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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

2011

Open to Public Inspection

A **For the 2011 calendar year, or tax year beginning** 11/1/2011 , **and ending** 10/31/2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Farm Bureau Mississippi Forrest County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O Box 15367

City or town | state or country | ZIP + 4
Hattiesburg | MS | 39404-5367

D **Employer identification number**
64-0334333

E Telephone number
(601) 264-3668

F Group Exemption Number ▶ 1473

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 . . . ▶ $ 171,310

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	95,077
	4	Investment income		4	8
	5a	Gross amount from sale of assets other than inventory	5a 998		
	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	998
	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 166		
	b	Less cost of goods sold	7b 181		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-15
	8	Other revenue (describe in Schedule O)		8	75,061
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	171,129
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	32,712
	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	130,008
	17	**Total expenses.** Add lines 10 through 16		▶ 17	162,720
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,409
	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	55,293
	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	63,702

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	30,022	22	39,420
23	Land and buildings	26,082	23	25,111
24	Other assets (describe in Schedule O)	406	24	64
25	**Total assets**	56,510	25	64,595
26	**Total liabilities** (describe in Schedule O)	1,217	26	893
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	55,293	27	63,702

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charles McMahan P O Box 15367 Hattiesburg MS 39404	Title Vice President Hr/Wk 5 00	0		
Matt Owen P O Box 15367 Hattiesburg MS 39404	Title President Hr/Wk 2 00	0		
Carol Taylor P O Box 15367 Hattiesburg MS 39404	Title Treasurer Hr/Wk 2 00	0		
Gerald Moore P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Charles Carter P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Melleen Moore P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Lee Taylor P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Pauline McMahan P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Jennifer Owen P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Taylor Hickman P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
Seth Simmons P O Box 15367 Hattiesburg MS 39404	Title Director Hr/Wk 2 00	0		
	Title Hr/Wk 00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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 ▶ MS			
42 a	The organization's books are in care of ▶ Veda Wade Telephone no ▶ (601) 264-3668			
	Located at ▶ 6445 Hwy 49 North City Hattiesburg ST MS ZIP + 4 ▶ 39404			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside 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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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 (see instructions)	45b		X

		Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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

▶ Matt Owen
Signature of officer

Date 12/13/12

▶ Matt Owen, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Davis	William Davis	11/16/2012		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

2011

Open to Public Inspection

Name of the organization	Employer identification number
Farm Bureau Mississippi Forrest County Farm Bureau	64-0334333

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 75,061

Form 990-EZ, Part I, Line 10, Grants Paid Activity. Dues to MFBF, Grantee MS Farm Bureau Federation P O Box 1972 Jackson MS 39215, Cash Grant 32,712, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 130,008

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 406, End of year 64

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 1,217, End of year 893

Form 990-EZ Part I Line 5a Air Condition unit was stolen We received a claim payment of $998 towards the unit Original price of the unit was $2461

Forrest County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE		
Blue Cross Blue Shield	6261	
Southern Farm Bureau Life Insurance Company	15138	
Southern Farm Bureau Casualty Insurance Company	32573	
Mississippi Farm Bureau Casualty Insurance Company	20246	
Total Insurance Fees		74218
Farm Bureau Bank Marketing Fees	843	
Total Farm Bureau Bank Fees		843
TOTAL SERVICE FEES		75061

Forrest County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	62365	62365			
Insurance Company Svc Fees	74218		74218		
Farm Bureau Bank Svc Fees	843		843		
Claim Payment on Air Units	998				998
Interest	8				8
Net Sales	-15				-15
TOTAL INCOME	138417	62365	75061	0	991
Relationship of Dues to Service Fees		45.4%	54.6%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	184				
Insurance	309				
Telephone	5536				
Postage	1210				
Office Expense	5345				
Depreciation	508				
TOTAL	13092	5941	7151		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	6542				
Taxes	4552				
Insurance	2392				
Building Maintenance	8057				
Depreciation	3585				
Rent	7800				
TOTAL	32928	16464	16464		

