Form **990-EZ**

2009

OMB No 1545-1150

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 and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

Α	For t	he 2009 ca	lendar	year, or tax year beginning , 2009, and ending			,
<u>B_</u>	Check	ıf applicable	. .	C	D E	mployer	identification number
	Addres	ss change	Please use IRS	HERBERTSVILLE FIRST AID SQUAD		22-60	65615
	Name	change	label or print or	375 HERBERTSVILLE ROAD BOX 983	E T	elephone	number
	Initial	return	type. See	BRICK, NJ 08724			
	Termin		Specific				
-		ded return	Instruc- tions.				xemption
Ш	Applica	ation pending		<u> </u>		umber	
		Section 5 m	501(c)(3) ust atta	organizations and 4947(a)(1) nonexempt charitable trusts och a completed Schedule A (Form 990 or 990-EZ). G Account	ting meth specify) 🕨		Cash Accrual
				H Check	► X if	the or	ganization is not
ı	Webs	site: ► <u>N</u>	/A	require	d to attac	h Sche	dule B (Form 990,
J	Tax-e	xempt status	(check o	nly one) — $X = 501(c)$ (3) \triangleleft (insert no) $4947(a)(1)$ or $527 = 990-EZ$, or 990-F	PF)	
K	Chec	k ►lf	the orga	anization is not a section 509(a)(3) supporting organization and its gross receip	ots are no	rmally	not more than
	\$25,0	000. A Form	1 990-EZ	or Form 990 return is not required, but if the organization chooses to file a return, be	e sure to fi	le a co	mplete return
L				7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990	-		
_		ad of Form				► \$	168,523.
Pa	rt I	Reve	enue, l	Expenses, and Changes in Net Assets or Fund Balances (See	the instr	uctio	ns for Part I.)
	1	Contributi	ions, gif	ts, grants, and similar amounts received		1	165,570.
	2	Program	service	revenue including government fees and contracts		2	
	3	Membersl	hip dues	s and assessments		3	
2010	4	Investmer	nt incon	ne.		4	2,953.
\approx	5 a	Gross am	ount fro	om sale of assets other than inventory . 5a			
N	Ь	Less: cos	t or oth	er basis and sales expenses 5b			
 P	c	Gain or (loss	s) from sa	ale of assets other than inventory (Subtract In 5b from In 5a)		5 c	
\	6	Special ever	nts and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	▶ □		
二	a	Gross rev	enue (r	not including \$ of contributions	_		
_E		reported of	on line	1) 6a		1 1	
\bigcirc	Ь	•		enses other than fundraising expenses 6b		1 1	
SCANNED JEHL J				from special events and activities (Subtract line 6b from line 6a)		6c	
急				ventory, less returns and allowances 7a			
3		Less cos				1 1	
\mathcal{Q}	1		_	oss) from sales of inventory (Subtract line 7b from line 7a)	-	7 c	
U)		Other revenu			١	8	
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	^´ ,	. 9	168,523.
						+ -	100,323.
	10			ar amounts paid (attach schedule)		10	
E	11	•		or for members compensation, and employee benefits RECEIVED		11	
E X P	12					12	704
E	13			s and other payments to independent contractors		13	784.
S	14			utilities, and maintenance (E) MAY 1.9 2010 (O)		14	3,343.
s	1					15	6,922.
	16			ribe ► See Statement 1	—)	16	98,805.
	17			Add lines 10 through 16 OGDEN UT		+''-	109,854.
	18	Excess of	r (defici	t) for the year (Subtract line 17 from line 9)		18	58,669.
NS	19	Net asset	s or fun	nd balances at beginning of year (from line 27, column (A)) (must agree with er	nd-of-year	1	006 040
N S E E				n prior year's return)		19	236,842.
S	20		-	net assets or fund balances (attach explanation)		20	
-	21			d balances at end of year. Combine lines 18 through 20		21	295,511.
Pa	<u>ırt II</u>	Bala	nce S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Forn			
_	_			(See the instructions for Part II.) (A) Begin			(B) End of year
22				nvestments	73,447		224,045.
23		nd and buil	-		35,897		39,567.
24				pe ► <u>See Statement 2</u>)	27,498	_	31,899.
25		tal assets			36,842		295,511.
_		tal liabilitie	-		0		0.
_27					36,842	27	295,511.
BA	A Fo	r Privacy A	Act and	Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)

