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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning May 1 , 2009, and ending Apr 30 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
OUACHITA MEDICAL SOCIETY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 2884

City or town, state or country, and ZIP + 4
MONROE LA 71207-2884

D Employer identification number
72-0925607

E Telephone number
(318) 512-6932

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) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► ouachitamedicalsociety.org

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 66,710.

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	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	52,903.
	4	Investment income		4	1,070.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ of contributions reported on line 1)	6a 10,148.		
	b	Less direct expenses other than fundraising expenses	6b 7,783.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	2,365.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► See Other Revenue Statement)		8	2,589.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		► 9	58,927.
	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	32,028.
	13	Professional fees and other payments to independent contractors		13	2,457.
	14	Occupancy, rent, utilities, and maintenance		14	10,066.
	15	Printing, publications, postage, and shipping		15	544.
	16	Other expenses (describe ► See Other Expenses Statement)		16	14,662.
	17	**Total expenses.** Add lines 10 through 16		► 17	59,757.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-830.
	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	67,333.
	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	66,503.

REVENUE / EXPENSES / NET ASSETS

RECEIVED
NOV 23 2010
IRS OGDEN, UT

SCANNED DEC 22 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	69,847.	22	66,768.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	283.	24	0.
25	**Total assets**	70,130.	25	66,768.
26	**Total liabilities** (describe ► See L-26 Stmt)	2,797.	26	265.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	67,333.	27	66,503.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE ATTACHED

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

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

28	SEE ATTACHED (Grants $) If this amount includes foreign grants, check here ► ☐	28a	59,757.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	59,757.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
PAMELA T GLASS 207 PATRICK ROAD NATCHITOCHES LA 71457	EXECUTIVE DIRECTOR 40.00	29,609.	0.	
JASON READ 1310 NORTH 19TH STREET MONROE LA 71201	PRESIDENT 0.50	0.	0.	
DAVID BARNES 3400 MEDICAL PARK DRIVE STE C MONROE LA 71203	VICE PRESIDENT 0.50	0.	0.	
EUIL LUTHER 1610 JACKSON STREET MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	
VINCENT FORTE 210 LAYTON AVENUE MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	

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

		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? 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 why the organization did not report the income on Form 990-T		
35a	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?		X
35b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
37b	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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
40b	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 'Yes,' complete Schedule L, Part I		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
40e	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 ►		

42a The organization's books are in care of ► KRYSTLE MEDFORD Telephone no ► (318) 512-6932

Located at ► 1811 TOWER DRIVE MONROE, LA ZIP + 4 ► 71201

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ►		X

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

		Yes	No
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 VII **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
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 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 a section 527 organization?		

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

(a) Name and 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) Expense account and other allowances

f Total number of other employees paid over $100,000 ►

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Kristle N. Medford — Signature of officer — Date ► 11/18/2010

► Kristle N. Medford — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Cathy M. Trichel CPA	Date 11/15/10	Check if self-employed ► X	Preparer's Identifying Number (See instructions) P00810411
Firm's name (or yours if self-employed), address, and ZIP + 4 ► CATHY M. TRICHEL CPA PO BOX 14659 MONROE LA 71207		EIN 72-1154929 Phone no ► (318) 323-7597	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

OUACHITA MEDICAL SOCIETY

Employer identification number

72-0925607

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d) ►				
	11 Net income summary Combine lines 3, column (d) and line 10 ►				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If 'No,' explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If 'Yes,' explain		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address. ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		

b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____.

c If 'Yes,' enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► $_____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $			

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
OUACHITA MEDICAL SOCIETY	72-0925607

Line 24 - Other Assets:	Beginning of Year	End of Year
EQUIPMENT,FURNITURE & FIXTURES	283.	0.
Totals to Form 990-EZ, Part II, line 24	283.	0.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
DUE TO LSMS-DUES COLLECTED	2,185.	265.
ACCRUED PAYROLL TAXES	612.	0.
Totals to Form 990-EZ, Part II, line 26	2,797.	265.

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

Other revenue (describe)	
FEES LSMS	1,900.
OTHER INCOME	689.
Total	2,589.

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

Other expenses (describe)	
BANK CHARGES	117.
CELLPHONE SERVICE	812.
COMMITTEE MEETING EXPENSE	452.
Depreciation	283.
DOCTORS DAY	1,920.
DUES & PUBLICATIONS	229.
HOLIDAY PARTY EXPENSE	3,860.
INSURANCE	2,772.
MEMORIALS AND GIFTS	91.
OFFICE EXPENSES	1,022.
MISCELLANEOUS	344.
WEB SITE MAINTENANCE	2,760.
Total	14,662.

OUACHITA MEDICAL SOCIETY
72-0925607
SUPPLEMENTARY SCHEDULE
FORM 990EZ
APRIL 30, 2010

FORM 990EZ PART III - PAGE 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

STATEMENT OF PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THIS ORGANIZATION IS TO HOLD FREQUENT MEETINGS FOR THE EXCHANGE OF HEALTH CARE INFORMATION AND OTHER MATTERS OF PROFESSIONAL, TECHNICAL AND ETHICAL INTEREST, TO ENCHANCE THE QUALITY OF HEALTH CARE, TO IMPROVE THE DELIVERY OF HEALTH CARE IN NORTHEAST LOUISIANA AND TO WORK WITH AND SUPPORT OTHER PARISH MEDICAL SOCIETIES OF THE STATE OF LOUISIANA, THE LOUISIANA STATE MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION THERE ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF THIS ORGANIZATION AND THE AREA COVERED MAINLY CONSISTS OF OUACHITA PARISH IN NORTHEAST LOUISIANA.

