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Form

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**

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning		11/1/2011		, and ending		10/31/2012	
B	Check if applicable	C Name of organization				D Employer identification number	
<input type="checkbox"/>	Address change	Farm Bureau Federation Mississippi Lowndes County				64-0325317	
<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	Room/suite				(662) 328-7541	
<input type="checkbox"/>	Terminated	P. O. Box 549				F Group Exemption	
<input type="checkbox"/>	Amended return	City or town state or country ZIP + 4				Number ► 1473	
<input type="checkbox"/>	Application pending	Columbus MS 39703-0549					
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		H Check <input checked="" type="checkbox"/> if the organization is	
I Website: ► N/A						not required to attach Schedule B	
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3)		<input checked="" type="checkbox"/> 501(c)(5) ◀ (insert no		(Form 990, 990-EZ, or 990-PF)	
				<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 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.		\$	123,829
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
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Check if the organization used Schedule O to respond to any question in this Part I ☐ X

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received		
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income		
5a	Gross amount from sale of assets other than inventory		
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
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)		
c	Less: direct expenses from gaming and fundraising events		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
b	Less cost of goods sold		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
10	Grants and similar amounts paid (list in Schedule O)		
11	Benefits paid to or for members		
12	Salaries, other compensation, and employee benefits		
13	Professional fees and other payments to independent contractors		
14	Occupancy, rent, utilities, and maintenance		
15	Printing, publications, postage, and shipping		
16	Other expenses (describe in Schedule O)		
17	Total expenses. Add lines 10 through 16		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		
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)		
20	Other changes in net assets or fund balances (explain in Schedule O)		
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2011)

SCANNED FEB 01 2013

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	62,316	22 84,213
23 Land and buildings	128,683	23 124,119
24 Other assets (describe in Schedule O)	135	24 1,255
25 Total assets	191,134	25 209,587
26 Total liabilities (describe in Schedule O)	-31	26 63
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	191,165	27 209,524

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

Describe 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.

		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 interests of the farmer. (Grants \$ 24,399) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,883
29		29a	
30		30a	
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	40,883

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
MATT BRIGNAC 101 MAIN ST COLUMBUS MS 39703	Title PRESIDENT Hr/WK 4 00	0		
JOHN GILMER 101 MAIN ST COLUMBUS MS 39703	Title VICE-PRESIDENT Hr/WK 3 00	0		
DOUGLAS HOLLIMAN 101 MAIN ST COLUMBUS MS 39703	Title SEC -TREAS Hr/WK 3.00	0		
JIM CRADDOCK 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
LEIGH CRADDOCK 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
CHUCK YOUNGER 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
TOMMY VAUGHN 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2 00	0		
FLOYD LOWRY 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
HENRY VAUGHN 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
ROY WEATHERS 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
DOUG YELVERTON 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2.00	0		
CRAIG CANULL 101 MAIN ST COLUMBUS MS 39703	Title DIRECTOR Hr/WK 2 00	0		

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

48		
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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 _____ 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."

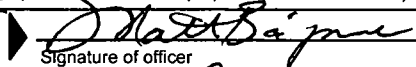
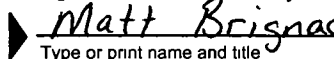
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ 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** **1-14-13** **Date**
 **Type or print name and title** **1-14-13**

Paid Preparer Use Only Print/Type preparer's name **William Davis** Preparer's signature  Date **12/20/2012** Check ☐ if self-employed 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

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? 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?		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 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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. 41		
42 a The organization's books are in care of 42a <u>KIM JOHNSON</u> Telephone no. <u>(662) 328-7541</u>		
Located at <u>101 MAIN ST</u> City <u>COLUMBUS</u> ST <u>MS</u> ZIP + 4 <u>39703-0549</u>		
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: 42b		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 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 43		
and enter the amount of tax-exempt interest received or accrued during the tax year		
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
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

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**

Employer identification number

Farm Bureau Federation Mississippi Lowndes County

64-0325317

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule 1-Insurance Service Fees: 72,501

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Exempt, Grantee: Mississippi Farm Bureau

Federation 6311 I-55 North Jackson MS 39211, Cash Grant: 24,399, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule 2: 80,921

Form 990-EZ, Part II, Line 24, Other Assets: Utility Deposits: Beginning of year: 135, End of

year: 135

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Tax-990T: Beginning of year: 0, End of

year: 860

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid State Tax: Beginning of year: 0, End of

year: 260

Form 990-EZ, Part II, Line 26, Liabilities: Pic Payable: Beginning of year: -125, End of year:

-37

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Taxes Due: Beginning of year: 94, End of

year: 100

Form 990-EZ Part IV John and Clara Gilmer are married. Henry and Thomas Vaughn are brothers.