	rt III Statement of Program Se			ons.)		Expenses
What	is the organization's primary exempt purpose? EM	<u>IERGENCY MEDICAL CA</u>	RE		(Reg 5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
Desc	cribe what was achieved in carrying out the ribe the services provided, the number of	ne organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section
prog	ram title	persons benefited, or other	relevant information for	eacn	for o	(a)(1) trusts, optional thers)
28	THE VOLUNTEER FIRST AID S	SOUAD PROVIDES EMER	RGENCY MEDICAL	SERVICES		
	TO RESIDENTS AND VISITORS					
			= 1101/_ 1121/_ 9.		1	
	(Grants \$) If th	nis amount includes foreign gi	rants check here		28 a	96,801.
29	7111	is amount includes foreign gi	rants, check here		204	70,001.
					1	
					1	
	70					
	(Grants \$) If th	nis amount includes foreign gi	rants, cneck nere		29 a	
30					4	
					4	
	70					
21		nis amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedule (Grants \$) If the	:) nis amount includes foreign gi	roots shoot bars	- □	21 -	•
32	Total program service expenses (add li		rants, check here		31 a	96,801.
	t IV List of Officers, Directors		ployoos List sast sa			
Га	LIV LIST OF OTHICETS, DIRECTORS	(b) Title and average hours		(d) Contributions		
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	(e) Expense account and other allowances
		to position		deferred compens	ation	
	BERT_CONTRERAS	Vice President	0.		0.	0.
41.	STRATFORD DRIVE	0				
BR.	ICK, NJ 08724					
BE'	TH SAUERBREY	President	0.		0.	0.
38	SOUTH LAKE DRIVE	o				
BR	ICK, NJ 08724					
WI	LLIAM SAUERBREY	Treasurer	0.		0.	0.
38	SOUTH LAKE DRIVE	1 o				
	ICK, NJ 08724					
	RBARA THEIME	Secretary	0.		0.	0.
	CALIFORNIA AVENUE	0	J .		٠.	· ·
	ICK, NJ 08724	ď				
	icit, No 00724					
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Form 990-EZ (2009) HERBERTSVILLE FIRST AID SQUAD

Pa	it V Other information (Note the statement requirements in the instrictor Part V.) See Sta	teme	ent	<u>3</u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
-	each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice			
	reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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		<u>X</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.			,
	b Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
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 period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total			1
	amount involved . 38b N/A			1
	Section 501(c)(7) organizations Enter			1
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities . 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			!
	section 4911 ► 0 . , section 4912 ► 0 . ; section 4955 ► 0 .			
	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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If			١
	Yes, complete Schedule L, Part I	40 b		<u>X</u>
	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.			j '
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			ł
	by the organization			l .
	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			البيب
		40 e		<u>X</u> _
41	List the states with which a copy of this return is filed None			
42	a The organization's	450	714	
	books are in care of ► <u>WILLIAM SAUERBREY</u> Located at ► 385 SOUTH LAKE DRIVE BRICK NJ Telephone no. ► (732) ZIP + 4 ► 08724	458		<u>+</u> – –
	Located at ► 385 SOUTH LAKE DRIVE BRICK NJ ZIP + 4 ► 08724			
		ſ	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)?	42 b	103	X
	If 'Yes.' enter the name of the foreign country:	72.0		
	in rest, enter the name of the foreign country.			
				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Ч	N/A
	To the state of th			
		_	Yes	No
44	Did_the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		Х
45				
				ı
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		X

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UIIII 330-EZ (2003)		LIVOI VID	SOURD

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Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table:	ction 4947(a)(1) noi	nexempt charitab	t charitable trusts only. le trusts must answer q	All se uestio	ction ins	
46 Did th	ne organization engage in direct or indire	ct political campaign ac C, Part I	tivities on behalf of o	r in opposition to candidates	46	Yes	No X
47 Did th	ne organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		47		X
48 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	f 'Yes,' complete Sch	nedule E	48		X
49 a Did th	ne organization make any transfers to an	exempt non-charitable	related organization?		49 a		Х
b If 'Ye	s,' was the related organization a section	527 organization?			49b		<u> </u>
50 Comp	olete this table for the organization's five byees) who each received more than \$10	highest compensated e 0,000 of compensation	mployees (other than from the organization	officers, directors, trustees a If there is none, enter 'Non	and key e '		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	5
None							
						<u> </u>	
						_	
		-					
f Total	number of other employees paid over \$1	00,000					
51 Comp	elete this table for the organization's five ensation from the organization. If there is		ndependent contracto				
None	(a) Name and address of each independent continued in the	actor paid more than \$100,000		(b) Type of service	(c) Comp	oensatio	<u>1</u>
							
