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Department of the Treasury  
Internal Revenue Service

## 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

2009

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		11/1/2009	, and ending	10/31/2010
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change		Farm Bureau Federation Mississippi State County		64-0335889
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		<b>E Telephone number</b>
<input type="checkbox"/> Initial return		P O Box 605		(662) 562-8249
<input type="checkbox"/> Terminated		City, town, or country	State	<b>F Group Exemption Number</b> ► 1473
<input type="checkbox"/> Amended return		Senatobia	ZIP + 4	MS 38668-0605
<input type="checkbox"/> Application pending				
<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p> <p><b>I Website:</b> ► N/A</p> <p><b>J Tax-exempt status (check only one) —</b> <input checked="" type="checkbox"/> 501(c) ( 5 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>				
<p><b>K Check ►</b> 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</p> <p><b>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 ► \$ 128,948</b></p>				

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

<b>Revenue</b>	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	57,625
	4 Investment income . . . . .	4	13
	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
<b>Expenses</b>	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	587
	b Less: cost of goods sold . . . . .	7b	543
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	44
	8 Other revenue (describe ► Schedule 1) . . . . .	8	70,723
	<b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .</b>	<b>9</b>	<b>128,405</b>
	RECEIVED		
	10 Grants and similar amounts paid (attach schedule) . . . . .	10	28,796
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
<b>Net Assets</b>	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	105,272
	<b>17 Total expenses. Add lines 10 through 16 . . . . .</b>	<b>17</b>	<b>134,068</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-5,663
	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	318,165
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .</b>	<b>21</b>	<b>312,502</b>

**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)

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments . . . . .	101,947	22 104,968
23 Land and buildings . . . . .	211,540	23 203,035
24 Other assets (describe ► Prepaid Taxes) . . . . .	4,840	24 4,698
<b>25 Total assets . . . . .</b>	<b>318,327</b>	<b>25 312,701</b>
<b>26 Total liabilities (describe ► See Attached Statement) . . . . .</b>	<b>162</b>	<b>26 199</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>318,165</b>	<b>27 312,502</b>

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
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				
28				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0		
29				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0		
30				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0		
31 Other program services (attach schedule) . . . . . (Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0		
32 Total program service expenses. (add lines 28a through 31a) . . . . .	32	0		
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
Mike Ferguson 317 East Main St Senatobia MS 38668	Title President Hr/WK 4 00	0	0	0
Kenny Hurt 317 East Main St Senatobia MS 38668	Title Vice President Hr/WK 3 00	0	0	0
Ralph Darnell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Walter McKellar 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
James Allison 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Wayne Steward 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Grandy Ladner 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
James Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Jerry Baker 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Boyce Lamb 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Jimmy Sowell 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
John Turley 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Lamar Crockett 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Daniel Brooks 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Barney Taylor 317 East Main St Senatobia MS 38668	Title Director Hr/WK 2 00	0	0	0
Misty Whitsell 317 East Main St Senatobia MS 38668	Title Sec to the Board Hr/WK 40 00	29,330	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.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .

34 Were any changes made to the organizing or governing documents? 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 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? . . . . .

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

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. . . . .

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 outstanding at the end of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .

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 . . . . .

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. . . . .

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 ► Misty Whitsell Telephone no. ► (662)562-8249

Located at ► P. O. Box 605 City Senatobia ST MS ZIP + 4 ► 38668-0605

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.

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 ► \_\_\_\_\_

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. . . . .

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. . . . .

	Yes	No
33		X
34		X
35a	X	
35b	X	
36		X
37a	0	
37b	X	
38a	X	
38b	N/A	
39a	0	
39b	0	
40a		
40b		
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

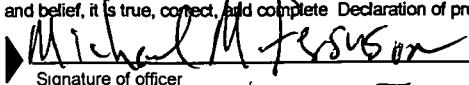
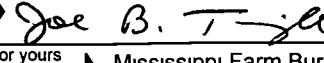
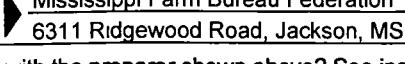
**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		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 None City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
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 None City	Str ST ZIP	
Name City	Str ST 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  Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 12/21/2010	Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instructions) P00635496
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 64-0303134	Phone no (601) 957-3200 X-4206