OUACHITA MEDICAL SOCIETY
SUPPLEMENTAL SCHEDULE
FORM 990EZ
APRIL 30, 2010

FORM 990EZ PART III - LINE 28 AND 32

INCOME IS MAINLY DERIVED FROM SOCIETY EVENTS (DINNERS & MEETINGS), FROM THE COLLECTION OF DUES FROM MEMBERS, AND FROM THE PUBLICATION OF THE MEDICAL DIRECTORY.
THIS INCOME IS USED TO PROMOTE THE MISSION OF THE SOCIETY WHICH IS TO PROVIDE A VEHICLE FOR THE COLLECTION AND DISSEMINATION OF INFORMATION TO ITS MEMBERS REGARDING THEIR HEALTH CARE PROFESSION AS WELL AS THE PROMOTION OF GOODWILL AMONG ITS MEMBERS.

THE SOCIETY COMMITS ITSELF TO THESE GOALS

1 TO PURSUE AND MAINTAIN ACCESS TO QUALITY MEDICAL CARE
2 TO PROMOTE PUBLIC EDUCATION ON HEALTH ISSUES
3 TO PROVIDE VALUE TO MEMBERS BY THE REPRESENTATION AND ASSISTANCE OF MEMBER PHYSICIANS IN THE PRACTICE OF MEDICINE

THERE ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF THIS ORGANIZATION THE PHYSICAL AREA COVERED CONSISTS MAINLY OF OUACHITA PARISH IN NORTHEAST LOUISIANA.

A SALARIES & EMPLOYEE BENEFITS	32,028
B. PROFESSIONAL FEES & CONTRACTORS	2,457
C OCCUPANCY, RENT UTILITIES, & MAINTENANCE	10,066
D PRINTING, PUBLICATIONS & POSTAGE	544
E CELL PHONE SERVICE	812
F. BANK CHARGES	117
G INSURANCE	2,772
H. OFFICE EXPENSE	1,022
I. COMMITTEE MEETINGS	452
J MISCELLANEOUS	344
& EVENTS EXPENSE	1,920
K HOLIDAY PARTY EXPENSE	3,860
L. DEPRECIATION	283
M DUES & PUBLICATIONS	229
N WEBSITE MAINTENANCE	2,760
O MEMORIALS AND GIFTS	91
TOTAL	59,757

OUACHITA MEDICAL SOCIETY
DEPRECIAITON SCHEDULE
04/30/10

DESCRIPTION	DATE ACCQUIRED	RATE/ LIFE/YEARS	YEAR BEG BALANCE	ADDITIONS	YEAR END. BALANCE	BEG. DEPRN BALANCE	CURRENT DEPRN	END DEPRN BALANCE
OFFICE TABLE	11/8/1989	SL/10YRS	800 00		800 00	800 00		800 00
CUPS & DISHES	11/18/1989	SL/10YRS	182 81		182 81	182 81		182 81
GLASS TABLE TOP	12/22/1989	SL/10YRS	172 73		172 73	172 73		172 73
TABLE & CHAIRS	11/30/1989	SL/10YRS	1730 00		1730 00	1730 00		1730 00
FILE CABINET	12/5/1989	SL/10YRS	50 00		50 00	50 00		50 00
REFRIGERATOR/CHAIR	12/5/1989	SL/10YRS	275 00		275 00	275 00		275 00
10 CHAIRS-DIXIE	12/5/1989	SL/10YRS	1808 30		1808 30	1808 30		1808 30
TYPEWRITER	12/5/1989	SL/10YRS	187 25		187 25	187 25		187 25
FAX MACHINE	9/29/1992	SL/7YRS	484 42		484 42	484 42		484 42
SECRETARY CHAIR	10/30/1995	SL/7YRS	126 95		126 95	126 95		126 95
LAMP	9/30/1996	SL/7YRS	150 82		150 82	150 82		150 82
ANSWERING MACHINE	10/2/1998	SL/7YRS	48 81		48 81	48 81		48 81
HP DESKJET PRINTER	3/1/1999	SL/5YRS	469 77		469 77	469 77		469 77
TELEPHONE MTG ROOM	6/1/1998	SL/5YRS	60 74		60 74	60.74		60 74
TAPE BACKUP	3/28/2000	SL/5YRS	350 00		350 00	350 00		350 00
COPIER	11/20/2000	SL/7YRS	867 99		867 99	867 99		867 99
CD WRITER	2/6/2000	SL/5YRS	562 30		562 30	562 30		562 30
SOUND SYSTEM	2/12/2002	SL/7YRS	216 61		216 61	216 61		216 61
COMPUTER SCANNER	7/10/2001	SL/5YRS	414 99		414 99	414 99		414 99
CAMERA 35 MM	6/11/2003	SL/5YRS	240 89		240 89	240 89		240 89
MONITOR-SAMSUNG	6/11/2003	SL/5YRS	524 96		524 96	524 96		524 96
DELL COMPUTER	3/7/2005	SL/5YRS	1469 30		1469 30	1199 93	269 37	1469 30
COMPUTER EQUIP	3/7/2005	SL/5YRS	76 54		76 54	62 52	14 02	76 54
			11271 18	0	11271 18	10987 79	283 39	11271 18