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Form **990-EZ**

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**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 11/1/2008 , and ending 10/31/2009											
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>C Name of organization Farm Bureau Federation Mississippi Tate County</td> <td>D Employer identification number 64-0335889</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) P O Box 605</td> <td>Room/suite </td> </tr> <tr> <td>City, town, or country Senatobia</td> <td>State MS</td> </tr> <tr> <td>ZIP + 4 38668-0605</td> <td>E Telephone number (662) 562-8249</td> </tr> <tr> <td colspan="2">F Group Exemption Number 1473</td> </tr> </table>	C Name of organization Farm Bureau Federation Mississippi Tate County	D Employer identification number 64-0335889	Number and street (or P.O. box, if mail is not delivered to street address) P O Box 605	Room/suite 	City, town, or country Senatobia	State MS	ZIP + 4 38668-0605	E Telephone number (662) 562-8249	F Group Exemption Number 1473	
C Name of organization Farm Bureau Federation Mississippi Tate County	D Employer identification number 64-0335889										
Number and street (or P.O. box, if mail is not delivered to street address) P O Box 605	Room/suite 										
City, town, or country Senatobia	State MS										
ZIP + 4 38668-0605	E Telephone number (662) 562-8249										
F 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>G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p>											
<p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>											
<p>I Website: ► N/A</p>											
<p>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</p>											
<p>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.</p>											
<p>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. ► \$ 140,505</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	65,775
	4 Investment income	4	24
	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 <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	618	
b Less: cost of goods sold	7b	253	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	365	
8 Other revenue (describe ► Schedule 1)	8	74,088	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	140,252	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	35,492
	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	101,500
	17 Total expenses. Add lines 10 through 16.	17	136,992
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,260
	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	314,905
	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	318,165

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	111,487	101,947
23 Land and buildings	202,543	211,540
24 Other assets (describe ► Prepaid Taxes)	1,040	4,840
25 Total assets	315,070	318,327
26 Total liabilities (describe ► Payroll Taxes Payable)	165	162
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,905	318,165

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

Form **990-EZ** (2008)

(HTA)

SCANNED JAN 26 2010

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

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>Mike Ferguson</u>	Str <u>317 East Main St</u>		Title <u>President</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>4 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Kenny Hurt</u>	Str <u>317 East Main St</u>		Title <u>V-President</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>3 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ralph Darnell</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Walter McKellar</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Allison</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Wayne Steward</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Grandy Ladner</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Baker</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jerry Baker</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Boyce Lamb</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jimmy Sowell</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>John Turley</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>John Ferguson</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Lamar Crockett</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Daniel Brooks</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Barney Taylor</u>	Str <u>317 East Main St</u>		Title <u>Director</u>			
City <u>Senatobia</u>	ST <u>MS</u> ZIP <u>38668</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>

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 Form 990-T 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	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 Misty Whitsell Telephone no (662) 562-8249 Located at 317 East Main St City Senatobia ST MS ZIP + 4 38668-0605		
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.	42b	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	42c	X
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.	46	Yes	No
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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	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 <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	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 <u>Michael M. Ferguson</u> Date <u>11/12/2010</u> Type or print name and title <u>Michael M. Ferguson County President</u>			
Paid Preparer's Use Only	Preparer's signature <u>Joe B. Triple</u>	Date <u>12-30-09</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00635496</u>
	Firm's name (or yours if self-employed), address, and ZIP +4 <u>Mississippi Farm Bureau Federation 6311 Ridgewood Road, Jackson, MS 39211</u>		EIN <u>64-0303134</u>	Phone no <u>(601) 977-4206</u>

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

Tate County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	10531
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Southern Farm Bureau Life Insurance Company	9679
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Southern Farm Bureau Casualty Insurance Company	31758
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Mississippi Farm Bureau Mutual Insurance Company	<u>22120</u>
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Total Insurance Fees	<u>74088</u>
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Tate County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	30284	30284			
Insurance Company Svc Fees	74088		74088		
Interest	24				24
Net Sales	366				366
TOTAL INCOME	104762	30284	74088	0	390

Relationship of Dues to
Service Fees

29.0% 71.0%

Floor Space Ratio

50.0% 50.0%

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

Promotions	2242
Insurance	344
Telephone	4419
Postage	1683
Office Expense	3796
Depreciation	2440