Forrest County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	70703				
Payroll Taxes	5975				
Employee Insurance	2155				
Retirement	2052				
TOTAL	80885	40442	40443		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	264				
Annual Meeting	333				
Board Expense	347				
Contributions	260				
Legislative Reception	101				
MFBF Convention	377				
Safety Seminar	314				
Secretary Meeting	280				
Womens Committee	67				
Young Farmer Program	150				
TOTAL	2493	2493			
Expense Directly Related to Production of Service Fees					
State Income Tax	85				
Computer Rent	525				
TOTAL	610		610		
TOTAL EXPENSES	130008	65340	64668	0	0

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

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Mississippi Forrest County Farm I	990T	64-0334333

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 2010 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 2012 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	1,377

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 2011	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 2011 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		1,124	5	HY	SL	112
	c 7-year property		1,998	7	HY	SL	143
	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 2011 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	1,632
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	

Forrest County Farm Bureau
Depreciation Schedule
October 31, 2012
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Building	May-87	105000 00		105000.00	31 5	SL	81249.93	3333 33	84583.26	20416.74
Building Addition	Mar-88	3442.66		3442.66	31.5	SL	2586.55	109.29	2695.84	746 82
Sign	Aug-92	1914 00		1914.00	7.0	SL	1914 00	0 00	1914.00	0.00
Building Improvements	Oct-98	1294 35		1294.35	7.0	SL	1294.35	0 00	1294.35	0.00
Security System	Oct-99	1798.20		1798.20	7.0	SL	1798.20	0.00	1798.20	0.00
Air Conditioner	Nov-00	2654.67		2654.67	7.0	SL	2654.67	0.00	2654.67	0.00
Office Improvements	Mar-02	725.00		725.00	7.0	SL	725.00	0 00	725 00	0.00
Door	Aug-02	267.50		267.50	7.0	SL	267.50	0 00	267.50	0.00
Light Fixtures	Apr-04	1900 00		1900 00	7.0	SL	1900.00	0 00	1900.00	0.00
Parking Lot	May-04	7472.60		7472 60	7.0	SL	7472.60	0 00	7472 60	0.00
Air Conditioner	Aug-04	2461.00	-2461.00	0.00	7.0	SL	2461.00	-2461 00	0 00	0.00
Air Conditioner	Mar-12		1998.00	1998.00	7.0	SL		142.72	142 72	1855.29
		128929.98	-463.00	128466.98			104323 80	1124 34	105448.14	23018.85

Forrest County Farm Bureau
Depreciation Schedule
October 31, 2012
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Refrigerator (Petal)	Jul-92	129.00		129.00	7.0	SL	129.00	0.00	129.00	0.00
Phone System (Petal)	Aug-92	1336.23		1336.23	7.0	SL	1336.23	0.00	1336.23	0.00
Office Furn (Petal)	Sep-92	1765.50		1765.50	7.0	SL	1765.50	0.00	1765.50	0.00
Phone System (H'burg)	Jun-02	2906.12		2906.12	5.0	SL	2906.12	0.00	2906.12	0.00
Fax Machine	Feb-04	529.65		529.65	5.0	SL	529.65	0.00	529 65	0 00
Chairs (H)	Apr-04	299.60		299.60	7.0	SL	299.60	0.00	299.60	0 00
Copier	Nov-04	1385.65		1385.65	5 0	SL	1385 65	0.00	1385.65	0 00
Refrigerator (H)	May-05	580.04		580 04	7 0	SL	538.59	41.45	580.04	0 00
Fax Machine	Aug-06	529.65		529 65	5 0	SL	529.65	0.00	529.65	0 00
Telephone System(Petal)	Dec-07	1490.51		1490 51	7 0	SL	745.25	212.93	958.18	532.33
Fax Machine	Feb-08	533.93		533.93	7.0	SL	266.98	76.28	343.26	190.67
Fax Machine (Petal)	Dec-10	454.75		454.75	7.0	SL	32.48	64.96	97.44	357.31
Monitor	Sep-12		1124 07	1124.07	5 0	SL		112.41	112 41	1011.67
		11940.63	1124 07	13064.70			10464.70	508.03	10972.73	2091.98

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