



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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.

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: Farm Bureau Federation Mississippi Adams County
 Number and street (or P O box, if mail is not delivered to street address): 317 John R Junkin
 City or town: Natchez state or country: MS ZIP + 4: 39120-3823

D Employer identification number: 64-6025675

E Telephone number: (601) 445-4187

F Group Exemption Number: 1473

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: N/A

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

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. \$ 121,998

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	64,620	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income, 2013	4	556	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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				
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			
7b	Less: cost of goods sold	7b	134		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-134		
8	Other revenue (describe in Schedule O)	8	56,822		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,864		
10	Grants and similar amounts paid (list in Schedule O)	10	28,149		
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	92,785		
17	Total expenses. Add lines 10 through 16	17	120,934		

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	139,656	22	124,910
23 Land and buildings	107,436	23	122,992
24 Other assets (describe in Schedule O)	5,209	24	4,431
25 Total assets	252,301	25	252,333
26 Total liabilities (describe in Schedule O)	935	26	37
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	251,366	27	252,296

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 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 <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 <input type="checkbox"/>	28a	
29 <u>Teamed with 4H, MSU Extension Service and Soil and Water Conservation, all of Adams County, to put on a two day hands-on agriculture and farming education tour for thirty children from Adams County</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	377
30 <u>AG Week radio promotions. Informed the public about the importance of farmers in our lives and how agriculture works to put food on our tables. Radio dj would visit farmers in the field to tell them how they were appreciated</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	500
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	877

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
<u>Noble Guedon</u> 317 John R Junkin Dr Natchez MS 39120	Title President Hr/WK 5 00	0		
<u>David Carter</u> 317 John R Junkin Dr Natchez MS 39120	Title Vice President Hr/WK 2 00	0		
<u>Melanie Sojourner</u> 317 John R Junkin Dr Natchez MS 39120	Title Sec/Treasurer Hr/WK 2 00	0		
<u>Fayla Guedon</u> 317 John R Junkin Dr Natchez MS 39120	Title Womens Chair Hr/WK 2 00	0		
<u>Buster Junkin</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>Chester Hoover</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>Phil Lindley</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>Cledis Abernathy</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>Dempsey White</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>David Nations</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
<u>Boyd White</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2.00	0		
<u>Sandra Sojourner</u> 317 John R Junkin Dr Natchez MS 39120	Title Directors 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.		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 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)?	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.	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.		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?		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?		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 ▶ Barbara Butler Telephone no ▶ (601) 445-4187 Located at ▶ 317 John R Junkin Dr City Natchez ST MS ZIP + 4 ▶ 39120-3823		
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.	Yes	No
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 ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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).		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

	Yes	No
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a 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"

(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 <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"

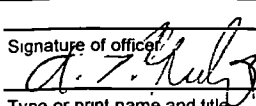
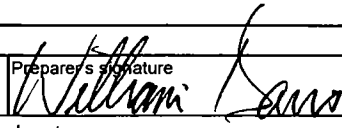
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
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 		Date <u>11/18/13</u>		
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature 	Date <u>10/22/2012</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631624</u>
	Firm's name ► <u>Mississippi Farm Bureau Federation</u>	Firm's EIN ► <u>64-0303134</u>		Phone no <u>(601) 977-4205</u>	
	Firm's address ► <u>6311 Ridgewood Road, Jackson, MS 39211</u>				

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
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

2011

**Open to Public
Inspection**

Farm Bureau Federation Mississippi Adams County

Employer identification number

64-6025675

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 56,822

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 28,149, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Management General 40,400

Form 990-EZ, Part I, Line 16, Other Expenses, Program Services 52,385

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year 3,753, End of
year 2,975

Form 990-EZ, Part II, Line 24, Other Assets, Utility Deposits, Beginning of year 456, End of
year 456

Form 990-EZ, Part II, Line 24, Other Assets, Inventory, Beginning of year 1,000, End of year
1,000

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Payable, Beginning of year 935, End
of year 37

Form 990-EZ, Part III, Line 31, Agricultural class for fourth graders at Cathedral School

Local farmer came and spoke to the children about agriculture and row crop farming. They were
shown pictures of crops at different stages and various other crops. Grants and allocations
0, Program service expenses 0

Form 990-EZ, Part III, Line 31, Great MS River Balloon Race - sponsored a balloon, this
allowed Adams County Farm Bureau to set up a booth. They handed out member benefit brochures
and childrens Ag in the Classroom materials. Grants and allocations 0, Program service
expenses 800

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Adams County

64-6025675

Area with horizontal dashed lines for supplemental information.

