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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

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		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		Farm Bureau Federation Mississippi Walthall County Farm Bureau		64-0355890
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return		P.O. Box 454		(601) 876-5163
<input type="checkbox"/> Terminated		City or town		F Group Exemption Number ► 1473
<input type="checkbox"/> Amended return		MS		39667-0454
<input type="checkbox"/> Application pending				
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► N/A				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> 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		► \$ 124,382		
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 <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	1	
	2 Program service revenue including government fees and contracts	5b	2	
	3 Membership dues and assessments		3	57,854
	4 Investment income		4	426
	5a Gross amount from sale of assets other than inventory		5c	0
	b Less cost or other basis and sales expenses			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events	6a		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			
	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)			
c Less direct expenses from gaming and fundraising events	6b			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c RECEIVED			
7a Gross sales of inventory, less returns and allowances	7a	6d	0	
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)		7c	-308	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8	65,960	
10 Grants and similar amounts paid (list in Schedule O)		9	123,932	
11 Benefits paid to or for members		10	25,396	
12 Salaries, other compensation, and employee benefits		11		
13 Professional fees and other payments to independent contractors		12		
14 Occupancy, rent, utilities, and maintenance		13		
15 Printing, publications, postage, and shipping		14		
16 Other expenses (describe in Schedule O)		15		
17 Total expenses. Add lines 10 through 16		16	108,916	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	134,312	
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)		18	-10,380	
20 Other changes in net assets or fund balances (explain in Schedule O)		19	274,502	
21 Net assets or fund balances at end of year Combine lines 18 through 20		20		
		21	264,122	

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	154,184	22	151,020
23 Land and buildings	118,785	23	113,140
24 Other assets (describe in Schedule O)	3,576	24	2,035
25 Total assets	276,545	25	266,195
26 Total liabilities (describe in Schedule O)	2,043	26	2,073
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	274,502	27	264,122

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 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 ► <input type="checkbox"/>	28a	
29 Packets delivered to 76 classes in Walthall County schools. These included a summer workshop information brochure, and teaching units for teachers including activities for the students about where their food comes from (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	516
30 County Staff and members set up a booth at the Dairy Festival where they handed out dairy promotional items (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	334
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	1,141
32 Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>	32	1,991

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
BILL PIGOTT PO Box 454 TYLERTOWN MS 39667	Title PRESIDENT Hr/WK 5.00	0		
O D MARTIN PO Box 454 TYLERTOWN MS 39667	Title VICE- PRES Hr/WK 2.00	0		
MAC CONERLY PO Box 454 TYLERTOWN MS 39667	Title SEC/TREAS Hr/WK 2.00	0		
JERRY HOLMES PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
WILLIAM MAGEE PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
LARRY BOYD PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
BUEL BOYD PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
MICKEY RAYBORN PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
ALTON HARVEY PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
GILBERT BULLOCK PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
CAROL SMITH PO Box 454 TYLERTOWN MS 39667	Title DIRECTOR Hr/WK 2.00	0		
Lori Bacot PO Box 454 TYLERTOWN MS 39667	Title WOMEN'S CHAIR Hr/WK 2.00	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	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	
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 ► _____	40b	
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► Kathy Knippers Telephone no ► (601) 876-5163 Located at ► 110 Hwy 198 E City Tylertown ST MS ZIP + 4 ► 39667		
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		
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
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

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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) 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	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		
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	► <i>Bill Trott</i>	<i>President</i>	<i>12-12-12</i>
	► <i>Bill Trott</i>	<i>President</i>	

Signature of officer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	William Davis	<i>William Davis</i>	12/12/2012		P00631624
	Firm's name ► Mississippi Farm Bureau Federation			Firm's EIN ► 64-0303134	

Firm's address ► 6311 Ridgewood Road, 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

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi Walthall County Farm Bureau

Employer identification number

64-0355890

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 65,960

Form 990-EZ, Part I, Line 10, Grants Paid, Activity Membership Dues, Grantee, Mississippi

Farm Bureau Federation PO Box 1972 Jackson MS 39215, Cash Grant 25,396, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Program Services 55,243

Form 990-EZ, Part I, Line 16, Other Expenses, Management and General 53,673

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses, Beginning of year 3,576, End

of year 2,035

Form 990-EZ, Part II, Line 26, Liabilities, Account Payable, Beginning of year 2,043, End of

year 1,521

Form 990-EZ, Part III, Line 31, Placed promotional advertisements during Farm Week on local

radio and in local newspapers, Distributed 2715 agriculture activity and informational sheets

to Walthall County schools Grants and allocations 0, Program service expenses 984

Form 990-EZ, Part III, Line 31, Wrote up in the local paper about Ag in the classroom

workshops in June Grants and allocations 0, Program service expenses 157

Name of the organization

Farm Bureau Federation Mississippi Walthall County Farm Bureau

Employer identification number

64-0355890

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

Page 1 of 1 of Part IV

Name of Organization

Employer identification number

Farm Bureau Federation Mississippi Walthall County Farm Bureau

64-0355890

Depreciation and Amortization
(Including Information on Listed Property)

