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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public  
Inspection

<b>A</b> For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009																		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4"><b>Please use IRS label or print or type. See Specific Instructions.</b></td> <td colspan="2"><b>C</b> Name of organization Farm Bureau Federation Mississippi Adams County</td> <td><b>D</b> Employer identification number 64-6025675</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 (601) 445-4187</td> </tr> <tr> <td>317 John R Junkin</td> <td></td> <td></td> </tr> <tr> <td>City, town, or country State ZIP + 4</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Natchez MS</td> <td>39120-3823</td> <td><b>F</b> Group Exemption Number 1473</td> </tr> </table>	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Farm Bureau Federation Mississippi Adams County		<b>D</b> Employer identification number 64-6025675	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (601) 445-4187	317 John R Junkin			City, town, or country State ZIP + 4				Natchez MS	39120-3823	<b>F</b> Group Exemption Number 1473
<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Farm Bureau Federation Mississippi Adams County		<b>D</b> Employer identification number 64-6025675															
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	317 John R Junkin																	
	City, town, or country State ZIP + 4																	
	Natchez MS	39120-3823	<b>F</b> Group Exemption Number 1473															
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p><b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p> <p><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)</p>																		
<p><b>I</b> Website: ► N/A</p> <p><b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p> <p><b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 122,368</p>																		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	64,004
	4	Investment income . . . . .	4	1,503
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	0
	6b	Less: direct expenses other than fundraising expenses . . . . .	6b	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
7b	Less: cost of goods sold . . . . .	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
8	Other revenue (describe ► Schedule I) . . . . .	8	56,861	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	122,368	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10	28,403
	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 ► Schedule II) . . . . .	16	78,460
	17	Total expenses. Add lines 10 through 16 . . . . .	17	106,863
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	15,505
	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	224,635
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	240,140

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

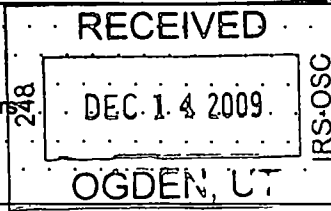
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	101,216	120,028
23 Land and buildings . . . . .	121,540	117,358
24 Other assets (describe ► Prepaid Taxes/Other Assets) . . . . .	3,096	3,024
25 Total assets . . . . .	225,852	240,410
26 Total liabilities (describe ► Accounts Payable) . . . . .	1,217	270
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	224,635	240,140

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form 990-EZ (2008)

SCANNED JAN 04 2010



**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

<b>28</b>	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 \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	70,468
<b>29</b>			
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>			
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	70,468

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Charles Davidson</u>	Str <u>317 John R Junkin Dr</u>		Title <u>President</u>			
City <u>Natchez</u>	ST <u>MS</u>	ZIP <u>39120</u>	Hr/WK <u>5 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dempsey White</u>	Str <u>317 John R Junkin Dr</u>		Title <u>Vice President</u>			
City <u>Natchez</u>	ST <u>MS</u>	ZIP <u>39120</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Walter Davis</u>	Str <u>317 John R Junkin Dr</u>		Title <u>Sec/Treasurer</u>			
City <u>Natchez</u>	ST <u>MS</u>	ZIP <u>39120</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>See Attached List</u>	Str <u>317 John R Junkin Dr</u>		Title <u>Directors</u>			
City <u>Natchez</u>	ST <u>MS</u>	ZIP <u>39120</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. . . . .		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ <b>37a</b> 0		
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		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 unpaid at the start of the period covered by this return? . . . . .		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> 0		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
b Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
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 ▶		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
d 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 ▶		
42 a The books are in care of ▶ <u>Name Barbara Butler</u> Telephone no ▶ <u>(601) 445-4187</u>		
Located at ▶ <u>317 John R Junkin Dr</u> City <u>Natchz</u> ST <u>MS</u> ZIP + 4 ▶ <u>39120-3823</u>		
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)? . . . . .	Yes	No
If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—Check here</b> . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b> N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

**51** Complete this table for the 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 _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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 Charles L. Smith Date 12/10/09  
Type or print name and title President

**Paid Preparer's Use Only**

Preparer's signature Karen Easterling Date 10/27/2009 Check if self-employed ☐ Preparer's Identifying Number (See instructions) P00900692  
Firm's name (or yours if self-employed) Mississippi Farm Bureau Federation EIN 64-0303134  
address, and ZIP +4 6311 Ridgewood Rd, Jackson, MS 39211 Phone no 601-977-4243

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

**Depreciation and Amortization**  
(Including Information on Listed Property)**2008**Attachment  
Sequence No 67

▶ 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 Adams Co 990T

64-6025675

**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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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	250,000

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 2007 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 2009. 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	5,714

**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 2008	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 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		1,650	7 yr	HY	SL	118
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 2008 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 instr.	22	5,832
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 (2008)

Adams County Farm Bureau  
SCHEDULE I  
September 30, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	6551
------------------------	------

Southern Farm Bureau Life Insurance Company	6511
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Southern Farm Bureau Casualty Insurance Company	29246
---	-------

