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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

**2012****Open to Public Inspection**

<b>A</b> For the 2012 calendar year, or tax year beginning 11/1/2012, and ending 10/31/2013																
<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	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization Farm Bureau Federation Mississippi Webster County</td> <td><b>D</b> Employer identification number 64-0393224</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td colspan="2">1137 Veterans Memorial Blvd</td> <td>(662) 258-7802</td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td>Eupora</td> <td>MS</td> <td>39744-2013</td> </tr> </table>	<b>C</b> Name of organization Farm Bureau Federation Mississippi Webster County		<b>D</b> Employer identification number 64-0393224	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number	1137 Veterans Memorial Blvd		(662) 258-7802	City or town	state or country	ZIP + 4	Eupora	MS	39744-2013
<b>C</b> Name of organization Farm Bureau Federation Mississippi Webster County		<b>D</b> Employer identification number 64-0393224														
Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number														
1137 Veterans Memorial Blvd		(662) 258-7802														
City or town	state or country	ZIP + 4														
Eupora	MS	39744-2013														
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>F</b> Group Exemption Number <input type="checkbox"/> 1473														
<b>I</b> Website: ► N/A		<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>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 107,413

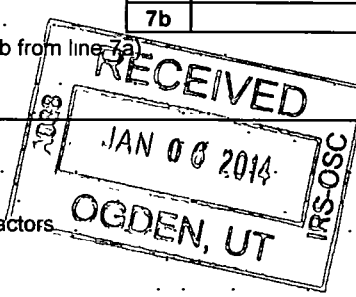
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<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>	50,928
	<b>4</b> Investment income	<b>4</b>	21
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	112	
<b>b</b> Less cost of goods sold	<b>7b</b>	50	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	62	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	56,352	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	107,363	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	22,761
	<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>	88,200
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	110,961
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-3,598	
<b>Net Assets</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>	198,235
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	194,637

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA



JAN 22 2014

**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	79,090	<b>22</b>	59,639
<b>23</b> Land and buildings	116,760	<b>23</b>	132,284
<b>24</b> Other assets (describe in Schedule O)	2,595	<b>24</b>	2,998
<b>25</b> <b>Total assets</b>	198,445	<b>25</b>	194,921
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	210	<b>26</b>	284
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	198,235	<b>27</b>	194,637

**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.

		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
<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> _____		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>0</b>

**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
TIM A TINDALL PRESIDENT	Hr/WK 4 00			
JEFFREY TABB V-PRESIDENT	Hr/WK 3 00			
SHERRY CROWLEY DIRECTOR	Hr/WK 4 00			
WILLIAM WILLINGHAM DIRECTOR	Hr/WK 1 00			
JOSEPH P. PALMER DIRECTOR	Hr/WK 1 00			
JACKIE EARNEST DIRECTOR	Hr/WK 1 00			
DAVID HOOD DIRECTOR	Hr/WK 1 00			
DONNIE WOMACK DIRECTOR	Hr/WK 1 00			
STANLEY ROGERS DIRECTOR	Hr/WK 1 00			
PAUL CROWLEY DIRECTOR	Hr/WK 1 00			
	Hr/WK			
	Hr/WK			

**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 Form 1120-POL for this year?		
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42 a</b> The organization's books are in care of <b>42a</b> Trena Cox Telephone no <b>42a</b> (662) 258-7802 Located at <b>42a</b> 1137 Veterans Memorial Blvd City Eupora ST MS ZIP + 4 <b>42a</b> 39744		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		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 Form 1041—Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>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 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
- 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"

	Yes	No
47		
48		
49a		
49b		

(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		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

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

▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Timothy A. Tindell</i>	Date 1-2-14
	Type or print name and title Timothy A. Tindell, President	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 12/9/2013	Check <input type="checkbox"/> if self-employed	PTIN P00631674
	Firm's name ▶ Mississippi Farm Bureau Federation			Firm's EIN ▶ 64-0303134	
	Firm's address ▶ 6311 Ridgewood RD, 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)**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Webster County

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue Schedule 1-Insurance Service Fees 55,020

Form 990-EZ, Part I, Line 8, Other Revenue FB Bank Svc Fees 1,332

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 22,761, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 88,200

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 85, End of  
year 85

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes State Beginning of year 860, End  
of year 833

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax-Federal Beginning of year 1,650,  
End of year 2,080

Form 990-EZ, Part II, Line 26, Liabilities Payroll Tax Beginning of year 115, End of year  
105

Form 990-EZ, Part II, Line 26, Liabilities PIC Beginning of year 95, End of year 179

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Webster County

64-0393224

Area with horizontal dashed lines for supplemental information.

