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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

<b>A</b> For the 2008 calendar year, or tax year beginning <b>11/1/2008</b> , and ending <b>10/31/2009</b>											
<b>B</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><b>C</b> Name of organization <b>Farm Bureau Federation Mississippi Lincoln County Farm Bureau</b></td> <td><b>D</b> Employer identification number <b>64-0367549</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>P O Box 1116</b></td> <td>Room/suite <b></b></td> </tr> <tr> <td>City, town, or country <b>Brookhaven</b></td> <td>State <b>MS</b></td> </tr> <tr> <td>ZIP + 4 <b>39602-1116</b></td> <td><b>E</b> Telephone number <b>(601) 833-3571</b></td> </tr> <tr> <td colspan="2"><b>F</b> Group Exemption Number . . . . . <b>1473</b></td> </tr> </table>	<b>C</b> Name of organization <b>Farm Bureau Federation Mississippi Lincoln County Farm Bureau</b>	<b>D</b> Employer identification number <b>64-0367549</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>P O Box 1116</b>	Room/suite <b></b>	City, town, or country <b>Brookhaven</b>	State <b>MS</b>	ZIP + 4 <b>39602-1116</b>	<b>E</b> Telephone number <b>(601) 833-3571</b>	<b>F</b> Group Exemption Number . . . . . <b>1473</b>	
<b>C</b> Name of organization <b>Farm Bureau Federation Mississippi Lincoln County Farm Bureau</b>	<b>D</b> Employer identification number <b>64-0367549</b>										
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ZIP + 4 <b>39602-1116</b>	<b>E</b> Telephone number <b>(601) 833-3571</b>										
<b>F</b> Group Exemption Number . . . . . <b>1473</b>											
<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>											
<p><b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► <b></b></p>											
<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>											
<p><b>I</b> Website: ► <b>N/A</b></p>											
<p><b>J</b> 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><b>K</b> 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><b>L</b> 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. ► \$ <b>314,792</b></p>											

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>0</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>142,220</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>85</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> <b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1) . . . . .	<b>6a</b>	<b>0</b>
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>0</b>
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>0</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>1,143</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	<b>1,140</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>3</b>	
<b>8</b> Other revenue (describe ► <b>Schedule II</b> ) . . . . .	<b>8</b>	<b>171,344</b>	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>313,652</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>76,928</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ► <b>See attached statement</b> ) . . . . .	<b>16</b>	<b>234,990</b>
<b>17</b> Total expenses. Add lines 10 through 16 . . . . .	<b>17</b>	<b>311,918</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>1,734</b>
	<b>19</b> 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) . . . . .	<b>19</b>	<b>602,585</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>604,319</b>

**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
<b>22</b> Cash, savings, and investments . . . . .	<b>444,443</b>	<b>454,168</b>
<b>23</b> Land and buildings . . . . .	<b>147,581</b>	<b>139,201</b>
<b>24</b> Other assets (describe ► <b>Prepaid Expenses, Other Assets</b> ) . . . . .	<b>10,789</b>	<b>11,100</b>
<b>25</b> Total assets . . . . .	<b>602,813</b>	<b>604,469</b>
<b>26</b> Total liabilities (describe ► <b>Accounts Payable</b> ) . . . . .	<b>228</b>	<b>150</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	<b>602,585</b>	<b>604,319</b>

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

Form **990-EZ** (2008)

(HTA)

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24

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <u>To promote the interest of farmers in Mississippi</u> 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		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
<b>28</b>	<u>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</u> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
		193,146
<b>29</b>	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
		0
<b>30</b>	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
		0
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
		0
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>
		193,146

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> 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>Scott Smith</u> Str <u>P O Box 1116</u>	Title <u>President</u>			
City <u>Brookhaven</u> ST <u>MS</u> ZIP <u>39602</u>	Hr/WK <u>5 00</u>	0	0	0
Name <u>Perry Spencer</u> Str <u>P O Box 1116</u>	Title <u>Vice President</u>			
City <u>Brookhaven</u> ST <u>MS</u> ZIP <u>39602</u>	Hr/WK <u>2 00</u>	0	0	0
Name <u>Mary Nettles</u> Str <u>P O Box 1116</u>	Title <u>Sec/Treasurer</u>			
City <u>Brookhaven</u> ST <u>MS</u> ZIP <u>39602</u>	Hr/WK <u>5 00</u>	0	0	0
Name <u>Directors Attached</u> Str <u>P O Box 1116</u>	Title <u>Directors</u>			
City <u>Brookhaven</u> ST <u>MS</u> ZIP <u>39602</u>	Hr/WK <u>2 00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> 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
<b>35</b> 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		
<b>a</b> 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>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	X	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>38 a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</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. <b>40b</b>		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. ▶		
<b>e</b> 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. <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42 a</b> The books are in care of ▶ Name Mary Nettles Telephone no ▶ (601) 833-3571		
Located at ▶ 303 W Cherokee St City Brookhaven ST MS ZIP + 4 ▶ 39602-1116		
<b>b</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)? <b>42b</b>		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.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. <b>44</b>		X
<b>45</b> 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. <b>45</b>		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

<b>46</b>	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 . . . . .	<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .	<b>47</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49 a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>50</b>	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

**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

<b>Sign Here</b>	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>Karen Easton</u>		Date <u>12-29-09</u>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <u>Karen Easton</u>		Date <u>12/5/2009</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP +4 <u>Mississippi Farm Bureau Federation</u>		EIN <u>64-0303134</u>	Preparer's Identifying Number (See instructions) <u>P00900692</u>
	<u>6311 Ridgewood Rd, Jackson, MS 39211</u>		Phone no <u>601-977-4243</u>	

