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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds 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

| | | | | |
|---|---|--|------------------------|---|
| A For the 2008 calendar year, or tax year beginning | | 10/1/2008 | , and ending | 9/30/2009 |
| B Check if applicable | | C Name of organization | | D Employer identification number |
| <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 | | Please use IRS label or print or type. See Specific Instructions. Farm Bureau Federation Mississippi Adams County Number and street (or P O box, if mail is not delivered to street address) 317 John R Junkin | | 64-6025675 |
| | | City, town, or country | State | ZIP + 4 |
| | | Natchez | MS | 39120-3823 |
| | | E Telephone number (601) 445-4187 | | |
| | | F Group Exemption Number ► 1473 | | |
| | | G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► | | |
| I Website: ► N/A | | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | | |
| J 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 | | | | |
| K 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 | | | | |
| L 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 | | |
| 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 | |
| | b Less: cost or other basis and sales expenses | 5b | 0 | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5b) (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"/> | | | |
| | a Gross revenue (not including \$ 0 of contributions reported on line 1) | 6a | 0 | |
| b Less: direct expenses other than fundraising expenses | 6b | 0 | | |
| c 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 | | | |
| b Less: cost of goods sold | 7b | | | |
| c 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 | |
| | 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 | 22 | 120,028 | |
| 23 Land and buildings | 121,540 | 23 | 117,358 | |
| 24 Other assets (describe ► Prepaid Taxes/Other Assets) | 3,096 | 24 | 3,024 | |
| 25 Total assets | 225,852 | 25 | 240,410 | |
| 26 Total liabilities (describe ► Accounts Payable) | 1,217 | 26 | 270 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 224,635 | 27 | 240,140 | |

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. | 33 | 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. | 34 | 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? | 35a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | X |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction 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 | 37a | 0 |
| b Did the organization file Form 1120-POL for this year? | 37b | 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? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved. | 38b | 0 |
| 39 Section 501(c)(7) organizations Enter | 39a | |
| a Initiation fees and capital contributions included on line 9. | 39b | |
| 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 | X |
| 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. | 40c | |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | 40d | |
| d Enter amount of tax on line 40c reimbursed by the organization. | 40e | X |
| 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. | | |
| 41 List the states with which a copy of this return is filed ► _____ | | |
| 42 a The books are in care of ► Name Barbara Butler Telephone no ► (601) 445-4187 Located at ► 317 John R. Junkin Dr. City Natchz ST. MS ZIP + 4 ► 39120-3823 | 42b | X |
| 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. | 42c | X |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► | | |
| 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 N/A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44 | 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. | 45 | X |

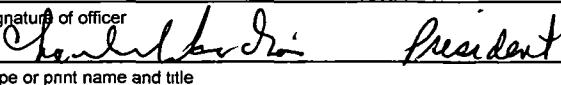
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

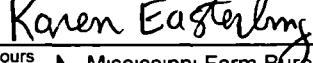
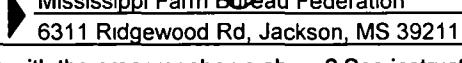
| | | | |
|------|---|---|-----------------------------|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/>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

| (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 | None | Str | Title | | | |
| City | | ST ZIP | Hr/WK | 00 | 0 | 0 |
| Name | | Str | Title | | | |
| City | | ST ZIP | Hr/WK | 00 | 0 | 0 |
| Name | | Str | Title | | | |
| City | | ST ZIP | Hr/WK | 00 | 0 | 0 |
| Name | | Str | Title | | | |
| City | | ST ZIP | Hr/WK | 00 | 0 | 0 |
| Name | | Str | Title | | | |
| City | | ST ZIP | Hr/WK | 00 | 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 | None | 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 |

| | | | |
|------------------|--|--|----------|
| Sign Here | 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 | | |
| | Signature of officer | | Date |
| |  | | 12/10/09 |
| | Type or print name and title | | |

| | | | | |
|---------------------------------|--|------|---|--|
| Paid Preparer's Use Only | Preparer's signature ►  | Date | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP +4 ►  | EIN | <input checked="" type="checkbox"/> 64-0303134 | 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)

Department of the Treasury
Internal Revenue Service (99)

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

| | | |
|---|---|----------------------------------|
| Name(s) shown on return Farm Bureau Federation Mississippi Adams Co | Business or activity to which this form relates 990T | Identifying number 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 |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|-----------------------------|------------------------------|------------------|--|
| 6 | | | |

| | | |
|---|----|---|
| 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.

(HTA)

Adams County Farm Bureau
S C H E D U L E I
September 30, 2009

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

INSURANCE

| | |
|--|---------------------|
| Blue Cross Blue Shield | 6551 |
| Southern Farm Bureau Life Insurance Company | 6511 |
| Southern Farm Bureau Casualty Insurance Company | 29246 |
| Mississippi Farm Bureau Mutual Insurance Company | <u>14553</u> |
| Total Insurance Fees | <u>56861</u> |
| TOTAL SERVICE FEES | <u>56861</u> |

**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 |
| TOTAL INCOME | 93965 | 35601 | 56861 | 120 | 1383 |

Relationship of Dues to

Service Fees 38.5% 61.5%

Floor Space Ratio 50.0% 50.0%

Allocation of General Overhead

Based on the Relation Dues to Service Fees

| | |
|----------------|------|
| Promotions | 363 |
| Insurance | 344 |
| Telephone | 4983 |
| Postage | 865 |
| Office Expense | 3323 |
| Depreciation | 1048 |

TOTAL 10926 4207 6719

Allocation of Occupancy Expense

Allocation of Occupancy Base on Area Occupied

| | |
|----------------------|------|
| Utilities | 3096 |
| Taxes | 2970 |
| Insurance | 30 |
| Building Maintenance | 506 |
| Interest | 0 |
| Depreciation | 4784 |

TOTAL 11386 5693 5693

Adams County Farm Bureau
 S C H E D U L E I I
 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 | | | |
|-----------------|----------|----------------|-----------------------|----------------|---------------|------|--------------------------|-----------------------|----------------|-----------|
| | | | | | | | Beg Balance | Additions (Deduct) | End Balance | Net |
| 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 |

193476 47 1650.00 195126.47 73632.79 4784.43 78417.22 116709 26

**Adams County Farm Bureau
Depreciation Schedule
September 30, 2009
Furniture & Equipment**

| Description | Acquired | Beg Balance | Additions (Deduct) | End Balance | Rate (Yrs) | Type | Accumulated Depreciation | | | |
|-------------------|----------|----------------|-----------------------|----------------|---------------|------|--------------------------|-----------------------|----------------|--------|
| | | | | | | | Beg Balance | Additions (Deduct) | End Balance | Net |
| 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 |
| | | | | | | | | | | |
| | | 19543.50 | 0.00 | 19543.50 | | | 17847.47 | 1047.70 | 18895.17 | 648.33 |

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 |