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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>11/1/2008</u> , and ending <u>10/31/2009</u>														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization <u>Farm Bureau Federation Mississippi Covington County Farm Bureau</u></td> <td>D Employer identification number <u>64-6025065</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) <u>P O Box 1419</u></td> <td>E Telephone number <u>(601) 765-6771</u></td> </tr> <tr> <td>City, town, or country <u>Collins</u></td> <td>State <u>MS</u></td> <td>F Group Exemption Number <u>1473</u></td> </tr> <tr> <td colspan="2">ZIP + 4 <u>39428-1419</u></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Farm Bureau Federation Mississippi Covington County Farm Bureau</u>		D Employer identification number <u>64-6025065</u>	Number and street (or P O box, if mail is not delivered to street address) <u>P O Box 1419</u>		E Telephone number <u>(601) 765-6771</u>	City, town, or country <u>Collins</u>	State <u>MS</u>	F Group Exemption Number <u>1473</u>	ZIP + 4 <u>39428-1419</u>		
Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Farm Bureau Federation Mississippi Covington County Farm Bureau</u>		D Employer identification number <u>64-6025065</u>											
	Number and street (or P O box, if mail is not delivered to street address) <u>P O Box 1419</u>		E Telephone number <u>(601) 765-6771</u>											
	City, town, or country <u>Collins</u>		State <u>MS</u>	F Group Exemption Number <u>1473</u>										
	ZIP + 4 <u>39428-1419</u>													
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method ☒ Cash ☐ Accrual Other (specify) <u>►</u> H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)														
I Website: <u>► N/A</u> 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 ► \$ 136,227

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1 Contributions, gifts, grants, and similar amounts received		1	<u>0</u>
2 Program service revenue including government fees and contracts		2	
3 Membership dues and assessments		3	<u>71,310</u>
4 Investment income		4	<u>3,732</u>
5a Gross amount from sale of assets other than inventory	5a <u>0</u>		
b Less: cost or other basis and sales expenses	5b <u>0</u>		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	<u>0</u>
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐			
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a <u>0</u>		
b Less: direct expenses other than fundraising expenses	6b <u>0</u>		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	<u>0</u>
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u>0</u>
8 Other revenue (describe <u>Schedule I</u>)		8	<u>61,185</u>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	<u>136,227</u>
10 Grants and similar amounts paid (attach schedule)		10	<u>25,961</u>
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 <u>See attached statement</u>)		16	<u>85,289</u>
17 Total expenses. Add lines 10 through 16		17	<u>111,250</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>24,977</u>
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	<u>70,262</u>
20 Other changes in net assets or fund balances (attach explanation)		20	<u>0</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	<u>95,239</u>

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		<u>55,355</u>	<u>79,441</u>
23 Land and buildings		<u>28,691</u>	<u>26,497</u>
24 Other assets (describe <u>Prepaid Expenses</u>)		<u>1,328</u>	<u>1,586</u>
25 Total assets		<u>85,374</u>	<u>107,524</u>
26 Total liabilities (describe <u>See attached statement</u>)		<u>15,112</u>	<u>12,285</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u>70,262</u>	<u>95,239</u>

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

19

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	66,388
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	66,388

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 Stanley Williams	Str P O Box 1419		Title President			
City Collins	ST MS ZIP 39428		Hr/WK 5 00	0	0	0
Name Darrell Graham	Str P O Box 1419		Title Vice President			
City Collins	ST MS ZIP 39428		Hr/WK 2 00	0	0	0
Name See Attached List	Str P O Box 1419		Title Directors			
City Collins	ST MS ZIP 39428		Hr/WK 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			
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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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0	
b	Did the organization file Form 1120-POL for this year?		
38a	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.	0	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9.		
b	Gross receipts, included on line 9, for public use of club facilities.		
40a	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		
42a	The books are in care of Name Phyllis Moulds Telephone no. (601) 765-6771 Located at 601 Gerald McRaney St City Collins ST MS ZIP + 4 39428		
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.		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		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 _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶		<u>0</u>	<u>0</u>	<u>0</u>

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 <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 . . . ▶		<u>0</u>

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 ▶ Stanley Williams Date 12/12/09
Signature of officer

▶ Stanley Williams County President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>Karen Easterling</u>	Date <u>12/1/2009</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 67

Department of the Treasury
Internal Revenue Service

(99)

▶ 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 Covington 990T

64-6025065

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	2,200

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	2,200
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)

Covington County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7686
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Southern Farm Bureau Life Insurance Company	11517
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Southern Farm Bureau Casualty Insurance Company	26803
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Mississippi Farm Bureau Mutual Insurance Company	<u>15179</u>
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Total Insurance Fees	<u>61185</u>
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TOTAL SERVICE FEES	<u><u>61185</u></u>
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Covington County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	45350	45350			
Insurance Company Svc Fees	61185		61185		
Rent Received	2900			2900	
Interest	832				832
TOTAL INCOME	110267	45350	61185	2900	832

