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**

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, 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

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
Warren County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 1199

City or town | state or country | ZIP + 4
Vicksburg | MS | 39181-1199

D Employer identification number
64-6025315

E Telephone number
(601) 636-1003

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 ▶ $ 99,625

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	48,760
	4	Investment income		4	359
	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 398		
	b	Less cost of goods sold	7b 727		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-329
	8	Other revenue (describe in Schedule O)		8	50,108
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	98,898
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	21,851
	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	78,180
	17	**Total expenses.** Add lines 10 through 16	▶	17	100,031
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,133
	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	234,029
	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	232,896

SCANNED MAR 28 2012

RECEIVED MAR 26 2012 OGDEN, UT

P 87

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 . . X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . .	69,817	22	70,259
23	Land and buildings	264,982	23	258,960
24	Other assets (describe in Schedule O) . .	3,679	24	2,182
25	**Total assets**	338,478	25	331,401
26	**Total liabilities** (describe in Schedule O) . . .	104,449	26	98,505
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	234,029	27	232,896

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 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

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 $) If this amount includes foreign grants, check here . ▶ ☐	28a	
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 (describe in Schedule O) . . . (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
William ~~Reeter~~ Brister P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Glen Jones P O Box 1199 Vicksburg MS 39181-1199	Title Vice President Hr/Wk 2 00	0		
Mark Chaney P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Phillip Brown P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
John Bowen IV P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Eddie Smith Jr P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
David Chaney P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Walter Hardy P O Box 1199 Vicksburg MS 39181-1199	Title President Hr/Wk 5 00	0		
Adam Cook P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Mack McKnight P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
Jo Brister P O Box 1199 Vicksburg MS 39181-1199	Title Director Hr/Wk 2 00	0		
	Title Hr/Wk 00	0		
	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	33		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)	34		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?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b	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	36		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?	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 tax year covered by this return?	38a		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		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ Renee Tapp Telephone no ▶ (601) 636-1003			
	Located at ▶ 1005 Mission Park Drive City Vicksburg ST MS ZIP + 4 ▶ 39181			
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)?	42b		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.? 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			

			Yes	No
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		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
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	45a		X
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	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 ☐

			Yes	No
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 None Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str 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 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 ▶

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 Date 3-6-12

Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
William Davis	William Davis	12/4/2011	☐	P00631674

Firm's name ▶ Mississippi Farm Bureau Federation Firm's EIN ▶ 64-0303134

Firm's address ▶ 6311 Ridgewood Rd, Jackson, MS 39211 Phone no (601) 977-4205

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
Warren County Farm Bureau	64-6025315

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 50,108

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues to MS Farm Bureau Federation, Grantee Mississippi Farm Bureau Federation 6311 I-55 North Jackson MS 39215, Cash Grant 21,851, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 78,180

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 3,679, End of year: 2,182

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Beginning of year 104,449, End of year: 98,136

Form 990-EZ, Part II, Line 26, Liabilities Payroll taxes due Beginning of year 0, End of year 369

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Warren County Farm Bureau	990T	64-6025315

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	6,022

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						
	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	
				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	6,022
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	

Warren County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	2335	
Southern Farm Bureau Life Insurance Company	9016	
Southern Farm Bureau Casualty Insurance Company	35609	
Mississippi Farm Bureau Casualty Insurance Company	3148	
Total Insurance Fees		50108
TOTAL SERVICE FEES		50108

Warren County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	26909	26909			
Insurance Company Svc Fees	50108		50108		
Interest	359				359
Net Sales	-329				-329
TOTAL INCOME	77047	26909	50108	0	30
Relationship of Dues to Service Fees		34.9%	65.1%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	450				
Insurance	309				
Telephone	2840				
Postage	1601				
Office Expense	4163				
Depreciation	61				
TOTAL	9424	3293	6131		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	3860				
Taxes	5484				
Insurance	1074				
Building Maintenance	3093				
Interest	3703				
Depreciation	5961				
TOTAL	23175	11587	11588		

Warren County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	29176				
Payroll Taxes	2783				
Employee Insurance	4903				
TOTAL	36862	18431	18431		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2142				
Board Expense	1508				
Contributions	2963				
Secretary Meeting	-77				
Womens Committee	616				
TOTAL	7152	7152			
Expense Directly Related to Production of Service Fees					
State Income Tax	657				
Computer Rent	910				
TOTAL	1567		1567		
TOTAL EXPENSES	78180	40463	37717	0	0

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Building		0.00			20.0		0.00			
Bldg Improvements	Sep-90	0.00			31.5		0.00		0.00	0 00
Furnace/Air Cond	Nov-95	0 00			7 0					
Security System	Aug-97	0.00			5.0					
Landscaping	Jul-98	0.00			7.0					
Bldg Improvements	Sep-98	0 00			7.0					
Sidewalk	Apr-03	0.00			7 0					0 00
AC Unit	Aug-07	0 00								0.00
Building	Jul/08	228332.23	0.00	228332.23	39.0	SL	14636.68	5854.67	20491.35	207840.88
Building added in 09	Jul-08	4134.69	0.00	4134.69	39 0	SL	265.05	106.02	371 07	3763.62
		232466 92	0.00	232466.92			14901.73	5960.69	20862.42	211604 50

Prepared by: Karen Easterling

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Building		0.00			20.0		0.00			
Bldg Improvements	Sep-90	0.00			31.5		0.00		0.00	0.00
Furnace/Air Cond	Nov-95	0.00			7.0					
Security System	Aug-97	0.00			5.0					
Landscaping	Jul-98	0 00			7 0					
Bldg Improvements	Sep-98	0.00			7 0					
Sidewalk	Apr-03	0.00			7.0					0.00
AC Unit	Aug-07	0.00								0.00
Building	Jul/08	228332 23	0 00	228332.23	39 0	SL	14636.68	5854 67	20491.35	207840.88
Building added in 09	Jul-08	4134.69	0.00	4134.69	39.0	SL	265 05	106.02	371.07	3763.62
		232466 92	0.00	232466.92			14901.73	5960.69	20862.42	211604 50

Prepared by: Karen Easterling

Warren County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Chairs	Apr-93	642.00		642.00	7.0	SL	642.00	0.00	642 00	0.00
Desk	Jul-97	386.78		386.78	7.0	SL	386.78	0.00	386.78	0.00
Desk	Aug-97	300.00		300.00	7 0	SL	300.00	0.00	300 00	0.00
Fax Machine	Jan-00	266.43		266.43	5.0	SL	266.43	0.00	266 43	0.00
Office Furniture	Aug-03	1259.95		1259.95	7.0	SL	1259.95	0.00	1259 95	0.00
Copier	Apr-05	776.17		776.17	5.0	SL	776.17	0.00	776 17	0 00
Refrigerator	Mar-09	429.61		429 61	7.0	SL	92.06	61.37	153.43	276.19
		4060.94	0 00	4060.94			3723.39	61.37	3784.76	276.19

Prepared by: Karen Easterling