from real estate:		 	+		
a Debt-financed property	**************************************	WAX 77 / XX 77 PPV 7	+	··	
			+ + -		
b Not debt-financed property			+ +		
6 Net rental income or (loss) from personal					
property 7. Other unvestment recome			03	2,795.	
7 Other investment income	1		03	4,193.	· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other			18	1,375.	
than inventory			1 0	1,3/3.	
9 Net income or (loss) from special events			+ +		
10 Gross profit or (loss) from sales of inventory			+ +		
11 Other revenue:					
a			 		
b			+		
<u> </u>	1		 - -		
d			+		
12 Subtotal Add columns (b), (d), and (e)	_ 	0.	,	17,963.	0
13 Total Add line 12, columns (b), (d), and (e)		<u> </u>			
(See worksheet in line 13 instructions to verify calculations	. 1			13	17,505
Part XVI-B Relationship of Activities	s to the Accon	nplishment of Ex	empt Pui	poses	
Line No Explain below how each activity for which i	ncome is renorted in	column (e) of Part XVI-4	contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other th			Continuated	importantly to the accomp	iisiiiiett oi
•				. <u></u>	
					· · ·
	· · · · · · · · · · · · · · · · · · ·				

Form 99	0-PF (2019)	LINCO	DLN COUNTY	Y ARC,	INC.		39-6103		Pa	age 13
Part				nsfers to a	and Transactions a	nd Relationshi	ps With Noncharit	table		
_	E	xempt Organ	nizations		·····				1	T
1 Did	d the organiz	ation directly or indi	irectly engage in any	y of the followi	ng with any other organizat	tion described in secti	on 501(c)	1/2	Yes	No
					ng to political organizations	?			, , , , , ,	3/
a Tra	ansfers from	the reporting found	dation to a noncharit	able exempt or	rganization of			<u> </u>	4.	ે ત્ર ઇ
· ,	Cash							1a(1)	1	X
	Other asse							1a(2)	2 N W	X
	ner transactio							<u>. </u>	>	3
			able exempt organiza					1b(1)		X
			oncharitable exempt	organization				1b(2)		X
		acılıtıes, equipment,						1b(3)	7	X
		ment arrangements	,					1b(4) 1b(5)		X
		oan guarantees	embership or fundra	aleina enficitati	one			1b(6)	1	X
٠,			ailing lists, other ass	•				1c	İ	X
	-				edule. Column (b) should a	always show the fair n	narket value of the goods, o		sets	
		•		•	ved less than fair market va	•			,,,,	
	-		other assets, or ser			,	5 0 ,			
(a) Line n	o (b) A	mount involved	(c) Name	of noncharitab	le exempt organization	(d) Description	of transfers, transactions and s	haring arr	angemer	nts
				N/A						
			 							
			 							
			 							
			 							
			 							
			-							
	<u> </u>		 							
		·	1		·-·					
			1							
2a Is 1	the foundation	on directly or indirec	ctly affiliated with, or	r related to, on	e or more tax-exempt organ	nizations described				
ın s	section 501(i	c) (other than section	on 501(c)(3)) or in s	section 527?				Yes	X	No
b_lf "	Yes," comple	te the following sch	nedule							
		(a) Name of or	ganization		(b) Type of organization		(c) Description of relations	hip		
		N/A				-				
						-				
					-					
	Linder penalt	ies of neriury. Lideclare	that I have examined th	ıs return includin	g accompanying schedules and	statements, and to the be-	st of my knowledge			
Sign					n taxpayer) is based on all inform		as any knowledge retu	y the IRS urn with th	e prepar	er
Here		yndrax	Jan		10-15-20	TREASU		Wn below		No.
	Signature	of officer or trustee	e		Date	Title		<u>- 168</u>	, L	10
	1	t/Type preparer's na		Preparer's		Date	Check If PTIN			
	l l	ERRI REXR					self- employed			
Paid		ST	,	TERRI	REXRODE CPA	09/28/20	P00	0096	513	
Prepa	arer Firm	n's name ►WIP	FLI LLP	•			Firm's EIN ► 39-0			
Use (Only									
	Firm	n's address P O	BOX 1223	3 <i>7</i>	· · · · · · · · · · · · · · · · · ·					

Phone no 920.662.0016
Form 990-PF (2019)

