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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		11/1/2008	, and ending	10/31/2009
B Check if applicable		C Name of organization		
<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. Farm Bureau Federation Mississippi Walthall County Farm Bureau Number and street (or P O box, if mail is not delivered to street address) <input type="text"/> Room/suite <input type="text"/> P O Box 454 City, town, or country <input type="text"/> State <input type="text"/> ZIP + 4 Tylertown MS 39667-0454		
		D Employer identification number 64-0355890		
		E Telephone number (601) 876-0454		
		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).**

I Website: ► N/A	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
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	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 135,471

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 66,306
	4 Investment income	4 1,149
	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 269	
b Less: cost of goods sold	7b 150	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 119	
8 Other revenue (describe ► Schedule I)	8 67,747	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 135,321	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 29,849
	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 ► See attached statement)	16 100,240
	17 Total expenses. Add lines 10 through 16 ►	17 130,089
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,232
	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)	19 279,655
	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 ►	21 284,887
	<i>RECEIVED 8/2009 IRS-OSC</i>	

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
22 Cash, savings, and investments		171,802 22 176,752
23 Land and buildings		140,467 23 136,970
24 Other assets (describe ► Prepaid Expenses)		4,263 24 4,604
25 Total assets		316,532 25 318,326
26 Total liabilities (describe ► Mortgage)		36,877 26 33,439
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		279,655 27 284,887

10
C

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

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer

(Grants \$ 0) If this amount includes foreign grants, check here .

29

(Grants \$ 0) If this amount includes foreign grants, check here

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 80,732

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

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	
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 ► _____		
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	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ► _____		
42 a The books are in care of ► Name Kathy Knippers Telephone no ► (601) 876-0454 Located at ► 110 Hwy 198 E City Tylertown ST MS ZIP + 4 ► 39667		
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 ► <input type="checkbox"/> 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.

Question	Description	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	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization(s) a section 527 organization?	49b	X
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name 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

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
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ►		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Bill Pigott
Signature of officer

12-21-09
Date

Bill Pigott President
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► Karen Easterling	Date 12/7/2009	Check if self-employed ► <input type="checkbox"/> P00900692	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP +4 ► Mississippi Farm Bureau Federation 6311 Ridgewood Rd, Jackson, MS 39211		EIN ► 64-0303134 Phone no ► 601-977-4243	

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

Walthall County Farm Bureau
 S C H E D U L E I I
 October 31, 2009

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	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	45125				
Payroll Taxes	3940				
Employee Insurance	27				
Retirement	529				
TOTAL	49621	24810	24811		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T *	3441				
Annual Meeting	750				
Ag in the Classroom	102				
Board Expense	365				
Commodity Meetings	497				
Contributions	597				
MFBF Convention	1660				
Secretary Meeting	480				
Washington Tour	638				
TOTAL	8530	8530			
Expense Directly Related to Production of Service Fees					
State Income Tax	1098				
TOTAL	1098		1098		
TOTAL EXPENSES	100240	50883	49357	0	0

**Walthall County Farm Bureau
S C H E D U L E I
October 31, 2009**

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield 8033

Southern Farm Bureau Life Insurance Company 11316

Southern Farm Bureau Casualty Insurance Company 31774

Mississippi Farm Bureau Mutual Insurance Company 16624

Total Insurance Fees 67747

TOTAL SERVICE FEES 67747

**Walthall County Farm Bureau
SCHEDULE II
October 31, 2009**

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	36458	36458			
Insurance Company Svc Fees	67747		67747		
Interest	1149				1149
Net Sales	119				119
TOTAL INCOME	105473	36458	67747	0	1268

Relationship of Dues to Service Fees 35.0% 65.0%

Floor Space Ratio 50.0% 50.0%

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

Promotions	4242
Insurance	317
Telephone	5747
Postage	1361
Office Expense	6181
Depreciation	1814

TOTAL 19662 6879 12783

Allocation of Occupancy Expense Base on Area Occupied

Utilities	5026
Taxes	2824
Insurance	1775
Building Maintenance	1950
Interest	1931
Depreciation	7823

TOTAL 21329 10664 10665

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net		
							Beg Balance	Additions (Deduct)	End Balance	Net			
Building	Jan-03	118017.08		118017.08	39.0	SL	17526.02	3026.08	20552.10	97464.98			
Building Improvements	Apr-04	12533.93		12533.93	7.0	SL	8057.52	1790.56	9848.08	2685.85			
Building Improvements	Mar-05	11978.00		11978.00	7.0	SL	5988.99	1711.14	7700.13	4277.87			
Building Improv (Shed)	Sep-08	6000.00		6000.00	7.0	SL	428.57	857.14	1285.71	4714.29			
Building Improv (Shed)	Nov-08		6140.00	6140.00	7.0	SL		438.57	438.57	5701.43			
							148529.01	6140.00	154669.01	32001.10	7823.49	39824.59	114844.42

Walthall 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		6867.07		6867.07	7.0	SL	6867.07	0.00	6867.07	0.00
Office Equipment	Mar-98	604.54		604.54	7.0	SL	604.54	0.00	604.54	0.00
Fax Machine	Mar-99	190.79		190.79	5.0	SL	190.79	0.00	190.79	0.00
Vacuum Cleaner	Mar-02	214.93		214.93	7.0	SL	199.55	15.38	214.93	0.00
Office Furniture	Sep-04	1256.39		1256.39	7.0	SL	807.66	179.48	987.14	269.25
Stove	Nov-04	300.00		300.00	7.0	SL	150.01	42.86	192.87	107.13
Copier	Mar-05	1603.93		1603.93	5.0	SL	1122.76	320.79	1443.55	160.38
Phone System	Jul-07	6276.62	0.00	6276.62	5.0	SL	1882.98	1255.32	3138.30	3138.32
<hr/>										
		17314.27	0.00	17314.27			11825.36	1813.83	13639.19	3675.08

Prepared by: Karen Easterling

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Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)Name(s) shown on return
Farm Bureau Federation Mississippi Walthall C 990T

Business or activity to which this form relates

Identifying number
64-0355890

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

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	9,199

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						
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			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					S/L	
c 40-year			12 yrs		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	9,638
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)

Walthall County Farm Bureau
Officers and Directors
October 31, 2009

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City ST ZIP Code</u>
Mr Bill Pigott	President	PO Box 454	Tylertown MS 39667-0454
Mr O.D. Martin	Vice-President	PO Box 454	Tylertown MS 39667-0454
Mr Mac Conerly	Secretary/Treasurer	PO Box 454	Tylertown MS 39667-0454
Mr Jerry N Holmes	Director	PO Box 454	Tylertown MS 39667-0454
Mr William L Magee	Director	PO Box 454	Tylertown MS 39667-0454
Mr Larry D Boyd	Director	PO Box 454	Tylertown MS 39667-0454
Mr Buel Boyd	Director	PO Box 454	Tylertown MS 39667-0454
Mrs Mickey Rayborn	Director	PO Box 454	Tylertown MS 39667-0454
Mr Jay Bacot	Director	PO Box 454	Tylertown MS 39667-0454
Mr Douglas Popwell	Director	PO Box 454	Tylertown MS 39667-0454
Mr Carol Smith	Director	PO Box 454	Tylertown MS 39667-0454
Mrs Sheila Conerly	Director	PO Box 454	Tylertown MS 39667-0454
Mr Glenis Brooks	Director	PO Box 454	Tylertown MS 39667-0454
Mr Gilbert Bullock	Director	PO Box 454	Tylertown MS 39667-0454
Mr Alton Harvey	Director	PO Box 454	Tylertown MS 39667-0454