



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

**Open to Public
Inspection**

A	For the 2010 calendar year, or tax year beginning			10/1/2010	, and ending	9/30/2011
B	Check if applicable			C Name of organization		
<input type="checkbox"/> Address change				Farm Bureau Federation Mississippi Adams County		
<input type="checkbox"/> Name change				Number and street (or P O box, if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return				317 John R Junkin		
<input type="checkbox"/> Terminated				City or town	state or country	ZIP + 4
<input type="checkbox"/> Amended return				Natchez	MS	39120-3823
<input type="checkbox"/> Application pending						
G	Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►		
I	Website: ► N/A					
J	Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K	Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000					
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return						
L	Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
► \$ 124,710						

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td>Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: right;">3 66,701</td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: right;">4 953</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> </tr> <tr> <td>b</td> <td>Less cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c 0</td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events</td> <td style="text-align: right;">6a</td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6b of contributions</td> </tr> <tr> <td>b</td> <td>Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: right;">6c</td> </tr> <tr> <td>c</td> <td>Less: direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6d 0</td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d 0</td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> </tr> <tr> <td>b</td> <td>Less cost of goods sold</td> <td style="text-align: right;">7b</td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c 0</td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8 57,056</td> </tr> <tr> <td>9</td> <td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: right;">9 124,710</td> </tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	2	Program service revenue including government fees and contracts	2	3	Membership dues and assessments	3 66,701	4	Investment income	4 953	5a	Gross amount from sale of assets other than inventory	5a	b	Less cost or other basis and sales expenses	5b	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0	6	Gaming and fundraising events	6a	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b of contributions	b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	c	Less: direct expenses from gaming and fundraising events	6d 0	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	7a	Gross sales of inventory, less returns and allowances	7a	b	Less cost of goods sold	7b	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	8	Other revenue (describe in Schedule O)	8 57,056	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 124,710
1	Contributions, gifts, grants, and similar amounts received	1																																																		
2	Program service revenue including government fees and contracts	2																																																		
3	Membership dues and assessments	3 66,701																																																		
4	Investment income	4 953																																																		
5a	Gross amount from sale of assets other than inventory	5a																																																		
b	Less cost or other basis and sales expenses	5b																																																		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0																																																		
6	Gaming and fundraising events	6a																																																		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b of contributions																																																		
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c																																																		
c	Less: direct expenses from gaming and fundraising events	6d 0																																																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0																																																		
7a	Gross sales of inventory, less returns and allowances	7a																																																		
b	Less cost of goods sold	7b																																																		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0																																																		
8	Other revenue (describe in Schedule O)	8 57,056																																																		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 124,710																																																		
Expenses	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">10</td> <td>Grants and similar amounts paid (list in Schedule O)</td> <td style="width: 10%; text-align: right;">10 30,199</td> </tr> <tr> <td>11</td> <td>Benefits paid to or for members</td> <td style="text-align: right;">11</td> </tr> <tr> <td>12</td> <td>Salaries, other compensation, and employee benefits</td> <td style="text-align: right;">12</td> </tr> <tr> <td>13</td> <td>Professional fees and other payments to independent contractors</td> <td style="text-align: right;">13</td> </tr> <tr> <td>14</td> <td>Occupancy, rent, utilities, and maintenance</td> <td style="text-align: right;">14</td> </tr> <tr> <td>15</td> <td>Printing, publications, postage, and shipping</td> <td style="text-align: right;">15</td> </tr> <tr> <td>16</td> <td>Other expenses (describe in Schedule O)</td> <td style="text-align: right;">16 92,485</td> </tr> <tr> <td>17</td> <td>Total expenses. Add lines 10 through 16</td> <td style="text-align: right;">17 122,684</td> </tr> </table>	10	Grants and similar amounts paid (list in Schedule O)	10 30,199	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 in Schedule O)	16 92,485	17	Total expenses. Add lines 10 through 16	17 122,684																											
10	Grants and similar amounts paid (list in Schedule O)	10 30,199																																																		
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 in Schedule O)	16 92,485																																																		
17	Total expenses. Add lines 10 through 16	17 122,684																																																		
Net Assets	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">18</td> <td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td style="width: 10%; text-align: right;">18 2,026</td> </tr> <tr> <td>19</td> <td>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)</td> <td style="text-align: right;">19 249,337</td> </tr> <tr> <td>20</td> <td>Other changes in net assets or fund balances (explain in Schedule O)</td> <td style="text-align: right;">20</td> </tr> <tr> <td>21</td> <td>Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td style="text-align: right;">21 251,363</td> </tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,026	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)	19 249,337	20	Other changes in net assets or fund balances (explain in Schedule O)	20	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 251,363																																							
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,026																																																		
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)	19 249,337																																																		
20	Other changes in net assets or fund balances (explain in Schedule O)	20																																																		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 251,363																																																		