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GREEN BAY, WI 54307-2237

FORM 990-PF INTERE	ST ON SAVIN	GS AND	TEMPOR.	ARY C	ASH I	NVESTMENTS	Sī	TATEMENT 1
SOURCE			(A) REVENUE ER BOOK			(B) NVESTMENT NCOME		(C) ADJUSTED IET INCOME
M-BANK / LINCOLN / MORGAN STANLEY	PCCU			27. 14.	·	127. 14.		
TOTAL TO PART I, LI	NE 3		1	41.		141.		
FORM 990-PF	DIVIDENDS	AND IN	ITEREST	FROM	SECU	JRITIES	នា	PATEMENT 2
SOURCE	GROSS AMOUNT		TAL NS ENDS	REV	A) ENUE BOOKS			
OTHER DIVIDENDS AND INTEREST	16,592.	2	2,940.	1	3,652	13,6	52.	
TO PART I, LINE 4	16,592.	2	2,940.	1	3,652	13,6	52.	
FORM 990-PF		ОТНЕ	IR INCO	ME			Sī	PATEMENT 3
DESCRIPTION			RE	(A) VENUE BOOK		(B) NET INVEST- MENT INCOMI		(C) ADJUSTED NET INCOME
MORGAN STANLEY - FE VENDING MACHINE INC				2,	60. 735.	60 2,73		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		2,	795.	2,795		
FORM 990-PF	OT	HER PRO	FESSIO	NAL F	EES		ST	CATEMENT 4
DESCRIPTION	:	(A) EXPENSE PER BOO	S NE'	(B) I INV NT IN	EST-	(C) ADJUSTEI NET INCON)	(D) CHARITABLE PURPOSES
INVESTMENT ADVISOR	FEES	2,6	13.	2	,613.			0.

FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX PAID	1,949.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,949.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKERAGE ANNUAL FEE ARC DUES	550. 2,341.	550.		0. 2,341.
OTHER ARC ASSOCIATION BENEFITS VENDING MACHINE EXPENSES PO BOX RENTAL SUPPLIES	1,801. 2,122. 64. 874.	0. 2,122. 32. 874.		1,801. 0. 32. 0.
TO FORM 990-PF, PG 1, LN 23	7,752.	3,578.		4,174.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION	AMOUNT
ADJUSTMENT TO OPENING BALANCE - NO TAX EFFECT	2,025.
TOTAL TO FORM 990-PF, PART III, LINE 5	2,025.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR INV	VESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
2001 FORD E350 VAN	32,732.	32,732.	0.	0.
2007 CHEVY UPLANDER VAN	30,085.	30,085.	0.	0.
2007 DIESEL BUS(TOMAHAWK)	74,911.	74,911.	0.	0.
2007 GMC MINI VAN	48,930.	48,930.	0.	0.
AED TOMAHAWK	1,303.	1,303.	0.	0.
AED MERILL	1,303.	1,303.	0.	0.
LAWNMOWER	1,531.	1,531.	0.	0.
POWERHOUSE LAWN MOWER	2,687.	1,790.	897.	897.
TO 990-PF, PART II, LN 14	193,482.	192,585.	897.	897.

