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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 George County
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 735
 City or town state or country ZIP + 4
Lucedale MS 39452-0735

D Employer identification number
64-0435067

E Telephone number
(601) 947-2743

F Group Exemption Number ► 1473

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

I Website: ► N/A

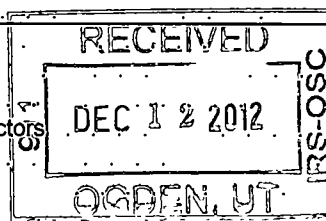
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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. ► \$ 137,064

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	72,299	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	27	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
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 (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
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	858		
b	Less: cost of goods sold	7b	1,111		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-253		
8	Other revenue (describe in Schedule O)	8	63,880		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,953		
10	Grants and similar amounts paid (list in Schedule O)	10	27,473		
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	98,298		
17	Total expenses. Add lines 10 through 16	17	125,771		



For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2011)

SCANNED JAN 08 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	59,302	22	70,444
23 Land and buildings	40,710	23	39,298
24 Other assets (describe in Schedule O)	2,320	24	2,800
25 Total assets	102,332	25	112,542
26 Total liabilities (describe in Schedule O)	111	26	139
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,221	27	112,403

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 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 <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 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
Clayton Lawrence P O Box 735 Lucedale MS 39452	Title President Hr/WK 5 00	0		
Dusty Tanner P O Box 735 Lucedale MS 39452	Title 1st Vice President Hr/WK 2 00	0		
Mike Courtney P O Box 735 Lucedale MS 39452	Title 2nd Vice Presiden Hr/WK 2 00	0		
Ronald Smith P O Box 735 Lucedale MS 39452	Title Treasurer Hr/WK 2 00	0		
Marshall Stevens P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Linda Estis P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Terry Estis P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2.00	0		
Charlie Howell Jr P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Dallas Holley P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Annie Ruth Thigpen P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Kendall Stringfellow P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		
Linwood Tanner P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35 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	
35 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		
37 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
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
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.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. MS		
42 a The organization's books are in care of Charlotte Yonge Telephone no. (601) 947-2743 Located at 127 Glen Oaks City Lucedale ST MS ZIP + 4 39452		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 and enter the amount of tax-exempt interest received or accrued during the tax year. 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u> Str _____ 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."

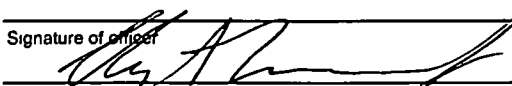
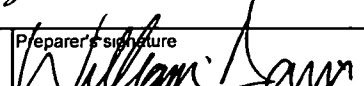
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ 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 		Date <u>12-7-12</u>		
	Type or print name and title <u>President</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature 	Date <u>11/19/2012</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631674</u>
	Firm's name <u>Mississippi Farm Bureau Federation</u>			Firm's EIN <u>64-0303134</u>	
	Firm's address <u>6311 Ridgewood Rd, Jackson, MS 39211</u>			Phone no <u>(601) 977-4205</u>	

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

Page 1 of 1 of Part IV

Employer identification number

64-0435067

[illegible]

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 George County

Employer identification number

64-0435067

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I, 63,880

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Dues to MFBF, Grantee, MS Farm Bureau

Federation P O Box 1972 Jackson MS 39215, Cash Grant, 27,473, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II, 98,298

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Expenses, Beginning of year, 2,320, End

of year, 2,800

Form 990-EZ, Part II, Line 26, Liabilities, Accounts Payable, Beginning of year, 111, End of

year, 139

George County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	6828
------------------------	------

Southern Farm Bureau Life Insurance Company	9158
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Southern Farm Bureau Casualty Insurance Company	30418
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Mississippi Farm Bureau Casualty Insurance Company	<u>17416</u>
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Total Insurance Fees	<u>63820</u>
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Farm Bureau Bank Marketing Fees	<u>60</u>
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Total Farm Bureau Bank Fees	<u>60</u>
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TOTAL SERVICE FEES	<u><u>63880</u></u>
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George County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	44827	44827			
Insurance Company Svc Fees	63820		63820		
Farm Bureau Bank Svc Fees	60		60		
Interest	27				27
Net Sales	-253				-253
	<hr/>				
TOTAL INCOME	108481	44827	63880	0	-226
	<hr/>				