2011

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Walthall C 990T		64-0355890

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 6,337

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	<input type="checkbox"/>

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		774	5	HY	SL	77
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 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

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 6,414
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

Walthall County Farm Bureau
S C H E D U L E I
October 31, 2012

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

INSURANCE

Blue Cross Blue Shield	6776
Southern Farm Bureau Life Insurance Company	11577
Southern Farm Bureau Casualty Insurance Company	28295
Mississippi Farm Bureau Casualty Insurance Company	<u>18923</u>
Total Insurance Fees	<u>65571</u>

BANK SERVICE FEES

Farm Bureau Bank	<u>389</u>
Total Bank Fees	<u>389</u>
TOTAL SERVICE FEES	<u>65960</u>

**Walthall County Farm Bureau
S C H E D U L E II
October 31, 2012**

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32457	32457			
Insurance Company Svc Fees	65571		65571		
Farm Bureau Bank	389		389		
Interest	427				427
Net Sales	-308				-308
TOTAL INCOME	98536	32457	65960	0	119

Relationship of Dues to Service Fees 33.0% 67.0%

Floor Space Ratio 50.0% 50.0%

Allocation of General Overhead

Based on the Relation

Promotions	5605
Insurance	309
Telephone	6356
Postage	686
Office Expense	3034
Depreciation	799
TOTAL	16789
	553

TOTAL 16789 5537 11252

Allocation of Occupancy Expense Base on Area Occupied

Utilities	4730
Taxes	4180
Insurance	1582
Building Maintenance	3977
Depreciation	5616

TOTAL 20085 10042 10043

Walthall County Farm Bureau
 S C H E D U L E II
 October 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	58361				
Payroll Taxes	5125				
Retirement	471				
TOTAL	63957	31978	31979		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax	1559				
Annual Meeting	657				
Ag in the Classroom	103				
Board Expense	1202				
Commodity Meetings	416				
Contributions	920				
MFBF Convention	1508				
Safety Seminar	25				
Secretary Meeting	544				
Womens Committee	414				
Young Farmer Program	275				
TOTAL	7623	7623			
Expense Directly Related to Production of Service Fees					
State Income Tax	462				
TOTAL	462		462		
TOTAL EXPENSES	108916	55180	53736	0	0

Walthall 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	Jan-03	118017.08		118017.08	39.0	SL	26604.26	3026.08	29630.34	88386.74
Building Improvements	Apr-04	12533.93		12533.93	7.0	SL	12533.93	0.00	12533.93	0.00
Building Improvements	Mar-05	11978.00		11978.00	7.0	SL	11122.41	855.59	11978.00	0.00
Building Improv (Shed)	Sep-08	6000.00		6000.00	7.0	SL	2999.99	857.14	3857.13	2142.87
Building Improv (Shed)	Nov-08	6140.00		6140.00	7.0	SL	2192.85	877.14	3069.99	3070.01
							<hr/>	<hr/>	<hr/>	<hr/>
		<u>154669.01</u>	<u>0.00</u>	<u>154669.01</u>			<u>55453.44</u>	<u>5615.95</u>	<u>61069.39</u>	<u>93599.62</u>

Prepared by. Clay Foster

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Walthall County Farm Bureau
Depreciation Schedule
October 31, 2012
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		6867.07		6867.07	7.0	SL	6867.07	0.00	6867.07	0.00	
Office Equipment	Mar-98	604.54		604.54	7.0	SL	604.54	0.00	604.54	0.00	
Fax Machine	Mar-99	190.79		190.79	5.0	SL	190.79	0.00	190.79	0.00	
Vacuum Cleaner	Mar-02	214.93		214.93	7.0	SL	214.93	0.00	214.93	0.00	
Office Furniture	Sep-04	1256.39		1256.39	7.0	SL	1256.39	0.00	1256.39	0.00	
Stove	Nov-04	300.00		300.00	7.0	SL	278.59	21.41	300.00	0.00	
Copier	Mar-05	1603.93		1603.93	5.0	SL	1603.93	0.00	1603.93	0.00	
Phone System	Jul-07	6276.62		6276.62	5.0	SL	5648.94	627.68	6276.62	0.00	
Refridgerator	Jun-11	506.70		506.70	7.0	SL	36.20	72.39	108.59	398.12	
Monitor for ag promotion	Sep-12		773.77	773.77	5.0	SL		77.38	77.38	696.40	
		<u>17820.97</u>	<u>773.77</u>	<u>18594.74</u>			<u>16701.38</u>	<u>798.86</u>	<u>17500.23</u>	<u>1094.51</u>	

Prepared by. Clay Foster

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