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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A	For the 2012 calendar year, or tax year beginning 11/1/2012 , and ending 10/31/2013		
B	Check if applicable		
<input type="checkbox"/>	C Name of organization		
Address change	Farm Bureau Federation Mississippi State County		
<input type="checkbox"/>	Number and street (or P O box, if mail is not delivered to street address)		
Name change	P O Box 605		
<input type="checkbox"/>	Room/suite		
Initial return			
<input type="checkbox"/>			
Terminated			
<input type="checkbox"/>			
Amended return			
<input type="checkbox"/>			
Application pending			
G	Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		
I	Website: ► N/A		
J	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 ► <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		
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 ► \$ 128,701		
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			

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 ► \$ **128,701**

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 59,584
	4 Investment income	4 24
	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 409
	b Less cost of goods sold	7b 442
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -33
	8 Other revenue (describe in Schedule O)	8 68,684
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 128,259
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10 30,703
	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)	16 113,727
	17 Total expenses. Add lines 10 through 16	17 144,430
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -16,171
	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)	19 292,778
	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	21 276,607

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

WJ

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	101,434	22 93,293
23 Land and buildings	188,476	23 180,540
24 Other assets (describe in Schedule O)	3,527	24 3,391
25 Total assets	293,437	25 277,224
26 Total liabilities (describe in Schedule O)	659	26 617
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,778	27 276,607

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

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

Expenses

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

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational 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 title	(b) 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 President	Hr/WK 4 00			
Kenny Hurt Vice President	Hr/WK 3 00			
Ralph Darnell Director	Hr/WK 2 00			
Walter McKellar Director	Hr/WK 2 00			
James Allison Director	Hr/WK 2 00			
Wayne Stewart Director	Hr/WK 2 00			
Grandy Ladner Director	Hr/WK 2 00			
James Baker Director	Hr/WK 2 00			
Jerry Baker Director	Hr/WK 2 00			
Boyce Lamb Director	Hr/WK 2 00			
Jimmy Sowell Director	Hr/WK 2 00			
Brian Houston Director	Hr/WK 2 00			

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	33	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)	34	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)?	35a	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	35b	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	35c	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	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
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 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
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	40e	X
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► Misty Whitsell Telephone no ► (662)562-8249		
Located at ► P. O. Box 605 City Senatobia ST MS ZIP + 4 ► 38668-0605		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	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 ► <input type="checkbox"/> 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 only

All section 501(c)(3) organizations 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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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 title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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	► <i>Michael M. Ferguson</i>		Date <i>1/9/2014</i>
	Signature of officer	Type or print name and title <i>Michael M. Ferguson</i>	
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 12/27/2013
	Firm's name ► Mississippi Farm Bureau Federation	Check <input checked="" type="checkbox"/> if self-employed	
	Firm's address ► 6311 Ridgewood Road, Jackson, MS 39211	Firm's EIN ► 64-0303134	
		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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi Tate County

Employer identification number

64-0335889

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.

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 68,684

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 30,703, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule 2 113,727

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year 3,527, End of
year 3,391

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Payable, Beginning of year 732, End
of year 648

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

-31

Name of the organization

Farm Bureau Federation Mississippi Tate County

Employer identification number

64-0335889

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

2012

Attachment
Sequence No 179

Name(s) shown on return Farm Bureau Federation Mississippi Tate County	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 2011 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 2013 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	7,935

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 2012	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 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM		S/L	
i Nonresidential real property		27 5 yrs.	MM		S/L	
		39 yrs	MM		S/L	
			MM		S/L	

Section C - Assets Placed in Service During 2012 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	7,935
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	

Tate County Farm Bureau
S C H E D U L E I
October 31, 2013

S E R V I C E F E E S R E C E I V E D

INSURANCE

Blue Cross Blue Shield 8710

Southern Farm Bureau Life Insurance Company 9693

Southern Farm Bureau Casualty Insurance Company 28189

Mississippi Farm Bureau Mutual Insurance Company 21600

Total Insurance Fees 68192

Farm Bureau Bank 492

Total Bank Fees 492

TOTAL SERVICE FEES 68684

Tate County Farm Bureau
SCHEDULE II
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	28881	28881			
Insurance Company Svc Fees	68192		68192		
Farm Bureau Bank	492		492		
Rent Received	0			0	
Interest	24				24
Net Sales	-33				-33
TOTAL INCOME	97556	28881	68684	0	-9

