



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

C Name of organization
Farm Bureau Federation Mississippi Walthall County Farm Bureau

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O Box 454

City, town, or country State ZIP + 4
Tylertown MS 39667-0454

D Employer identification number
64-0355890

E Telephone number
(601) 876-0454

F Group Exemption Number **1473**

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. ► \$ **135,471**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	66,306	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	1,149	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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		
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		

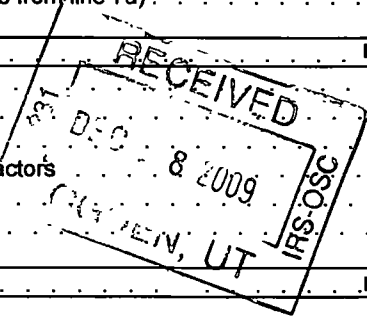
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	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

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

SCANNED JAN 11 2010

10
65

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

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 \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	80,732
29		(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	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.)

(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	Str		Title			
BILL PIGOTT	PO Box 454		PRESIDENT			
City	ST	ZIP	Hr/WK			
TYLERTOWN	MS	39667	5 00	0	0	0
Name	Str		Title			
O D MARTIN	PO Box 454		VICE- PRES			
City	ST	ZIP	Hr/WK			
TYLERTOWN	MS	39667	2 00	0	0	0
Name	Str		Title			
MAC CONERLY	PO Box 454		SEC/TREAS			
City	ST	ZIP	Hr/WK			
TYLERTOWN	MS	39667	2 00	0	0	0
Name	Str		Title			
DIRECTORS ATTACI	PO Box 454		DIRECTORS			
City	ST	ZIP	Hr/WK			
TYLERTOWN	MS	39667	2 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
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
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

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	
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		
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	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 Tylectown 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 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.		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Total number of other employees paid over \$100,000 ▶	0	0	0	0

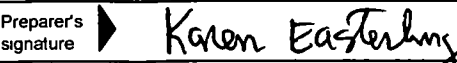
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

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  **12-21-09**
 Signature of officer _____ Date _____
 Type or print name and title Bill Picjott President

Paid Preparer's Use Only

Preparer's signature 	Date <u>12/7/2009</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00900692</u>
Firm's name (or yours if self-employed), address, and ZIP +4 <u>Mississippi Farm Bureau Federation</u>	EIN <u>64-0303134</u>	Phone no <u>601-977-4243</u>	

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

Walthall 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	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
SCHEDULE 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	<u>16624</u>

Total Insurance Fees	<u>67747</u>
----------------------	--------------

TOTAL SERVICE FEES	<u><u>67747</u></u>
--------------------	---------------------

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	<u>105473</u>	<u>36458</u>	<u>67747</u>	<u>0</u>	<u>1268</u>
--------------	---------------	--------------	--------------	----------	-------------

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	
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 Impro (Shed)	Sep-08	6000.00		6000.00	7.0	SL	428.57	857.14	1285.71	4714.29
Building Impro (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				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
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

17314.27	0.00	17314.27	11825.36	1813.83	13639.19	3675.08
----------	------	----------	----------	---------	----------	---------

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Walthall C 990T

64-0355890

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		6,140	7yr	HY	SL	439
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	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.

Form 4562 (2008)

(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