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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)

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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

A For the 2009 calendar year, or tax year beginning		11/1/2009	, and ending	10/31/2010
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Please use IRS label or print or type.	Farm Bureau Federation Mississippi George County		64-0435067
<input type="checkbox"/> Name change	See Specific Instructions.	Number and Street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Initial return		P O Box 735		(601) 947-2743
<input type="checkbox"/> Terminated		City, town, or country	State	F Group Exemption Number ► 1473
<input type="checkbox"/> Amended return		Lucedale	MS	39452-0735
<input type="checkbox"/> Application pending				
• 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
I Website: ► N/A				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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 ► 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 ► \$ 130,686

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	68,075
4 Investment income	4	0
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	509
b Less: cost of goods sold	7b	969
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-460
8 Other revenue (describe ► Schedule I)	8	62,102
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	RECEIVED 408 JAN 07 2011 IRS-OSC OGDEN, UT	129,717
10 Grants and similar amounts paid (attach schedule)	10	26,244
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	99,112
17 Total expenses. Add lines 10 through 16	17	125,356
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,361
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	86,180
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	90,541

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	43,327	22 50,579
23 Land and buildings	41,779	23 38,790
24 Other assets (describe ► Prepaid Expenses)	1,074	24 1,320
25 Total assets	86,180	25 90,689
26 Total liabilities (describe ► Accounts Payable)	0	26 148
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86,180	27 90,541

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

Form 990-EZ (2009)

(HTA)

SCANNED JAN 18 2011 Revenue

65 25

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (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 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, 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 \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	76,673				
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	76,673	
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			
Clyaton Lawrence P O Box 735 Lucedale MS 39452	Title President Hr/WK 5 00	0	0	0	0		
Dusty Tanner P O Box 735 Lucedale MS 39452	Title 1st Vice President Hr/WK 2 00	0	0	0	0		
Michael Courtney P O Box 735 Lucedale MS 39452	Title 2nd Vice President Hr/WK 2 00	0	0	0	0		
Ronnie Smith P O Box 735 Lucedale MS 39452	Title Treasurer Hr/WK 2 00	0	0	0	0		
Marshall Stevens P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Ronald Cochran P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Terry Estis P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Charlie Howell P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Dallas Holley P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Annie Ruth Thigpen P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Kendall Stringfellow P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Linwood Tanner P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
Heath Steede P O Box 735 Lucedale MS 39452	Title Director Hr/WK 2 00	0	0	0	0		
	Title Hr/WK 00	0	0	0	0		
	Title Hr/WK 00	0	0	0	0		
	Title Hr/WK 00	0	0	0	0		
	Title Hr/WK 00	0	0	0	0		
	Title Hr/WK 00	0	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.	33	X	
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	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	35a	X	
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?	35b	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	36	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0	
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	39a	X	
a Initiation fees and capital contributions included on line 9.	39b	X	
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 ► _____	40b	X	
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.	40c	X	
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.	40d	X	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization.	40e	X	
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 ► _____			
42 a The organization's books are in care of ► Charlotte Yonge	Telephone no ► (601) 947-2743		
Located at ► 127 Glen Oaks	City Lucedale	ST MS	ZIP + 4 ► 39452
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)?	42b	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.?	42c	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.	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	

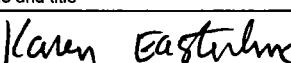
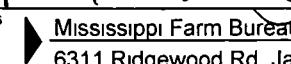
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		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 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 ►				

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 ST ZIP		
Name 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 ►		

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		
	 Clayton Lawrence Jr., President Date 1-3-11		
Signature of officer  Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 12/17/2010	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

George 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	54941				
Payroll Taxes	4397				
Employee Insurance	9162				
	TOTAL	68500	34250	34250	
Expense Directly Attributed to Production of Farm Bureau Dues					
Board Expense	476				
Contributions	622				
Legislative Reception	117				
MFBF Convention	1119				
Secretary Meeting	495				
Young Farmer Program	650				
	TOTAL	4496	4496		
Expense Directly Related to Production of Service Fees					
State Income Tax	262				
	TOTAL	262		262	
TOTAL EXPENSES	99112	50429	48683	0	0

Depreciation and Amortization
(Including Information on Listed Property)

Name(s) shown on return

Farm Bureau Federation Mississippi George C 990T

Business or activity to which this form relates

Identifying number

64-0435067

▶ See separate instructions.

