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# 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  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2010 calendar year, or tax year beginning</b>		11/1/2010	, and ending	10/31/2011
<b>B Check if applicable</b>		<b>C Name of organization</b>		
<input type="checkbox"/> Address change		Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		Room/suite		
<input type="checkbox"/> Terminated		(601) 792-5138		
<input type="checkbox"/> Amended return		F Group Exemption		
<input type="checkbox"/> Application pending		Number ► 1473		
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		
<b>I Website:</b> ► N/A		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>		
<b>J Tax-exempt status (check only one) —</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>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 \$50,000</b> 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				
<b>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 ► \$ 138,488</b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
<b>Revenue</b>	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	70,174	
	4 Investment income	4	5,531	
	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	6a		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b		
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c		
c Less: direct expenses from gaming and fundraising events	6d	0		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	60		
7a Gross sales of inventory, less returns and allowances	7b	90		
b Less: cost of goods sold	7c	-30		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	62,723		
8 Other revenue (describe in Schedule O)	9	138,398		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►			
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	31,604	
	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	96,997	
	17 <b>Total expenses.</b> Add lines 10 through 16	►	128,601	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,797	
	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	304,264	
	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	►	314,061	

**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	194,217	22 208,914
23 Land and buildings	105,791	23 101,617
24 Other assets (describe in Schedule O)	4,680	24 3,976
<b>25 Total assets</b>	<b>304,688</b>	<b>25 314,507</b>
<b>26 Total liabilities</b> (describe in Schedule O)	<b>424</b>	<b>26 446</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>304,264</b>	<b>27 314,061</b>

**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 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 . ► <input type="checkbox"/>	28a
29		
30	(Grants \$ ) If this amount includes foreign grants, check here . ► <input type="checkbox"/>	29a
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here . ► <input type="checkbox"/>	30a
32 Total program service expenses. (add lines 28a through 31a)		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
Reggie Magee P O Box 640 Prentiss MS 39474	Title President Hr/WK 5 00	0		
Leon Speights P O Box 640 Prentiss MS 39474	Title Vice Pres Hr/WK 2 00	0		
Nevelene Cole P O Box 640 Prentiss MS 39474	Title Secretary Hr/WK 36 00	24,943		
Sue Ann Hubbard P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Lyle Hubbard P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Danny Sinclair P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Jerry Wilson P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Larry Rogers P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Kurt Green P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Howard Parish P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Billy Garner P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
Thomas Holloway P O Box 640 Prentiss MS 39474	Title Director Hr/WK 2 00	0		
John Logan P O Box 640 Prentiss MS 39474	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.	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	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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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 8866-T		
41 List the states with which a copy of this return is filed ►		
42 a The organization's books are in care of ► Nevelene Cole Telephone no ► (601) 792-5138		
Located at ► 2114 Pearl St City Prentiss ST MS ZIP + 4 ► 39474		
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	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	X

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."

(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	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 ►				

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		
f 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	► <i>Guadalupe C. Davis</i>	<i>1-10-12</i>
	Signature of officer	Date
► <i>Guadalupe C. Davis</i> <i>President</i>		
Type or print name and title		

Paid Preparer's Use Only	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 11/30/2011	Check if self-employed <input type="checkbox"/>	PTIN 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)**

## **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.**

Internal Revenue Service

**Employer identification number**

Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

64-6025330

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 62,723

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:

### 31.604. Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 96,997

Form 990-EZ, Part II, Line 24. Other Assets Inventory Beginning of year 204. End of year

204

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year: 4,476, End of year: 3,772

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable, Beginning of year 424, End of year 446

Depreciation and Amortization  
(Including Information on Listed Property)

Name(s) shown on return

Farm Bureau Federation Mississippi Jeff Davis

990T

Business or activity to which this form relates

Identifying number

64-6025330

► See separate instructions.

► Attach to your tax return.

