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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 11/1/2009 , and ending 10/31/2010	
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 Lowndes County Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 549 City, town, or country State ZIP + 4 Columbus MS 39703-0549
D Employer identification number 64-0325317	E Telephone number (662) 328-7541
F Group Exemption Number 1473	

• **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) ►

I Website: ► **N/A**

J Tax-exempt status (check only one)— ☒ 501(c) (5) ◀ (insert no. ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 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. **\$ 112,017**

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	54,090
	4 Investment income	4	844
	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	75	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-50	
8 Other revenue (describe ► Schedule 1)	8	57,058	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	111,942	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	21,639
	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 ► Schedule 2)	16	85,883
	17 Total expenses. Add lines 10 through 16.	17	107,522
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,420
	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	187,186
	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	191,606

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	96,193	22 58,047
23 Land and buildings	90,763	23 133,148
24 Other assets (describe ► See Attached Statement)	135	24 885
25 Total assets	187,091	25 192,080
26 Total liabilities (describe ► See Attached Statement)	-95	26 474
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	187,186	27 191,606

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

Form **990-EZ** (2009)

(HTA)

29

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? To further the interests 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, and other relevant information for each program title.

Expenses

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

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

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
LEIGH CRADDOCK	Title PRESIDENT			
101 MAIN ST. COLUMBUS MS 39703	Hr/WK 4.00	0	0	0
CRAIG CANULL	Title VICE-PRESIDENT			
101 MAIN ST. COLUMBUS MS 39703	Hr/WK 3.00	0	0	0
DOUGLAS HOLLIMAN	Title SEC.-TREAS.			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 3.00	0	0	0
JIM CRADDOCK	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
GLEN GILMER	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
JOHN GILMER	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
SONNY KESSLER	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
FLOYD LOWRY	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
HENRY VAUGHN	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
ROY WEATHERS	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
DOUG YELVERTON	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
CHUCK YOUNGER	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 2.00	0	0	0
DAVID HONEYCUTT	Title DIRECTOR			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 40.00	0	0	0
KIM JOHNSON	Title Sec to the Board			
101 MAIN ST COLUMBUS MS 39703	Hr/WK 40.00	26,915	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 0		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. ▶ 39a 0		
b Gross receipts, included on line 9, for public use of club facilities. ▶ 39b 0		
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.		
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. ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
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. ▶ N/A		
42 a The organization's books are in care of ▶ KIM JOHNSON Telephone no ▶ (662) 328-7541 Located at ▶ 101 MAIN ST City COLUMBUS ST MS ZIP + 4 ▶ 39703-0549		
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)?	Yes	No
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.?		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 ▶ <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 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.

	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	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 _____	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>

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

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 <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

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

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>Craig Canull</u>		Date <u>12-16-2010</u>	
Paid Preparer's Use Only	Preparer's signature <u>Joe B. Tye</u>		Date <u>12/4/2010</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Mississippi Farm Bureau Federation</u>		EIN <u>64-0303134</u>	Preparer's identifying number (See instructions) <u>P00635496</u>
	<u>6311 Ridgewood Road, Jackson, MS 39211</u>		Phone no <u>(601) 957-3200 X-4206</u>	

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

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
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 Lowndes 990T

64-0325317

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	1,736

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		1,027	7 YRS	HY	S/L	
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	2/1/2010	100,675	39 yrs.	MM	S/L	2,581
				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	4,317
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)

Lowndes County Farm Bureau
SCHEDULE I
October 31, 2010

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5791	
Southern Farm Bureau Life Insurance Company	9290	
Southern Farm Bureau Casualty Insurance Company	25624	
Mississippi Farm Bureau Mutual Insurance Company	<u>16353</u>	
Total Insurance Fees		<u>57058</u>

Lowndes County Farm Bureau
SCHEDULE II
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32451	32451			
Insurance Company Svc Fees	57058		57058		
Interest	844				844
Net Sales	-50				-50
	<hr/>				
TOTAL INCOME	90303	32451	57058	0	794
	<hr/>				

Relationship of Dues to
Service Fees

36.3% 63.7%

Floor Space Ratio

50.0% 50.0%

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

Promotions	524
Insurance	297
Telephone	3166
Postage	650
Office Expense	4499
Depreciation	1488

TOTAL	10624	3852	6772
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Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3883
Taxes	2328
Insurance	1740
Building Maintenance	2847
Depreciation	2830

TOTAL	13628	6814	6814
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Lowndes County Farm Bureau
SCHEDULE II
October 31, 2010

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		49.0%	51.0%		
Salary - Secretary	48365				
Payroll Taxes	4677				
Employee Insurance	2400				
TOTAL	55442	27167	28275		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax	2252				
AFBF Convention	-45				
Board Expense	1079				
Commodity Meetings	184				
Legislative Reception	107				
MFBF Convention	992				
Safety Seminar	200				
Secretary Meeting	652				
Other Exempt	50				
TOTAL	5471	5471			
 Expense Directly Related to Production of Service Fees					
State Income Tax	718				
TOTAL	718		718		
 TOTAL EXPENSES	85883	43304	42579	0	0

Lowndes County Farm Bureau
Depreciation Schedule
October 31, 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 Items		6047.79		6047.79	7.0	SL	6047.79	0.00	6047.79	0.00
Refridgerator	Jan-03	481.46		481.46	7.0	SL	481.46	0.00	481.46	0.00
Furniture	Oct-03	537.18		537.18	7.0	SL	537.18	0.00	537.18	0.00
Furniture	Oct-05	4780.20		4780.20	7.0	SL	2731.56	682.89	3414.45	1365.75
Furniture	Oct-07	5182.87		5182.87	7.0	SL	1480.82	740.41	2221.23	2961.64
Furniture	Oct-08	248.58		248.58	7.0	SL	71.02	35.51	106.53	142.05
Furniture	Nov-08	202.23		202.23	7.0	SL	28.89	28.89	57.78	144.45
Furniture	Oct-10		1027.14	1027.14	7.0	SL		0.00	0.00	1027.14

17480.31	1027.14	18507.45	11378.72	1487.70	12866.42	5641.03
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Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2010
Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		41331.15		41331.15	31.5	SL	41331.15	0.00	41331.15	0.00
Building	Jan-96	2782.00		2782.00	31.5	SL	1219.49	88.32	1307.81	1474.19
Building	Oct-03	570.00		570.00	39.0	SL	178.46	14.62	193.08	376.92
Ramp	Jun-04	2596.74		2596.74	39.0	SL	399.48	66.58	466.06	2130.68
Building	Nov-05	615.25		615.25	39.0	SL	63.12	15.78	78.90	536.35
Building	Oct-06	1815.02		1815.02	39.0	SL	139.62	46.54	186.16	1628.86
Building	Oct-07	650.00		650.00	39.0	SL	33.34	16.67	50.01	599.99
Building Addition	Oct-09	55000.00		55000.00	39.0	SL		1410.26	1410.26	53589.74
Building	Feb-10		45675.24	45675.24	39.0	SL		1171.16	1171.16	44504.08

105360.16	45675.24	151035.40	43364.66	2829.93	46194.59	104840.81
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Part II, Line 26 (990-EZ) - Liabilities

		-95	474
Description		Beginning	End
1	Pic Payable	-133	-96
2	Payroll Taxes Due	38	570
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 24 (990-EZ) - Other Assets

135 885

Description		Beginning	End
1	Utility Deposits	135	135
2	Prepaid Tax		570
3	Prepaid State Tax		180
4			
5			
6			
7			
8			
9			
10			

11