TOTAL	14924	4330	10594
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Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4645
Taxes	3647
Insurance	2051
Building Maintenance	3643
Depreciation	8310

TOTAL	22296	11148	11148
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Tate County Farm Bureau
SCHEDULE II
October 31, 2009

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	49476				
Payroll Taxes	4013				
Employee Insurance	566				
TOTAL	54055	27027	27028		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3750				
Board Expense	3297				
Contributions	100				
Legislative Reception	51				
Safety Seminar	54				
Secretary Meeting	133				
Washington Tour	1232				
Womens Committee	410				
Other Exempt	31				
TOTAL	9058	9058			
Expense Directly Related to Production of Service Fees					
State Income Tax	1167				
TOTAL	1167		1167		
TOTAL EXPENSES	101500	51563	49937	0	0

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

Description	Acquired	Accumulated Depreciation			Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-88	96876.80		96876.80	33.0	SL	60707.89	2935.66	63643.55	33233.25
Building	Nov-88	1847.22		1847.22	31.5	SL	1176.22	58.64	1234.86	612.36
Carpet	Apr-90	636.00		636.00	31.5	SL	516.50	20.19	536.69	99.31
Building	Nov-97	454.19		454.19	31.5	SL	147.54	14.42	161.96	292.23
Building	Nov-97	2240.58		2240.58	31.5	SL	670.26	71.13	741.39	1499.19
Building	Jun-03	4571.82		4571.82	39.0	SL	586.15	117.23	703.38	3868.44
Building	Oct-06	1765.60		1765.60	39.0	SL	90.54	45.27	135.81	1629.79
Building	Oct-08	90125.00		90125.00	39.0	SL		2310.90	2310.90	87814.10
Building	Nov-08		19155.00	19155.00	7.0	SL		2736.43	2736.43	16418.57

198517.21	19155.00	217672.21	63895.10	8309.87	72204.97	145467.24
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Tate County Farm Bureau
Depreciation Schedule
October 31, 2009
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		15581.77		15581.77	7.0	SL	15581.77	0.00	15581.77	0.00
Equipment	Mar-01	331.70		331.70	7.0	SL	331.70	0.00	331.70	0.00
Equipment	Apr-01	294.25		294.25	7.0	SL	294.25	0.00	294.25	0.00
Copier	May-01	996.08		996.08	7.0	SL	469.20	142.30	611.50	384.58
Telephone	May-05	4049.04		4049.04	7.0	SL	2313.72	578.43	2892.15	1156.89
Equipment	Aug-05	1217.44		1217.44	7.0	SL	695.68	173.92	869.60	347.84
Furniture	Oct-06	225.00		225.00	7.0	SL	64.28	32.14	96.42	128.58
Furniture	Oct-07	191.53		191.53	7.0	SL	27.36	27.36	54.72	136.81
Chairs	Oct-08	1059.30		1059.30	7.0	SL		151.33	151.33	907.97
Telephone	Oct-08	940.87		940.87	7.0	SL		134.41	134.41	806.46
Furniture	Oct-08	5617.50		5617.50	7.0	SL		802.50	802.50	4815.00
Chairs	Oct-08	513.60		513.60	7.0	SL		73.37	73.37	440.23
Blinds	Oct-08	840.00		840.00	7.0	SL		120.00	120.00	720.00
Telephone	Oct-08	840.48		840.48	7.0	SL		120.07	120.07	720.41
Table & Chair	Jul-09		249.99	249.99	7.0	SL		35.71	35.71	214.28
Chairs	Jul-09		342.37	342.37	7.0	SL		48.91	48.91	293.46

32698.56	592.36	33290.92	19777.96	2440.45	22218.41	11072.51
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Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	23
2	Dividends and interest from securities	2	1
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	24

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

		1,040	4,840
Description		Beginning	End
1	Prepaid Taxes	1,040	4,840
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

		165	162
Description		Beginning	End
1	Payroll Taxes Payable	165	162
2			
3			
4			
5			
6			
7			
8			
9			
10			

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

(99)

▶ 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 Tate Court 1120

64-0335889

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	7,929

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		592	7 yrs.	HY	SL	85
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	11/1/2008	19,155	39 yrs.	MM	S/L	2,736
				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	10,750
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)