## 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 4,175

## 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						
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	
				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 4,175
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

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Page 1 of 1 of Part IV

Jeff Davis County Farm Bureau  
S C H E D U L E   I  
October 31, 2011

S E R V I C E   F E E S   R E C E I V E D

INSURANCE

Blue Cross Blue Shield	8299
Southern Farm Bureau Life Insurance Company	9143
Southern Farm Bureau Casualty Insurance Company	28645
Mississippi Farm Bureau Casualty Insurance Company	<u>16636</u>
Total Insurance Fees	<u>62723</u>
 TOTAL SERVICE FEES	 <u>62723</u>

**Jeff Davis County Farm Bureau**  
**S C H E D U L E    II**  
**October 31, 2011**

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
Farm Bureau Dues-Net	38571	38571			
Insurance Company Svc Fees	62723		62723		
Interest	5531				5531
Net Sales	-30				-30
 <b>TOTAL INCOME</b>	 <b>106795</b>	 <b>38571</b>	 <b>62723</b>	 <b>0</b>	 <b>5501</b>
 Relationship of Dues to Service Fees		38.1%	61.9%		
 Floor Space Ratio		50.0%	50.0%		
 Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	902				
Insurance	309				
Telephone	3299				
Postage	1655				
Office Expense	2434				
Depreciation	739				
 <b>TOTAL</b>	 <b>9338</b>	 <b>3556</b>	 <b>5782</b>		
 Allocation of Occupancy Expense Base on Area Occupied					
Utilities	3377				
Taxes	2187				
Insurance	1413				
Building Maintenance	2842				
Depreciation	3436				
 <b>TOTAL</b>	 <b>13255</b>	 <b>6627</b>	 <b>- 6628</b>		

Jeff Davis County Farm Bureau  
 S C H E D U L E    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	42029				
Payroll Taxes	3598				
Employee Insurance	9559				
Retirement	1449				
TOTAL	56635	28317	28318		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2843				
Ag in the Classroom	140				
Board Expense	3974				
Contributions	7491				
Leadership Conference	286				
MFBF Convention	956				
Safety Seminar	200				
Secretary Meeting	524				
Womens Committee	454				
TOTAL	16868	16868			
Expense Directly Related to Production of Service Fees					
State Income Tax	901				
TOTAL	901		901		
<b>TOTAL EXPENSES</b>	<b>96997</b>	<b>55368</b>	<b>41629</b>	<b>0</b>	<b>0</b>

**Jeff Davis 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	Net	
Building		24814.28		24814.28	20.0	SL	24814.28	0 00	24814.28	0.00	
Bldg Improvement	May-96	2153.82		2153.82	7 0	SL	2153.82	0.00	2153.82	0.00	
Bldg Improvement	Apr-98	654.84		654.84	7 0	SL	654.84	0 00	654.84	0.00	
Air Conditioner	Aug-03	724.70		724.70	7.0	SL	724.70	0 00	724.70	0.00	
Building Addition	Oct-05	56565.69		56565.69	39 0	SL	7312.43	1450 40	8762.83	47802 86	
Parking Lot	Nov-05	8893.75		8893.75	7.0	SL	5717.43	1270.54	6987.97	1905 78	
Building Addition	Dec-05	27879.65		27879.65	39.0	SL	3484.94	714.86	4199.80	23679 85	
<hr/>											
		121686.73	0 00	121686.73			44862.44	3435.80	48298.24	73388.49	

**Jeff Davis County Farm Bureau**  
**Depreciation Schedule**  
**October 31, 2011**  
**Furniture & Equipment**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Fully Depreciated		4031.86		4031.86	7.0	SL	4031.86	0.00	4031.86	0.00	
Chair		500.00		500.00	7.0	SL	500.00	0.00	500.00	0.00	
Office Chairs		4206.15		4206.15	7.0	SL	4206.15	0.00	4206.15	0.00	
Safe	Aug-05	1300.00		1300.00	7.0	SL	1021.41	185.71	1207.12	92.88	
Office Equipment	Nov-05	2511.23		2511.23	7.0	SL	1614.37	358.75	1973.12	538.11	
Copier	Nov-06	971.56	0.00	971.56	5.0	SL	680.09	194.31	874.40	97.16	
		<u>13520.80</u>	<u>0.00</u>	<u>13520.80</u>			<u>12053.88</u>	<u>738.77</u>	<u>12792.65</u>	<u>728.15</u>	