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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**

<b>A</b> For the 2011 calendar year, or tax year beginning 11/1/2011, and ending 10/31/2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Farm Bureau Federation Mississippi Tate County</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P O Box 605</b> City or town state or country ZIP + 4 <b>Senatobia MS 38668-0605</b>
<b>D</b> Employer identification number <b>64-0335889</b>	<b>E</b> Telephone number <b>(662) 562-8249</b>
<b>F</b> Group Exemption Number <b>1473</b>	
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b> Website: <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization 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. **\$ 127,030**

**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 ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	57,338
	<b>4</b> Investment income	<b>4</b>	28
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
	<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	378
	<b>b</b> Less cost of goods sold	<b>7b</b>	377
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	1
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	69,286
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	126,653
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	32,653
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	107,996
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	140,649
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-13,996
	<b>19</b> 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)	<b>19</b>	306,774
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	292,778

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

Form **990-EZ** (2011)

23P

**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
<b>22</b> Cash, savings, and investments	108,053	<b>22</b>	101,434
<b>23</b> Land and buildings	195,831	<b>23</b>	188,476
<b>24</b> Other assets (describe in Schedule O)	3,620	<b>24</b>	3,527
<b>25</b> Total assets	307,504	<b>25</b>	293,437
<b>26</b> Total liabilities (describe in Schedule O)	730	<b>26</b>	659
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	306,774	<b>27</b>	292,778

**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.

<b>28</b> 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. <input type="checkbox"/>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses. (add lines 28a through 31a)	<b>32</b>	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
Mike Ferguson 317 East Main St Senatobia MS 38668	Title President Hr/WK 4 00	0		
Kenny Hurt 317 East Main St Senatobia MS 38668	Title Vice President Hr/WK 3 00	0		
Ralph Darnell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Walter McKellar 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
James Allison 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Wayne Stewart 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Grandy Ladner 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
James Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Jerry Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Boyce Lamb 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Jimmy Sowell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0		
Brian Houston 317 East Main St Senatobia MS 38668	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
<b>46</b>		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
<b>47</b>		

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

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

<b>49a</b>		X
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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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.

<b>Sign Here</b>	<u>Michael M. Ferguson</u> Signature of officer	<u>1-14-13</u> Date			
	<u>Michael M Ferguson President</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>William Davis</u>	Preparer's signature <u>William Davis</u>	Date <u>1/9/2013</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631624</u>
	Firm's name <b>▶</b> <u>Mississippi Farm Bureau Federation</u>	Firm's EIN <b>▶</b> <u>64-0303134</u>			
	Firm's address <b>▶</b> <u>6311 Ridgewood Road, Jackson, MS 39211</u>	Phone no <b>▶</b> <u>(601) 977-4205</u>			
	May the IRS discuss this return with the preparer shown above? See instructions <b>▶</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
<b>33</b> 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
<b>34</b> 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
<b>35 a</b> 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>b</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	
<b>c</b> 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
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		
<b>38 a</b> 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>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>		
<b>b</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		
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42 a</b> The organization's books are in care of <b>42a</b> Misty Whitsell Telephone no <b>42a</b> (662)562-8249		
Located at <b>42a</b> P. O. Box 605 City Senatobia ST MS ZIP + 4 <b>42a</b> 38668-0605		
<b>b</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 <b>42b</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> 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 <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>45 b</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) <b>45b</b>		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**

Farm Bureau Federation Mississippi Tate County

Employer identification number  
64-0335889

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 69,286

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 32,653, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Management and General 51,312

Form 990-EZ, Part I, Line 16, Other Expenses, Program Services 56,684

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year 3,620, End of  
year 3,527

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Payable, Beginning of year 754, End  
of year 732

Form 990-EZ, Part II, Line 26, Liabilities, PIC Payable, Beginning of year -24, End of year  
-73

Employer Identification number

64-0335889

This image shows a full page of a worksheet designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines across the entire width of the page. The background is plain white, and there are no margins, text, or other markings present.