Relationship of Dues to Service Fees	42.6%	57.4%
Floor Space Ratio	50.0%	50.0%

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

Promotions	358		
Insurance	344		
Telephone	4193		
Postage	1234		
Office Expense	4569		
Depreciation	549		
TOTAL	11247	4788	6459

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3011		
Taxes	977		
Insurance	1399		
Building Maintenance	2679		
Interest	276		
Depreciation	1651		
Rent	166		
TOTAL	10159	5079	5080

Covington County Farm Bureau
SCHEDULE II
October 31, 2009

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		45.0%	55.0%		
Salary - Secretary	44906				
Payroll Taxes	3602				
Employee Insurance	11481				
Retirement	82				
TOTAL	60071	27032	33039		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1062				
Board Expense	224				
Commodity Meetings	331				
Contributions	213				
MFBF Convention	1307				
Secretary Meeting	248				
Womens Committee	143				
TOTAL	3528	3528			
Expense Directly Related to Production of Service Fees					
State Income Tax	284				
TOTAL	284		284		
TOTAL EXPENSES	85289	40427	44862	0	0

Covington 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	Dec-73	15216.21		15216.21	25.0	SL	15216.21	0.00	15216.21	0.00
Bathroom	Mar-87	1570.38		1570.38	31.5	SL	1080.05	49.85	1129.90	440.48
Bldg Addition	Sep-88	6433.72		6433.72	31.5	SL	4119.02	204.25	4323.27	2110.45
Building	Feb-90	3112.93		3112.93	31.5	SL	1844.68	98.82	1943.50	1169.43
Paving	Aug-90	4086.70		4086.70	31.5	SL	2346.12	129.74	2475.86	1610.84
Light Fixtures	Feb-97	406.60		406.60	7.0	SL	406.60	0.00	406.60	0.00
Glass Coating	Apr-98	685.00		685.00	7.0	SL	685.00	0.00	685.00	0.00
Bldg Improvements	Jul-98	11334.23		11334.23	7.0	SL	11334.23	0.00	11334.23	0.00
Light Fixtures	Nov-99	635.46		635.46	7.0	SL	635.46	0.00	635.46	0.00
Air Cond/Heating Unit	Mar-00	1481.95		1481.95	7.0	SL	1481.95	0.00	1481.95	0.00
Bldg Improvements	Aug-07	4209.53		4209.53	7.0	SL	902.04	601.36	1503.40	2706.13
Carpet	Apr-08	3970.51		3970.51	7.0	SL	283.61	567.22	850.83	3119.68

53143.22	0.00	53143.22	40334.97	1651.24	41986.21	11157.01
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Covington 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	
Telephone	Jul-94	428.00		428.00	5 0	SL	428.00	0.00	428.00	0.00
Filing Cabinets	Aug-95	297.46		297.46	7 0	SL	297.46	0.00	297.46	0.00
Desk	Sep-95	200.00		200.00	7.0	SL	200.00	0.00	200.00	0.00
Refrigerator	Sep-95	550.00		550.00	7 0	SL	550.00	0.00	550.00	0.00
Office Chair	Apr-97	192.60		192.60	5 0	SL	192.60	0.00	192.60	0.00
Office Equipment	Oct-97	128.19		128.19	7.0	SL	128.19	0.00	128.19	0.00
Office Furniture	Mar-98	966.21		966.21	7.0	SL	966.21	0.00	966.21	0.00
Phone System	Apr-98	2924.31		2924.31	5.0	SL	2924.31	0.00	2924.31	0.00
Office Equipment	Apr-98	269.43		269.43	7.0	SL	269.43	0.00	269.43	0.00
Office Furniture	Aug-99	309.75		309.75	7.0	SL	309.75	0.00	309.75	0.00
Copier	Jun-00	1706.65		1706.65	5 0	SL	1706.65	0.00	1706.65	0.00
Office Furniture	Sep-06	2646.82		2646.82	7.0	SL	945.30	378.12	1323.42	1323.40
Office Furniture	Jul-07	564.48	0.00	564.48	7 0	SL	120.96	80.64	201.60	362.88
Check Encoder	Jan-08	632.01		632.01	7 0	SL	45.15	90.29	135.44	496.57

11815.91	0.00	11815.91	9084.01	549.05	9633.06	2182.85
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Covington 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 Stanley Williams	President	PO Box 1419	Collins MS 39428-1419
Mr Darrell Graham	Vice-President	PO Box 1419	Collins MS 39428-1419
Mr V O Campbell	Secretary/Treasurer	PO Box 1419	Collins MS 39428-1419
Mrs Shelby Williams	Director	PO Box 1419	Collins MS 39428-1419
Mr Jack Flynt	Director	PO Box 1419	Collins MS 39428-1419
Mr Matthew Burnham	Director	PO Box 1419	Collins MS 39428-1419
Mr Keith Bullock	Director	PO Box 1419	Collins MS 39428-1419
Mr Neal Campbell	Director	PO Box 1419	Collins MS 39428-1419
Mr Mitchell Rogers	Director	PO Box 1419	Collins MS 39428-1419
Mr Virgil Walker	Director	PO Box 1419	Collins MS 39428-1419