

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNESOTA CHORALE	D Employer identification number 23-7272193
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box, if mail is not delivered to street address) Room/suite 528 HENNEPIN AVENUE 407	E Telephone number 612-333-4866
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55403	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
 G Accounting method Cash Accrual Other (specify) _____

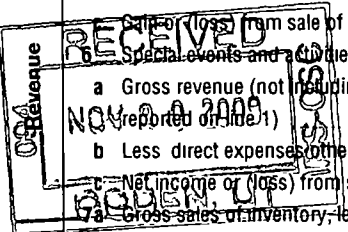
I Website: WWW.MNCHORALE.ORG
 J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 475,997.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	261,654.
2	Program service revenue including government fees and contracts	2	194,575.
3	Membership dues and assessments	3	
4	Investment income	4	486.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Net income or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1) (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe OTHER REVENUE)	8	19,282.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	475,997.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	252,509.
13	Professional fees and other payments to independent contractors	13	5,695.
14	Occupancy, rent, utilities, and maintenance	14	10,423.
15	Printing, publications, postage, and shipping	15	5,102.
16	Other expenses (describe SEE STATEMENT 1)	16	180,005.
17	Total expenses. Add lines 10 through 16	17	453,734.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,263.
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	63,157.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	85,420.



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Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	78,541.	33,905.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	43,546.	68,989.
25 Total assets	122,087.	102,894.
26 Total liabilities (describe SEE STATEMENT 3)	58,930.	17,474.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,157.	85,420.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? CHORALE MUSIC AND EDUCATION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 5 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	231,550.
29	SEE STATEMENT 6 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	THE ORGANIZATION'S OTHER EDUCATION-OUTREACH EFFORTS INCLUDE THE INCHOIR PROGRAM FOR ADULTS, THE FULL VOICE PROGRAM IN AREA HIGH SCHOOLS AND THE EMERGING CONDUCTOR WORKSHOP. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	231,550.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ELIZABETH BALAY, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
LESLIE BENDTSEN, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
DON DAVIES, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
GARY GARDNER, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
SUSANNE HAAS, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
K. DENNIS KIM, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
GLORIA OLSEN, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
GAIL ONAN, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	DIRECTOR 0.00	0.	0.	0.
MARILYN PATASKY, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
DANIEL PEDERSON, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
ROBERT SHOEMAKE, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
SUSAN TARNOSWKI, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN	DIRECTOR 0.00	0.	0.	0.
ROBERT PESKIN, 528 HENNEPIN AVENUE, NO. 407, MINNEAPOLIS, MN 55403	EXECUTIVE DIRECTOR 50.00	58,000.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41	List the states with which a copy of this return is filed ▶ MN		
42a	The books are in care of ▶ STEVE HODULIK Telephone no ▶ 612-333-4866 Located at ▶ 528 HENNEPIN AVENUE, SUITE 407, MINNEAPOLIS, MN ZIP + 4 ▶ 55403		
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)?		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the 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"

Table with 2 columns: Yes, No. Rows 46-49b.

Table for line 50: (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 & deferred compensation; (e) Expense account and other allowances. Content: NONE

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

Table for line 51: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Content: NONE

Sign Here: 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. Preparer's Signature: Robert C. Shoemaker, President, Date: 11 Nov 2009

Paid Preparer's Use Only: Preparer's signature, Date: 11-3-09, Check if self-employed, Preparer's Identifying Number, Firm's name (or yours if self-employed), address, and ZIP + 4: SMITH, SCHAFFER AND ASSOC., LTD., 2035 EAST COUNTY ROAD D, STE A, MAPLEWOOD, MN 55109, Phone no: (651) 770-8414

