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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

2011

Open to Public Inspection

A **For the 2011 calendar year, or tax year beginning** 10/1/2011 , **and ending** 9/30/2012

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

C Name of organization
Leake County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P. O Box 558

City or town | state or country | ZIP + 4
Carthage | MS | 39051-0558

D **Employer identification number**
64-0396386

E Telephone number
(601) 267-4585

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 or a section 527 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 . . . ▶ $ 129,772

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	56,825
	4	Investment income		4	375
	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 238		
	b	Less cost of goods sold	7b 54		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	184
	8	Other revenue (describe in Schedule O)		8	72,334
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	129,718
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	29,322
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	117,806
	17	**Total expenses.** Add lines 10 through 16		▶ 17	147,128
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-17,410
	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	151,746
	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	134,336

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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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	48,148	22	36,877
23	Land and buildings	101,516	23	95,605
24	Other assets (describe in Schedule O)	2,082	24	1,854
25	**Total assets**	151,746	25	134,336
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	151,746	27	134,336

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 . . X

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 interests of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	Chair and sponsor Safety Expo each year for all fifth graders, over 300 students attended with thirteen safety stops . Display safety tips for both mom and trick 'r' treator for Halloween, have safety info at schools as well (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	100
30	Ag in the Classroom coloring book contests, commodity table toppers, materials to teachers, present programs to teachers to further educate students on farming (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	120
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	106
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	326

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dott Arthur 700 Hwy 35 S Carthage MS 39051	Title President Hr/WK 5 00	0		
Kirby Nazary 700 Hwy 35 S Carthage MS 39051	Title Vice President Hr/WK 3 00	0		
Jimmie Arthur 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Dian Grundy 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Andy Shannon 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Linda Terrell 700 Hwy 35 S Carthage MS 39051	Title Secretary/Treasur Hr/WK 40 00	0		
Paul Ingram 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Wade Chipley 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
David Alford 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2.00	0		
James Stewart 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Lovell McBeth 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		
Arland Pigg 700 Hwy 35 S Carthage MS 39051	Title Director Hr/WK 2 00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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		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 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 ▶ Linda Terrell Telephone no. ▶ (601) 267-4585			
	Located at ▶ 700 Hwy 35 S City Carthage ST MS ZIP + 4 ▶ 39051-0558			
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ 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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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		X

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name 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 Dott G Arthur
Type or print name and title Dott G Arthur President
Date 12/18/12

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Davis	William Davis	10/31/2012		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

2011

Open to Public Inspection

Name of the organization	Employer identification number
Leake County Farm Bureau	64-0396386

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 72,334

Form 990-EZ, Part I, Line 10, Grants Paid Activity Membership Dues, Grantee: Mississippi Farm Bureau Federation PO Box 1972 Jackson MS 39215, Cash Grant 29,322, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 60,302

Form 990-EZ, Part I, Line 16, Other Expenses: Management/General 57,504

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 2,082, End of year 1,854

Form 990-EZ, Part III, Line 31: Legislative Coffee - chaired, moderated, and co-sponsored with governmental affairs of C of C Women's program furnished and served refresments 80 people attended All legislators were present. Grants and allocations 0, Program service expenses 106

Form 990-EZ, Part III, Line 31. Participated in Agri-Business Committee of the Chamber of Commerce of Leake County to increase community involvement in ag related programs Grants and allocations 0, Program service expenses 0

Form 990-EZ, Part III, Line 31 Leake County Cattleman's Field Day- beef field day held at a board member's farm Programs on forages and grazing systems. Cattle operation also discussed Grants and allocations 0, Program service expenses: 0

Form 990-EZ, Part III, Line 31 Soild and Water Field Day- members attended at Anderson Farms to showcase their farming operation Over 200 in attendance Grants and allocations 0, Program service expenses 0

Form 990-EZ, Part III, Line 31 Training- notify members about issues Farm Bureau is involved in as well as passed out flyers to all school teachers on programs geared towards educating kis on agriculture Had teachers attend Ag in Classroom workshops Grants and allocations 0, Program service expenses: 0

Name of the organization	Employer identification number
Leake County Farm Bureau	64-0396386

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

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Leake County Farm Bureau	990EZ	64-0396386

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 2010 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 2012 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	5,911

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 2011	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 2011 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 2011 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	5,911
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	

Leake County Farm Bureau
SCHEDULE II
September 30, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	27504	27504			
Insurance Company Svc Fees	72334		72334		
Interest	375				375
Net Sales	184				184
TOTAL INCOME	100397	27504	72334	0	559
Relationship of Dues to Service Fees		27 5%	72 5%		
Floor Space Ratio		50.0%	50 0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	968				
Insurance	846				
Telephone	5660				
Postage	427				
Office Expense	2929				
Depreciation	1033				
TOTAL	11863	3268	8595		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	4092				
Taxes	5122				
Insurance	1870				
Building Maintenance	3457				
Depreciation	4878				
TOTAL	19419	9709	9710		

