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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 11/1/2010 , and ending 10/31/2011	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Farm Bureau Federation Mississippi Lawrence County Farm Bureau Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 237 City or town state or country ZIP + 4 Monticello MS 39654-0237
D Employer identification number 64-0442211	
E Telephone number (601) 587-7785	
F Group Exemption Number ► 1473	
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: ► N/A	
J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c) (5) ◀ (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 \$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. ► \$ 109,883	

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	49,568
	4 Investment income	4	1,010
	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		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	59,305	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,883	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	23,843
	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	100,855
	17 Total expenses. Add lines 10 through 16	17	124,698
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,815
	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	148,184
	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	133,369

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

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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	121,904	22	78,864
23 Land and buildings	24,123	23	52,156
24 Other assets (describe in Schedule O)	2,806	24	3,000
25 Total assets	148,833	25	134,020
26 Total liabilities (describe in Schedule O)	649	26	651
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	148,184	27	133,369

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 ☐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	<u>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</u> (Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	<u></u> (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	<u></u> (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	<u>Other program services (describe in Schedule O)</u> (Grants \$) If this amount includes foreign grants, check here ☐	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
<u>Bobby Selman</u> P O Box 237 Monticello MS 39654	Title President Hr/WK 5 00	0		
<u>Kevin Wallace</u> P O Box 237 Monticello MS 39654	Title Vice President Hr/WK 2 00	0		
<u>Gerald Sumrall</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Holton King</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Doyle Rowley</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Robert Lee</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Randy Cody</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Barbara Lowe</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2.00	0		
<u>Wally Givens</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Billy Lowe</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u>Dori Lowe</u> P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
<u></u>	Title Hr/WK .00	0		
<u></u>	Title Hr/WK 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?		
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 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		
41 List the states with which a copy of this return is filed ▶ _____		
42 a The organization's books are in care of ▶ Lisa Duncan Telephone no ▶ (601) 587-7785		
Located at ▶ 403 Brinson St City Monticello ST MS ZIP + 4 ▶ 39654		
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 ▶ ☐		
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 44a		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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		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 44d		

- 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		
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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			

f Total number of other employees paid over \$100,000 **0**

- 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 **0**

- 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 <u>Bobby Schum</u> Date <u>12-19-11</u>	
	Type or print name and title <u>Bobby Schum President</u>	
Paid Preparer's Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature <u>William Davis</u>
	Firm's name <u>Mississippi Farm Bureau Federation</u>	Date <u>12/12/2011</u>
	Firm's address <u>6311 Ridgewood Road, Jackson, MS 39211</u>	Check if self-employed ☐ PTIN <u>P00631624</u>
	Firm's EIN <u>64-0303134</u>	Phone no <u>(601) 977-4205</u>

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

☒ Yes ☐ No

Lawrence 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	52082				
Payroll Taxes	4411				
Employee Insurance	0				
TOTAL	56493	28246	28247		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2254				
AFBF Convention	1500				
Ag in the Classroom	230				
Board Expense	863				
Contributions	1234				
MFBF Convention	1115				
Safety Seminar	100				
Secretary Meeting	630				
Washington Tour	692				
Womens Committee	130				
TOTAL	8978	8978			
 Expense Directly Related to Production of Service Fees					
State Income Tax	683				
TOTAL	823		823		
 TOTAL EXPENSES	100855	51711	49144	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Farm Bureau Federation Mississippi Lawrence County Farm Bureau

Employer identification number
64-0442211

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 59,305

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

1976 Jackson MS 39215, Cash Grant 23,843, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Management and General 51,711

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 49,144

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 2,806, End

of year 3,000

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 649, End of

year 651

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Lawrence County Farm Bureau

64-0442211

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 Lawrence

Business or activity to which this form relates

990T

Identifying number

64-0442211

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	3,711

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		☐

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		34,245	7 yrs	HY	SL	2,446
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			27 5 yrs	MM	S/L	
			39 yrs	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	6,157
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 (2010)

