



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****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**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 11/1/2009 , and ending 10/31/2010										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization Farm Bureau Federation Mississippi George County</td> <td>D Employer identification number 64-0435067</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) P O Box 735</td> <td>E Telephone number (601) 947-2743</td> </tr> <tr> <td>City, town, or country Lucedale</td> <td>State MS</td> <td>ZIP + 4 39452-0735</td> </tr> </table>	C Name of organization Farm Bureau Federation Mississippi George County		D Employer identification number 64-0435067	Number and street (or P O box, if mail is not delivered to street address) P O Box 735		E Telephone number (601) 947-2743	City, town, or country Lucedale	State MS	ZIP + 4 39452-0735
C Name of organization Farm Bureau Federation Mississippi George County		D Employer identification number 64-0435067								
Number and street (or P O box, if mail is not delivered to street address) P O Box 735		E Telephone number (601) 947-2743								
City, town, or country Lucedale	State MS	ZIP + 4 39452-0735								
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p> <p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>										
<p>I Website: ► N/A</p> <p>J Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check <input type="checkbox"/> 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.</p> <p>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. ► \$ 130,686</p>										

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	68,075
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	509	
b Less: cost of goods sold	7b	969	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-460	
8 Other revenue (describe ► Schedule I)	8	62,102	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	129,717	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	26,244
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	99,112
	17 Total expenses. Add lines 10 through 16	17	125,356
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,361
	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	86,180
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	90,541

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.)

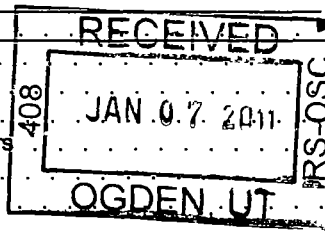
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,327	50,579
23 Land and buildings	41,779	38,790
24 Other assets (describe ► Prepaid Expenses)	1,074	1,320
25 Total assets	86,180	90,689
26 Total liabilities (describe ► Accounts Payable)	0	148
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86,180	90,541

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

(HTA)

SCANNED JAN 18 2011



65 25

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

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi
 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, and other relevant information for each program title.

Expenses

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

28	To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	76,673
29			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	76,673

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
Clyaton Lawrence	Title President			
P O Box 735 Lucedale MS 39452	Hr/WK 5 00	0	0	0
Dusty Tanner	Title 1st Vice President			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Michael Courtney	Title 2nd Vice President			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Ronnie Smith	Title Treasurer			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Marshall Stevens	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Ronald Cochran	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Terry Estis	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Charlie Howell	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Dallas Holley	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Annie Ruth Thigpen	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Kendall Stringfellow	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Linwood Tanner	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
Heath Steede	Title Director			
P O Box 735 Lucedale MS 39452	Hr/WK 2 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions 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		
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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	0
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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.	40b	
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.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of Charlotte Yonge Telephone no (601) 947-2743 Located at 127 Glen Oaks City Lucedale ST MS ZIP + 4 39452		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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	42c	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	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	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.	45	X

Part VI 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.	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

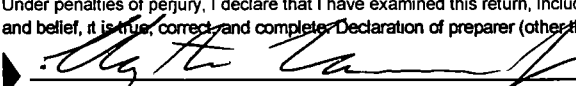
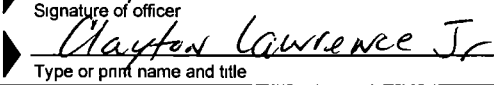
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0

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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

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.		
	 Signature of officer _____ Date <u>1-3-11</u>		
Paid Preparer's Use Only	 Type or print name and title <u>Clayton Lawrence Jr, President</u>		
	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Mississippi Farm Bureau Federation</u> <u>6311 Ridgewood Rd, Jackson, MS 39211</u>	Date <u>12/17/2010</u> Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00900692</u> EIN <u>64-0303134</u> Phone no <u>(601) 977-4243</u>
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

George County Farm Bureau
SCHEDULE II
October 31, 2010

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	54941				
Payroll Taxes	4397				
Employee Insurance	9162				
TOTAL	68500	34250	34250		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Board Expense	476				
Contributions	622				
Legislative Reception	117				
MFBF Convention	1119				
Secretary Meeting	495				
Young Farmer Program	650				
TOTAL	4496	4496			
 Expense Directly Related to Production of Service Fees					
State Income Tax	262				
TOTAL	262		262		
 TOTAL EXPENSES	99112	50429	48683	0	0

