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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	C Name of organization		
Address change	Farm Bureau Federation Mississippi Walthall County Farm Bureau		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	P O Box 454		
Amended return	City or town	state or county	ZIP + 4
Application pending	Tylertown	MS	39667-0454
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			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 ► \$ 131,943

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
		4 Investment income	4
		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
		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
		7a Gross sales of inventory, less returns and allowances	7a
		b Less cost of goods sold	7b
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
		8 Other revenue (describe in Schedule O)	8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9
	Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
		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
		17 Total expenses. Add lines 10 through 16	17
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
		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
		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
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Form 990-EZ (2012)

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Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	151,020	22	141,529
23 Land and buildings	113,140	23	108,157
24 Other assets (describe in Schedule O)	2,035	24	2,125
25 Total assets	266,195	25	251,811
26 Total liabilities (describe in Schedule O)	2,073	26	2,247
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	264,122	27	249,564

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 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

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 ► 31a32 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
BILL PIGOTT				
PRESIDENT	Hr/WK 5 00			
MAC CONERLY				
SEC/TREAS	Hr/WK 2 00			
JERRY HOLMES				
DIRECTOR	Hr/WK 2 00			
WILLIAM MAGEE				
DIRECTOR	Hr/WK 2 00			
LARRY BOYD				
DIRECTOR	Hr/WK 2 00			
LARRY MARTIN				
DIRECTOR	Hr/WK 2 00			
MICKEY RAYBORN				
DIRECTOR	Hr/WK 2 00			
ALTON HARVEY				
DIRECTOR	Hr/WK 2 00			
GILBERT BULLOCK				
DIRECTOR	Hr/WK 2 00			
CAROL SMITH				
DIRECTOR	Hr/WK 2 00			
ANGELA MALLETT				
WOMEN'S CHAIR				
CHESS JACKSON				
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	X		
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 ► MS				
42 a The organization's books are in care of ► Kathy Knippers	Telephone no. ► (601) 876-5163			
Located at ► 110 Hwy 198 E	City Tylertown	ST MS	ZIP + 4 ► 39667	
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 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.

46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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

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	<input type="checkbox"/>	<input type="checkbox"/>
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48	<input type="checkbox"/>	<input type="checkbox"/>
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>	<input type="checkbox"/>
-----	--------------------------	--------------------------

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

49b	<input type="checkbox"/>	<input type="checkbox"/>
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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 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"

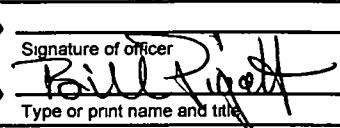
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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	Signature of officer		Date
			12/19/13
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name		Date
	William Davis		12/8/2013
	Preparer's signature		Check <input type="checkbox"/> if self-employed
Firm's name ► Mississippi Farm Bureau Federation		PTIN P00631674	
Firm's address ► 6311 Ridgewood Rd, 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

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

Page 1 of 1 of Part IV

Name of Organization

Farm Bureau Federation Mississippi Walthall County Farm Bureau

Employer identification number

64-0355890

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 Walthall County Farm Bureau

Employer identification number

64-0355890

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule I: 69,457

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues to State Organization, Grantee:

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39215, Cash Grant 25,629,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule II: 120,826

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses: Beginning of year 2,035, End

of year 2,125

Form 990-EZ, Part II, Line 26, Liabilities: Account Payable: Beginning of year 2,073, End of

year 2,247

Walthall 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	7025
Southern Farm Bureau Life Insurance Company	12715
Southern Farm Bureau Casualty Insurance Company	28853
Mississippi Farm Bureau Casualty Insurance Company	<u>19892</u>
Total Insurance Fees	<u>68485</u>

BANK SERVICE FEES

Farm Bureau Bank	<u>972</u>
Total Bank Fees	<u>972</u>
TOTAL SERVICE FEES	<u>69457</u>

**Walthall County Farm Bureau
SCHEDULE II
October 31, 2013**

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	36560	36560			
Insurance Company Svc Fees	68485		68485		
Farm Bureau Bank	972		972		
Interest	181				181
Net Sales	70				70
TOTAL INCOME	106268	36560	69457	0	251

Relationship of Dues to Service Fees 34.5% 65.5%

Floor Space Ratio 50.0% 50.0%

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

Promotions	6126
Insurance	309
Telephone	6888
Postage	366
Office Expense	4363
Depreciation	227

TOTAL 18279 6304 11975

Allocation of Occupancy Expense Base on Area Occupied

Utilities	5449
Taxes	4237
Insurance	1598
Building Maintenance	5784
Depreciation	4760

TOTAL 21828 10914 10914

Walthall County Farm Bureau
 S C H E D U L E II
 October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	66000				
Payroll Taxes	4969				
Retirement	565				
	TOTAL	71534	35767	35767	
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1637				
Annual Meeting	754				
Board Expense	609				
Commodity Meetings	524				
Contributions	2185				
MFBF Convention	985				
Secretary Meeting	591				
Young Farmer Program	1011				
	TOTAL	8296	8296		
Expense Directly Related to Production of Service Fees					
State Income Tax	469				
Computer Rent	420				
	TOTAL	889		889	
TOTAL EXPENSES	<u>120826</u>	<u>61281</u>	<u>59545</u>	<u>0</u>	<u>0</u>

(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 Walthall Co	Business or activity to which this form relates 990T	Identifying number 64-0355890
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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
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

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	4,988

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 ►	

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			25 yrs.	MM	S/L	
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
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			12 yrs	MM	S/L	
b 12-year						
c 40-year						

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	4,988
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

Walthall 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	Jan-03	118017.08		118017.08	39.0	SL	29630.34	3026.08	32656.42	85360.66
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	11978.00	0.00	11978.00	0.00
Building Improv (Shed)	Sep-08	6000.00		6000.00	7.0	SL	3857.13	857.14	4714.27	1285.73
Building Improv (Shed)	Nov-08	6140.00		6140.00	7.0	SL	3069.99	877.14	3947.13	2192.87
		154669.01	0.00	154669.01			61069.39	4760.36	65829.75	88839.26

Prepared by: Karen Easterling

Page 1 of 2

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
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	300.00	0.00	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	6276.62	0.00	6276.62	0.00	
Refridgerator	Jun-11	506.70		506.70	7.0	SL	108.59	72.39	180.98	325.73	
Monitor for ag promotion	Sep-12	773.77	0.00	773.77	5.0	SL	77.38	154.75	232.13	541.65	
		<u>18594.74</u>	<u>0.00</u>	<u>18594.74</u>			<u>17500.23</u>	<u>227.14</u>	<u>17727.37</u>	<u>867.37</u>	

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Page 2 of 2