Leigh and Jim Craddock are brothers. Matt Brignac and Floyd Lowry are business partners.

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Lowndes County

64-0325317

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

OMB No. 1545-0172

2011

Attachment

Sequence No. 179

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Lowndes	Business or activity to which this form relates 990EZ	Identifying number 64-0325317
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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	4,565

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						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

(a) Class life	(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
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	4,565
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)

Lowndes County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

5118

25727

24934

16397

Total Insurance Fees

72176

Farm Bureau Bank Svc Fees

325

Total Farm Bureau Bank Svc Fees

325

TOTAL SERVICE FEES

72501

Lowndes County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	26630	26630			
Insurance Company Svc Fees	72176		72176		
Farm Bureau Bank Svc Fees	325		325		
Rent Received	0			0	
Interest	169				169
Net Sales	-20				-20
	<hr/>				
TOTAL INCOME	99280	26630	72501	0	149
	<hr/>				

Relationship of Dues to Service Fees	26.9%	73.1%
Floor Space Ratio	50.0%	50.0%

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

Promotions	283		
Insurance	309		
Telephone	2889		
Postage	94		
Office Expense	2050		
Depreciation	1634		
	<hr/>		
TOTAL	7259	1950	5309

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3661		
Taxes	3317		
Insurance	1374		
Building Maintenance	3160		
Interest	0		
Depreciation	2931		
Rent	0		
	<hr/>		
TOTAL	14443	7221	7222

Lowndes County Farm Bureau
SCHEDULE II
October 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		52.0%	48.0%		
Salary - Secretary	49808				
Payroll Taxes	3912				
Employee Insurance	2542				
Retirement	0				
TOTAL	56262	29256	27006		
Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	0				
Ag in the Classroom	0				
Board Expense	997				
Commodity Meetings	48				
Contributions	800				
Leadership Conference	0				
Legislative Reception	295				
MFBF Convention	1797				
Safety Seminar	-12				
Secretary Meeting	506				
Washington Tour	0				
Womens Committee	134				
Young Farmer Program	244				
Payroll Tax Adj	-4064				
TOTAL	2456	2456			
Expense Directly Related to Production of Service Fees					
State Income Tax	501				
Computer Rent	0				
TOTAL	501		501		
TOTAL EXPENSES	80921	40883	40038	0	0

Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2012
Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		41331.15		41331.15	31.5	SL	41331.15	0.00	41331.15	0.00
Building	Jan-96	2782.00		2782.00	31.0	SL	1396.13	89.74	1485.87	1296.13
Building	Oct-03	570.00		570.00	5.0	SL	207.70	114.00	321.70	248.30
Ramp	Jun-04	2596.74		2596.74	39.0	SL	532.64	66.58	599.22	1997.52
Building	Nov-05	615.25		615.25	39.0	SL	94.68	15.78	110.46	504.79
Building	Oct-06	1815.02		1815.02	39.0	SL	232.70	46.54	279.24	1535.78
Building	Oct-07	650.00		650.00	39.0	SL	66.68	16.67	83.35	566.65
Building Addition	Oct-09	55000.00		55000.00	39.0	SL	2820.52	1410.26	4230.78	50769.22
Building	Oct-10	45675.24		45675.24	39.0	SL	2342.32	1171.16	3513.48	42161.76

151035.40	0.00	151035.40	49024.52	2930.73	51955.25	99080.15
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Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2012
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		6047.79		6047.79	7.0	SL	6047.79	0.00	6047.79	0.00
Refridgerator	Jan-03	481.46		481.46	7.0	SL	481.46	0.00	481.46	0.00
Furniture	Oct-03	537.18		537.18	7.0	SL	537.18	0.00	537.18	0.00
Furniture	Oct-05	4780.20		4780.20	7.0	SL	4097.34	682.86	4780.20	0.00
Furniture	Oct-07	5182.87		5182.87	7.0	SL	2961.64	740.41	3702.05	1480.82
Furniture	Oct-08	248.58		248.58	7.0	SL	142.04	35.51	177.55	71.03
Furniture	Nov-08	202.23		202.23	7.0	SL	86.67	28.89	115.56	86.67
Furniture	Oct-10	1027.14		1027.14	7.0	SL	146.73	146.73	293.46	733.68

18507.45	0.00	18507.45	14500.85	1634.40	16135.25	2372.20
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Employer identification number

64-0325317

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