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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No 1545-1150

2010
**Open to Public
Inspection**

 Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning <u>11/1/2010</u> , and ending <u>10/31/2011</u>	
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	C Name of organization <u>Farm Bureau Federation Mississippi Tate County</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P O Box 605</u> City or town state or country ZIP + 4 <u>Senatobia MS 38668-0605</u>
D Employer identification number <u>64-0335889</u>	E Telephone number <u>(662) 562-8249</u>
F Group Exemption Number <u>1473</u>	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <u> </u>	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: <u>N/A</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>5</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 133,876

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

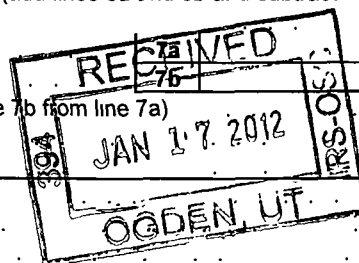
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	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	64,120
	4 Investment income	4	23
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	402	
b Less cost of goods sold	7b	389	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	13	
8 Other revenue (describe in Schedule O)	8	69,331	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	133,487	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	35,342
	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 in Schedule O)	16	103,873
	17 Total expenses. Add lines 10 through 16	17	139,215
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,728	
Net Assets	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	312,502
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	306,774

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990-EZ** (2010)

SCANNED JAN 25 2012



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	104,968	22	108,053
23 Land and buildings	203,035	23	195,831
24 Other assets (describe in Schedule O)	4,698	24	3,620
25 Total assets	312,701	25	307,504
26 Total liabilities (describe in Schedule O)	199	26	730
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	312,502	27	306,774

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

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? To further the interests 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

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 <input type="checkbox"/>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

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

Check if the organization used Schedule O to respond to any question in this 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
Mike Ferguson 317 East Main St Senatobia MS 38668	Title President Hr/WK 4 00	0		
Kenny Hurt 317 East Main St Senatobia MS 38668	Title Vice President Hr/WK 3 00	0		
Ralph Darnell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Walter McKellar 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
James Allison 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Wayne Steward 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Grandy Ladner 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
James Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Jerry Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2.00	0		
Boyce Lamb 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Jimmy Sowell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
John Turley 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Lamar Crockett 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶		
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 ▶		
42 a The organization's books are in care of ▶ Misty Whitsell Telephone no ▶ (662)562-8249		
Located at ▶ P. O. Box 605 City Senatobia ST. MS ZIP + 4 ▶ 38668-0605		
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 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
- 49 a** 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."

	Yes	No
47		
48		
49a		X
49b		

(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 None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

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 None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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.

Sign Here	Signature of officer <i>Michael M. Ferguson</i>		Date <i>1-11-12</i>		
	Type or print name and title <i>Michael M. Ferguson</i>				
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature <i>William Davis</i>	Date <i>12/19/2011</i>	Check if self-employed <input type="checkbox"/>	PTIN <i>P00631624</i>
	Firm's name	Mississippi Farm Bureau Federation			Firm's EIN <i>64-0303134</i>
	Firm's address	6311 Ridgewood Road, Jackson, MS 39211			Phone no <i>(601) 977-4205</i>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Tate County

64-0335889

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 69,331

Form 990-EZ, Part I, Line 10, Grants Paid Activity Membership Dues, Grantee MFBF PO Box

1976 Jackson MS 39215, Cash Grant 35,342, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Management and General 50,799

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 53,074

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 4,698, End of

year 3,620

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 185, End

of year 754

Form 990-EZ, Part II, Line 26, Liabilities PIC Payable Beginning of year 14, End of year

-24

Employer identification number

64-0335889

[illegible]

Page 1 of 1 of Part IV

[illegible]

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Tate Coun	Business or activity to which this form relates 990T	Identifying number 64-0335889
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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 instructions)	1	
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	
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	0
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 2009 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 2011. 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	8,505

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 2010	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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		1,400	7 yrs	HY	SL	100
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	
				MM	S/L	

Section C - Assets Placed in Service During 2010 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	8,605
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.
(HTA)

Form 4562 (2010)

Taxpayer's Record of Estimated Tax Payments (MS 83-300)

	Payment due date	(a) Date paid	(b) Check or money order number or credit card confirmation number	(c) Amount paid (do not include any credit card convenience fee)	(d) 2010 overpayment credit applied	(e) Total amount paid and credited (add (c) and (d))
1	2/15/2012			200	0	200
2	4/16/2012			200	0	200
3	7/16/2012			200	0	200
4	10/15/2012			200	0	200
Total				800	0	800
Unused overpayment					58	

