



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



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 <u>11/1/2010</u> , and ending <u>10/31/2011</u>																		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Farm Bureau Federation Mississippi Inc Panola County</u></td> <td>D Employer identification number <u>64-0326970</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2"><u>P O Box 1594</u></td> <td><u>(662) 563-5688</u></td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td><u>Batesville</u></td> <td><u>MS</u></td> <td><u>38606-1594</u></td> </tr> <tr> <td colspan="2">F Group Exemption Number ► <u>1473</u></td> </tr> </table>	C Name of organization <u>Farm Bureau Federation Mississippi Inc Panola County</u>		D Employer identification number <u>64-0326970</u>	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	<u>P O Box 1594</u>		<u>(662) 563-5688</u>	City or town	state or country	ZIP + 4	<u>Batesville</u>	<u>MS</u>	<u>38606-1594</u>	F Group Exemption Number ► <u>1473</u>	
C Name of organization <u>Farm Bureau Federation Mississippi Inc Panola County</u>		D Employer identification number <u>64-0326970</u>																
Number and street (or P O box, if mail is not delivered to street address)		E Telephone number																
<u>P O Box 1594</u>		<u>(662) 563-5688</u>																
City or town	state or country	ZIP + 4																
<u>Batesville</u>	<u>MS</u>	<u>38606-1594</u>																
F Group Exemption Number ► <u>1473</u>																		
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ► _____																		
I Website: ► <u>N/A</u>																		
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 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. ► \$ <u>124,220</u>																		

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	66,965
	4	Investment income	4	29
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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	
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	2,178	
b	Less cost of goods sold	7b	2,127	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	51	
8	Other revenue (describe in Schedule O)	8	55,048	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,093	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,404
	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	93,059
	17	Total expenses. Add lines 10 through 16	17	120,463
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,630
	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	187,544
	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	189,174

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

P 18

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	43,053	22	47,116
23 Land and buildings	291,715	23	285,177
24 Other assets (describe in Schedule O)	2,640	24	1,797
25 Total assets	337,408	25	334,090
26 Total liabilities (describe in Schedule O)	149,864	26	144,916
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	187,544	27	189,174

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 <u>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.</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	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
<u>Lent E. Thomas</u>	Title President			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 3 00	0		
<u>Danny Holland</u>	Title Vice-President			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 2 00	0		
<u>Jan Hood</u>	Title Secretary-Treasurer			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 40 00	27,214		
<u>Harold McCurdy</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Calvin Land</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Lamar Johnson</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Patrick Cannon</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1.00	0		
<u>William Morris</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>John F. Thomas</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>James L. Browning</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Eugene Crouch</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Mike Bartlett</u>	Title Director			
158 Cracker barrell Drve Batesville MS 38606	Hr/WK 1 00	0		
<u>Preston Lawrence</u>	Title Director			
158 Cracker Barrell Drve Batesville MS 38606	Hr/WK 1 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. ☐

	Yes	No
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		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)		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		
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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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 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		
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.		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ Jan Hood Telephone no ▶ (662) 563-5688 Located at ▶ 158 Cracker Barrel Drive City Batesville ST MS ZIP + 4 ▶ 38606-1594		
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 .		X
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. ▶		X
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		
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.		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.		X
c Did the organization receive any payments for indoor tanning services during the year?		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		

- 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
- 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

	Yes	No
45		X
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 ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
47		
48		
49a		X
49b		

(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 <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00			

f Total number of other employees paid over \$100,000 **0**

- 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 <u>None</u> 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 **0**

- 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	Signature of officer <u>Lent E Thomas III</u>		Date <u>3-6-12</u>
	Type or print name and title <u>Lent E Thomas III President</u>		
Paid Preparer's Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature <u>William Davis</u>	Date <u>12/16/2011</u>
	Firm's name <u>Mississippi Farm Bureau Federation</u>	Check if self-employed ☐	PTIN <u>P00631624</u>
	Firm's address <u>6311 Ridgewood Road, Jackson, MS 39211</u>	Firm's EIN <u>64-0303134</u>	Phone no <u>(601) 977-4205</u>

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

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

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Employer identification number

Farm Bureau Federation Mississippi Inc Panola County

64-0326970

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 53,764

Form 990-EZ, Part I, Line 8, Other Revenue Gain on Insurance Claim 1,284

Form 990-EZ, Part I, Line 10, Grants Paid Activity Membership Dues, Grantee MFBF PO Box

1976 Jackson MS 39215, Cash Grant 27,404, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 45,664

Form 990-EZ, Part I, Line 16, Other Expenses Management and General 47,395

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 2,440, End of

year 1,597

Form 990-EZ, Part II, Line 24, Other Assets Marketable Securities Beginning of year 200

End of year 200

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 592, End

of year 596

Form 990-EZ, Part II, Line 26, Liabilities PIC Payable Beginning of year 40, End of year 0

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 149,232, End

of year 144,320

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Inc Panola County

64-0326970

6