					-		
d Total	number of other independent contractors	s each receiving over \$1	00,000				
	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (nined this return, including according than officer) is based on a	mpanying schedules and state all information of which prepared	tements, and to the best of my knowled arer has any knowledge	ge and be	elief, it is	,
Sign Here	Signature of officer	cebey		5-15-10 Date			
riere	Type or print name and title	acerbray	. <u> </u>				
Paid	Preparer's Signature	Oll_ on CPA	Date / 3	Check if self-employed X P000	er's Identifi structions	fying Nu	mber
Pre-	DOT COMING A. HILLS	ON CPA		employed X PUU.	<u> </u>	J	
parer's Use	yours if self- employed), PO BOX 1223	O.1. O. 11		—————————————————————————————————————	-3777	210	
Only	address, and ZIP + 4 WALL, NJ 07719-	1223		Phone no ► (732)	280-		
	S discuss this return with the preparer st		ctions		X Yes		No No
BAA	a discussion and retain with the preparer si	ionni abovo: Oce instru	0.10(13)		orm 990		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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																																											_	Yes	<u>; </u>	No
		(i))	a p bel	ers ow	on , th	wh e g	10 (10V	dire ern	ctl	y c	r ir ody	ndır 7 of	ect	tly e s	cor	ntro po:	ols, rtec	eit i or	the rga	er al	llon atı	ne on	or ?	tog	get	her	W	ith p	e	rsons	d	esci	ıbe	ed 1	n (II)) a	nd	(111)		11	l g (i	i)			
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		(ii	i)	a 3	5%	C	ontr	oll	ed	ent	ıty	of	аŗ	er	sor	n de	esc	crıb	ed	ın	(1)	or	(II)) a	bo	ve î	7													[_11	lg(i	iii)			
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Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	92,273.	100,912.	103,804.	123,904.	165,570.	586,463.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	92,273.	100,912.	103,804.	123,904	165,570.	586,463.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						586,463.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	92,273.	100,912.	103,804.	123,904.	165,570.	586,463.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3.	813.	2,580.	4,204.	2,953.	10,553.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV			8,000.	·		8,000.
11	Total support. Add lines 7 through 10						605,016.
12	Gross receipts from related activ	uties, etc (see ins	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, c	or fifth tax year as	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	009 (line 6, columi	n (f) divided by lin	e 11, column (f)		14	96.9%
15	Public support percentage from	2008 Schedule A,	Part II, line 14	•	•	15	97.0%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo	x on line 13, and ganization	the line 14 is 33	-1/3 % or more, cl	heck this box ► X
	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a			
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	' test, check this ation qualifies as	box and stop her a publicly suppo	'e. Explain in Part rted organization.	IV how the ►
_18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					Scl	hedule A (Form 99	90 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I)					
Sec	tion A. Public Support							
Caler	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts' grants, contributions and membership fees received. (Do not include 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of 1% of the amount on line 13 for the year		_					
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)				<u> </u>			
Sec	tion B. Total Support				Y=***-	1		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
_	Amounts from line 6							
iua	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		·					
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
-	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on .			·····				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		,					
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section !	501(c)(3) ▶ □
Sec	tion C. Computation of Pu		ercentage					1 - 1
	Public support percentage for 20			ne 13, column (f))	l		15	%
	Public support percentage from		•				16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;				
17	Investment income percentage f	for 2009 (line 10c,	column (f) divide	d by line 13, colu	mn (f))		17	%
18	Investment income percentage f						18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a pi	ublicly supported	organization	li .	▶ 📋
	33-1/3 support tests – 2008. If the state of	k this box and sto l	p here. The organ	ization qualifies a	as a publicly supp	orted organ	ızatıon	, and line 18
20	Private foundation. If the organi	ization did n <u>ot che</u>	ck a box on line	14, 19a, or 19b, c	heck this box and	d see instruc	ctions	▶ □