▶ Attach to your tax return.

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	2,990

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	2,990
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.

(HTA)

Form 4562 (2009)

George County Farm Bureau
S C H E D U L E I
October 31, 2010

S E R V I C E F E E S R E C E I V E D

INSURANCE

Blue Cross Blue Shield	7851
Southern Farm Bureau Life Insurance Company	7526
Southern Farm Bureau Casualty Insurance Company	31653
Mississippi Farm Bureau Mutual Insurance Company	<u>15072</u>
Total Insurance Fees	<u>62102</u>
TOTAL SERVICE FEES	<u>62102</u>

George County Farm Bureau
SCHEDULE II
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	41831	41831			
Insurance Company Svc Fees	62102		62102		
Net Sales	-460				-460
TOTAL INCOME	103473	41831	62102	0	-460

Relationship of Dues to Service Fees 40.2% 59.8%

Floor Space Ratio 50.0% 50.0%

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

Promotions	292
Insurance	297
Telephone	5343
Postage	4126
Office Expense	2696

TOTAL 12754 5133 7621

Allocation of Occupancy Expense Base on Area Occupied

Utilities	4991
Taxes	1947
Insurance	2121
Building Maintenance	1051
Depreciation	2990

TOTAL 13100 6550 6550

George 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		
Building	Mar-74	35360.91		35360.91	20.0	SL	35360.91	0.00	35360.91	0.00	
Parking Lot	Nov-90	800.00		800.00	20.0	SL	756.67	40.00	796.67	3.33	
Sign	May-91	423.30		423.30	10.0	SL	423.30	0.00	423.30	0.00	
Air Conditioner	Jun-92	2764.40		2764.40	7.0	SL	2764.40	0.00	2764.40	0.00	
Carpet	Dec-94	562.96		562.96	7.0	SL	562.96	0.00	562.96	0.00	
Roof	Oct-95	1512.07		1512.07	7.0	SL	1512.07	0.00	1512.07	0.00	
Painting	Oct-95	525.00		525.00	7.0	SL	525.00	0.00	525.00	0.00	
Carpet	Nov-96	1471.48		1471.48	7.0	SL	1471.48	0.00	1471.48	0.00	
Building Improvement	Aug-97	190.00		190.00	7.0	SL	190.00	0.00	190.00	0.00	
Building Addition	Oct-98	44017.92		44017.92	39.0	SL	12440.55	1128.66	13569.21	30448.71	
Parking Lot	Nov-01	22100.00		22100.00	7.0	SL	22100.00	0.00	22100.00	0.00	
Roof	Sep-05	6000.00		6000.00	7.0	SL	3464.27	857.14	4321.41	1678.59	
Carpet	Oct-06	1500.00		1500.00	7.0	SL	750.01	214.29	964.30	535.70	
Sign	Jan-07	3900.35	0.00	3900.35	7.0	SL	1392.98	557.19	1950.17	1950.18	
Carpet	Jan-07	1346.33	0.00	1346.33	7.0	SL	480.83	192.33	673.16	673.17	
		122474.72	0.00	122474.72			84195.43	2989.61	87185.04	35289.68	

Prepared by: Karen Easterling

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George 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	Net	
Typewriter	Nov-93	350.00		350.00	7.0	SL	350.00	0.00	350.00	0.00	
Fax Machine	Feb-94	427.99		427.99	5.0	SL	427.99	0.00	427.99	0.00	
TV/VCR	Nov-95	400.00		400.00	7.0	SL	400.00	0.00	400.00	0.00	
Filing Cabinets	Nov-96	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00	
Filing Cabinets	May-98	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00	
Office Furniture	May-99	3702.70		3702.70	7.0	SL	3702.70	0.00	3702.70	0.00	
Office Furniture	Aug-99	299.67		299.67	7.0	SL	299.67	0.00	299.67	0.00	
Copier	Oct-01	1487.30		1487.30	5.0	SL	1487.30	0.00	1487.30	0.00	
<hr/>											
		7266.86	0.00	7266.86			7266.86	0.00	7266.86	0.00	