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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 private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150

2013**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning 11/1/2013, and ending 10/31/2014	
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 Tate County Number and street (or P O box, if mail is not delivered to street address) Room/suite P. O. Box 605 City or town State ZIP code Senatobia MS 38668-0605 Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number 64-0335889 E Telephone number (662) 562-8249 F Group Exemption Number ▶ 1473
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ I Website: ▶ N/A	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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 Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 123,694	

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 ☒

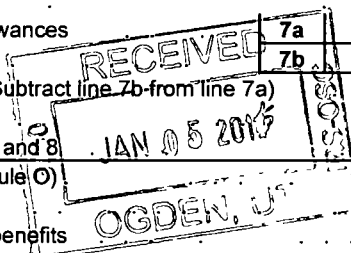
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	47,223
	4 Investment income	4	74
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	536	
b Less cost of goods sold	7b	440	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	96	
8 Other revenue (describe in Schedule O)	8	75,861	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,254	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	24,557
	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	117,301
	17 Total expenses. Add lines 10 through 16	17	141,858
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,604
	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	276,609
	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	258,005

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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65 12

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	93,293	22	78,614
23 Land and buildings	180,543	23	177,644
24 Other assets (describe in Schedule O)	3,391	24	2,247
25 Total assets	277,227	25	258,505
26 Total liabilities (describe in Schedule O)	618	26	500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	276,609	27	258,005

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 further the interests 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		
(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 title	(b) 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
Michael Ferguson President	Hr/WK 3 00	0		
Kenny Hurt Vice President	Hr/WK 2 00	0		
James Lee Baker Director	Hr/WK 1 00	0		
Jerry Baker Director	Hr/WK 1 00	0		
Boyce Lamb Director	Hr/WK 1 00	0		
Jimmy Sowell Director	Hr/WK 1 00	0		
Lamar Crockett Director	Hr/WK 1 00	0		
James Allison Director	Hr/WK 1 00	0		
Wayne Steward Director	Hr/WK 1 00	0		
John Ferguson Director	Hr/WK 1 00	0		
Ralph Darnell Director	Hr/WK 1 00	0		
Walter McKellar Director	Hr/WK 1 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	
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	
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		
b Did the organization file Form 1120-POL for this year? 37b		
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 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 40a , section 4912 40b , section 4955 40c		
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. 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		
42 a The organization's books are in care of 42a Misty Blaylock Telephone no 42a (662) 562-8249 Located at 42a 317 East Main Street City Senatobia ST MS ZIP + 4 42a 38668-0605		
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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		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 43 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 only

All section 501(c)(3) organizations 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 title of each employee	(b) 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>				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name <u>None</u>		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	

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

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Michael M. Ferguson</u>	Date <u>12/23/14</u>
	Type or print name and title <u>Michael M. Ferguson, President</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature <u>William Davis</u>	Date <u>12/15/2014</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631674</u>
	Firm's name ▶ <u>Mississippi Farm Bureau Federation</u>			Firm's EIN ▶ <u>64-0303134</u>	
	Firm's address ▶ <u>6311 Ridgewood RD, Jackson, MS 39211</u>			Phone no <u>(601) 977-4205</u>	

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

Tate County Farm Bureau
SCHEDULE II
October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		44.0%	56.0%		
Salary - Secretary	59946				
Payroll Taxes	5142				
Employee Insurance	-176				
Retirement	0				
TOTAL	64912	28561	36351		
Expense Directly Attributed to Production of Farm Bureau Dues					
Ag in the Classroom	2722				
Board Expense	3133				
Contributions	60				
MFBF Convention	1450				
Secretary Meeting	309				
Womens Committee	1751				
Young Farmer Program	200				
Other Exempt	5419				
TOTAL	16757	16757			
Expense Directly Related to Production of Service Fees					
State Income Tax	511				
Computer Rent	210				
TOTAL	721		721		
TOTAL EXPENSES	117301	59853	57448	0	0

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

Farm Bureau Federation Tate County

64-0335889

Form 990-EZ, Part I, Line 8, Other Revenue Schedule 1 75,861

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Mississippi Farm Bureau

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 24,557, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2. 117,301

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax 990T Beginning of year 2,563, End

of year 1,730

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax State Beginning of year 828, End of

year 517

Form 990-EZ, Part II, Line 26, Liabilities PIC Beginning of year -31, End of year 34

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Beginning of year 649, End of

year 466

Name of the organization

Employer identification number

Farm Bureau Federation Tate County

64-0335889

Page 1 of 1 of Part IV

Employer identification number

64-0335889

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

OMB No 1545-0172

2013

Attachment
Sequence No 179

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Tate County	Business or activity to which this form relates 990EZ	Identifying number 64-0335889
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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 (see instructions)	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 2012 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 2014. 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	7,901