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi George C 990T

64-0435067

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS).	16	2,990

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,990
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

(HTA)

George County Farm Bureau
SCHEDULE I
October 31, 2010

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7851
------------------------	------

Southern Farm Bureau Life Insurance Company	7526
---	------

Southern Farm Bureau Casualty Insurance Company	31653
---	-------

Mississippi Farm Bureau Mutual Insurance Company	<u>15072</u>
--	--------------

Total Insurance Fees	<u>62102</u>
----------------------	--------------

TOTAL SERVICE FEES	<u><u>62102</u></u>
--------------------	---------------------

George County Farm Bureau
SCHEDULE II
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	41831	41831			
Insurance Company Svc Fees	62102		62102		
Net Sales	-460				-460
TOTAL INCOME	103473	41831	62102	0	-460

Relationship of Dues to
Service Fees

40.2% 59.8%

Floor Space Ratio

50.0% 50.0%

Allocation of General Overhead
Based on the Relationship of
Dues to Service Fees

Promotions	292
Insurance	297
Telephone	5343
Postage	4126
Office Expense	2696

TOTAL	12754	5133	7621
--------------	--------------	-------------	-------------

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4991
Taxes	1947
Insurance	2121
Building Maintenance	1051
Depreciation	2990

TOTAL	13100	6550	6550
--------------	--------------	-------------	-------------

George County Farm Bureau
Depreciation Schedule
October 31, 2010
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Mar-74	35360.91		35360.91	20.0	SL	35360.91	0.00	35360.91	0.00
Parking Lot	Nov-90	800.00		800.00	20.0	SL	756.67	40.00	796.67	3.33
Sign	May-91	423.30		423.30	10.0	SL	423.30	0.00	423.30	0.00
Air Conditioner	Jun-92	2764.40		2764.40	7.0	SL	2764.40	0.00	2764.40	0.00
Carpet	Dec-94	562.96		562.96	7.0	SL	562.96	0.00	562.96	0.00
Roof	Oct-95	1512.07		1512.07	7.0	SL	1512.07	0.00	1512.07	0.00
Painting	Oct-95	525.00		525.00	7.0	SL	525.00	0.00	525.00	0.00
Carpet	Nov-96	1471.48		1471.48	7.0	SL	1471.48	0.00	1471.48	0.00
Building Improvement	Aug-97	190.00		190.00	7.0	SL	190.00	0.00	190.00	0.00
Building Addition	Oct-98	44017.92		44017.92	39.0	SL	12440.55	1128.66	13569.21	30448.71
Parking Lot	Nov-01	22100.00		22100.00	7.0	SL	22100.00	0.00	22100.00	0.00
Roof	Sep-05	6000.00		6000.00	7.0	SL	3464.27	857.14	4321.41	1678.59
Carpet	Oct-06	1500.00		1500.00	7.0	SL	750.01	214.29	964.30	535.70
Sign	Jan-07	3900.35	0.00	3900.35	7.0	SL	1392.98	557.19	1950.17	1950.18
Carpet	Jan-07	1346.33	0.00	1346.33	7.0	SL	480.83	192.33	673.16	673.17

122474.72	0.00	122474.72	84195.43	2989.61	87185.04	35289.68
-----------	------	-----------	----------	---------	----------	----------

George County Farm Bureau
Depreciation Schedule
October 31, 2010
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Typewriter	Nov-93	350.00		350.00	7.0	SL	350.00	0.00	350.00	0.00
Fax Machine	Feb-94	427.99		427.99	5.0	SL	427.99	0.00	427.99	0.00
TV/VCR	Nov-95	400.00		400.00	7.0	SL	400.00	0.00	400.00	0.00
Filing Cabinets	Nov-96	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Filing Cabinets	May-98	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Office Furniture	May-99	3702.70		3702.70	7.0	SL	3702.70	0.00	3702.70	0.00
Office Furniture	Aug-99	299.67		299.67	7.0	SL	299.67	0.00	299.67	0.00
Copier	Oct-01	1487.30		1487.30	5.0	SL	1487.30	0.00	1487.30	0.00

7266.86	0.00	7266.86	7266.86	0.00	7266.86	0.00
---------	------	---------	---------	------	---------	------