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	304,832.	225,217.	237,805.	220,417.	254,781.	1,243,052.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	304,832.	225,217.	237,805.	220,417.	254,781.	1,243,052.
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)						444,132.
6 Public Support. Subtract line 5 from line 4						798,920.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	304,832.	225,217.	237,805.	220,417.	254,781.	1,243,052.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	615.	1,617.	304.	684.	486.	3,706.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	13,842.	6,599.	5,211.	5,055.	19,282.	49,989.
11 Total support. Add lines 7 through 10						1,296,747.
12 Gross receipts from related activities, etc (see instructions)					12	852,559.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	61.61 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	78.30 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		15,599.	
CONTRACT SINGERS		78,127.	
OTHER CONTRACT SERVICES		10,303.	
OFFICE AND POSTAGE		22,008.	
ADVERTISING		1,766.	
FUNDRAISING CAMPAIGN		10,507.	
RECORDING AND PRODUCING		10,555.	
BRIDGES		13,045.	
EDUCATION AND TRAINING		4,545.	
TELEPHONE		5,737.	
INSURANCE		4,664.	
DUES AND MEMBERSHIPS		1,321.	
DEPRECIATION		766.	
TRAVEL		702.	
INTEREST		360.	
TOTAL TO FORM 990-EZ, LINE 16		180,005.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
GRANTS AND PLEDGES RECEIVABLE	39,085.	63,265.	
INVENTORY	2,404.	1,949.	
PREPAID EXPENSES	439.	2,923.	
OTHER DEPRECIABLE ASSETS	1,618.	852.	
TOTAL TO FORM 990-EZ, LINE 24	43,546.	68,989.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	8,494.	2,585.	
FISCAL AGENCY AGREEMENTS PAYABLE	50,436.	14,889.	
TOTAL TO FORM 990-EZ, LINE 26	58,930.	17,474.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE ORGANIZATION IS AN ACCLAIMED, PROFESSIONAL-CORE SYMPHONIC CHORUS. IT PERFORMS SOME 20 CONCERTS YEARLY WITH ORCHESTRA. THE ORGANIZATION BRIDGE'S PROGRAM PROJECTS THE POWER OF SONG INTO THE COMMUNITY, DRAWING ON THE ENERGY OF MUSIC TO BRING PEOPLE TOGETHER AND ADDRESS SOCIAL PROBLEMS.

AMONG THE ORGANIZATION'S YOUTH EDUCATION PROGRAM IS THE 60-VOICE MINNEAPOLIS YOUTH CHORUS, A COLLABORATION WITH THE MINNEAPOLIS PUBLIC SCHOOLS, ENRICHING THE LIVES OF STUDENTS IN GRADES 4-7.

Minnesota Chorale [44078]
Depreciation Expense

Financial
07/01/2008 - 06/30/2009

System No	S	Description	Date In Service	Method / Conv	Life	Cost / Other Basis	Bus / Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj	Beg Accum Depreciation	Current Depreciation	Total Depreciation
Other Depr #1 - Other Depreciation												
1		MISCELLANEOI	6/30/1989	MSL / HY	5 0000	1,300 00	100 0000	0.00	0.00	1,300 00	0.00	1,300 00
2		COMPUTERS	6/30/2000	SL / N/A	3 0000	7,501 87	100 0000	0.00	0.00	7,501 87	0.00	7,501 87
3		EQUIPMENT/ AI	6/30/1990	MSL / HY	5 0000	1,467 35	100 0000	0.00	0.00	1,467 35	0.00	1,467 35
4		OFFICE WORK	6/30/1992	M / HY	5 0000	620 00	100 0000	0.00	0.00	620 00	0.00	620 00
5		CANON 6030 Pi	11/19/1996	SL / N/A	5 0000	6,500 00	100 0000	0.00	0.00	6,500 00	0.00	6,500 00
6		COMPUTER PA	12/14/2004	SL / N/A	5 0000	1,524 13	100 0000	0.00	0.00	1,092 31	304 83	1,397 14
7		COMPUTER PA	1/11/2005	SL / N/A	5 0000	996 33	100 0000	0.00	0.00	697 45	199 27	896 72
8		BROTHER LASI	1/31/2005	SL / N/A	5 0000	397 64	100 0000	0.00	0.00	271 73	79 53	351 26
9		ADOBE SOFTW	1/31/2005	SL / N/A	3 0000	361 04	100 0000	0.00	0.00	361 04	0.00	361 04
10		PARADIGM SOI	3/1/2005	SL / N/A	3 0000	2,820 00	100 0000	0.00	0.00	2,820 00	0.00	2,820 00
11		TELEPHONE SY	9/1/2007	SL / N/A	5 0000	913 80	100 0000	0.00	0.00	152 30	182 76	335 06
Subtotal: Other Depr #1 - Other Depreciation						24,402.16		0.00	0.00	22,784.05	766.39	23,550.44
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for Other Depr #1 - Other Depreciation						24,402.16		0.00	0.00	22,784.05	766.39	23,550.44
Subtotal.						24,402.16		0.00	0.00	22,784.05	766.39	23,550.44
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Grand Totals:						24,402.16		0.00	0.00	22,784.05	766.39	23,550.44