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 2013	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 2013 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	1/1/2014	5,136	39 yrs.	MM	S/L	132
				MM	S/L	

Section C - Assets Placed in Service During 2013 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	8,032
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 (2013)

Tate County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	8585
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Southern Farm Bureau Life Insurance Company	15317
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Southern Farm Bureau Casualty Insurance Company	28558
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Mississippi Farm Bureau Mutual Insurance Company	<u>23191</u>
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Total Insurance Fees	<u>75651</u>
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Farm Bureau Bank	<u>210</u>
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Total Bank Fees	<u>210</u>
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TOTAL SERVICE FEES	<u><u>75861</u></u>
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Tate County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	22667	22667			
Insurance Company Svc Fees	75651		75651		
Farm Bureau Bank	210		210		
Rent Received	0			0	
Interest	74				74
Net Sales	96				96
TOTAL INCOME	98698	22667	75861	0	170

Relationship of Dues to
Service Fees

23.0% 77.0%

Floor Space Ratio

50.0% 50.0%

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

Promotions	631		
Insurance	309		
Telephone	3762		
Postage	193		
Office Expense	4083		
Depreciation	1838		
TOTAL	10816	2488	8328

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	5224		
Taxes	6367		
Insurance	1747		
Building Maintenance	4562		
Interest	0		
Depreciation	6195		
TOTAL	24095	12047	12048

Tate County Farm Bureau
Depreciation Schedule
October 31, 2014
Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-88	96876.80		96876.80	33.0	SL	75386.19	2935.66	78321.85	18554.95
Building	Nov-88	1847.22		1847.22	31.5	SL	1469.42	58.64	1528.06	319.16
Carpet	Apr-90	636.00		636.00	31.5	SL	617.45	18.55	636.00	0.00
Building	Nov-97	454.19		454.19	31.5	SL	219.64	14.42	234.06	220.13
Building	Nov-97	2240.58		2240.58	31.5	SL	1025.91	71.13	1097.04	1143.54
Building	Jun-03	4571.82		4571.82	39.0	SL	1172.30	117.23	1289.53	3282.29
Building	Oct-06	1765.60		1765.60	39.0	SL	316.89	45.27	362.16	1403.44
Building	Oct-08	90125.00		90125.00	39.0	SL	11554.50	2310.90	13865.40	76259.60
Building	Nov-08	19155.00		19155.00	39.0	SL	4701.03	491.15	5192.18	13962.82
Building	Jan-14		5136.00	5136.00	39.0	SL		131.69	131.69	5004.31

217672.21	5136.00	222808.21	96463.33	6194.64	102657.97	120150.24
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Tate County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		15581.77		15581.77	7.0	SL	15581.77	0.00	15581.77	0.00
Equipment	Mar-01	331.70		331.70	7.0	SL	331.70	0.00	331.70	0.00
Equipment	Apr-01	294.25		294.25	7.0	SL	294.25	0.00	294.25	0.00
Copier	May-01	996.08		996.08	7.0	SL	996.08	0.00	996.08	0.00
Telephone	May-01	4049.04		4049.04	7.0	SL	4049.04	0.00	4049.04	0.00
Equipment	Aug-05	1217.44		1217.44	7.0	SL	1217.44	0.00	1217.44	0.00
Furniture	Oct-06	225.00		225.00	7.0	SL	224.98	0.02	225.00	0.00
Furniture	Oct-07	191.53		191.53	7.0	SL	164.16	27.36	191.52	0.01
Chairs	Oct-08	1059.30		1059.30	7.0	SL	756.65	151.33	907.98	151.32
Telephone	Oct-08	940.87		940.87	7.0	SL	672.05	134.41	806.46	134.41
Furniture	Oct-08	5617.50		5617.50	7.0	SL	4012.50	802.50	4815.00	802.50
Chairs	Oct-08	513.60		513.60	7.0	SL	366.85	73.37	440.22	73.38
Blinds	Oct-08	840.00		840.00	7.0	SL	600.00	120.00	720.00	120.00
Telephone	Oct-08	840.48		840.48	7.0	SL	600.35	120.07	720.42	120.06
Table & Chair	Jul-09	249.99		249.99	7.0	SL	178.55	35.71	214.26	35.73
Chairs	Jul-09	342.37		342.37	7.0	SL	244.55	48.91	293.46	48.91
Copier	Jan-11	1400.00		1400.00	7.0	SL	500.00	200.00	700.00	700.00
Monitor	Sep-12	620.60		620.60	5.0	SL	186.18	124.12	310.30	310.30

35311.52	0.00	35311.52	30977.10	1837.80	32814.90	2496.62
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