Relationship of Dues to Service Fees	41.2%	58.8%
Floor Space Ratio	50.0%	50.0%

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

Promotions	624		
Insurance	309		
Telephone	4433		
Postage	252		
Office Expense	2796		
Depreciation	173		
	<hr/>		
TOTAL	8587	3541	5046

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3964		
Taxes	2044		
Insurance	1993		
Building Maintenance	5272		
Depreciation	3664		
	<hr/>		
TOTAL	16937	8468	8469

George 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	52298				
Payroll Taxes	4351				
Employee Insurance	7593				
TOTAL	64242	32121	32121		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2131				
Board Expense	637				
Contributions	522				
MFBF Convention	2150				
Safety Seminar	298				
Secretary Meeting	788				
Young Farmer Program	935				
TOTAL	7461	7461			
Expense Directly Related to Production of Service Fees					
State Income Tax	651				
Computer Rent	420				
TOTAL	1071		1071		
TOTAL EXPENSES	98298	51591	46707	0	0

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **Farm Bureau Federation Mississippi George C** Business or activity to which this form relates **990T** Identifying number **64-0435067**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,664

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		2,425	7	HY	SL	173
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	
			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	3,837
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)

George 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	Mar-74	35,360.91		35,360.91	20.0	SL	35,360.91	0.00	35,360.91	0.00
Parking Lot	Nov-90	800.00		800.00	20.0	SL	800.00	0.00	800.00	0.00
Sign	May-91	423.30		423.30	10.0	SL	423.30	0.00	423.30	0.00
Air Conditioner	Jun-92	2,764.40		2,764.40	7.0	SL	2,764.40	0.00	2,764.40	0.00
Carpet	Dec-94	562.96		562.96	7.0	SL	562.96	0.00	562.96	0.00
Roof	Oct-95	1,512.07		1,512.07	7.0	SL	1,512.07	0.00	1,512.07	0.00
Painting	Oct-95	525.00		525.00	7.0	SL	525.00	0.00	525.00	0.00
Carpet	Nov-96	1,471.48		1,471.48	7.0	SL	1,471.48	0.00	1,471.48	0.00
Building Improvement	Aug-97	190.00		190.00	7.0	SL	190.00	0.00	190.00	0.00
Building Addition	Oct-98	44,017.92		44,017.92	39.0	SL	14,697.87	1128.66	15,826.53	28191.39
Parking Lot	Nov-01	22,100.00		22,100.00	7.0	SL	22,100.00	0.00	22,100.00	0.00
Roof	Sep-05	6,000.00		6,000.00	7.0	SL	5,178.55	821.45	6,000.00	0.00
Carpet	Oct-06	1,500.00		1,500.00	7.0	SL	1,178.59	214.29	1,392.88	107.12
Sign	Jan-07	3,900.35		3,900.35	7.0	SL	2,507.36	557.19	3,064.55	835.80
Carpet	Jan-07	1,346.33		1,346.33	7.0	SL	865.49	192.33	1,057.82	288.51
Air Conditioner	Jul-11	1,748.56		1,748.56	7.0	SL	124.89	249.79	374.68	1373.88
Siding for Building	Oct-11	3,500.00		3,500.00	7.0	SL	250.00	500.00	750.00	2750.00

127,723.28	0.00	127,723.28	90,512.87	3,663.71	94,176.58	33,546.70
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George 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	
Typewriter	Nov-93	350.00		350.00	7.0	SL	350.00	0.00	350.00	0.00
Fax Machine	Feb-94	427.99		427.99	5.0	SL	427.99	0.00	427.99	0.00
TV/VCR	Nov-95	400.00		400.00	7.0	SL	400.00	0.00	400.00	0.00
Filing Cabinets	Nov-96	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Filing Cabinets	May-98	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Office Furniture	May-99	3702.70		3702.70	7.0	SL	3702.70	0.00	3702.70	0.00
Office Furniture	Aug-99	299.67		299.67	7.0	SL	299.67	0.00	299.67	0.00
Copier	Oct-01	1487.30		1487.30	5.0	SL	1487.30	0.00	1487.30	0.00
Board Table	May-12		2425.00	2,425.00	7.0	SL		173.22	173.22	2251.79

7266.86	2425.00	9691.86	7266.86	173.22	7440.08	2251.79
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