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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 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 Attala County

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 810

City, town, or country | State | ZIP + 4
Kosciusko | MS | 39090-0810

D Employer identification number
64-0332002

E Telephone number
(662) 289-4862

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 ▶ $ 99,464

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	53,375
	4	Investment income		4	0
	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 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 ▶ ☐			
	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 176		
	b	Less: cost of goods sold	7b 96		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	80
	8	Other revenue (describe ▶ Schedule 1)		8	45,913
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	99,368
Expenses	10	Grants and similar amounts paid (attach schedule)		10	27,892
	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	79,397
	17	**Total expenses.** Add lines 10 through 16 ▶		17	107,289
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,921
	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	57,021
	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	49,100

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	41,674	22	32,025
23	Land and buildings	13,534	23	15,521
24	Other assets (describe ▶ See attached statement)	1,955	24	1,675
25	**Total assets**	57,163	25	49,221
26	**Total liabilities** (describe ▶ See attached statement)	142	26	121
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	57,021	27	49,100

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

Form **990-EZ** (2008)

(HTA)

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 Mr Weldon Harris Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title President Hr/WK 4 00	0	0	0
Name Mr Bobby J Evans Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title V-Pesident Hr/WK 2 00	0	0	0
Name Mrs Rhonda Pickle Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Sec-Treas Hr/WK 40 00	24,000	960	0
Name Mrs Carolyn Cullen Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 3 00	0	0	0
Name Mr James Crowder Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mr Joey Evans Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mr John Trussell Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Dorector Hr/WK 1 00	0	0	0
Name Mr Tommy Buford Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mr W M Blaine Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mr Weldon Kyle Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mr H S Smithson Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 1 00	0	0	0
Name Mrs Melanie Harris Str 912 Hwy 35 North City Kosciusko ST MS ZIP 39090	Title Director Hr/WK 2 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
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 Rhonda Pickle Telephone no ▶ (662) 289-4862

Located at ▶ 912 Hwy 35 North City Kosciusko ST MS ZIP + 4 ▶ 39090-0810

			Yes	No
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

			Yes	No
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

Weldon Harris — Signature of officer — Date 1/13/10

Weldon Harris - President — 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	12-5-09	☐	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

Attala County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	4940	
Southern Farm Bureau Life Insurance Company	6141	
Southern Farm Bureau Casualty Insurance Company	24145	
Mississippi Farm Bureau Mutual Insurance Company	10687	
Total Insurance Fees		45913

Attala County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	25484	25484			
Insurance Company Svc Fees	45913		45913		
Net Sales	80				80
TOTAL INCOME	71477	25484	45913	0	80
Relationship of Dues to Service Fees		35.7%	64.3%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	3617				
Insurance	344				
Telephone	3202				
Postage	1508				
Office Expense	5638				
Depreciation	707				
TOTAL	15016	5360	9656		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	3260				
Taxes	2976				
Insurance	1316				
Building Maintenance	2486				
Depreciation	539				
TOTAL	10577	5288	5289		

Attala County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	42500				
Payroll Taxes	3569				
Employee Insurance	947				
Retirement	1226				
TOTAL	48242	24121	24121		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1153				
Board Expense	2724				
Contributions	150				
MFBF Convention	824				
Secretary Meeting	304				
Other Exempt	35				
TOTAL	5190	5190			
Expense Directly Related to Production of Service Fees					
State Income Tax	372				
TOTAL	372		372		
TOTAL EXPENSES	79397	39959	39438	0	0

Attala 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		28125 00		28125.00	20.0	SL	28125.00	0.00	28125.00	0.00
Driveway	Apr-91	1691 84		1691 84	31 5	SL	944.33	53.71	998 04	693.80
Building	Nov-92	11194.67		11194.67	31 5	SL	5686.24	355.39	6041.63	5153.04
Building	Nov-01	1848 40		1848.40	39.0	SL	426 51	47.39	473.90	1374.50
Building	Jul-09		3233.15	3233.15	39.0	SL		82.90	82.90	3150.25
		42859.91	3233.15	46093.06			35182.08	539.39	35721.47	10371.59

Prepared by: Bert Tingle

Attala 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		4536.45		4536.45	7.0	SL	4536.45	0.00	4536.45	0 00
Water Heater	Nov-03	404.57		404.57	7.0	SL	289.00	57.80	346 80	57.77
Refrigerator	Feb-04	426.92		426.92	7.0	SL	304.95	60.99	365 94	60 98
Air Conditioner	Jun-04	1765 50		1765.50	7.0	SL	1261.05	252.21	1513.26	252.24
Copier	Oct-05	850 65		850 65	7.0	SL	364.56	121.52	486.08	364.57
Lights	Oct-06	535.00		535.00	7 0	SL	152.86	76.43	229.29	305.71
Chair	Oct-06	764.19		764.19	7 0	SL	218.34	109.17	327.51	436.68
Furniture	Oct-08	200.25		200.25	7.0	SL		28.61	28 61	171.64
		9483.53	0 00	9483.53			7127 21	706.73	7833.94	1649.59

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

		1,955	1,675
	Description	Beginning	End
1	Prepaid Taxes	1,680	1,400
2	Inventories	50	50
3	Utility Deposits	225	225
4			
5			
6			
7			
8			
9			
10			

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

	Description	Beginning 142	End 121
1	Payroll Taxes Payable	138	121
2	Pic Payable	4	
3			
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	990-T	64-0332002

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	1,163

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						
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	7/1/2009	3,233	39 yrs.	MM	S/L	83
				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	1,246
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	