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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 **11/1/2011**, and ending **10/31/2012**

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

C Name of organization
Farm Bureau Federation Mississippi Inc Panola County

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 1594

City or town state or country ZIP + 4
Batesville MS 38606-1594

D Employer identification number
64-0326970

E Telephone number
(662) 563-5688

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

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. ► \$ **123,232**

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	65,306
	4 Investment income	4	28
	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 (including net including \$2,500 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	2,258	
b Less cost of goods sold	7b	2,244	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14	
8 Other revenue (describe in Schedule O)	8	55,640	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,988	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	24,990
	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	96,140
	17 Total expenses. Add lines 10 through 16	17	121,130
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-142
	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	189,175
	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	189,033

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2011)

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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



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,116	22	48,544
23 Land and buildings	285,178	23	278,976
24 Other assets (describe in Schedule O)	1,797	24	1,290
25 Total assets	334,091	25	328,810
26 Total liabilities (describe in Schedule O)	144,916	26	139,777
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,175	27	189,033

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 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.

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) 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
Lent E. Thomas 158 Cracker Barrell Drive Batesville MS 38606	Title President Hr/WK 3 00	0		
Danny Holland 158 Cracker Barrell Drive Batesville MS 38606	Title Vice-President Hr/WK 2 00	0		
Jan Hood 158 Cracker Barrell Drive Batesville MS 38606	Title Secretary-Treasurer Hr/WK 40 00	0		
Harold McCurdy 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
Calvin Land 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
Lamar Johnson 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
Patrick Cannon 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1.00	0		
William Morris 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
John F. Thomas 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
James L. Browning 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
Eugene Crouch 158 Cracker Barrell Drive Batesville MS 38606	Title Director Hr/WK 1 00	0		
Mike Bartlett 158 Cracker barrell Drive Batesville MS 38606	Title Director Hr/WK 1 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?		
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		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
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 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 Jan Hood Telephone no. 42a (662) 563-5688		
Located at 42b 158 Cracker Barrel Drive City 42b Batesville ST 42b MS ZIP + 4 42b 38606-1594		
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 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		
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

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

	Yes	No
48		

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

	Yes	No
49a		X

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

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) 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"

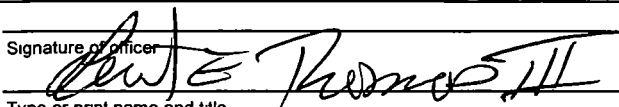
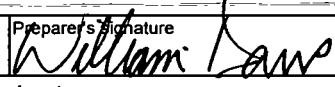
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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 		Date 2/20/13		
	Type or print name and title William Davis				
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 12/27/2012	Check ☐ if self-employed	PTIN 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
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 Inc Panola County

Employer identification number
64-0326970

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 55,640

Form 990-EZ, Part I, Line 10, Grants Paid, Activity Membership Dues, Grantee Mississippi

Farm Bureau Federation PO Box 1972 Jackson MS 39215-1972, Cash Grant 24,990, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Program Services 48,218

Form 990-EZ, Part I, Line 16, Other Expenses, Management and General 47,922

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year 1,597, End of
year 1,090

Form 990-EZ, Part II, Line 24, Other Assets, Marketable Securities, Beginning of year 200,
End of year 200

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Payable, Beginning of year 596, End
of year 602

Form 990-EZ, Part II, Line 26, Liabilities, Mortgage Payable, Beginning of year 144,320, End
of year 139,175

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Inc Panola County

64-0326970

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 Inc Panola 990EZ

64-0326970

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	6,761

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		621	5	HY	SL	63
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			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	6,824
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)

Panola County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7082
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Southern Farm Bureau Life Insurance Company	10094
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Southern Farm Bureau Casualty Insurance Company	22663
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Mississippi Farm Bureau Casualty Insurance Company	<u>15607</u>
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Total Insurance Fees	<u>55446</u>
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TELECOMMUNICATIONS

Farm Bureau Bank	<u>194</u>
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Total Bank Svc Fees	<u>194.00</u>
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TOTAL SERVICE FEES	<u>55640.00</u>
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Panola County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	GAIN ON INS	MISC
INCOME					
Farm Bureau Dues-Net	40317	40317			
Insurance Company Svc Fees	55446		55446		
Farm Bureau Bank	194		194		
Interest	28				28
Net Sales	14				14
TOTAL INCOME	95999	40317	55640	0	42

Relationship of Dues to Service Fees	42.0%	58.0%
Floor Space Ratio	50.0%	50.0%

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

Promotions	390		
Insurance	309		
Telephone	2245		
Postage	1195		
Office Expense	2286		
Depreciation	961		
TOTAL	7386	3103	4283

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4567		
Taxes	5693		
Insurance	1310		
Building Maintenance	3136		
Interest	6855		
Depreciation	5862		
TOTAL	27423	13711	13712

Panola County Farm Bureau
SCHEDULE II
October 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		46.0%	54.0%		
Salary - Secretary	48494				
Payroll Taxes	4096				
Employee Insurance	525				
Retirement	938				
TOTAL	54053	24864	29189		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	813				
Ag in the Classroom	142				
Board Expense	453				
Commodity Meetings	48				
Contributions	275				
Leadership Conference	10				
Legislative Reception	352				
MFBF Convention	2934				
Safety Seminar	259				
Secretary Meeting	544				
Womens Committee	564				
Young Farmer Program	250				
TOTAL	6644	6644			
Expense Directly Related to Production of Service Fees					
State Income Tax	214				
Computer Rent	420				
TOTAL	634		634		
TOTAL EXPENSES	96140	48322	47818	0	0

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation		
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance
Building	Sep-10	228614 64		228614 64	39 0	SL	12918.93	5861 91	18780 84

228614 64	0 00	228614 64	12918 93	5861 91	18780 84
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Prepared by Clay Foster

Panola 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	
Building	Sep-10	228614 64		228614 64	39 0	SL	12918 93	5861 91	18780 84	209833 80

<u>228614 64</u>	<u>0 00</u>	<u>228614.64</u>	<u>12918 93</u>	<u>5861 91</u>	<u>18780 84</u>	<u>209833 80</u>
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Panola 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		16133 17		16133 17	7 0	SL	16133 17	0 00	16133 17	0 00
Fax	Jan-04	239 08		239 08	7 0	SL	239 08	0 00	239 08	0 00
Telephone	Apr-05	3606 00		3606 00	7 0	SL	3606 00	515 16	4121 16	-515 16
Furniture	Oct-05	376 09		376 09	7 0	SL	322 38	53 71	376 09	0 00
Furniture	Oct-06	225 26		225 26	7 0	SL	160 90	32 18	193 08	32 18
Furniture	Oct-08	104 08		104 08	7 0	SL	44 61	14 87	59 48	44 60
Furniture	Nov-08	1770 85		1770 85	7 0	SL	758 94	252 98	1011 92	758 93
Furniture	Mar-11	208 65		208 65	7 0	SL	14 91	29 81	44 72	163 94
Monitor for Ag Promtions	Sep-12		620 60	620 60	5 0	SL		62 06	62 06	558 54

	<u>22663 18</u>	<u>620.60</u>	<u>23283 78</u>	<u>21279 99</u>	<u>960 77</u>	<u>22240 76</u>	<u>1043 03</u>
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Page 1 of 1 of Part IV

Employer identification number

64-0326970

[illegible]