Leake County Farm Bureau
SCHEDULE II
September 30, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50 0%	50 0%		
Salary - Secretary	57610				
Payroll Taxes	4789				
Employee Insurance	13031				
Retirement	1414				
TOTAL	76844	38422	38422		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1549				
Annual Meeting	237				
Ag in the Classroom	120				
Board Expense	3519				
Commodity Meetings	84				
Contributions	525				
Legislative Reception	106				
MFBF Convention	1124				
Safety Seminar	100				
Secretary Meetings	862				
Womens Committee	617				
Young Farmer Program	60				
TOTAL	8903	8903			
Expense Directly Related to Production of Service Fees					
State Income Tax	392				
Computer Rent	385				
TOTAL	777		777		
TOTAL EXPENSES	117806	60302	57504	0	0

Leake County Farm Bureau
Depreciation Schedule
September 30, 2012
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		1086 85		1086 85	31 5	SL	1086 85	0 00	1086 85	0 00
Building	Sep-81	63229 61		63229 61	31 5	SL	46338 34	2007 29	48345 63	14883 98
Building	Sep-91	25935 34		25935 34	31 5	SL	16535 41	823 34	17358 75	8576.59
Building	Sep-91	18666 67		18666 67	31 5	SL	11901 18	592 59	12493.77	6172.90
Building	Sep-91	18666 67		18666 67	31 5	SL	11881.18	592 59	12473 77	6192 90
Building	Sep-91	1669 31		1669.31	31 5	SL	1011 15	52 99	1064 14	605.17
Building	Sep-91	5378 23		5378 23	31 5	SL	3059 14	170 74	3229 88	2148.35
Fence	Mar-01	2926 00		2926 00	39 0	SL	794 30	75.03	869 33	2056 67
Counter	Mar-01	1069.00		1069.00	39 0	SL	290 10	27 41	317 51	751.49
Blinds	Mar-01	366 00		366 00	39 0	SL	97 80	9 38	107 18	258 82
Carpet	Mar-01	2150 00		2150 00	39 0	SL	574 30	55 13	629 43	1520 57
Building	Oct-02	560 56		560 56	39 0	SL	129 33	14 37	143 70	416.86
Building	Sep-03	300.21		300 21	39.0	SL	46 20	7.70	53 90	246 31
Building	Sep-05	1685.00		1685 00	39 0	SL	259 26	43.21	302 47	1382 53
Building	Sep-06	14677.40		14677 40	39 0	SL	1881 70	376 34	2258 04	12419 36
Building	Sep-07	1160 66		1160.66	39 0	SL	119 04	29 76	148.80	1011 86
		159527.51	0 00	159527.51			96005 28	4877 87	100883 15	58644.36

Prepared by Clay Foster

Leake County Farm Bureau
Depreciation Schedule
September 30, 2012
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		19872 63		19872 63	7.0	SL	19872 63	0 00	19872 63	0 00
Vaccum Cleaner	Apr-01	301 54		301 54	7 0	SL	301 54	0 00	301 54	0 00
Furniture	Oct-02	535 31		535 31	7 0	SL	535 31	0 00	535 31	0 00
Refridgerator	Oct-02	607 76		607 76	7 0	SL	607 76	0 00	607 76	0 00
BBQ Grill	Oct-02	165 00		165 00	7 0	SL	165 00	0 00	165 00	0 00
Phone System	Oct-02	2027 65		2027 65	7 0	SL	2027 65	0 00	2027 65	0 00
Furniture	Oct-02	315 65		315 65	7 0	SL	315 65	0 00	315 65	0 00
Furniture	May-05	1082 41		1082 41	7 0	SL	927 78	154 63	1082 41	0 00
Equipment	Sep-05	125 16		125 16	7 0	SL	107 28	17 88	125.16	0.00
Equipment	Sep-05	140 00		140 00	7.0	SL	120 00	20 00	140.00	0 00
Filing Cabinet	May-07	149 79		149 79	7 0	SL	94 50	21 40	115 90	33 89
Chairs	Aug-07	421 58		421 58	7 0	SL	245 93	60 23	306 16	115 42
Desk	Aug-07	346 54		346 54	7 0	SL	202 16	49 51	251 67	94 87
Desk	Aug-07	410 86		410 86	7.0	SL	239 65	58 69	298 34	112 52
Chairs	Aug-08	256 78		256 78	7.0	SL	110 04	36 68	146 72	110 06
Telephone System	Jan-09	4029.35		4029.35	7.0	SL	1582 96	575.62	2158 58	1870 77
Furniture	May-10	77 04		77.04	7 0	SL	22 02	11 01	33 03	44 01
Furniture	Jun-11	192.58		192 58	7.0	SL	13 76	27 51	41 27	151.32
		31057 63	0.00	31057.63			27491.62	1033 16	28524 78	2532 86

Leake County Farm Bureau
SCHEDULE I
September 30, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	8806	
Southern Farm Bureau Life Insurance Company	16620	
Southern Farm Bureau Casualty Insurance Company	27412	
Mississippi Farm Bureau Casualty Insurance Company	19496	
Total Insurance Fees		72334
Farm Bureau Bank Service Fees	0	
TOTAL SERVICE FEES		72334 00