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Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 11/1/2008, and ending 10/31/2009	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization Farm Bureau Federation Mississippi Tallahatchie County Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 309 City, town, or country State ZIP + 4 Charleston MS 38921-0309
D Employer identification number 64-0367806	E Telephone number
F Group Exemption Number 1473	
G Accounting method ☒ Cash ☐ Accrual Other (specify) ►	
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A	
J Organization type (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 128,330	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	53,420
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	0
b Less: cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	58
b Less: cost of goods sold	7b	150
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-92
8 Other revenue (describe ► Schedule 1)	8	74,852
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	128,180
10 Grants and similar amounts paid (attach schedule)	10	24,044
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 ► Schedule 2)	16	103,797
17 Total expenses. Add lines 10 through 16.	17	127,841
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	339
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	220,598
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	220,937

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,727	30,428
23 Land and buildings	249,272	241,339
24 Other assets (describe ► See attached statement)	6,852	6,583
25 Total assets	284,851	278,350
26 Total liabilities (describe ► See attached statement)	64,253	57,413
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	220,598	220,937

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

(HTA)

SCANNED FEB 25 2010

IRS-OSC

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? To further the interests of farmers in Mississippi
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	28a	<u>0</u>
29		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	29a	<u>0</u>
30		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a	<u>0</u>
31 Other program services (attach schedule)		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a	<u>0</u>
32 Total program service expenses. (add lines 28a through 31a)	32	<u>0</u>

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Mike Wagner</u>	<u>Str 204 E. Main St</u>	Title <u>President</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>5 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Gabriella Brasher</u>	<u>Str 204 E. Main St</u>	Title <u>V-President</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>4 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ronda Douglas</u>	<u>Str 204 E. Main St</u>	Title <u>Sec-Treas</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>40 00</u>	<u>26,000</u>	<u>0</u>	<u>0</u>
Name <u>Bud Trout</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Charles Davis</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Morrow</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Sykes Sturdivant</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ray Hausner</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Burkhalter</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Beth Bell</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>David Groner</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Mike Swindoll</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ray Rounsaville</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>David Orr</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Pam Fortner</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Mack Ely</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Brad Barefoot</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Chris Finke</u>	<u>Str 204 E. Main St</u>	Title <u>Director</u>			
City <u>Charleston</u>	<u>ST MS ZIP 38921</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction 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 0		
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 unpaid at the start of the period covered by this return?		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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d 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.		X
41 List the states with which a copy of this return is filed ▶		
42 a The books are in care of ▶ Name Ronda Douglas Telephone no ▶ (662) 647-2064 Located at ▶ 204 E. Main St City Chaelston ST MS ZIP + 4 ▶ 38921-0309		
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)?		X
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶		
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 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** Yes No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** Yes No
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** Yes No
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

- 51** Complete this table for the 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		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

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 ▶ Ronda B Douglas 12-3-10
Signature of officer Date
▶ Ronda B Douglas Secretary
Type or print name and title

Paid Preparer's Use Only Preparer's signature ▶ Joe B Tye Date 12-30-09 Check if self-employed ☐ Preparer's Identifying Number (See instructions) P00635496
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Mississippi Farm Bureau Federation
6311 Ridgewood Road, Jackson, MS 39211 EIN ▶ 64-0303134
Phone no ▶ (601) 977-4206

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Tallahatchie County Farm Bureau
SCHEDULE II
October 31, 2009

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50 0%	50 0%		
Salary - Secretary	51848				
Payroll Taxes	5655				
TOTAL	57503	28751	28752		
Expense Directly Attributed to Production of Farm Bureau Dues					
X Income Tax - 990T	3647				
Other Exempt	2966				
TOTAL	6613	6613			
Expense Directly Related to Production of Service Fees					
State Income Tax	1219				
TOTAL	1219		1219		
TOTAL EXPENSES	103797	52190	51607	0	0

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Sam Hobson Str 204 E Main St. City Charleston ST MS ZIP 38921	Title Director Hr/WK 2 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
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Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

Part II, Line 24 (990-EZ) - Other Assets

6,852 6,583

Description		Beginning	End
1	Prepaid Expenses	5,141	4,872
2	Other Assets	1,711	1,711
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		64,253	57,413
Description		Beginning	End
1	Payroll Taxes Payable	253	413
2	Mortgage Payable	64,000	57,000
3			
4			
5			
6			
7			
8			
9			
10			

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment

Sequence No. 67

Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Tallahatch 990T

64-0367806

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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

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 2007 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 2009. 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	7,932

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 2008	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 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(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	
			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 2008 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 instr.	22	7,932
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 (2008)

(HTA)

Tallahatchie County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

<i>Blue Cross Blue Shield</i>	7802
Southern Farm Bureau Life Insurance Company	15209
Southern Farm Bureau Casualty Insurance Company	30963
Mississippi Farm Bureau Mutual Insurance Company	<u>20878</u>
Total Insurance Fees	<u>74852</u>

Tallahatchie County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	29377	29377			
Insurance Company Svc Fees	74852		74852		
Net Sales	-90				-90
TOTAL INCOME	104139	29377	74852	0	-90

Relationship of Dues to Service Fees	28 2%	71 8%
Floor Space Ratio	50 0%	50 0%

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

Insurance	344		
Telephone	3652		
Postage	1413		
Office Expense	3971		
Depreciation	1643		
TOTAL	11023	3107	7916

*Allocation of Occupancy Expense
Base on Area Occupied*

Utilities	3978		
Taxes	4540		
Insurance	2735		
Building Maintenance	6057		
Interest	3840		
Depreciation	6289		
TOTAL	27439	13719	13720

Tallahatchie County Farm Bureau
Depreciation Schedule
October 31, 2009
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		7538 39		7538.39	7.0	SL	7538 39	0 00	7538 39	0 00
Equipment	Oct-02	2140 00		2140 00	7 0	SL	1834 26	305 71	2139 97	0 03
Equipment	Oct-03	1472 35		1472 35	7 0	SL	1051 67	210 34	1262 01	210 34
Furniture	Feb-06	1727.27		1727.27	7 0	SL	740 25	246 75	987 00	740 27
Telephone	Nov-06	3542 77		3542 77	7.0	SL	1518 33	506 11	2024 44	1518 33
Copier	Oct-08	2621 50		2621.50	7 0	SL		374 50	374 50	2247 00

19042 28	0.00	19042 28	12682 90	1643 41	14326 31	4715 97
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Tallahatchie County Farm Bureau
Depreciation Schedule
October 31, 2009
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-05	195901 51		195901 51	39 0	SL	15069 36	5023 12	20092 48	175809 03
Building	Jan-06	45829 41		45829 41	39 0	SL	3525 33	1175 11	4700 44	41128 97
Building	Oct-07	3542.77		3542 77	39 0	SL	506 11	90 84	596 95	2945 82

245273 69	0 00	245273 69	19100 80	6289 07	25389 87	219883 82
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