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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 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** 11/1/2010 **, and ending** 10/31/2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Farm Bureau Federation Mississippi Leflore County

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 453

City or town | state or country | ZIP + 4
Greenwood | MS | 38935-0453

D **Employer identification number**
64-0321999

E **Telephone number**
(662) 453-6416

F **Group Exemption Number** ▶ 1473

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ $ 129,087

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	60,464
	4	Investment income		4	2,432
	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 262		
	b	Less cost of goods sold	7b 180		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	82
	8	Other revenue (describe in Schedule O)		8	65,929
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	128,907
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25,036
	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	103,471
	17	**Total expenses.** Add lines 10 through 16 ▶		17	128,507
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	400
	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	321,969
	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	322,369

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

17

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 [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	299,487	22	300,477
23	Land and buildings	18,809	23	18,737
24	Other assets (describe in Schedule O)	4,094	24	3,561
25	**Total assets**	322,390	25	322,775
26	**Total liabilities** (describe in Schedule O)	421	26	406
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	321,969	27	322,369

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 promote the interest 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

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 ▶ [ ]	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
PUTNAM STAINBACK P O BOX 453 GREENWOOD MS 38935-0453	Title PRESIDENT Hr/Wk 5 00	0		
MARK KIMMEL P O BOX 453 GREENWOOD MS 38935-0453	Title FIRST VICE PRES Hr/Wk 2 00	0		
HUGH ARANT JR P O BOX 453 GREENWOOD MS 38935-0453	Title SECOND VICE PRES Hr/Wk 2 00	0		
LOUIS FANCHER III P O BOX 453 GREENWOOD MS 38935-0453	Title SEC/TREASURER Hr/Wk 2 00	0		
MIKE BUSSEY P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
WAYNE BUSH P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
DAVID ARANT P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
DAVID W BUSH P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
BEN DOWNING P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
DAVID KELLY P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
JOHN BUSH P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
DWIGHT DUNN P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/Wk 2 00	0		
CHASE DOWNING P O BOX 453 GREENWOOD MS 38935-0453	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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	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?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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:			
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. ▶ _____			
42 a	The organization's books are in care of ▶ Candace Wheeler Telephone no ▶ (662) 453-6416			
	Located at ▶ 934 Hwy 82 West City Greenwood ST MS ZIP + 4 ▶ 38935			
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)?	42b		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.? . .	42c		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			

			Yes	No
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		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
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	45a		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	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 ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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) 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			
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 None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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 Rufus Pontus Stainback Jr.

Type or print name and title Rufus Stainback Jr. President Date 12-19-11

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
William Davis	William Davis	12/13/2011	☐	P00631624

Firm's name ▶ Mississippi Farm Bureau Federation Firm's EIN ▶ 64-0303134

Firm's address ▶ 6311 Ridgewood Road, Jackson, MS 39211 Phone no (601) 977-4205

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Farm Bureau Federation Mississippi Leflore County

Employer identification number

64-0321999

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 65,929

Form 990-EZ, Part I, Line 10, Grants Paid Activity Membership Dues, Grantee MFBF PO Box 1976 Jackson MS 39215, Cash Grant 25,036, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Management and General 49,510

Form 990-EZ, Part I, Line 16, Other Expenses Program Expenses 53,961

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 3,596, End of year 3,063

Form 990-EZ, Part II, Line 24, Other Assets Inventory: Beginning of year 273, End of year 273

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposit Beginning of year 225, End of year 225

Form 990-EZ, Part II, Line 26, Liabilities Account Payable Beginning of year 421, End of year 406

Name of the organization	Employer identification number
Farm Bureau Federation Mississippi Leflore County	64-0321999

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
MICHAEL BUSSEY P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
TRAVIS DUNN P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
ELLIOTT FANCHER P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
NICHOLAS O'NEAL P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
JOHN LINDSEY P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
Garrett Carver P O BOX 453 GREENWOOD MS 38935-0453	Title DIRECTOR Hr/WK 2 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2010
Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Leflore Co	990EZ	64-0321999

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	72

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	
				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 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	72
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	

Leflore County Farm Bureau
SCHEDULE I
October 31, 2011

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	15038	
Southern Farm Bureau Life Insurance Company	10035	
Southern Farm Bureau Casualty Insurance Company	24723	
Mississippi Farm Bureau Casualty Insurance Company	16133	
Total Insurance Fees		65929
TOTAL SERVICE FEES		65929

Leflore County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	35428	35428			
Insurance Company Svc Fees	65929		65929		
Interest	2432				2432
Net Sales	82				82
TOTAL INCOME	103871	35428	65929	0	2514
Relationship of Dues to Service Fees		35.0%	65.0%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	355				
Insurance	309				
Telephone	3369				
Postage	1883				
Office Expense	2362				
Depreciation	72				
TOTAL	8350	2919	5431		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	3720				
Taxes	4935				
Insurance	1166				
Building Maintenance	5047				
TOTAL	14868	7434	7434		

Leflore County Farm Bureau
SCHEDULE II
October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50 0%	50.0%		
Salary - Secretary	58427				
Payroll Taxes	5192				
Employee Insurance	7477				
Retirement	753				
TOTAL	71849	35924	35925		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2337				
Board Expense	1223				
Contributions	1150				
MFBF Convention	1181				
Secretary Meeting	133				
Washington Tour	1393				
Womens Committee	17				
Young Farmer Program	250				
TOTAL	7684	7684			
Expense Directly Related to Production of Service Fees					
State Income Tax	720				
TOTAL	720		720		
TOTAL EXPENSES	103471	53961	49510	0	0

Leflore County Farm Bureau
Depreciation Schedule
October 31, 2011
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Building	Oct-83	131210 34		131210 34	15 0	SL	131210 34	0.00	131210 34	0.00
Parking Lot/Ramp	Apr-91	4295 00		4295 00	7.0	SL	4295 00	0 00	4295 00	0 00
Air Conditioner Unit	Oct-98	4499 35		4499 35	7 0	SL	4499 35	0 00	4499 35	0 00
		140004 69	0 00	140004 69			140004 69	0 00	140004 69	0 00

Prepared by. Clay Foster

Leflore County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Office Equipment	Jan-92	620 10		620 10	7 0	SL	620 10	0 00	620 10	0 00
Office Equipment	Feb-92	1687 52		1687 52	7 0	SL	1687 52	0 00	1687.52	0 00
Desk	Apr-92	697 48		697 48	7 0	SL	697.48	0 00	697 48	0 00
Portrait	Nov-92	535 00		535 00	7 0	SL	535 00	0 00	535 00	0 00
Fax Machine	Apr-94	471 46		471 46	5 0	SL	471 46	0 00	471 46	0 00
Copier	May-95	1208 03		1208 03	5.0	SL	1208 03	0 00	1208 03	0 00
Refrigerator	Jan-07	502 89		502 89	7 0	SL	251 44	71.84	323 28	179 61
		5722 48	0 00	5722 48			5471 03	71 84	5542 87	179.61

Prepared by Clay Foster