FORM 990-PF CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
TA ASSET ALLOC FUND (913)	8,100.	7,536.
VANGUARD SM CAP GROWTH ETF	52.	156.
VANGUARD SMALL CAP VALUE ETF	65.	123.
VANGUARD SMALL CAP ETF	972.	2,485.
AMER CENT VALUE A	3,686.	4,209.
AMERICAN EUROPACIFIC GRW F1	1,435.	1,725.
CALAMOS GROWTH A	5,535.	3,676.
COLUMBIA LARGE CP GROWTH ILL A	3,359.	2,989.
DAVIS NEW YORK VENTURE A	4,842.	4,445.
IVY NATURAL RESOURCES A	1,437.	913.
PIMCO TOTAL RETURN A	33,903.	32,751.
BLACKROCK TAX MUNICPAL BO TR	14,995.	16,332.
EATON VANCE SR FLTG RATEFD	23,180.	22,208.
INVESCO CEF INCOME COMPOSITE	13,914.	14,196
INVESCO PREFERRED ETF	13,991.	14,440
ISHARES MORNINGSTAR LAR CAP GR	4,631.	14,697.
ISHARES RUSSELL MIDCAP V ELF	8,203.	15,921
VANECK MORNINGSTAR WIDE MOAT	15,008	16,872.
VANGUARD FTSE EUROPE ETF	7,973.	8,204.
VANGUARD HIGH DIV YIELD ETF	14,000.	15,181.
VANGUARD SM CAP GROWTH ETF	1,714.	5,166.
VANGUARD SM CAP VALUE ETF	1,838.	3,564.
VANGUARD TTL STK MKT ETF	9,848.	21,271.
AIG FOCUSED DIV STRAT W	10,000.	13,162.
FRANKLIN INCOME ADV	15,000.	16,139.
INVESCO EQUAL WGHTD S&P 500 Y	11,556.	15,044.
JPMORGAN INCOME BUILDER I	25,148.	27,433.
LORD ABBETT CALIBRTD DIV GW F	23,723.	25,421.
PIONEER MULTI ASSET INC Y	11,080.	10,358.
T ROWE PRICE EQI-INC	8,300.	8,867.
THORNBURG INV INC BUILDER I	15,000.	17,868.
TOTAL TO FORM 990-PF, PART II, LINE 10B	312,488.	363,352.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DI		STAT:	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
LAURIE FERGE P.O. BOX 143 MERRILL, WI 54452	PRESIDENT 2.00	0.	0.	0.
MARVIL SLEWITZKE P.O. BOX 143 MERRILL, WI 54452	VICE PRESIDENT 1.00	0.	0.	0.
SUE TYYKILA P.O. BOX 143 MERRILL, WI 54452	SECRETARY 1.00	0.	0.	0.
SANDY TANK P.O. BOX 143 MERRILL, WI 54452	TREASURER 2.00	0.	0.	0.
MARGE ARNESON P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
DOTTIE ANDERSON P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
CONNIE BIELKE P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
JO CARPENTIER P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
RON CISEWSKI P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
PATTY DERLETH P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.

LINCOLN COUNTY ARC, INC.			39	9-6103417
DEE GUEST P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
BETTY HEHLING P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
JUDY KRAUSE P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
SHERIDAN SCHWARK P.O. BOX 143 MERRILL, WI 54452	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

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FORM 99	990-PF PAGE 1				ŀ	ŀ		990-PF							
Asset No	Description	Date Acquired	Method	Lıfe	O0 c >	No CC	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
8,7,5	AED TOMAHAWK	10/29/09	SL.	5.00		16	1,303		*		1, 303.	1:303		0	1, 303
6	AED MERILL	10/29/09	SL	5.00	⊣	9	1,303.				1,303.	1,303.		0.	1,303.
- 10	LAWINOWER	06/21/11	SL	5.00		. 19 <u>.</u>	1,531		,		1,531;	1,531		0.	1, 531
11	POWERHOUSE LAWN MOWER	09/02/16		5.00	16	vo	2,687.				2,687.	1,253.		537.	1,790.
	* 1990 PF PG 11 TOTAL MACHINERY & EQUIPMENT					1969 2684 6	6,824.				6,824	5,390;		-537	5.927
	TRANSPORTATION EQUIPMENT														-
25	2001 FORD E350 VAN	09/01/01	SL	7.00		16	32, 7325				32:732	32, 732;		0	32.732
7	2007 CHEVY UPLANDER VAN	09/21/07	SL	7.00	16	9	30,085.	,			30,085.	30,085.		0.	30,085.
5	2007 DIESEL BUS (TOMAHAWK)	02/24/08	SIS	7.00		16	74.911				74,911	74 911		0	74 911
7	2007 GMC MINI VAN	03/25/08	SL	7.00	16	1	48,930.				48,930.	48,930.		.0	48,930.
	* 990° PF BG 18 TOTAL! TRANSPORTATION ROUIPMENT						186.658.		1		186,658;	186.658.		0	1,86,658.
	PG 1					, ,	193,482.				193,482.	192,048.		537.	192,585.
						*- ###\K									
27. 33.35	19 <u>1985</u> 보이지 하는 사람들은 사람들은 보이지 않는 것이 되었다. 기업을 보는 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보면 되었다. 기업을 보는 것이 되었다. 기업을 보면 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보는 것이 되었다. 기업을 보면 되었다. 기업을 보는 것이 되었다. 기업을 보면 되었다. 기업을 보다면 되었다. 기업을 보다면 되었다. 기업을 보다면 되었다.		**************************************	# 12 / K	2			Š.	×ا ا		W. W. W. W. W. W. W. W. W. W. W. W. W. W				
					24.00 Currano										
928111 04 01-19	01-19					<u>O</u>	(D) - Asset disposed	peso		*	ITC, Salvage,	*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revitali.	zation Deduct	ion, GO Zone