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Form **990-EZ**

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*

OMB No 1545-1150

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning** 11/1/2009 **, and ending** 10/31/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Farm Bureau Federation Mississippi Lawrence County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 237

City, town, or country State ZIP + 4
Monticello MS 39654-0237

D Employer identification number
64-0442211

E Telephone number
(601) 587-7785

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 ▶ $ 107,935

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	45,201
	4	Investment income		4	3,827
	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 ▶ ☐			
	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 305		
	b	Less: cost of goods sold	7b 567		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-262
	8	Other revenue (describe ▶ Schedule)		8	58,602
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	107,368
Expenses	10	Grants and similar amounts paid (attach schedule)		10	21,696
	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	88,356
	17	**Total expenses.** Add lines 10 through 16	▶	17	110,052
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,684
	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	150,868
	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	148,184

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	127,253	22	121,904
23 Land and buildings	21,510	23	24,123
24 Other assets (describe ▶ Prepaid Expenses)	3,600	24	2,806
25 **Total assets**	152,363	25	148,833
26 **Total liabilities** (describe ▶ Accounts Payable)	1,495	26	649
27 **Net assets or fund balances** (line 27 of column (B) **must agree with line 21**)	150,868	27	148,184

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form **990-EZ** (2009)

(HTA)

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

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, 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	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** ▶ ☐	28a	67,735
29	(Grants $ 0) **If this amount includes foreign grants, check here** ▶ ☐	29a	0
30	(Grants $ 0) **If this amount includes foreign grants, check here** ▶ ☐	30a	0
31	**Other program services (attach schedule)** (Grants $ 0) **If this amount includes foreign grants, check here** ▶ ☐	31a	0
32	**Total program service expenses. (add lines 28a through 31a)** ▶	32	67,735

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
Bobby Selman P O Box 237 Monticello MS 39654	Title President Hr/WK	5 00	0	0	0
Kevin Wallace P O Box 237 Monticello MS 39654	Title Vice President Hr/WK	2 00	0	0	0
Gerald Sumrall P O Box 237 Monticello MS 39654	Title Director Hr/WK	2 00	0	0	0
Holton King P O Box 237 Monticello MS 39654	Title Director Hr/WK	2 00	0	0	0
Doyle Rowley P O Box 237 Monticello MS 39654	Title Director Hr/WK	2 00	0	0	0
Robert Lea P O Box 237 Monticello MS 39654	Title Director Hr/WK	2 00	0	0	0
Randy Cody P O Box 237 Monticello MS 39654	Title Director Hr/WK	2 00	0	0	0
Barbara Lowe P O Box 237 Monticello MS 39654	Title Director 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
	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	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			
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?	35a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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 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			
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 ▶ Lisa Duncan Telephone no ▶ (601) 587-7785

Located at ▶ 403 Brinson St City Monticello ST MS ZIP + 4 ▶ 39654

			Yes	No
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 ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
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 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 . . . . . ▶

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 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

▶ X Bobby Selman — Signature of officer — Date

▶ X Bobby SELMAN - PRESIDENT — Type or print name and title — 1-4-2011

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Karen Eastling	12/4/2010		P00900692

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no
Mississippi Farm Bureau Federation 6311 Ridgewood Rd, Jackson, MS 39211	▶ 64-0303134	▶ (601) 977-4243

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ [X] Yes [ ] No

Lawrence County Farm Bureau
SCHEDULE II
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	52010				
Payroll Taxes	4272				
Employee Insurance	520				
TOTAL	56802	28401	28401		
Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	2365				
Ag in the Classroom	357				
Board Expense	1013				
Contributions	595				
MFBF Convention	822				
Safety Seminar	200				
Secretary Meeting	665				
Washington Tour	158				
Womens Committee	152				
TOTAL	8435	8435			
Expense Directly Related to Production of Service Fees					
State Income Tax	646				
TOTAL	646		646		
TOTAL EXPENSES	88356	46039	42317	0	0