(HTA)

Lawrence County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7471
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Southern Farm Bureau Life Insurance Company	10297
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Southern Farm Bureau Casualty Insurance Company	27105
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Mississippi Farm Bureau Casualty Insurance Company	<u>14432</u>
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Total Insurance Fees	<u>59305</u>
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TOTAL SERVICE FEES	<u><u>59305</u></u>
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Lawrence County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	25725	25725			
Insurance Company Svc Fees	59305		59305		
Rent Received	750			750	
Interest	260				260
Net Sales	0				0
TOTAL INCOME	86040	25725	59305	750	260

Relationship of Dues to
Service Fees

30.3% 69.7%

Floor Space Ratio

50.0% 50.0%

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

Promotions	694		
Insurance	551		
Telephone	7976		
Postage	767		
Office Expense	3856		
Depreciation	305		
TOTAL	14149	4281	9868

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3958		
Taxes	2871		
Building Maintenance	6238		
Depreciation	5907		
TOTAL	20412	10206	10206

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		10741.35		10741.35	7.0	SL	10741.35	0.00	10741.35	0.00
Building		7121.61		7121.61	33.3	SL	7121.61	0.00	7121.61	0.00
Building	Aug-88	54200.32		54200.32	31.5	SL	40638.91	1720.65	42359.56	11840.76
Bldg Improvement	May-89	1043.01		1043.01	10.0	SL	1043.01	0.00	1043.01	0.00
Bldg Improvement	Oct-90	4988.35		4988.35	10.0	SL	4988.35	0.00	4988.35	0.00
Air Conditioner	Aug-93	2703.07		2703.07	7.0	SL	2703.07	0.00	2703.07	0.00
Parking Lot	Apr-95	2300.00		2300.00	7.0	SL	2300.00	0.00	2300.00	0.00
FB Sign	Aug-02	561.00		561.00	7.0	SL	561.00	0.00	561.00	0.00
Bldg Improvement	Apr-07	7250.32	0.00	7250.32	7.0	SL	3625.16	1035.76	4660.92	2589.40
Bldg Improvement Doors	Feb-10	2500.00		2500.00	7.0	SL	178.57	357.14	535.71	1964.29
Air Conditioner	Aug-10	3402.60		3402.60	7.0	SL	243.04	486.09	729.13	2673.47
Bldg Improvement	Aug-11		32306.28	32306.28	7.0	SL		2307.59	2307.59	29998.69

96811.63	32306.28	129117.91	74144.08	5907.23	80051.31	49066.61
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Lawrence 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		3171 83		3171 83	7.0	SL	3171 83	0.00	3171.83	0 00
Office Furniture	Jan-94	550.00		550.00	7 0	SL	550.00	0.00	550 00	0 00
TV/VCR	May-94	513.60		513 60	5.0	SL	513.60	0 00	513 60	0 00
Copier	Aug-98	4213 13		4213.13	5 0	SL	4213.13	0 00	4213 13	0 00
Phone System	Apr-02	3671 15		3671.15	5 0	SL	3671.15	0.00	3671 15	0 00
Fax Machine	Apr-02	179 20		179 20	5 0	SL	179 20	0 00	179 20	0.00
Chairs	Jul-02	149.80		149.80	7 0	SL	149 80	0 00	149 80	0.00
Copier	Jul-02	458 02		458.02	5 0	SL	458 02	0.00	458 02	0.00
Office Furniture	Nov-05	363 77		363.77	7.0	SL	233.86	51.97	285 83	77.94
Fax Machine	Dec-08	414 54	0 00	414 54	7 0	SL	88.83	59 22	148 05	266 49
Phone System	Jul-11		1939.15	1939.15	5.0	SL		193 92	193.92	1745 24

13685 04	1939.15	15624 19	13229 42	305 11	13534 53	2089.67
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