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

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

OMB No 1545-0172

**2008**Attachment  
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Lincoln Co	Business or activity to which this form relates 990T	Identifying number 64-0367549
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**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	10,198

**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		1,957	7YR	HY	SL	140
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	10,338
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)

Lincoln County Farm Bureau  
SCHEDULE I  
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	22454
------------------------	-------

Southern Farm Bureau Life Insurance Company	26612
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Southern Farm Bureau Casualty Insurance Company	87011
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Mississippi Farm Bureau Mutual Insurance Company	<u>35267</u>
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Total Insurance Fees	<u>171344</u>
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TOTAL SERVICE FEES	<u><u>171344</u></u>
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Lincoln County Farm Bureau  
SCHEDULE II  
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	65292	65292			
Insurance Company Svc Fees	171344		171344		
Interest	85				85
Net Sales	3				3
	<hr/>				
TOTAL INCOME	236724	65292	171344	0	88
	<hr/>				

Relationship of Dues to  
Service Fees

27.6%      72.4%

Floor Space Ratio

50.0%      50.0%

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

Promotions	7113		
Insurance	344		
Telephone	10133		
Postage	6072		
Office Expense	8760		
Depreciation	73		
	<hr/>		
TOTAL	32495	8966	23529

Allocation of Occupancy Expense  
Base on Area Occupied

Utilities	9183		
Taxes	6930		
Insurance	2819		
Building Maintenance	8790		
Depreciation	10265		
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TOTAL	37987	18993	18994



Lincoln 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	109258				
Payroll Taxes	8351				
Employee Insurance	13961				
Retirement	2360				
TOTAL	133930	66965	66965		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	7477				
Board Expense	4312				
Leadership Conference	243				
MFBF Convention	4357				
Secretary Meeting	167				
Scholarship	4000				
Womens Committee	238				
Young Farmer Program	500				
TOTAL	21294	21294			
Expense Directly Related to Production of Service Fees					
State Income Tax	2514				
Computer Rent	6770				
TOTAL	9284		9284		
TOTAL EXPENSES	234990	116218	118772	0	0

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Jan-92	221417.45		221417.45	31.5	SL	117737.92	7029.13	124767.05	96650.40
Paving	Feb-95	906.00		906.00	7.0	SL	906.00	0.00	906.00	0.00
Carpet	Sep-96	2205.27		2205.27	7.0	SL	2205.27	0.00	2205.27	0.00
Cabinets	Jan-99	1206.34		1206.34	7.0	SL	1206.34	0.00	1206.34	0.00
Central Air Unit	May-99	8705.81		8705.81	7.0	SL	8705.81	0.00	8705.81	0.00
Roof	Sep-99	3500.00		3500.00	7.0	SL	3500.00	0.00	3500.00	0.00
Building Improvements	Dec-99	5898.63		5898.63	7.0	SL	5898.63	0.00	5898.63	0.00
Roof	Nov-00	12120.00		12120.00	7.0	SL	12120.00	0.00	12120.00	0.00
A/C Unit	Sep-02	3522.44		3522.44	7.0	SL	3270.86	251.58	3522.44	0.00
Office Lighting	Feb-07	13777.32	0.00	13777.32	7.0	SL	2952.28	1968.19	4920.47	8856.85
Carpet	May-07	6135.11	0.00	6135.11	7.0	SL	1314.66	876.44	2191.10	3944.01
Shutters	Feb-09		1957.25	1957.25	7.0	SL		139.81	139.81	1817.45

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279394.37	1957.25	281351.62	159817.77	10265.15	170082.92	111268.71
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Lincoln 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	
Furniture	Jan-92	3795.53		3795.53	7.0	SL	3795.53	0.00	3795.53	0.00
Phone System	Nov-95	6751.98		6751.98	5.0	SL	6751.98	0.00	6751.98	0.00
Office Furniture	Feb-96	1305.40		1305.40	7.0	SL	1305.40	0.00	1305.40	0.00
Vacuum Cleaner	Feb-96	171.18		171.18	7.0	SL	171.18	0.00	171.18	0.00
Chair	Oct-96	371.29		371.29	7.0	SL	371.29	0.00	371.29	0.00
Desk/Chairs	Aug-97	765.05		765.05	7.0	SL	765.05	0.00	765.05	0.00
Desk/Chairs	Oct-98	1319.00		1319.00	7.0	SL	1319.00	0.00	1319.00	0.00
Office Furniture	Apr-02	1015.43		1015.43	7.0	SL	942.89	72.54	1015.43	0.00
Copier	Jan-03	2967.20		2967.20	5.0	SL	2967.20	0.00	2967.20	0.00

18462.06	0.00	18462.06	18389.52	72.54	18462.06	0.00
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Lincoln 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 Scott H Smith	President	PO Box 1116	Brookhaven MS 39602-1116
Mr Perry Spencer	Vice-President	PO Box 1116	Brookhaven MS 39602-1116
Mrs Mary C Nettles	Secretary/Treasurer	PO Box 1116	Brookhaven MS 39602-1116
Mr Dwain W Case	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Sam Laird	Director	PO Box 1116	Brookhaven MS 39602-1116
Mrs Rebecca B Bates	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Garland Brown	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Harold Rutland	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Larry R Sasser	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Rudy J Smith	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Hamp Smith	Director	PO Box 1116	Brookhaven MS 39602-1116
Mr Robert E Mcgehee Jr	Director	PO Box 1116	Brookhaven MS 39602-1116