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	827
2	Dividends and interest from securities	2	
3	Gross rents :	3	3,000
4	Other investment income	4	
5	Total	5	3,827

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Lawrence	990T	64-0442211

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	2,868

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 ▶ ☐		

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		5,903	7 YR	HY	SL	422
	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	
				27 5 yrs	MM	S/L	
	i Nonresidential real property			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	3,290
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	

Lawrence County Farm Bureau
SCHEDULE I
October 31, 2010

SERVICE FEES RECEIVED

INSURANCE		
Blue Cross Blue Shield	7998	
Southern Farm Bureau Life Insurance Company	8880	
Southern Farm Bureau Casualty Insurance Company	28103	
Mississippi Farm Bureau Mutual Insurance Company	13621	
Total Insurance Fees		58602
TOTAL SERVICE FEES		58602

Lawrence County Farm Bureau
SCHEDULE II
October 31, 2010

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	23505	23505			
Insurance Company Svc Fees	58602		58602		
Rent Received	3000			3000	
Interest	827				827
Net Sales	-262				-262
TOTAL INCOME	85672	23505	58602	3000	565
Relationship of Dues to Service Fees		28.6%	71.4%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	786				
Insurance	115				
Telephone	3909				
Postage	737				
Office Expense	3857				
Depreciation	111				
TOTAL	9515	2724	6791		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	5856				
Taxes	2705				
Building Maintenance	1219				
Depreciation	3178				
TOTAL	12958	6479	6479		

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		10741.35		10741.35	7 0	SL	10741 35	0 00	10741.35	0.00
Building		7121 61		7121 61	33.3	SL	7121.61	0.00	7121 61	0.00
Building	Aug-88	54200.32		54200.32	31 5	SL	38918.26	1720.65	40638.91	13561.41
Bldg Improvement	May-89	1043 01		1043 01	10.0	SL	1043.01	0.00	1043 01	0.00
Bldg Improvement	Oct-90	4988 35		4988.35	10.0	SL	4988.35	0.00	4988.35	0.00
Air Conditioner	Aug-93	2703.07		2703 07	7 0	SL	2703.07	0.00	2703.07	0.00
Parking Lot	Apr-95	2300.00		2300.00	7.0	SL	2300.00	0 00	2300 00	0.00
FB Sign	Aug-02	561.00		561 00	7.0	SL	561.00	0.00	561.00	0.00
Bldg Improvement	Apr-07	7250.32	0.00	7250.32	7 0	SL	2589.40	1035 76	3625 16	3625.16
Bldg Improvement Doors	Feb-10		2500.00	2500.00	7.0	SL		178.57	178.57	2321.43
Air Conditioner	Aug-10		3402.60	3402.60	7.0	SL		243 05	243 05	3159 56
		90909.03	5902.60	96811.63			70966.05	3178 03	74144 08	22667.56

Prepared by: Karen Easterling

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		3171.83		3171.83	7.0	SL	3171.83	0.00	3171 83	0.00
Office Furniture	Jan-94	550.00		550.00	7.0	SL	550.00	0.00	550.00	0.00
TV/VCR	May-94	513.60		513.60	5.0	SL	513 60	0 00	513.60	0.00
Copier	Aug-98	4213.13		4213.13	5 0	SL	4213 13	0.00	4213.13	0.00
Phone System	Apr-02	3671.15		3671.15	5 0	SL	3671 15	0.00	3671.15	0.00
Fax Machine	Apr-02	179.20		179.20	5.0	SL	179.20	0.00	179.20	0.00
Chairs	Jul-02	149.80		149.80	7 0	SL	149.80	0.00	149.80	0.00
Copier	Jul-02	458.02		458.02	5 0	SL	458.02	0.00	458.02	0.00
Office Furniture	Nov-05	363.77		363.77	7.0	SL	181.89	51.97	233.86	129.91
Fax Machine	Dec-08	414.54	0 00	414.54	7.0	SL	29 61	59 22	88.83	325.71
		13685.04	0.00	13685 04			13118.23	111.19	13229 42	455.62

Prepared by: Karen Easterling