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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning <u>11/1/2010</u> , and ending <u>10/31/2011</u>													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Farm Bureau Federation Mississippi Tallahatchie County</u></td> <td>D Employer identification number <u>64-0367806</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 309</u></td> <td>E Telephone number <u>(662) 647-2064</u></td> </tr> <tr> <td>City or town <u>Charleston</u></td> <td>state or country <u>MS</u></td> <td>F Group Exemption Number <u>1473</u></td> </tr> <tr> <td colspan="2">ZIP + 4 <u>38921-0309</u></td> <td></td> </tr> </table>	C Name of organization <u>Farm Bureau Federation Mississippi Tallahatchie County</u>		D Employer identification number <u>64-0367806</u>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 309</u>		E Telephone number <u>(662) 647-2064</u>	City or town <u>Charleston</u>	state or country <u>MS</u>	F Group Exemption Number <u>1473</u>	ZIP + 4 <u>38921-0309</u>		
C Name of organization <u>Farm Bureau Federation Mississippi Tallahatchie County</u>		D Employer identification number <u>64-0367806</u>											
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 309</u>		E Telephone number <u>(662) 647-2064</u>											
City or town <u>Charleston</u>	state or country <u>MS</u>	F Group Exemption Number <u>1473</u>											
ZIP + 4 <u>38921-0309</u>													
G Accounting Method ☒ Cash ☐ Accrual Other (specify) <u> </u> I Website: <u>N/A</u>													
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (<u>5</u>) ◀ (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 \$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. \$ 126,223

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	49,589
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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	75	
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	75	
8	Other revenue (describe in Schedule O)	8	76,559	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,223	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	22,815
	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	115,915
	17	Total expenses. Add lines 10 through 16	17	138,730
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,507
	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	222,563
	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	210,056

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

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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	33,842	22	20,473
23 Land and buildings	233,711	23	226,295
24 Other assets (describe in Schedule O)	6,151	24	6,711
25 Total assets	273,704	25	253,479
26 Total liabilities (describe in Schedule O)	51,141	26	43,423
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	222,563	27	210,056

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 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, 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 ☐	28a
29 _____ (Grants \$) If this amount includes foreign grants, check here ☐	29a
30 _____ (Grants \$) If this amount includes foreign grants, check here ☐	30a
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses. (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mike Wagner 204 E Main St Charleston MS 38921	Title President Hr/WK 5 00	0		
Gabriella Brasher 204 E Main St Charleston MS 38921	Title V-President Hr/WK 4 00	0		
Ronda Douglas 204 E Main St Charleston MS 38921	Title Sec-Treas Hr/WK 40 00	0		
Bud Trout 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Charles Davis 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
James Morrow 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Sykes Sturdyant 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Ray Hausner 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
James Burkhalter 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Beth Bell 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
David Groner 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Mike Swindoll 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		
Ray Rounsaville 204 E Main St Charleston MS 38921	Title Director Hr/WK 2 00	0		

Part V Other Information (Note the 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 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 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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 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 (see instructions)?	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?		
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
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		
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		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ 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)? 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 .		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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.
- 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
45		X
45a		X
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? If "Yes," complete Schedule C, Part II
- 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"

	Yes	No
47		
48		
49a		X
49b		

(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 <u>None</u> 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 <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	Signature of officer <u>Ronda Brauglas</u>		Date <u>2-2-12</u>		
	Type or print name and title <u>Ronda Brauglas, secretary</u>				
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature <u>William Davis</u>	Date <u>1/5/2012</u>	Check if self-employed ☐	PTIN <u>P00631624</u>
	Firm's name	Mississippi Farm Bureau Federation			Firm's EIN <u>64-0303134</u>
	Firm's address	6311 Ridgewood Road, Jackson, MS 39211			Phone no <u>(601) 977-4205</u>

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

Page 1 of 1 of Part IV

[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

2010

**Open to Public
Inspection**

Farm Bureau Federation Mississippi Tallahatchie County

Employer identification number

64-0367806

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 76,559

Form 990-EZ, Part I, Line 10, Grants Paid, Activity Membership Dues, Grantee MFBF PO Box

1972 Jackson MS 39208, Cash Grant 22,815, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Management and General 57,119

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 58,796

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 4,440, End

of year 5,000

Form 990-EZ, Part II, Line 24, Other Assets Other Assets Beginning of year 1,711, End of

year 1,711

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 1,115,

End of year 411

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 50,000, End

of year 43,000

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

12

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Tallahatchie County

64-0367806

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No 67

▶ 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 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 2009 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 2011. 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	7,416

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 2010	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 2010 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			27 5 yrs.	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 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	7,416
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 (2010)

(HTA)

Tallahatchie County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	10714
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Southern Farm Bureau Life Insurance Company	17755
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Southern Farm Bureau Casualty Insurance Company	27045
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Mississippi Farm Bureau Casualty Insurance Company	<u>21045</u>
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Total Insurance Fees	<u>76559</u>
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Tallahatchie County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	26774	26774			
Insurance Company Svc Fees	76559		76559		
Net Sales	75				75
TOTAL INCOME	103408	26774	76559	0	75

Relationship of Dues to Service Fees	25.9%	74.1%
Floor Space Ratio	50.0%	50.0%

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

Insurance	1047		
Telephone	3683		
Postage	1913		
Office Expense	3045		
Depreciation	1127		
TOTAL	10815	2802	8013

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3977		
Taxes	5528		
Insurance	2050		
Building Maintenance	19294		
Interest	2521		
Depreciation	6289		
TOTAL	39659	19829	19830

Tallahatchie County Farm Bureau
SCHEDULE II
October 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		52.0%	48 0%		
Salary - Secretary	53826				
Payroll Taxes	4378				
TOTAL	58204	30266	27938		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3793				
Board Expense	828				
Contributions	125				
Secretary Meeting	98				
Washington Tour	955				
Young Farmer Program	100				
TOTAL	5899	5899			
Expense Directly Related to Production of Service Fees					
State Income Tax	1338				
TOTAL	1338		1338		
TOTAL EXPENSES	115915	58796	57119	0	0

Tallahatchie County Farm Bureau
 Depreciation Schedule
 October 31, 2011
 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	25115 60	5023 12	30138 72	165762.79
Building	Jan-06	45829.41		45829.41	39 0	SL	5875 55	1175.11	7050 66	38778 75
Building	Oct-07	3542 77		3542.77	39.0	SL	687 79	90 84	778 63	2764.14

245273 69	0 00	245273 69	31678 94	6289 07	37968 01	207305 68
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Tallahatchie County Farm Bureau
Depreciation Schedule
October 31, 2011
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		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	2140.00	0.00	2140.00	0.00
Equipment	Oct-03	1472.35		1472.35	7.0	SL	1472.35	0.00	1472.35	0.00
Furniture	Feb-06	1727.27		1727.27	7.0	SL	1233.75	246.75	1480.50	246.77
Telephone	Nov-06	3542.77		3542.77	7.0	SL	2530.55	506.11	3036.66	506.11
Copier	Oct-08	2621.50		2621.50	7.0	SL	749.00	374.50	1123.50	1498.00

19042.28	0.00	19042.28	15664.04	1127.36	16791.40	2250.88
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