Mississippi Farm Bureau Mutual Insurance Company	<u>14553</u>
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Total Insurance Fees	<u>56861</u>
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TOTAL SERVICE FEES	<u><u>56861</u></u>
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Adams County Farm Bureau  
SCHEDULE II  
September 30, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	35601	35601			
Insurance Company Svc Fees	56861		56861		
Rent Received	120			120	
Interest	1383				1383
<b>TOTAL INCOME</b>	<b>93965</b>	<b>35601</b>	<b>56861</b>	<b>120</b>	<b>1383</b>

Relationship of Dues to  
Service Fees

38.5%      61.5%

Floor Space Ratio

50.0%      50.0%

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

Promotions	363		
Insurance	344		
Telephone	4983		
Postage	865		
Office Expense	3323		
Depreciation	1048		
<b>TOTAL</b>	<b>10926</b>	<b>4207</b>	<b>6719</b>

Allocation of Occupancy Expense  
Base on Area Occupied

Utilities	3096		
Taxes	2970		
Insurance	30		
Building Maintenance	506		
Interest	0		
Depreciation	4784		
<b>TOTAL</b>	<b>11386</b>	<b>5693</b>	<b>5693</b>



Adams County Farm Bureau  
SCHEDULE II  
September 30, 2009

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	41871				
Payroll Taxes	3539				
Employee Insurance	653				
TOTAL	46063	23031	23032		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1191				
AFBF Convention	3720				
Board Expense	2207				
MFBF Convention	1390				
Secretary Meeting	184				
Womens Committee	161				
Young Farmer Program	281				
TOTAL	9134	9134			
Expense Directly Related to Production of Service Fees					
State Income Tax	321				
Computer Rent	630				
TOTAL	951		951		
---					
TOTAL EXPENSES	78460	42065	36395	0	0

Adams County Farm Bureau  
Depreciation Schedule  
September 30, 2009  
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Oct-96	179210.47		179210.47	39.0	SL	59545.36	4595.14	64140.50	115069.97
Fence	Dec-96	1358.95		1358.95	7.0	SL	1358.95	0.00	1358.95	0.00
Air Conditioner	Mar-00	1407.05		1407.05	7.0	SL	1407.05	0.00	1407.05	0.00
Parking Lot	Apr-00	11000.00		11000.00	7.0	SL	11000.00	0.00	11000.00	0.00
Awning	Mar-04	500.00		500.00	7.0	SL	321.43	71.43	392.86	107.14
Shelves	Feb-09	0.00	1650.00	1650.00	7.0	SL		117.86	117.86	1532.15

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193476.47	1650.00	195126.47	73632.79	4784.43	78417.22	116709.26
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Adams County Farm Bureau  
Depreciation Schedule  
September 30, 2009  
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		2734.69		2734.69	7.0	SL	2734.69	0.00	2734.69	0.00
Desk/Chair	Sep-95	160.00		160.00	7.0	SL	160.00	0.00	160.00	0.00
Office Furniture	Oct-95	1891.55		1891.55	7.0	SL	1891.55	0.00	1891.55	0.00
Smoke Detectors	Nov-95	130.54		130.54	7.0	SL	130.54	0.00	130.54	0.00
Phone System	Nov-95	433.35		433.35	7.0	SL	433.35	0.00	433.35	0.00
Chairs	Apr-96	1872.50		1872.50	7.0	SL	1872.50	0.00	1872.50	0.00
Copier	Mar-98	1908.60		1908.60	7.0	SL	1908.60	0.00	1908.60	0.00
Office Furniture	Feb-03	2490.95		2490.95	7.0	SL	1957.18	355.85	2313.03	177.92
Copier	Sep-03	1457.34		1457.34	5.0	SL	1457.34	0.00	1457.34	0.00
Telephone System	Jan-04	5403.50		5403.50	5.0	SL	4863.15	540.35	5403.50	0.00
Safe	Feb-05	739.60		739.60	7.0	SL	369.81	105.66	475.47	264.13
Refrigerator	Nov-06	320.88		320.88	7.0	SL	68.76	45.84	114.60	206.28

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19543.50	0.00	19543.50	17847.47	1047.70	18895.17	648.33
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**Adams County Farm Bureau**  
**Officers and Directors**  
**September 30, 2009**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City ST ZIP Code</u>
Mr Charles Davidson	President	317 John R Junkin	Natchez MS 39120-3823
Mr Dempsey White	First Vice President	317 John R Junkin	Natchez MS 39120-3823
Mr Walter Davis III	Secretary/Treasurer	317 John R Junkin	Natchez MS 39120-3823
Mrs Yvonne Bean	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Noble Guedon	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Chester Hoover	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Buster Junkin	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Phil Lindley	Director	317 John R Junkin	Natchez MS 39120-3823
Mr David Nations	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Jackie Sojourner	Director	317 John R Junkin	Natchez MS 39120-3823
Mrs Sandra Sojourner	Director	317 John R Junkin	Natchez MS 39120-3823
Ms Melanie Sojourner	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Boyd White	Director	317 John R Junkin	Natchez MS 39120-3823
Mr Cledis Abernathy	Director	317 John R Junkin	Natchez MS 39120-3823