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

OMB No 1545-0172

2011

Attachment

Sequence No **179**

▶ 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 Adams Co 990EZ

64-6025675

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	3,882

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 <input type="checkbox"/>		

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		20,933	7	MQ4	SL	1,495
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			39 yrs	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	5,377
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 (2011)

(HTA)

Page 1 of 1 of Part IV

Employer identification number

64-6025675

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Contributions to emp benefit plans & deferred compensation	Estimated amount of other compensation
Charles Davidson Directors	2 00	0	0	0
Barbara Butler Directors	40 00	0	0	0
Jackie Sojourner Directors	2 00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0

Adams County Farm Bureau
SCHEDULE I
September 30, 2012

SERVICE FEES RECEIVED

INSURANCE

5372

7654

26064

17621

Total Insurance Fees

56711

Farm Bureau Bank

111

Total Telecommunications Fees

111

TOTAL SERVICE FEES

56822

Adams County Farm Bureau
SCHEDULE II
September 30, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	36472	36472			
Insurance Company Svc Fees	56711		56711		
Farm Bureau Bank	111		111		
Interest	556				556
TOTAL INCOME	93850	36472	56822	0	556

Relationship of Dues to Service Fees	39.1%	60.9%
Floor Space Ratio	50.0%	50.0%

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

Promotions	690		
Insurance	849		
Telephone	5012		
Postage	313		
Office Expense	2340		
Depreciation	180		
TOTAL	9384	3669	5715

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3162		
Taxes	3205		
Insurance	1825		
Building Maintenance	1112		
Depreciation	5197		
Rent	342		
TOTAL	14843	7421	7422

Adams County Farm Bureau
SCHEDULE II
September 30, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	47780				
Payroll Taxes	4520				
TOTAL	52300	26150	26150		
Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	745				
Ag in the Classroom	402				
Board Expense	4345				
Commodity Meetings	354				
Contributions	1006				
Leadership Conference	170				
Commodity Materials	133				
MFBF Convention	1927				
Secretary Meeting	384				
Ag Promotions	1300				
Womens Committee	195				
Young Farmer Program	1939				
TOTAL	15145	15145			
Expense Directly Related to Production of Service Fees					
State Income Tax	693				
Computer Rent	420				
TOTAL	1113		1113		
TOTAL EXPENSES	92785	52385	40400	0	0

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Oct-96	179210 47		179210 47	39 0	SL	73330 78	4595 14	77925 92	101284 55
Fence	Dec-96	1358 95		1358 95	7 0	SL	1358 95	0 00	1358 95	0 00
Air Conditioner	Mar-00	1407 05		1407 05	7 0	SL	1407 05	0 00	1407 05	0 00
Parking Lot	Apr-00	11000 00		11000 00	7 0	SL	11000 00	0 00	11000 00	0 00
Awning	Mar-04	500 00		500 00	7 0	SL	500 00	0 00	500 00	0 00
Shelves	Feb-09	1650 00	0.00	1650 00	7 0	SL	589 27	235 71	824 98	825 02
Digital Sign	Dec-12		20500.00	20500 00	7 0	SL		366 07	366 07	20133 93
<hr/>										
		195126 47	20500.00	215626 47			88186 05	5196 92	93382 97	122243 50

Prepared by Clay Foster

Page 1 of 2

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		2734 69		2734 69	7 0	SL	2734 69	0 00	2734 69	0 00
Desk/Chair	Sep-95	160 00		160 00	7 0	SL	160 00	0 00	160 00	0 00
Office Furniture	Oct-95	1891 55		1891 55	7 0	SL	1891 55	0 00	1891 55	0 00
Smoke Detectors	Nov-95	130 54		130 54	7 0	SL	130 54	0 00	130 54	0 00
Phone System	Nov-95	433 35		433 35	7 0	SL	433 35	0 00	433 35	0 00
Chairs	Apr-96	1872 50		1872 50	7 0	SL	1872 50	0 00	1872 50	0 00
Copier	Mar-98	1908 60		1908 60	7 0	SL	1908 60	0 00	1908 60	0 00
Office Furniture	Feb-03	2490 95		2490 95	7 0	SL	2490 95	0 00	2490 95	0 00
Copier	Sep-03	1457 34		1457 34	5 0	SL	1457 34	0 00	1457 34	0 00
Telephone System	Jan-04	5403 50		5403 50	5 0	SL	5403 50	0 00	5403 50	0 00
Safe	Feb-05	739 60		739 60	7 0	SL	686 79	52 81	739 60	0 00
Refrigerator	Nov-06	320 88		320 88	7 0	SL	206 28	45 84	252 12	68 76
Office Furniture	Jul-11	353 05		353 05	7 0	SL	25 22	50 44	75 66	277 39
Office Chair	Jul-12		181 50	181 50	7 0	SL		12 97	12 97	168 54
Telephone	Jul-12		251 45	251 45	7 0	SL		17 96	17 96	233 49

19896 55	432 95	20329 50	19401 31	180 02	19581 33	748 18
----------	--------	----------	----------	--------	----------	--------
