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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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning	11/1/2010	, and ending	10/31/2011
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	Farm Bureau Federation Mississippi Webster County		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	(662) 258-7802		
<input type="checkbox"/> Amended return	1137 Veterans Memorial Blvd	state or country	ZIP + 4
<input type="checkbox"/> Application pending	Eupora	MS	39744-2013
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website: ► N/A	H Check ► <input 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 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 ► 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 ► \$ 102,458

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	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 51,570
	4 Investment income	4 25
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	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 235
	b Less: cost of goods sold	7b 255
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -20
	8 Other revenue (describe in Schedule O)	8 50,628
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 102,203
	10 Grants and similar amounts paid (list in Schedule O)	10 23,801
Net Assets	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 74,471
	17 Total expenses. Add lines 10 through 16 ►	17 98,272
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,931
	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)	19 189,647
	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 ►	21 193,578

G5

11

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	59,344	22	71,870
23 Land and buildings	123,692	23	119,551
24 Other assets (describe in Schedule O)	6,790	24	2,365
25 Total assets	189,826	25	193,786
26 Total liabilities (describe in Schedule O)	179	26	208
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,647	27	193,578

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 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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
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	0	

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
TIM A TINDALL 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title PRESIDENT Hr/WK 4 00	0		
JEFFREY TABB 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title V-PRESIDENT Hr/WK 3 00	0		
TRENA COX 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title SEC-TREAS Hr/WK 40 00	29,613	1,257	
WILLIAM WILLINGHAM 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
JOSEPH P. PALMER 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
JACKIE EARNEST 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
DAVID HOOD 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
DONNIE WOMACK 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
STANLEY ROGERS 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
PAUL CROWLWY 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 1 00	0		
SHERRY CROWLEY 1137 VETERANS MEMORIAL BLVD EUPORA MS 39	Title DIRECTOR Hr/WK 4 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 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. 33 Yes No

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). 34 Yes No

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. 35a Yes No

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? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36 Yes No

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. 37a Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b Yes No

b Did the organization file Form 1120-POL for this year? 38a Yes No

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? 38b Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39a Yes No

39 Section 501(c)(7) organizations Enter 39b Yes No

a Initiation fees and capital contributions included on line 9. 40a Yes No

b Gross receipts, included on line 9, for public use of club facilities. 40b Yes No

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 ► _____ 40c 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. 40d Yes No

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. 40e Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40f 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. 40g Yes No

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► Trena Cox Telephone no ► (662) 258-7802
 Located at ► 1137 Veterans Memorial Blvd City Eupora ST. MS ZIP + 4 ► 39744

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 44a 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. 44b Yes No

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. 44c Yes No

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

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. 44e Yes No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 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	X
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.	45a	X
		46	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 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

		Yes	No
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	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		
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	► <i>Timothy A. Tindall, President</i>	Date <i>12-23-11</i>
	Signature of officer	
	► <i>Timothy A. Tindall, President</i>	
	Type or print name and title	

Paid Preparer's Use Only	Print/Type preparer's name <i>William Davis</i>	Preparer's signature <i>William Davis</i>	Date <i>11/29/2011</i>	Check if self-employed <input type="checkbox"/>	PTIN <i>P00631674</i>
	Firm's name ► Mississippi Farm Bureau Federation			Firm's EIN ► 64-0303134	
	Firm's address ► 6311 Ridgewood Road, Jackson, MS 39211			Phone no <i>(601) 977-4205</i>	

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

Webster County Farm Bureau
 S C H E D U L E II
 October 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		41.0%	59.0%		
Salary - Secretary	32265				
Payroll Taxes	2651				
Employee Insurance	387				
Retirement	1195				
	TOTAL	36498	14964	21534	
Expense Directly Attributed to Production of Farm Bureau Dues					
Ag in the Classroom	35				
Board Expense	4352				
Commodity Meetings	138				
Contributions	920				
MFBF Convention	783				
Safety Seminar	200				
Secretary Meeting	358				
Washington Tour	673				
Womens Committee	30				
Young Farmer Program	250				
	TOTAL	10022	10022		
Expense Directly Related to Production of Service Fees					
State Income Tax	694				
	TOTAL	694		694	
TOTAL EXPENSES	<u>70995</u>	<u>35818</u>	<u>35177</u>	<u>0</u>	<u>0</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer identification number

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule 1 50,628

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule 2: 70,995

Form 990-EZ, Part I, Line 16, Other Expenses, Note Receivable-Teresa Britt 3,476

Form 990-EZ, Part II, Line 24, Other Assets, Utility Deposits, Beginning of year 85, End of

year 85

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes State, Beginning of year 680, End

of year 540

Form 990-EZ, Part II, Line 24, Other Assets, Note Receivable, Beginning of year 3,825, End of

year 0

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Tax-Federal, Beginning of year 2,200,

End of year 1,740

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Tax, Beginning of year 135, End of year

115

Form 990-EZ, Part II, Line 26, Liabilities, PIC, Beginning of year 44, End of year 93

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer identification number

64-0393224

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 Webster	Business or activity to which this form relates 990EZ	Identifying number 64-0393224
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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 4,141

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	
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 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 4,141
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

Webster County Farm Bureau
S C H E D U L E I
October 31, 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	7880
Southern Farm Bureau Life Insurance Company	8091
Southern Farm Bureau Casualty Insurance Company	21714
Mississippi Farm Bureau Mutual Insurance Company	<u>12943</u>
Total Insurance Fees	<u>50628</u>

**Webster County Farm Bureau
S C H E D U L E II
October 31, 2011**

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	27770	27770			
Insurance Company Svc Fees	50628		50628		
Interest	25				25
Net Sales	-20				-20
TOTAL INCOME	78403	27770	50628	0	5

Relationship of Dues to Service Fees 35.4% 64.6%

Floor Space Ratio 50.0% 50.0%

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

Telephone	3419
Postage	352
Office Expense	2678
Depreciation	814

TOTAL 7263 2573 4690

Allocation of Occupancy Expense Base on Area Occupied

Utilities	3925
Taxes	3750
Insurance	1394
Building Maintenance	4122
Depreciation	3327

TOTAL 16518 8259 8259

Webster County Farm Bureau
Depreciation Schedule
October 31, 2011
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-98	129761.00		129761.00	39 0	SL	39926.52	3327.21	43253.73	86507.27	
<hr/>											
		129761.00	0.00	129761.00			39926.52	3327.21	43253.73	86507.27	

Webster County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Fully Depreciated Items											
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00	
Equipment	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00	
Equipment	Oct-07	855.21		855.21	7.0	SL	366.51	122.17	488.68	366.53	
Furniture	Jan-08	427.98		427.98	7.0	SL	183.42	61.14	244.56	183.42	
Furniture	Jan-08	253.58		253.58	7.0	SL	108.69	36.23	144.92	108.66	
Furniture	Aug-09	1705.58		1705.58	7.0	SL	487.30	243.65	730.95	974.63	
Furniture	Aug-09	2455.65		2455.65	7.0	SL	701.62	350.81	1052.43	1403.22	
<hr/>											
		18554.66	0.00	18554.66			14704.20	814.00	15518.20	3036.46	