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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 <b>11/1/2011</b> , and ending <b>10/31/2012</b>	
<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 Walthall County Farm Bureau</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. Box 454</b> City or town state or country ZIP + 4 <b>Tyrlertown MS 39667-0454</b>
<b>D</b> Employer identification number <b>64-0355890</b>	
<b>E</b> Telephone number <b>(601) 876-5163</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	
<b>K</b> Check <input type="checkbox"/> 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.	
<b>L</b> 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. ► \$ <b>124,382</b>	

**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>	<b>57,854</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>426</b>
	<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>	<b>0</b>
	<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>	<b>0</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>142</b>	
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>	<b>450</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>-308</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>65,960</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>123,932</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>25,396</b>
	<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>	<b>108,916</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>134,312</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-10,380</b>
	<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>	<b>274,502</b>
	<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>	<b>264,122</b>

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

**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	154,184	<b>22</b>	151,020
<b>23</b> Land and buildings	118,785	<b>23</b>	113,140
<b>24</b> Other assets (describe in Schedule O)	3,576	<b>24</b>	2,035
<b>25</b> <b>Total assets</b>	276,545	<b>25</b>	266,195
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	2,043	<b>26</b>	2,073
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	274,502	<b>27</b>	264,122

**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

<b>28</b> <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"/>	<b>28a</b>	
<b>29</b> <u>Packets delivered to 76 classes in Walthall County schools. These included a summer workshop information brochure, and teaching units for teachers including activities for the students about where their food comes from</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	516
<b>30</b> <u>County Staff and members set up a booth at the Dairy Festival where they handed out dairy promotional items</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	334
<b>31</b> <u>Other program services (describe in Schedule O)</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	1,141
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	1,991

**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>BILL PIGOTT</u> PO Box 454 TYLERTOWN MS 39667	Title <u>PRESIDENT</u> Hr/WK 5.00	0		
<u>O D MARTIN</u> PO Box 454 TYLERTOWN MS 39667	Title <u>VICE- PRES</u> Hr/WK 2.00	0		
<u>MAC CONERLY</u> PO Box 454 TYLERTOWN MS 39667	Title <u>SEC/TREAS</u> Hr/WK 2.00	0		
<u>JERRY HOLMES</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>WILLIAM MAGEE</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>LARRY BOYD</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>BUEL BOYD</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>MICKEY RAYBORN</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>ALTON HARVEY</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>GILBERT BULLOCK</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>CAROL SMITH</u> PO Box 454 TYLERTOWN MS 39667	Title <u>DIRECTOR</u> Hr/WK 2.00	0		
<u>Lori Bacot</u> PO Box 454 TYLERTOWN MS 39667	Title <u>WOMEN'S CHAIR</u> 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
<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? . . . . .		X
<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>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39b</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . , section 4955 ▶ . . . . .		
<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>40b</b>	
<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>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<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>42 a</b> The organization's books are in care of ▶ <u>Kathy Knippers</u> Telephone no ▶ <u>(601) 876-5163</u> Located at ▶ <u>110 Hwy 198 E</u> City <u>Tylertown</u> ST <u>MS</u> ZIP + 4 ▶ <u>39667</u>		
<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 ▶ . . . . . 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>42b</b>	X
<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 . . . . . ▶ <input type="checkbox"/> 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

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		

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	Title			
City ST ZIP	Hr/WK 00			
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name None 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"

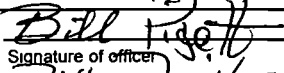
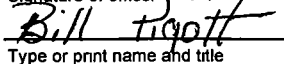
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name None Str		
City ST ZIP		
Name None Str		
City ST ZIP		
Name None Str		
City ST ZIP		
Name None Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

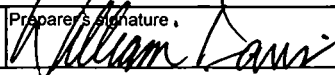
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ 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  President 12-17-12  
Signature of officer Date  
 President  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name William Davis	Preparer's signature 	Date 12/12/2012	Check <input type="checkbox"/> 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

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Farm Bureau Federation Mississippi Walthall County Farm Bureau

Employer identification number

64-0355890

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 65,960

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 25,396, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Program Services 55,243

Form 990-EZ, Part I, Line 16, Other Expenses, Management and General 53,673

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Expenses, Beginning of year 3,576, End

of year 2,035

Form 990-EZ, Part II, Line 26, Liabilities, Account Payable, Beginning of year 2,043, End of

year 1,521

Form 990-EZ, Part III, Line 31, Placed promotional advertisements during Farm Week on local

radio and in local newspapers, Distributed 2715 agriculture activity and informational sheets

to Walthall County schools, Grants and allocations 0, Program service expenses 984