Schedule .	A (Form 990 or 990-EZ)	2009	HERBER'	TSVILLE	FIRST	AID	SQUAD	22-6065615	Page 4
Part IV	Supplemental Inf Part II, line 17a o	ormati r 17b;	on. Compand Part	olete this III, line 1	part to 2. Provi	provid de any	e the ex y other a	22-6065615 planations required by Part I additional information. See in	l, line 10; structions.
	•			<u> </u>		-			
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Schedule A (Form 990 or 990-EZ) 2009

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09 S	chedu	le A, F	Part IV -	Supplem	nental Infor	mation	Page
•		HEF	RBERTSVI	LLE FIRST A	D SQUAD		22-60656
Part II, Line 10 - Other	Income						
Nature and Source		200	9	2008	2007	2006	2005
CELL TOWER INCOME	Total	\$	0. \$	0. §	8,000. 8,000. \$	0. \$	0.

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2009	Federal Statements		Page 1
•	HERBERTSVILLE FIRST AID SQUAD		22-6065615
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses CONFERENCES/MEETINGS Depreciation DUES GOOD & WELFARE Insurance MAINTENANCE & REPAIRS MEDICAL SUPPLIES MISC EQUIPMENT Office Expenses TAXES TRAINING UNIFORMS UTILITIES		\$. Total \$	2,881. 29,386. 640. 7,332. 17,113. 4,010. 8,585. 1,429. 2,588. 200. 14,409. 1,070. 9,162.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets			
Automobiles Furniture and Fixtures Machinery and Equipment	 Total	Beginning \$ 9,937. \$ 995. 16,566. \$ 27,498. \$	Ending 12,898. 796. 18,205. 31,899.

Statement 3 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

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12/31/09		2	009 Fe	dera	Boc	k Dep	2009 Federal Book Depreciation Schedule	on Sc	hedu	<u>e</u>				Page 1
				HER	SERTS	VILLE FI	HERBERTSVILLE FIRST AID SQUAD	SQUAD						.22-6065615
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So. Deor.	Prior Dec. Bal. Deor.	Salvage /Basis Reductn	Depr Basis	Prior Deor.	Method Life	Life_Rate	Current Deor.
1 990/990-PF														
Auto / Transport Equipment														
1 TRANSPORTATION EQUIPMENT 11 WPCS INTERNATIONAL	1/01/99		146,230							146,230	136,293	200DB HY S/L	7	9,937
Total Auto / Transport Equipment		•	159,773		0	0	0	0	0	159,773	136,293			10,582
Buildings	Various		36,328							36,328	36,328	S/L		0
Total Buildings		•	36,328		0	0	0	0	 ° 	36,328	36,328			0
2 FURNITURE & FIXTURES 7 OFFICE FURNITURE	Various Various		18,336							18,336	18,336	200DB HY S/L	5 7	0
Total Furniture and Fixtures		•	19,729	· 	0		0	0	0	19,729	18,734			199
6 IMPROVEMENTS 13 HEATING/AIR SYSTEM	Various 3/09/09		90,305							90,305	70,151	7/S 7/S	15	6,020
Total Improvements Land			101,305		0	0	0	0	0	101,305	70,151			7,330

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12/31/09		20	2009 Federal Book Depreciation Schedule	eral	Bool	(Depi	reciatio	on Sc	hedul	a				<u>.</u>	Page 2
			_	HERBI	ERTSV	LLE FIR	HERBERTSVILLE FIRST AID SQUAD	QUAD						.72	22-6065615
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr	Prror Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Lufe Rate		Current Depr.
LAND	Various		743							15,743				,	0
Total Land		•	15,743		0	0	0	0	0	15,743	0				0
Machinery and Equipment															
3 MACHINERY & EQUIPMENT	Various		45,942							45,942	37,142	200DB HY	7		8,800
8 COMMUNICATIONS EQUIPMENT	Various		10,872							10,872	3,106	S/L	7		1,553
	3/13/09		4,132							4,132		S/L			492
10 COMMUNICATIONS EQUIPMENT 12 CAMERA SYSTEM	10/27/09		4,132							4,132		72 72	7		33 38
	CO 167 10	ļ	000,4	l				Ì		200,4		ò			700
Total Machinery and Equipment			69,728		0	0	0	0	0	69,728	40,248				11,275
Total Depreciation		ı U	402,606	1	0		0	0		402,606	301,754				29,386
Grand Total Depreciation		II.	402,606		0			0		402,606	301,754				29,386
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