Relationship of Dues to Service Fees 29.6% 70.4%

Floor Space Ratio 50.0% 50.0%

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

Promotions	202
Insurance	309
Telephone	3728
Postage	138
Office Expense	4315
Depreciation	1870

TOTAL 10562 3127 7435

Allocation of Occupancy Expense Base on Area Occupied

Utilities	4330
Taxes	6100
Insurance	1721
Building Maintenance	4914
Interest	49
Depreciation	6065
Postage	9

TOTAL 23179 11589 11589

Tate County Farm Bureau
SCHEDULE II
 October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		45.0%	55.0%		
Salary - Secretary	60001				
Payroll Taxes	4781				
Employee Insurance	1424				
Retirement	0				
TOTAL	66206	29793		36413	
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2546				
Ag in the Classroom	2872				
Board Expense	4664				
Commodity Meetings	100				
Contributions	100				
Legislative Reception	187				
MFBF Convention	1343				
Secretary Meeting	403				
Womens Committee	65				
Young Farmer Program	620				
Other Exempt	90				
TOTAL	12990	12990			
 Expense Directly Related to Production of Service Fees					
State Income Tax	790				
Computer Rent	0				
TOTAL	790		790		
 TOTAL EXPENSES	113727	57499	56228	0	0

Tate County Farm Bureau
 Depreciation Schedule
 October 31, 2013
 Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
Building	Nov-88	96876.80		96876.80	33.0	SL	72450.53	2935.66	75386.19	21490.61
Building	Nov-88	1847.22		1847.22	31.5	SL	1410.78	58.64	1469.42	377.80
Carpet	Apr-90	636.00		636.00	31.5	SL	597.26	20.19	617.45	18.55
Building	Nov-97	454.19		454.19	31.5	SL	205.22	14.42	219.64	234.55
Building	Nov-97	2240.58		2240.58	31.5	SL	954.78	71.13	1025.91	1214.67
Building	Jun-03	4571.82		4571.82	39.0	SL	1055.07	117.23	1172.30	3399.52
Building	Oct-06	1765.60		1765.60	39.0	SL	271.62	45.27	316.89	1448.71
Building	Oct-08	90125.00		90125.00	39.0	SL	9243.60	2310.90	11554.50	78570.50
Building	Nov-08	19155.00		19155.00	39.0	SL	4209.88	491.15	4701.03	14453.97
<hr/>							217672.21	0.00	217672.21	90398.74
<hr/>							90398.74	6064.59	96463.33	121208.88

Tate County Farm Bureau
Depreciation Schedule
October 31, 2013
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
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	996.08	0.00	996.08	0.00
Telephone	May-01	4049.04		4049.04	7.0	SL	4049.04	0.00	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	192.84	32.14	224.98	0.02
Furniture	Oct-07	191.53		191.53	7.0	SL	136.80	27.36	164.16	27.37
Chairs	Oct-08	1059.30		1059.30	7.0	SL	605.32	151.33	756.65	302.65
Telephone	Oct-08	940.87		940.87	7.0	SL	537.64	134.41	672.05	268.82
Furniture	Oct-08	5617.50		5617.50	7.0	SL	3210.00	802.50	4012.50	1605.00
Chairs	Oct-08	513.60		513.60	7.0	SL	293.48	73.37	366.85	146.75
Blinds	Oct-08	840.00		840.00	7.0	SL	480.00	120.00	600.00	240.00
Telephone	Oct-08	840.48		840.48	7.0	SL	480.28	120.07	600.35	240.13
Table & Chair	Jul-09	249.99		249.99	7.0	SL	142.84	35.71	178.55	71.44
Chairs	Jul-09	342.37		342.37	7.0	SL	195.64	48.91	244.55	97.82
Copier	Jan-11	1400.00		1400.00	7.0	SL	300.00	200.00	500.00	900.00
Monitor	Sep-12	620.60		620.60	5.0	SL	62.06	124.12	186.18	434.42
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		35311.52	0.00	35311.52			29107.18	1869.92	30977.10	4334.42

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

Name of Organization

Employer identification number

Farm Bureau Federation Mississippi Tate County

64-0335889