Form 990-EZ, Part III, Line 31, Wrote up in the local paper about Ag in the classroom

workshops in June, Grants and allocations 0, Program service expenses 157

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Walthall County Farm Bureau

64-0355890

## Page 1 of 1 of Part IV

Employer Identification number

64-0355890

[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

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Walthall C 990T

64-0355890

**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	6,337

**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		774	5	HY	SL	77
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	6,414
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)

Walthall County Farm Bureau  
SCHEDULE I  
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	6776
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Southern Farm Bureau Life Insurance Company	11577
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Southern Farm Bureau Casualty Insurance Company	28295
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Mississippi Farm Bureau Casualty Insurance Company	<u>18923</u>
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Total Insurance Fees	<u>65571</u>
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BANK SERVICE FEES

Farm Bureau Bank	<u>389</u>
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Total Bank Fees	<u>389</u>
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TOTAL SERVICE FEES	<u><u>65960</u></u>
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Walthall County Farm Bureau  
SCHEDULE II  
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32457	32457			
Insurance Company Svc Fees	65571		65571		
Farm Bureau Bank	389		389		
Interest	427				427
Net Sales	-308				-308
	<hr/>				
TOTAL INCOME	98536	32457	65960	0	119
	<hr/>				

Relationship of Dues to Service Fees		33.0%	67.0%
Floor Space Ratio		50.0%	50.0%

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

Promotions	5605		
Insurance	309		
Telephone	6356		
Postage	686		
Office Expense	3034		
Depreciation	799		
	<hr/>		
TOTAL	16789	5537	11252

Allocation of Occupancy Expense  
Base on Area Occupied

Utilities	4730		
Taxes	4180		
Insurance	1582		
Building Maintenance	3977		
Depreciation	5616		
	<hr/>		
TOTAL	20085	10042	10043

Walthall 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	58361				
Payroll Taxes	5125				
Retirement	471				
<b>TOTAL</b>	<b>63957</b>	<b>31978</b>	<b>31979</b>		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax	1559				
Annual Meeting	657				
Ag in the Classroom	103				
Board Expense	1202				
Commodity Meetings	416				
Contributions	920				
MFBF Convention	1508				
Safety Seminar	25				
Secretary Meeting	544				
Womens Committee	414				
Young Farmer Program	275				
<b>TOTAL</b>	<b>7623</b>	<b>7623</b>			
 Expense Directly Related to Production of Service Fees					
State Income Tax	462				
<b>TOTAL</b>	<b>462</b>		<b>462</b>		
 <b>TOTAL EXPENSES</b>	<b>108916</b>	<b>55180</b>	<b>53736</b>	<b>0</b>	<b>0</b>

Walthall 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	Jan-03	118017 08		118017 08	39 0	SL	26604 26	3026 08	29630 34	88386.74
Building Improvements	Apr-04	12533 93		12533.93	7 0	SL	12533 93	0 00	12533 93	0 00
Building Improvements	Mar-05	11978 00		11978 00	7 0	SL	11122 41	855 59	11978 00	0.00
Building Impro (Shed)	Sep-08	6000 00		6000 00	7.0	SL	2999.99	857.14	3857 13	2142 87
Building Impro (Shed)	Nov-08	6140.00		6140.00	7.0	SL	2192 85	877.14	3069 99	3070 01

	154669 01	0 00	154669.01	55453.44	5615 95	61069.39	93599 62
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Walthall 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		6867.07		6867 07	7 0	SL	6867 07	0.00	6867.07	0 00
Office Equipment	Mar-98	604.54		604 54	7.0	SL	604 54	0 00	604 54	0 00
Fax Machine	Mar-99	190.79		190.79	5.0	SL	190 79	0 00	190 79	0.00
Vacuum Cleaner	Mar-02	214 93		214.93	7.0	SL	214.93	0 00	214 93	0 00
Office Furniture	Sep-04	1256 39		1256 39	7 0	SL	1256 39	0 00	1256 39	0 00
Stove	Nov-04	300 00		300.00	7.0	SL	278 59	21.41	300 00	0.00
Copier	Mar-05	1603 93		1603 93	5.0	SL	1603 93	0.00	1603.93	0.00
Phone System	Jul-07	6276 62		6276 62	5 0	SL	5648 94	627.68	6276 62	0 00
Refridgerator	Jun-11	506.70		506 70	7 0	SL	36 20	72 39	108 59	398 12
Monitor for ag promotion	Sep-12		773.77	773 77	5 0	SL		77 38	77 38	696 40

<u>17820.97</u>	<u>773.77</u>	<u>18594 74</u>	<u>16701 38</u>	<u>798 86</u>	<u>17500 23</u>	<u>1094 51</u>
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