Tate County Farm Bureau  
SCHEDULE I  
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

8986

11834

27829

20597

Total Insurance Fees

69246

BANK SERVICE FEES

Farm Bureau Bank

40

Total Bank Svc Fees

40 00

TOTAL SERVICE FEES

69286.00



Tate County Farm Bureau  
SCHEDULE II  
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	24686	24686			
Insurance Company Svc Fees	69246		69246		
Farm Bureau Bank	40		40		
Interest	28				28
Net Sales	1				1
	<hr/>				
TOTAL INCOME	94001	24686	69286	0	29
	<hr/>				

Relationship of Dues to  
Service Fees

26.3%      73.7%

Floor Space Ratio

50.0%      50.0%

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

Promotions	663		
Insurance	1055		
Telephone	3958		
Postage	268		
Office Expense	3969		
Depreciation	1908		
	<hr/>		
TOTAL	11821	3105	8716

Allocation of Occupancy Expense  
Base on Area Occupied

Utilities	4155		
Taxes	5922		
Insurance	1700		
Building Maintenance	4864		
Depreciation	6065		
	<hr/>		
TOTAL	22706	11353	11353

Tate County Farm Bureau  
SCHEDULE II  
October 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	57180				
Payroll Taxes	3663				
TOTAL	60843	30421	30422		
Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	0				
Ag in the Classroom	638				
Board Expense	4418				
Commodity Meetings	127				
Contributions	1000				
Legislative Reception	52				
MFBF Convention	1854				
Safety Seminar	88				
Secretary Meeting	296				
Womens Committee	50				
Young Farmer Program	650				
TOTAL	11805	11805			
Expense Directly Related to Production of Service Fees					
State Income Tax	821				
TOTAL	821		821		
TOTAL EXPENSES	107996	56684	51312	0	0

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-88	96876 80		96876 80	33 0	SL	69514 87	2935 66	72450 53	24426 27
Building	Nov-88	1847 22		1847 22	31 5	SL	1352 14	58 64	1410 78	436 44
Carpet	Apr-90	636.00		636 00	31 5	SL	577.07	20.19	597 26	38.74
Building	Nov-97	454 19		454 19	31 5	SL	190 80	14 42	205.22	248 97
Building	Nov-97	2240 58		2240.58	31 5	SL	883 65	71 13	954 78	1285 80
Building	Jun-03	4571 82		4571.82	39 0	SL	937 84	117 23	1055 07	3516 75
Building	Oct-06	1765 60		1765 60	39 0	SL	226 35	45 27	271 62	1493.98
Building	Oct-08	90125 00		90125.00	39 0	SL	6932 70	2310 90	9243 60	80881.40
Building	Nov-08	19155 00		19155 00	39 0	SL	3718 73	491.15	4209 88	14945 12

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217672 21	0 00	217672 21	84334 15	6064 59	90398.74	127273 47
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Tate County Farm Bureau  
Depreciation Schedule  
October 31, 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 Items		15581 77		15581 77	7 0	SL	15581 77	0 00	15581 77	0 00
Equipment	Mar-01	331 70		331 70	7 0	SL	331 70	0 00	331.70	0 00
Equipment	Apr-01	294 25		294 25	7 0	SL	294 25	0 00	294 25	0.00
Copier	May-01	996 08		996 08	7 0	SL	896 10	99.98	996 08	0.00
Telephone	May-01	4049 04		4049 04	7 0	SL	4049 01	0 03	4049 04	0 00
Equipment	Aug-05	1217 44		1217 44	7 0	SL	1217.44	0 00	1217 44	0 00
Furniture	Oct-06	225 00		225 00	7 0	SL	160.70	32 14	192 84	32.16
Furniture	Oct-07	191 53		191 53	7 0	SL	109.44	27 36	136 80	54 73
Chairs	Oct-08	1059.30		1059 30	7 0	SL	453 99	151 33	605 32	453 98
Telephone	Oct-08	940 87		940 87	7 0	SL	403 23	134 41	537 64	403.23
Furniture	Oct-08	5617 50		5617 50	7 0	SL	2407 50	802 50	3210 00	2407.50
Chairs	Oct-08	513 60		513 60	7 0	SL	220 11	73 37	293 48	220.12
Blinds	Oct-08	840 00		840 00	7 0	SL	360 00	120 00	480 00	360 00
Telephone	Oct-08	840.48		840.48	7 0	SL	360 21	120 07	480 28	360 20
Table & Chair	Jul-09	249 99		249 99	7 0	SL	107 13	35 71	142 84	107 15
Chairs	Jul-09	342 37		342 37	7 0	SL	146 73	48.91	195 64	146.73
Copier	Jan-11	1400 00		1400 00	7 0	SL	100 00	200 00	300 00	1100 00
Monitor for ag promotion	Sep-12		620 60	620.60	5 0	SL		62.06	62 06	558 54

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## Page 1 of 1 of Part IV

Employer Identification number

64-0335889

[illegible]

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 Farm Bureau Federation Mississippi Tate Coun	Business or activity to which this form relates 990EZ	Identifying number 64-0335889
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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	7,910

**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		621	5	HY	SL	62
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	
				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	7,972
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.  
(HTA)

Form 4562 (2011)