**(Including Information on Listed Property)****2012**

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 Webster C 990EZ

64-0393224

**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	4,342

**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		1,581	7yrs	HY	SL/GDS	226
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	

**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	4,568
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 (2012)



Webster County Farm Bureau  
SCHEDULE I  
October 31, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	9431	
Southern Farm Bureau Life Insurance Company	7277	
Southern Farm Bureau Casualty Insurance Company	23286	
Mississippi Farm Bureau Mutual Insurance Company	<u>15026</u>	
Total Insurance Fees		<u>55020</u>

Farm Bureau Bank	<u>1332</u>	
Total Telecommunications Fees		<u>1332</u>

TOTAL SERVICE FEES		<u><u>56352</u></u>
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Webster County Farm Bureau  
SCHEDULE II  
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	28167	28167			
Insurance Company Svc Fees	55020		55020		
Farm Bureau Bank	1332		1332		
Rent Received	0			0	
Interest	21				21
Net Sales	60				60
TOTAL INCOME	84600	28167	56352	0	81

Relationship of Dues to Service Fees	33.3%	66.7%
Floor Space Ratio	50.0%	50.0%

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

Promotions	389		
Insurance	309		
Telephone	2992		
Postage	414		
Office Expense	1484		
Depreciation	1241		
TOTAL	6829	2276	4553

Allocation of Occupancy Expense  
Base on Area Occupied

Utilities	3436		
Taxes	3506		
Insurance	1434		
Building Maintenance	4321		
Interest	0		
Depreciation	3327		
Rent	0		
TOTAL	16024	8012	8012

Webster County Farm Bureau  
SCHEDULE II  
October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		44.0%	56.0%		
Salary - Secretary	46252				
Payroll Taxes	3715				
Employee Insurance	559				
Retirement	1525				
<b>TOTAL</b>	<b>52051</b>	<b>22902</b>	<b>29149</b>		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2076				
AFBF Convention	1094				
Ag in the Classroom	35				
Board Expense	5521				
Commodity Meetings	224				
Contributions	139				
Leadership Conference	355				
MFBB Convention	1738				
Safety Seminar	200				
Secretary Meeting	464				
Womens Committee	20				
Young Farmer Program	335				
Other Exempt	273				
<b>TOTAL</b>	<b>12474</b>	<b>12474</b>			
Expense Directly Related to Production of Service Fees					
State Income Tax	507				
Computer Rent	315				
<b>TOTAL</b>	<b>822</b>		<b>822</b>		
<b>TOTAL EXPENSES</b>	<b>88200</b>	<b>45664</b>	<b>42536</b>	<b>0</b>	<b>0</b>

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-98	129761 00		129761.00	39 0	SL	46580.94	3327 21	49908 15	79852.85

129761.00	0.00	129761 00	46580 94	3327.21	49908 15	79852 85
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Webster County Farm Bureau  
Depreciation Schedule  
October 31, 2013  
Furniture & Equipment

Description	Acquired	Accumulated Depreciation			Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		11678.66		11678.66	7.0	SL	11678.66	0.00	11678.66	0.00
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00
Equipmqt	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00
Equipmqt	Oct-07	855.21		855.21	7.0	SL	610.85	122.17	733.02	122.19
Furniture	Jan-08	427.98		427.98	7.0	SL	305.70	61.14	366.84	61.14
Furniture	Jan-08	253.58		253.58	7.0	SL	181.15	36.23	217.38	36.20
Furniture	Aug-09	1705.58		1705.58	7.0	SL	974.60	243.65	1218.25	487.33
Furniture	Aug-09	2455.65		2455.65	7.0	SL	1403.24	350.81	1754.05	701.60
Furniture	Feb-12	208.50		208.50	7.0	SL	19.86	29.79	49.65	158.85
Furniture	Jul-12	479.00		479.00	7.0	SL	22.80	68.43	91.23	387.77
Furniture	Sep-12	620.60		620.60	7.0	SL	14.78	88.66	103.44	517.16
Furniture	Oct-12	100.00		100.00	7.0	SL		14.29	14.29	85.71
Furniture	Nov-13		580.79	580.79	7.0	SL		82.97	82.97	497.82
Furniture	Aug-13		1000.00	1000.00	7.0	SL		142.86	142.86	857.14

19962.76	1580.79	21543.55	16389.64	1241.00	17630.64	3912.91
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