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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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O Box 640
 City, town, or country State ZIP + 4
Prentiss MS 39474-0640

D Employer identification number
64-6025330

E Telephone number
(601) 792-5138

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 ► \$ 133,053

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	67,487
	4	Investment income	4	1,327
	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 <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
Expenses	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	340
	7b	Less: cost of goods sold	7b	370
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-30
	8	Other revenue (describe <u>Schedule I</u>)	8	63,899
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	132,683
	10	Grants and similar amounts paid (attach schedule)	10	30,416
	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	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <u>See attached statement</u>)	16	82,157
	17	Total expenses. Add lines 10 through 16	17	112,573
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,110
	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	272,494
	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	292,604

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	154,156	22 177,863
23 Land and buildings	114,296	23 110,018
24 Other assets (describe <u>Prepaid Expense</u>)	4,124	24 4,804
25 Total assets	272,576	25 292,685
26 Total liabilities (describe <u>Accounts Payable</u>)	82	26 81
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	272,494	27 292,604

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

Form 990-EZ (2008)

SCANNED JAN 11 2010

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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 <input type="checkbox"/>	28a	72,147
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	72,147

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>Reggie Magee</u>	Str <u>P O Box 640</u>		Title <u>President</u>			
City <u>Prentiss</u>	ST <u>MS</u>	ZIP <u>39474</u>	Hr/WK <u>5 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Leon Speights</u>	Str <u>P O Box 640</u>		Title <u>Vice Pres</u>			
City <u>Prentiss</u>	ST <u>MS</u>	ZIP <u>39474</u>	Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Nevelene Cole</u>	Str <u>P O Box 640</u>		Title <u>Secretary</u>			
City <u>Prentiss</u>	ST <u>MS</u>	ZIP <u>39474</u>	Hr/WK <u>5 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>See Attached List</u>	Str <u>P O Box 640</u>		Title <u>Directors</u>			
City <u>Prentiss</u>	ST <u>MS</u>	ZIP <u>39474</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>

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.		
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 40a		
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 Nevelene Cole Telephone no 42a (601) 792-5138		
Located at 2114 Pearl St City Prentiss ST MS ZIP + 4 39474		
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)?		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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		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 Reggie Magee 12-22-09
Signature of officer Date
President Reggie Magee
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 12/2/2009	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00900692
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Mississippi Farm Bureau Federation 6311 Ridgewood Rd, Jackson, MS 39211		EIN ▶ 64-0303134	Phone no ▶ 601-977-4243

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

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 Jeff Davis 990T

Business or activity to which this form relates

Identifying number

64-6025330

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	4,278

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

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
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	4,278
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)

Jeff Davis County Farm Bureau
SCHEDULE I
October 31, 2009

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	9262
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Southern Farm Bureau Life Insurance Company	8603
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Southern Farm Bureau Casualty Insurance Company	31304
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Mississippi Farm Bureau Mutual Insurance Company	<u>14730</u>
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Total Insurance Fees	<u>63899</u>
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TOTAL SERVICE FEES	<u><u>63899</u></u>
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Jeff Davis County Farm Bureau
SCHEDULE II
October 31, 2009

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	37072	37072			
Insurance Company Svc Fees	63899		63899		
Interest	1327				1327
Net Sales	-30				-30

TOTAL INCOME	102268	37072	63899	0	1297
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Relationship of Dues to Service Fees	36.7%	63.3%
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Floor Space Ratio	50.0%	50.0%
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Allocation of General Overhead
Based on the Relationship of
Dues to Service Fees

Promotions	747		
Insurance	394		
Telephone	3033		
Postage	1965		
Office Expense	3251		
Depreciation	739		
TOTAL	10129	3719	6410

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3255		
Taxes	1964		
Insurance	1506		
Building Maintenance	3824		
Depreciation	3539		
TOTAL	14088	7044	7044

Jeff Davis 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	36479				
Payroll Taxes	2943				
Employee Insurance	7040				
Retirement	577				
TOTAL	47039	21168	25871		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3463				
Ag in the Classroom	170				
Board Expense	4848				
Commodity Meetings	0				
Contributions	273				
MFBF Convention	269				
Secretary Meeting	398				
Womens Committee	379				
TOTAL	9800	9800			
Expense Directly Related to Production of Service Fees					
State Income Tax	1101				
TOTAL	1101		1101		
TOTAL EXPENSES	82157	41731	40426	0	0

Jeff Davis 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		24814.28		24814.28	20.0	SL	24814.28	0.00	24814.28	0.00
Bldg Improvement	May-96	2153.82		2153.82	7.0	SL	2153.82	0.00	2153.82	0.00
Bldg Improvement	Apr-98	654.84		654.84	7.0	SL	654.84	0.00	654.84	0.00
Air Conditioner	Aug-03	724.70		724.70	7.0	SL	569.41	103.53	672.94	51.76
Building Addition	Oct-05	56565.69		56565.69	39.0	SL	4411.63	1450.40	5862.03	50703.66
Parking Lot	Nov-05	8893.75		8893.75	7.0	SL	3176.35	1270.54	4446.89	4446.86
Building Addition	Dec-05	27879.65		27879.65	39.0	SL	2055.22	714.86	2770.08	25109.57

121686.73	0.00	121686.73	37835.55	3539.33	41374.88	80311.85
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Jeff Davis 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		4031.86		4031.86	7.0	SL	4031.86	0.00	4031.86	0.00
Chair		500.00		500.00	7.0	SL	500.00	0.00	500.00	0.00
Office Chairs		4206.15		4206.15	7.0	SL	4206.15	0.00	4206.15	0.00
Safe	Aug-05	1300.00		1300.00	7.0	SL	649.99	185.71	835.70	464.30
Office Equipment	Nov-05	2511.23		2511.23	7.0	SL	896.87	358.75	1255.62	1255.61
Copier	Nov-06	971.56	0.00	971.56	5.0	SL	291.47	194.31	485.78	485.78

13520.80	0.00	13520.80	10576.34	738.77	11315.11	2205.69
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Jeff Davis 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 Reggie Magee	President	PO Box 640	Prentiss MS 39474-0640
Mr Leon H Speights	Vice-President	PO Box 640	Prentiss MS 39474-0640
Mrs Nevelene R Cole	Secretary/Treasurer	PO Box 640	Prentiss MS 39474-0640
Mr Jimmie R Rogers	Director	PO Box 640	Prentiss MS 39474-0640
Mr James P Richmond	Director	PO Box 640	Prentiss MS 39474-0640
Mr Howard Parish	Director	PO Box 640	Prentiss MS 39474-0640
Mr Thomas Holloway	Director	PO Box 640	Prentiss MS 39474-0640
Mr Jim Boleware	Director	PO Box 640	Prentiss MS 39474-0640
Mr Danny Sinclair	Director	PO Box 640	Prentiss MS 39474-0640
Mr Jerry G Wilson	Director	PO Box 640	Prentiss MS 39474-0640
Mr John W Logan	Director	PO Box 640	Prentiss MS 39474-0640
Mr Kurt Green	Director	PO Box 640	Prentiss MS 39474-0640
Mr Billy L Garner	Director	PO Box 640	Prentiss MS 39474-0640
Mrs Sue Ann Hubbard	Director	PO Box 640	Prentiss MS 39474-0640
Mr Lyle Hubbard	Director	PO Box 640	Prentiss MS 39474-0640
Mr Jeffrey Lee	Director	PO Box 640	Prentiss MS 39474-0640
Mr Ralph Mc Nease	Director	PO Box 640	Prentiss MS 39474-0640