Tate County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	10042	
Southern Farm Bureau Life Insurance Company	10240	
Southern Farm Bureau Casualty Insurance Company	28425	
Mississippi Farm Bureau Casualty Insurance Company	<u>20624</u>	
Total Insurance Fees		<u>69331</u>
TOTAL SERVICE FEES		69331.00

Tate County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	28778	28778			
Insurance Company Svc Fees	69331		69331		
Interest	23				23
Net Sales	13				13
	<hr/>				
TOTAL INCOME	98145	28778	69331	0	36
	<hr/>				

Relationship of Dues to
Service Fees

29.3% 70.7%

Floor Space Ratio

50.0% 50.0%

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

Promotions	1451		
Insurance	1294		
Telephone	3915		
Postage	1100		
Office Expense	4489		
Depreciation	2540		
	<hr/>		
TOTAL	14789	4338	10451

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4438		
Taxes	5678		
Insurance	434		
Building Maintenance	3469		
Depreciation	6065		
	<hr/>		
TOTAL	20084	10042	10042

Tate County Farm Bureau
SCHEDULE II
October 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	53720				
Payroll Taxes	4107				
Employee Insurance	1050				
TOTAL	58877	29438	29439		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2731				
Ag in the Classroom	105				
Board Expense	4559				
Commodity Meetings	100				
Contributions	150				
MFBF Convention	1213				
Secretary Meeting	113				
Womens Committee	35				
Young Farmer Program	250				
TOTAL	9256	9256			
Expense Directly Related to Production of Service Fees					
State Income Tax	867				
TOTAL	867		867		
TOTAL EXPENSES	103873	53074	50799	0	0

Tate County Farm Bureau
Depreciation Schedule
October 31, 2011
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-88	96876 80		96876 80	33 0	SL	66579 21	2935.66	69514 87	27361 93
Building	Nov-88	1847 22		1847 22	31 5	SL	1293 50	58 64	1352 14	495 08
Carpet	Apr-90	636 00		636.00	31 5	SL	556 88	20 19	577 07	58 93
Building	Nov-97	454 19		454 19	31 5	SL	176 38	14 42	190.80	263.39
Building	Nov-97	2240 58		2240 58	31 5	SL	812 52	71.13	883 65	1356 93
Building	Jun-03	4571 82		4571.82	39 0	SL	820 61	117 23	937.84	3633.98
Building	Oct-06	1765 60		1765 60	39 0	SL	181 08	45.27	226 35	1539.25
Building	Oct-08	90125.00		90125 00	39 0	SL	4621 80	2310 90	6932 70	83192 30
Building	Nov-08	19155 00		19155 00	39 0	SL	3227 58	491 15	3718.73	15436 27

217672 21	0.00	217672 21	78269 56	6064 59	84334 15	133338 06
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Tate County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		15581.77		15581.77	7.0	SL	15581.77	0.00	15581.77	0.00
Equipment	Mar-01	331.70		331.70	7.0	SL	331.70	0.00	331.70	0.00
Equipment	Apr-01	294.25		294.25	7.0	SL	294.25	0.00	294.25	0.00
Copier	May-01	996.08		996.08	7.0	SL	753.80	142.30	896.10	99.98
Telephone	May-01	4049.04		4049.04	7.0	SL	3470.58	578.43	4049.01	0.03
Equipment	Aug-05	1217.44		1217.44	7.0	SL	1043.52	173.92	1217.44	0.00
Furniture	Oct-06	225.00		225.00	7.0	SL	128.56	32.14	160.70	64.30
Furniture	Oct-07	191.53		191.53	7.0	SL	82.08	27.36	109.44	82.09
Chairs	Oct-08	1059.30		1059.30	7.0	SL	302.66	151.33	453.99	605.31
Telephone	Oct-08	940.87		940.87	7.0	SL	268.82	134.41	403.23	537.64
Furniture	Oct-08	5617.50		5617.50	7.0	SL	1605.00	802.50	2407.50	3210.00
Chairs	Oct-08	513.60		513.60	7.0	SL	146.74	73.37	220.11	293.49
Blinds	Oct-08	840.00		840.00	7.0	SL	240.00	120.00	360.00	480.00
Telephone	Oct-08	840.48		840.48	7.0	SL	240.14	120.07	360.21	480.27
Table & Chair	Jul-09	249.99		249.99	7.0	SL	71.42	35.71	107.13	142.86
Chairs	Jul-09	342.37		342.37	7.0	SL	97.82	48.91	146.73	195.64
Copier	Jan-11		1400.00	1400.00	7.0	SL		100.00	100.00	1300.00

33290.92	1400.00	34690.92	24658.86	2540.45	27199.31	7491.61
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