See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 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** 11/1/2008 **, and ending** 10/31/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Farm Bureau Federation Mississippi Farm Bureau Inc Panola County

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 1594

City, town, or country | State | ZIP + 4
Batesville | MS | 38606-1594

D Employer identification number
64-0326970

E Telephone number
(662) 563-5688

F Group Exemption Number . . ▶ 1473

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ N/A

J **Organization type** (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ 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 ▶ $ 167,379

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	62,670
	4	Investment income		4	76
	5a	Gross amount from sale of assets other than inventory	5a 47,503		
	b	Less: cost or other basis and sales expenses	5b 15,739		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	31,764
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	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 3,342		
	b	Less: cost of goods sold	7b 3,342		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ Schedule 1)		8	53,788
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	148,298
Expenses	10	Grants and similar amounts paid (attach schedule)		10	27,797
	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 2)		16	82,032
	17	**Total expenses.** Add lines 10 through 16 ▶		17	109,829
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	38,469
	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	128,294
	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	166,763

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	106,546	22	82,723
23 Land and buildings	19,500	23	307,980
24 Other assets (describe ▶ See attached statement)	2,600	24	2,000
25 **Total assets**	128,646	25	392,703
26 **Total liabilities** (describe ▶ See attached statement)	352	26	225,940
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	128,294	27	166,763

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

(HTA)

19P

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

What is the organization's primary exempt purpose? To further the interests 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)

28	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

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

(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 Lent E Thomas Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title President Hr/WK 3 00	0	0	0
Name Danny Holland Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title V-President Hr/WK 2 00	0	0	0
Name Jan Hood Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Sec -Tres Hr/WK 40 00	25,000	1,000	0
Name Harold McCurdy Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Calvin Land Str 158 Cracker Barrell D City Batexville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Lamar Johnson Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Patrick Cannon Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name William Morris Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name John F Thomas Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name James L Browning Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Eugene Crouch Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Mike Barlett Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 00	0	0	0
Name Preston Lawerence Str 158 Cracker Barrell D City Batesville ST MS ZIP 38606	Title Director Hr/WK 1 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
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

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 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			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 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 ▶ _____			
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	40b		
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	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The books are in care of ▶ Name Jan Hood Telephone no ▶ (662) 563-5688			
	Located at ▶ 158 Cracker Barrell Drive City Batesville ST MS ZIP + 4 ▶ 38606-1594			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		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 **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.

			Yes	No
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.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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 None 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	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	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

Clint E. Thomas III Pres. 1-11-2010

Signature of officer Date

Clint E. Thomas III Pres.

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Joe B. Tingle	12-16-09		P00635496

Firm's name (or yours if self-employed), address, and ZIP +4	EIN	Phone no
Mississippi Farm Bureau Federation 6311 Ridgewood Road, Jackson, MS 39211	▶ 64-0303134	▶ (601) 977-4206

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

Part II, Line 24 (990-EZ) - Other Assets

		2,600	2,000
	Description	Beginning	End
1	Prepaid Taxes	2,400	1,800
2	Marketable Securities	200	200
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		352	225,940
	Description	Beginning	End
1	Payroll Taxes Payable	352	304
2	Pic Payable		3
3	Mortgage Payable		225,633
4			
5			
6			
7			
8			
9			
10			

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Farm Bure	990T	64-0326970

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	868

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 ▶ ☐		

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		1,771	7 yrs	HY	SL	253
	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	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property	9/1/2009	228,615	39 yrs.	MM	S/L	977
					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	2,098
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	

Panola County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	6890	
Southern Farm Bureau Life Insurance Company	8640	
Southern Farm Bureau Casualty Insurance Company	24196	
Mississippi Farm Bureau Mutual Insurance Company	14062	
Total Insurance Fees		53788

Panola County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	34874	34874			
Insurance Company Svc Fees	53788		53788		
Interest	76				76
TOTAL INCOME	88738	34874	53788	0	76
Relationship of Dues to Service Fees		39.3%	60.7%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	308				
Insurance	344				
Telephone	2932				
Postage	2460				
Office Expense	3388				
Depreciation	903				
TOTAL	10335	4065	6270		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	4543				
Taxes	1040				
Insurance	1232				
Building Maintenance	2377				
Depreciation	1195				
TOTAL	10387	5193	5194		

Panola County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		45.0%	55.0%		
Salary - Secretary	47219				
Payroll Taxes	3870				
Employee Insurance	519				
Retirement	250				
TOTAL	51858	23336	28522		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1820				
Board Expense	563				
Commodity Meetings	346				
Contributions	400				
Legislative Reception	748				
MFBF Convention	3803				
Safety Seminar	398				
Secretary Meeting	598				
Womens Committee	242				
TOTAL	8918	8918			
Expense Directly Related to Production of Service Fees					
State Income Tax	534				
TOTAL	534		534		
TOTAL EXPENSES	82032	41512	40520	0	0

Panola County Farm Bureau
Depreciation Schedule
October 31, 2009
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		13778.70		13778.70	33.0	SL	13778.70	0.00	13778.70	0.00
Building	Oct-80	22500.00		22500.00	31.5	SL	22500.00	0.00	22500.00	0.00
Building	Oct-91	1659.98		1659 98	31.5	SL	992.56	52.70	1045.26	614.72
Building	Oct-04	2500 00		2500 00	39.0	SL	256.40	64.10	320.50	2179.50
Remodel	Nov-04	3751 00		3751 00	39.0	SL	384.72	96.18	480.90	3270.10
Remodel	Jul-05	200.00		200.00	39.0	SL	20 52	5.13	25.65	174.35
			-44389.68	-44389.68	39.0	SL		0.00	-37932.90	-6456.78
Building	Sep-09		228614 64	228614.64	39.0	SL		977.00	977.00	227637.64
		44389.68	184224.96	228614.64			37932.90	1195.11	1195.11	227419.53

Prepared by: Bert Tingle

Panola County Farm Bureau
Depreciation Schedule
October 31, 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 Items		16133.17		16133.17	7.0	SL	16133.17	0.00	16133.17	0.00
FAX	Jan-04	239.08		239.08	7.0	SL	170.75	34.15	204.90	34 18
Telephone	Apr-05	3606.00		3606.00	7 0	SL	2060 56	515.14	2575.70	1030 30
Furniture	Oct-05	376.09		376.09	7 0	SL	161.19	53.73	214.92	161.17
Furniture	Oct-06	225.26		225.26	7.0	SL	64 36	32.18	96 54	128.72
Furniture	Oct-08	104.08		104.08	7.0	SL		14 87	14 87	89 21
Furniture			1770.85	1770.85	7.0	SL		252.98	252.98	1517 87
		20683.68	1770 85	22454.53			18590.03	903.05	19493.08	2961.45