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

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

	Description	4,840	4,698
1	Prepaid Taxes	Beginning	End
2		4,840	4,698
3			
4			
5			
6			
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

	Description	Beginning	End
1	Payroll Taxes Payable	162	185
2	PIC Payable		14
3			
4			
5			
6			
7			
8			
9			
10			

Tate County Farm Bureau  
SCHEDULE I  
October 31, 2010

SERVICE FEES RECEIVED

## INSURANCE

Blue Cross Blue Shield	10372
Southern Farm Bureau Life Insurance Company	9706
Southern Farm Bureau Casualty Insurance Company	30356
Mississippi Farm Bureau Mutual Insurance Company	<u>20289</u>
Total Insurance Fees	7072

**Tate County Farm Bureau**  
**S C H E D U L E    II**  
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
Farm Bureau Dues-Net	28830	28830			
Insurance Company Svc Fees	70723		70723		
Interest	13				13
Net Sales	45				45
 <b>TOTAL INCOME</b>	 <b>99611</b>	 <b>28830</b>	 <b>70723</b>	 <b>0</b>	 <b>58</b>

Relationship of Dues to Service Fees	29.0%	71.0%
Floor Space Ratio	50.0%	50.0%

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

Promotions	2359
Insurance	297
Telephone	4993
Postage	832
Office Expense	3846
Depreciation	2440
 <b>TOTAL</b>	 <b>14767</b>
	4276
	10491

**Allocation of Occupancy Expense**  
**Base on Area Occupied**

Utilities	4446
Taxes	5438
Insurance	1668
Building Maintenance	5658
Depreciation	6065
 <b>TOTAL</b>	 <b>23275</b>
	11637
	11638

Tate County Farm Bureau  
 SCHEDULE II  
 October 31, 2010

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%		50.0%	
Salary - Secretary	51900				
Payroll Taxes	4180				
Employee Insurance	513				
TOTAL	56593	28296		28297	
Expense Directly Attributed to Production of Farm Bureau Dues					
Board Expense	3790				
Contributions	75				
Legislative Reception	184				
MFBF Convention	353				
Secretary Meeting	248				
Washington Tour	581				
Young Farmer Program	600				
Other Exempt	144				
TOTAL	9503	9503			
Expense Directly Related to Production of Service Fees					
State Income Tax	1134				
TOTAL	1134		1134		
<b>TOTAL EXPENSES</b>	<b>105272</b>	<b>53712</b>	<b>51560</b>	<b>0</b>	<b>0</b>

**Tate County Farm Bureau  
Depreciation Schedule  
October 31, 2010  
Furniture & Equipment**

Prepared by Bert Tingle

Page 2 of 2

**Tate County Farm Bureau**  
**Depreciation Schedule**  
**October 31, 2010**  
**Building/Improvements**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Building	Nov-88	96876.80		96876.80	33.0	SL	63643.55	2935.66	66579.21	30297.59	
Building	Nov-88	1847.22		1847.22	31.5	SL	1234.86	58.64	1293.50	553.72	
Carpet	Apr-90	636.00		636.00	31.5	SL	536.69	20.19	556.88	79.12	
Building	Nov-97	454.19		454.19	31.5	SL	161.96	14.42	176.38	277.81	
Building	Nov-97	2240.58		2240.58	31.5	SL	741.39	71.13	812.52	1428.06	
Building	Jun-03	4571.82		4571.82	39.0	SL	703.38	117.23	820.61	3751.21	
Building	Oct-06	1765.60		1765.60	39.0	SL	135.81	45.27	181.08	1584.52	
Building	Oct-08	90125.00		90125.00	39.0	SL	2310.90	2310.90	4621.80	85503.20	
Building	Nov-08	19155.00		19155.00	39.0	SL	2736.43	491.15	3227.58	15927.42	

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217672.21      0.00      217672.21      72204.97      6064.59      78269.56      139402.65

Depreciation and Amortization  
(Including Information on Listed Property)

Name(s) shown on return Farm Bureau Federation Mississippi State Court	Business or activity to which this form relates 990EZ	Identifying number 64-0335889
---	--	----------------------------------

**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
<b>6 (a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
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	8,505

**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	8,505
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	