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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		11/1/2010	, and ending	10/31/2011
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		Farm Bureau Federation Mississippi George County		64-0435067
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return				(601) 947-2743
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return		City or town	state or country	F Group Exemption Number ► 1473
<input type="checkbox"/> Application pending		Lucedale	MS	39452-0735
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► N/A				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				

K Check ► 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 ► \$ 140,866

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	2012	2011	2010
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 78,333
4 Investment income			4 120
5a Gross amount from sale of assets other than inventory	5a		
b Less cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c 0
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		of contributions	
c Less direct expenses from gaming and fundraising events	6b		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c		
7a Gross sales of inventory, less returns and allowances	7a	657	
b Less: cost of goods sold	7b	849	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c -192
8 Other revenue (describe in Schedule O)			8 61,756
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 140,017
10 Grants and similar amounts paid (list in Schedule O)			10 30,240
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 98,097
17 Total expenses. Add lines 10 through 16			17 128,337
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 11,680
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 90,541
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			21 102,221

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990-EZ (2010)

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	50,579	22 59,302
23 Land and buildings	38,790	23 40,710
24 Other assets (describe in Schedule O)	1,320	24 2,320
25 Total assets	90,689	25 102,332
26 Total liabilities (describe in Schedule O)		148 26 111
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,541	27 102,221

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe 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 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
Clyaton Lawrence P O Box 735 Lucedale MS 39452	Title President Hr/WK 5 00	0		
Eley, Tanner P O Box 735 Lucedale MS 39452	Title 1st Vice President Hr/WK 2 00	0		
Michael Courtney P O Box 735 Lucedale MS 39452	Title 2nd Vice President Hr/WK 2 00	0		
Ronald Smith P O Box 735 Lucedale MS 39452	Title Treasurer Hr/WK 2 00	0		
Marshall Stevens P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Ronald Cochran P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Terry Estis P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Charlie Howell Jr P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Dallas Holley P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Annie Ruth Thigpen P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Kendall Stringfellow P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Kristopher Tanner P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Heath Steede P O Box 735 Lucedale MS 39452	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.

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 35a X
35b X

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? 36 X

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 37a X
37b 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 38a X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 38b

b Did the organization file **Form 1120-POL** for this year? 39a
39b

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? 40b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 40a X

39 Section 501(c)(7) organizations Enter 40c

a Initiation fees and capital contributions included on line 9 40d

b Gross receipts, included on line 9, for public use of club facilities 40e X

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40f , section 4912 ► 40g , section 4955 ► 40h

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 40i

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 40j

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40k

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 40l

41 List the states with which a copy of this return is filed ► 42a Telephone no ► (601) 947-2743

42 a The organization's books are in care of ► Charlotte Yonge Located at ► 127 Glen Oaks City Lucedale ST MS ZIP + 4 ► 39452 42b X

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 ► 42c X
 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.? If "Yes," enter the name of the foreign country ► 43 43

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 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 X

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		
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 None 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 ►

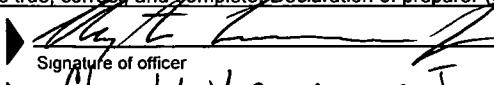
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

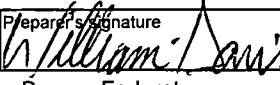
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here			Date 12-7-11
	Signature of officer 	Type or print name and title Clayton Lawrence Jr. President	

Paid Preparer's Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 11/29/2011	Check if self-employed <input type="checkbox"/>	PTIN P00631674
	Firm's name Mississippi Farm Bureau Federation			Firm's EIN 64-0303134	
	Firm's address 6311 Ridgewood Rd, Jackson, MS 39211			Phone no (601) 977-4205	

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Inspection**

**Department of the Treasury
Internal Revenue Service**

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

Name of the organization

Farm Bureau Federation Mississippi George County

Employer identification number

64-0435067

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I: 61,756

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues to MS Farm Bureau Federation

Grantee: Mississippi Farm Bureau Federation 6311 I-55 North Jackson MS 39215, Cash Grant:

30,240, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II: 98,097

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Expenses, Beginning of year: 1,320, End

of year 2,320

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 148, End of

year 111

George County Farm Bureau
 S C H E D U L E II
 October 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	51661				
Payroll Taxes	4169				
Employee Insurance	9179				
	TOTAL	65009	32504	32505	
Expense Directly Attributed to Production of Farm Bureau Dues					
Board Expense	1794				
Contributions	399				
MFBF Convention	521				
Safety Seminar	3244				
Secretary Meeting	300				
Secretary Meeting	681				
Womens Committee	149				
Young Farmer Program	250				
	TOTAL	7338	7338		
Expense Directly Related to Production of Service Fees					
State Income Tax	511				
	TOTAL	511		511	
TOTAL EXPENSES	98097	51739	46358	0	0

