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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
InspectionDepartment 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:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization: Farm Bureau Copiah County

Number and street (or P O box, if mail is not delivered to street address): P O Box 708

Room/suite: Room/suite

City, town, or country: Hazlehurst State: MS ZIP + 4: 39083-0708

D Employer identification number: 64-0412680

E Telephone number: (601) 894-4521

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 \$ 196,392

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	107,072
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	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 ☐		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	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	3,829	
7b	Less: cost of goods sold	7b	3,902	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-73	
8	Other revenue (describe Schedule I)	8	85,491	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	192,490	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	41,672
	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	145,241
	17	Total expenses. Add lines 10 through 16	17	186,913
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,577
	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	91,912
	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	97,489

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)

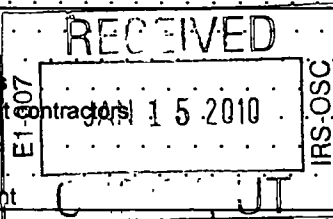
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,727	37,658
23 Land and buildings	381,327	373,055
24 Other assets (describe Inventory)	80	80
25 Total assets	421,134	410,793
26 Total liabilities (describe Mortgage)	329,222	313,304
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,912	97,489

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

Form 990-EZ (2008)

(HTA)

SCANNED JAN 21 2010



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.

Expenses

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

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 ☐	28a	115,022
29			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	29a	0
30			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (attach schedule)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	115,022

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>Tod Waltman</u>	Str <u>P O Box 708</u>		Title <u>President</u>			
City <u>Hazlehurst</u>	ST <u>MS</u>	ZIP <u>39083</u>	Hr/WK <u>5 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Nelson McCarty</u>	Str <u>P O Box 708</u>		Title <u>Vice President</u>			
City <u>Hazlehurst</u>	ST <u>MS</u>	ZIP <u>39083</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Beverly Rodgers</u>	Str <u>P O Box 708</u>		Title <u>Treasurer</u>			
City <u>Hazlehurst</u>	ST <u>MS</u>	ZIP <u>39083</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>See Attached List</u>	Str <u>P O Box 708</u>		Title <u>Directors</u>			
City <u>Hazlehurst</u>	ST <u>MS</u>	ZIP <u>39083</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>
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>
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>
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>
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>
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>
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?		
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?		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.		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.		X
41 List the states with which a copy of this return is filed		
42 a The books are in care of Name Beverly Rodgers Telephone no (601) 894-4521		
Located at 28088 Highway 28 City Hazlehurst ST MS ZIP + 4 39083		
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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		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.		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.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	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 <u>None</u> 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 <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

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 ▶ Ted Waltman Signature of officer Date 1-12-10

▶ Ted Waltman President Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>Karen Easterling</u>	Date <u>12/18/2009</u>	Check if self-employed ☐	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>	
<u>6311 Ridgewood Rd, Jackson, MS 39211</u>			

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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
Farm Bureau Copiah CountyBusiness or activity to which this form relates
990TIdentifying number
64-0412680**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	8,275

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
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	8,275
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)

Copiah County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	11003
Southern Farm Bureau Life Insurance Company	14349
Southern Farm Bureau Casualty Insurance Company	36934
Mississippi Farm Bureau Mutual Insurance Company	<u>23205</u>

Total Insurance Fees	<u>85491</u>
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TOTAL SERVICE FEES	<u><u>85491</u></u>
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Copiah County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	65400	65400			
Insurance Company Svc Fees	85491		85491		
Net Sales	-73				-73
TOTAL INCOME	150818	65400	85491	0	-73

Relationship of Dues to Service Fees	43.3%	56.7%
Floor Space Ratio	50.0%	50.0%

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

Promotions	653		
Insurance	344		
Telephone	7851		
Postage	3513		
Office Expense	12673		
Depreciation	358		
TOTAL	25392	11006	14386

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	8122		
Taxes	6452		
Insurance	3343		
Building Maintenance	983		
Interest	4163		
Depreciation	7917		
TOTAL	30980	15490	15490

Copiah 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	74120				
Payroll Taxes	6419				
Employee Insurance	902				
Retirement	2588				
TOTAL	84029	42014	42015		
Expense Directly Attributed to Production of Farm Bureau Dues					
Board Expense	3042				
Contributions	133				
MFBF Convention	897				
Safety Seminar	400				
Secretary Meeting	162				
Womens Committee	206				
TOTAL	4840	4840			
Expense Directly Related to Production of Service Fees					
TOTAL	0		0		
TOTAL EXPENSES	145241	73350	71891	0	0

Copiah 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	
Bldg (Crystal Spgs)	Oct-03	48387.16		48387.16	39.0	SL	6255.20	1240.70	7495.90	40891.26
Bldg (Hazlehurst)	Jun-05	260363.21		260363.21	39.0	SL	22531.43	6675.98	29207.41	231155.80

308750.37	0.00	308750.37	28786.63	7916.68	36703.31	272047.06
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Copiah County Farm Bureau
Depreciation Schedule
October 31, 2009
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Desk/Chairs (H)	Oct-93	738.06		738.06	7.0	SL	738.06	0.00	738.06	0.00
Phone System (H)	Feb-94	3380.90		3380.90	7.0	SL	3380.90	0.00	3380.90	0.00
Copier (Crystal Spgs)	Nov-94	1403.00		1403.00	7.0	SL	1403.00	0.00	1403.00	0.00
Office Furniture (CS)	Nov-94	2863.30		2863.30	7.0	SL	2863.30	0.00	2863.30	0.00
Fax Machine (CS)	Nov-94	427.98		427.98	7.0	SL	427.98	0.00	427.98	0.00
Phone System (CS)	Nov-94	2329.13		2329.13	7.0	SL	2329.13	0.00	2329.13	0.00
Office Furniture (CS)	Jun-95	452.61		452.61	7.0	SL	452.61	0.00	452.61	0.00
Office Furniture (H)	Jul-98	6340.52		6340.52	7.0	SL	6340.52	0.00	6340.52	0.00
Furniture (Hazlehurst)	Jun-05	1544.78		1544.78	7.0	SL	772.38	220.68	993.06	551.72
Copier (Hazlehurst)	Feb-06	963.00		963.00	7.0	SL	371.44	137.57	509.01	453.99

20443.28	0.00	20443.28	19079.32	358.25	19437.57	1005.71
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Copiah 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 Tod Waltman	President	PO Box 708	Hazlehurst MS 39083-0708
Mr Nelson Mc Carty	Vice-President	PO Box 708	Hazlehurst MS 39083-0708
Mrs Beverly J Rodgers	Secretary/Treasurer	PO Box 708	Hazlehurst MS 39083-0708
Mr Moody Davis	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Zack Strong	Director	PO Box 708	Hazlehurst MS 39083-0708
Mrs Maxine Strong	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Peter Mckinley	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Steve Albritton	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Odie Rutledge	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Tommy Ramsey	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr John A Harris	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Walter West	Director	PO Box 708	Hazlehurst MS 39083-0708
Mr Herbert Ramsey	Director	PO Box 708	Hazlehurst MS 39083-0708