14

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	132,708	22 139,656
23 Land and buildings	112,126	23 107,435
24 Other assets (describe in Schedule O)	5,296	24 5,209
25 Total assets	250,130	25 252,300
26 Total liabilities (describe in Schedule O)	793	26 937
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	249,337	27 251,363

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this 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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	30,199	
29			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)		32	30,199

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Charles Davidson 317 John R Junkin Dr Natchez MS 39120	Title President Hr/WK 5 00	0		
A Noble Guedon 317 John R Junkin Dr Natchez MS 39120	Title Vice President Hr/WK 2 00	0		
Melanie Sojourner 317 John R Junkin Dr Natchez MS 39120	Title Sec/Treasurer Hr/WK 2 00	0		
Jackie Sojourner 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Buster Junkin 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Chester Hoover 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Phil Lindley 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Cledis Abernathy 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Dempsey White 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
David Nations 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Boyd White 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Sandra Sojourner 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		
Fayla Geudon 317 John R Junkin Dr Natchez MS 39120	Title Directors Hr/WK 2 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. Yes No
33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). Yes No
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, explain in Schedule O why the organization did not report the income on Form 990-T. Yes No
35a X

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
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. Yes No
36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
b Did the organization file Form 1120-POL for this year? Yes No
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 tax year covered by this return? Yes No
b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b X

39 Section 501(c)(7) organizations Enter Yes No
a Initiation fees and capital contributions included on line 9 Yes No
b Gross receipts, included on line 9, for public use of club facilities Yes No
39a X
39b X

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No , section 4912 ► Yes No , section 4955 ► Yes No
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40b 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 ► Yes No
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► Yes No
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 Yes No
40e X

41 List the states with which a copy of this return is filed. ► Yes No

42 a The organization's books are in care of ► **Barbara Butler** Telephone no ► **(601) 445-4187** Yes No
Located at ► **317 John R Junkin Dr** City **Natchez** ST **MS** ZIP + 4 ► **39120-3823** 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)? Yes No
If "Yes," enter the name of the foreign country ► Yes No
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
If "Yes," enter the name of the foreign country ► Yes No

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** Yes No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Yes No
44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Yes No
44d X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ 45

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			

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. ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► Yes No

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

Sign Here *A. Nable Gurdon* *President* *1/27/12*
 Signature of officer Date
 Type or print name and title

Paid Preparer's Use Only	Preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 10/28/2011	Check if self-employed <input type="checkbox"/>	PTIN P00631624
	Firm's name ► Mississippi Farm Bureau Federation				Firm's EIN ► 64-030134
	Firm's address ► 6311 Ridgewood Road, Jackson, MS 39211				Phone no (601) 977-4205

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return Farm Bureau Federation Mississippi Adams Co	Business or activity to which this form relates 990T	Identifying number 64-6025675
--	---	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1
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
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 0

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 2009 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 2011 Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 5,018

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 2010	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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(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	
			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 2010 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22 5,043
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

Adams County Farm Bureau
S C H E D U L E I
September 30, 2011

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

INSURANCE

Blue Cross Blue Shield	5801
Southern Farm Bureau Life Insurance Company	7425
Southern Farm Bureau Casualty Insurance Company	27012
Mississippi Farm Bureau Casualty Insurance Company	<u>16818</u>
Total Insurance Fees	<u>57056</u>
TOTAL SERVICE FEES	<u>57056</u>

Adams County Farm Bureau
SCHEDULE II
September 30, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	36503	36503			
Insurance Company Svc Fees	57056		57056		
Interest	953				953
TOTAL INCOME	94512	36503	57056	0	953

Relationship of Dues to Service Fees 39.0% 61.0%

Floor Space Ratio 50.0% 50.0%

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

Promotions	1277
Insurance	309
Telephone	4366
Postage	792
Office Expense	3347
Depreciation	177
TOTAL	10268

TOTAL 10268 4006 6262

Allocation of Occupancy Expense Base on Area Occupied

Utilities	3362
Taxes	3210
Insurance	1582
Building Maintenance	4019
Depreciation	4867

TOTAL 17040 8520 8520

Adams County Farm Bureau
 S C H E D U L E I I
 September 30, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	45349				
Payroll Taxes	3374				
Employee Insurance	573				
TOTAL	49296	24648	24648		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2837				
AFBF Convention	375				
Ag in the Classroom	70				
Board Expense	2767				
Commodity Meetings	822				
Contributions	825				
MFBF Convention	2630				
Secretary Meeting	467				
Young Farmer Program	3428				
TOTAL	14221	14221			
Expense Directly Related to Production of Service Fees					
State Income Tax	890				
Computer Rent	770				
TOTAL	1660		1660		
TOTAL EXPENSES	92485	51395	41090	0	0