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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011Department of the Treasury
Internal Revenue Service

- 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

**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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 640 City or town state or country ZIP + 4 Prentiss MS 39474-0640 D Employer identification number 64-6025330 E Telephone number (601) 792-5138 F Group Exemption Number 1473 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. **\$ 129,085**

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	60,599
	4 Investment income	4	1,420
	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 \$ 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	65
	b Less cost of goods sold	7b	210
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-145
	8 Other revenue (describe in Schedule O)	8	67,001
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,875
10 Grants and similar amounts paid (list in Schedule O)	10	27,260	
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	95,608	
17 Total expenses. Add lines 10 through 16	17	122,868	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,007	
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	314,061	
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	320,068	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

(HTA)

20

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	208,914	22	218,037
23 Land and buildings	101,617	23	98,272
24 Other assets (describe in Schedule O)	3,976	24	4,204
25 Total assets	314,507	25	320,513
26 Total liabilities (describe in Schedule O)	446	26	445
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,061	27	320,068

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28 <u>To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
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/Treasurer Hr/WK 36 00	24,056		
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		
Jimmy Rogers 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		

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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 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)?	X	
35 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	X	
35 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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37 b Did the organization file Form 1120-POL for this year?		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?		X
38 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	Nevelene Cole	
Located at	2114 Pearl St City Prentiss ST MS ZIP + 4 39474	
Telephone no.	(601) 792-5138	
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	Yes	No
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	<input type="checkbox"/>
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	Yes	No
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	44a	X
c Did the organization receive any payments for indoor tanning services during the year?	44b	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	44c	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	
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).	45a	X
	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** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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 <u>None</u> 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"

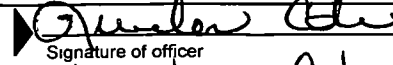
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		


- d** Total number of other independent contractors each receiving over \$100,000 ▶ _____

- 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		Date <u>3-5-13</u>
	Nereleene Cole Manager, Secretary	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 11/19/2012	Check <input type="checkbox"/> if self-employed	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

Page 1 of 1 of Part IV

Employer identification number

64-6025330

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

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 67,001

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 27,260, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 95,608

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 3,772, End of

year 4,000

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

year 445

Jeff Davis County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7925
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Southern Farm Bureau Life Insurance Company	13519
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Southern Farm Bureau Casualty Insurance Company	28478
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Mississippi Farm Bureau Casualty Insurance Company	<u>17001</u>
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Total Insurance Fees	<u>66923</u>
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FARM BUREAU BANK

Farm Bureau Bank Service Fees	<u>78</u>
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Total Farm Bureau Bank Svc Fees	<u>78</u>
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TOTAL SERVICE FEES	<u><u>67001</u></u>
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Jeff Davis County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	33340	33340			
Insurance Company Svc Fees	66923		66923		
Farm Bureau Bank Svc Fees	78		78		
Interest	1420				1420
Net Sales	-145				-145
	<hr/>				
TOTAL INCOME	101616	33340	67001	0	1275
	<hr/>				

Relationship of Dues to Service Fees		33.2%	66.8%
Floor Space Ratio		50.0%	50.0%

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

Promotions	626		
Insurance	309		
Telephone	3077		
Postage	1096		
Office Expense	2424		
Depreciation	620		
	<hr/>		
TOTAL	8152	2709	5443

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3035		
Taxes	2146		
Insurance	1413		
Building Maintenance	1635		
Depreciation	3436		
	<hr/>		
TOTAL	11665	5832	5833

Jeff Davis County Farm Bureau
SCHEDULE 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	42108				
Payroll Taxes	3598				
Employee Insurance	14213				
Retirement	1610				
TOTAL	61529	30764	30765		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3010				
Ag in the Classroom	508				
Board Expense	4704				
Contributions	2696				
Leadership Conference	172				
MFBF Convention	476				
Safety Seminar	220				
Secretary Meeting	593				
Womens Committee	515				
TOTAL	12894	12894			
Expense Directly Related to Production of Service Fees					
State Income Tax	948				
Computer Rent	420				
TOTAL	1368		1368		
TOTAL EXPENSES	95608	52199	43409	0	0

Depreciation and Amortization
(Including Information on Listed Property)**2011**Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Jeff Davis	Business or activity to which this form relates 990T	Identifying number 64-6025330
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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	3,985

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		711	5	HY	SL	71
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 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	4,056
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
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	8762.83	1450.40	10213.23	46352.46
Parking Lot	Nov-05	8893.75		8893.75	7.0	SL	6987.97	1270.54	8258.51	635.24
Building Addition	Dec-05	27879.65		27879.65	39.0	SL	4199.80	714.86	4914.66	22964.99

121686.73	0.00	121686.73	48298.24	3435.80	51734.04	69952.69
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Jeff Davis County Farm Bureau
Depreciation Schedule
October 31, 2012
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
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	1207.12	92.88	1300.00	0.00
Office Equipment	Nov-05	2511.23		2511.23	7.0	SL	1973.12	358.75	2331.87	179.36
Copier	Nov-06	971.56	0.00	971.56	5.0	SL	874.40	97.16	971.56	0.00
Monitor	Sep-12		710.60	710.60	5.0	SL		71.06	71.06	639.54

13520.80	710.60	14231.40	12792.65	619.85	13412.50	818.90
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