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Form **990-EZ****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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10/1/2009, and ending 9/30/2010	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi Adams County Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 317 John R Junkin City, town, or country State ZIP + 4 Natchez MS 39120-3823
D Employer identification number 64-6025675	E Telephone number (601) 445-4187
F Group Exemption Number 1473	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A	
J Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 120,424	

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 0
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 62,736
4 Investment income	4 995
5a Gross amount from sale of assets other than inventory 5a 0	
b Less: cost or other basis and sales expenses 5b 0	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ 0 of contributions reported on line 1) 6a 0	
b Less: direct expenses other than fundraising expenses 6b 0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 0	
7a Gross sales of inventory, less returns and allowances 7a 25	
b Less: cost of goods sold 7b 25	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0	
8 Other revenue (describe ► Schedule I) 8 56,668	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 120,399	
10 Grants and similar amounts paid (attach schedule) 10 29,863	
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 81,338	
17 Total expenses. Add lines 10 through 16 17 111,201	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,198	
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) 19 240,140	
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 21 249,338	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)	
22 Cash, savings, and investments	(A) Beginning of year 120,028 22 End of year 132,709
23 Land and buildings	117,358 23 112,129
24 Other assets (describe ► See Attached Statement)	3,024 24 5,293
25 Total assets	240,410 25 250,131
26 Total liabilities (describe ► Payroll Taxes Payable)	270 26 793
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	240,140 27 249,338

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990-EZ (2009)

G5 21

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>To promote the interest of farmers in Mississippi</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title			
28	To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	74,444
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	74,444

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
Charles Davidson	Title President			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 5 00	0	0	0
A Noble Guedon	Title Vice President			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Melanie Sojourner	Title Sec/Treasurer			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Jackie Sojourner	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Buster Junkin	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Chester Hoover	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Phil Lindley	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Cledis Abernathy	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Dempsey White	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Walter Davis III	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
David Nations	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Boyd White	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
Sandra Sojourner	Title Directors			
317 John R Junkin Dr Natchez MS 39120	Hr/WK 2 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0

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

	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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Barbara Butler</u> Telephone no. <u>(601) 445-4187</u> Located at <u>317 John R Junkin Dr</u> City <u>Natchez</u> ST <u>MS</u> ZIP + 4 <u>39120-3823</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <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.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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** ☐ Yes ☐ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☐ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☐ No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000 **f** _____

- 51 Complete this table for the organization's 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 _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 **d** _____

Sign Here	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>Charles Davidson</u>		Date <u>12-1-10</u>	
Paid Preparer's Use Only	Type or print name and title <u>Charles Davidson</u>			
	Preparer's signature <u>Karen Easterling</u>	Date <u>10/26/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00900692</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Mississippi Farm Bureau Federation</u> <u>6311 Ridgewood Rd, Jackson, MS 39211</u>		EIN <u>64-0303134</u>	Phone no. <u>(601) 977-4243</u>

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

Adams County Farm Bureau
SCHEDULE II
September 30, 2010

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	39806				
Payroll Taxes	3092				
Employee Insurance	268				
TOTAL	43166	21583	21583		
 Expense Directly Attributed to Production of Farm Bureau Dues					
	2920				
AFBF Convention	4054				
Ag in the Classroom	36				
Board Expense	2318				
Contributions	200				
MFBF Convention	1929				
Secretary Meeting	330				
TOTAL	11787	11787			
 Expense Directly Related to Production of Service Fees					
State Income Tax	889				
Computer Rent	240				
TOTAL	1129		1129		
 TOTAL EXPENSES	81338	44581	36757	0	0

Adams County Farm Bureau
Depreciation Schedule
September 30, 2010
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Oct-96	179210.47		179210.47	39.0	SL	64140.50	4595.14	68735.64	110474.83
Fence	Dec-96	1358.95		1358.95	7.0	SL	1358.95	0.00	1358.95	0.00
Air Conditioner	Mar-00	1407.05		1407.05	7.0	SL	1407.05	0.00	1407.05	0.00
Parking Lot	Apr-00	11000.00		11000.00	7.0	SL	11000.00	0.00	11000.00	0.00
Awning	Mar-04	500.00		500.00	7.0	SL	392.86	71.43	464.29	35.71
Shelves	Feb-09	1650.00	0.00	1650.00	7.0	SL	117.86	235.71	353.57	1296.44

195126.47	0.00	195126.47	78417.22	4902.28	83319.50	111806.98
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Adams County Farm Bureau
Depreciation Schedule
September 30, 2010
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		2734.69		2734.69	7.0	SL	2734.69	0.00	2734.69	0.00
Desk/Chair	Sep-95	160.00		160.00	7.0	SL	160.00	0.00	160.00	0.00
Office Furniture	Oct-95	1891.55		1891.55	7.0	SL	1891.55	0.00	1891.55	0.00
Smoke Detectors	Nov-95	130.54		130.54	7.0	SL	130.54	0.00	130.54	0.00
Phone System	Nov-95	433.35		433.35	7.0	SL	433.35	0.00	433.35	0.00
Chairs	Apr-96	1872.50		1872.50	7.0	SL	1872.50	0.00	1872.50	0.00
Copier	Mar-98	1908.60		1908.60	7.0	SL	1908.60	0.00	1908.60	0.00
Office Furniture	Feb-03	2490.95		2490.95	7.0	SL	2313.03	177.92	2490.95	0.00
Copier	Sep-03	1457.34		1457.34	5.0	SL	1457.34	0.00	1457.34	0.00
Telephone System	Jan-04	5403.50		5403.50	5.0	SL	5403.50	0.00	5403.50	0.00
Safe	Feb-05	739.60		739.60	7.0	SL	475.47	105.66	581.13	158.47
Refrigerator	Nov-06	320.88		320.88	7.0	SL	114.60	45.84	160.44	160.44

19543.50	0.00	19543.50	18895.17	329.42	19224.59	318.91
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Part II, Line 24 (990-EZ) - Other Assets

		3,024	5,293
Description		Beginning	End
1	Prepaid Taxes	1,568	3,840
2	Utility Deposits	456	453
3	Inventory	1,000	1,000
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Depreciation and Amortization

(Including Information on Listed Property)

 Department of the Treasury
 Internal Revenue Service (99)

OMB No. 1545-0172

2009

 Attachment
 Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Adams Co 990T

64-6025675

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

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

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 2008 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 2010. 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	5,232

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 2009	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 2009 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 2009 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 instructions	22	5,232
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 (2009)

(HTA)

Adams County Farm Bureau
SCHEDULE I
September 30, 2010

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	6261
Southern Farm Bureau Life Insurance Company	6848
Southern Farm Bureau Casualty Insurance Company	28203
Mississippi Farm Bureau Mutual Insurance Company	<u>15356</u>

Total Insurance Fees	<u>56668</u>
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TOTAL SERVICE FEES	<u><u>56668</u></u>
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Adams County Farm Bureau
SCHEDULE II
September 30, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32874	32874			
Insurance Company Svc Fees	56668		56668		
Interest	995				995
TOTAL INCOME	90537	32874	56668	0	995

Relationship of Dues to Service Fees	36.7%	63.3%
Floor Space Ratio	50.0%	50.0%

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

Promotions	820		
Insurance	297		
Telephone	5109		
Postage	1148		
Office Expense	2963		
Depreciation	329		
TOTAL	10666	3916	6750

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3447		
Taxes	3215		
Insurance	1582		
Building Maintenance	1444		
Depreciation	4902		
TOTAL	14590	7295	7295