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

Page 1 of 1 of Part IV

Depreciation and Amortization
(Including Information on Listed Property)

► 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 George C990T		64-0435067

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
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
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
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
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
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 2,953

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	<input type="checkbox"/>

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		5,249	25 yrs.	HY	SL	375
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 3,328
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

George County Farm Bureau
S C H E D U L E I
October 31, 2011

S E R V I C E F E E S R E C E I V E D

INSURANCE

Blue Cross Blue Shield	6863
Southern Farm Bureau Life Insurance Company	8763
Southern Farm Bureau Casualty Insurance Company	30006
Mississippi Farm Bureau Casualty Insurance Company	<u>16124</u>
Total Insurance Fees	<u>61756</u>
 TOTAL SERVICE FEES	 <u>61756</u>

George 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	Mar-74	35360.91		35360.91	20.0	SL	35360.91	0.00	35360.91	0.00
Parking Lot	Nov-90	800.00		800.00	20.0	SL	796.67	3.33	800.00	0.00
Sign	May-91	423.30		423.30	10.0	SL	423.30	0.00	423.30	0.00
Air Conditioner	Jun-92	2764.40		2764.40	7.0	SL	2764.40	0.00	2764.40	0.00
Carpet	Dec-94	562.96		562.96	7.0	SL	562.96	0.00	562.96	0.00
Roof	Oct-95	1512.07		1512.07	7.0	SL	1512.07	0.00	1512.07	0.00
Painting	Oct-95	525.00		525.00	7.0	SL	525.00	0.00	525.00	0.00
Carpet	Nov-96	1471.48		1471.48	7.0	SL	1471.48	0.00	1471.48	0.00
Building Improvement	Aug-97	190.00		190.00	7.0	SL	190.00	0.00	190.00	0.00
Building Addition	Oct-98	44017.92		44017.92	39.0	SL	13569.21	1128.66	14697.87	29320.05
Parking Lot	Nov-01	22100.00		22100.00	7.0	SL	22100.00	0.00	22100.00	0.00
Roof	Sep-05	6000.00		6000.00	7.0	SL	4321.41	857.14	5178.55	821.45
Carpet	Oct-06	1500.00		1500.00	7.0	SL	964.30	214.29	1178.59	321.41
Sign	Jan-07	3900.35	0.00	3900.35	7.0	SL	1950.17	557.19	2507.36	1392.99
Carpet	Jan-07	1346.33	0.00	1346.33	7.0	SL	673.16	192.33	865.49	480.84
Air Conditioner	Jul-11		1748.56	1748.56	7.0	SL		124.90	124.90	1623.67
Siding for Building	Oct-11		3500.00	3500.00	7.0	SL		250.00	250.00	3250.00

122474.72 5248.56 127723.28 87185.04 3327.84 90512.88 37210.41

**George 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
Typewriter	Nov-93	350.00		350.00	7.0	SL	350.00	0.00	350.00	0.00
Fax Machine	Feb-94	427.99		427.99	5.0	SL	427.99	0.00	427.99	0.00
TV/VCR	Nov-95	400.00		400.00	7.0	SL	400.00	0.00	400.00	0.00
Filing Cabinets	Nov-96	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Filing Cabinets	May-98	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Office Furniture	May-99	3702.70		3702.70	7.0	SL	3702.70	0.00	3702.70	0.00
Office Furniture	Aug-99	299.67		299.67	7.0	SL	299.67	0.00	299.67	0.00
Copier	Oct-01	1487.30		1487.30	5.0	SL	1487.30	0.00	1487.30	0.00
							<hr/>	<hr/>	<hr/>	<hr/>
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	7266.86	0.00	7266.86	7266.86
							<hr/>	<hr/>	<hr/>	<hr/>
							7266.86	0.00	7266.86	0.00

Prepared by. Karen Easterling

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George County Farm Bureau
 S C H E D U L E I I
 October 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	48093	48093			
Insurance Company Svc Fees	61756		61756		
Interest	120				120
Net Sales	-192				-192
TOTAL INCOME	109777	48093	61756	0	-72

Relationship of Dues to Service Fees	43.8%	56.2%
Floor Space Ratio	50.0%	50.0%

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

Promotions	410
Insurance	309
Telephone	4705
Postage	2308
Office Expense	3887
TOTAL	11619
	5087
	6532

Allocation of Occupancy Expense
 Base on Area Occupied

Utilities	4688
Taxes	1999
Insurance	1942
Building Maintenance	1663
Depreciation	3328
TOTAL	13620
	6810
	6810