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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2011 calendar year, or tax year beginning 11/1/2011, and ending 10/31/2012

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

C Name of organization
Farm Bureau Federation Mississippi Webster County
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1137 Veterans Memorial Blvd
 City or town state or country ZIP + 4
Eupora MS 39744-2013

D Employer identification number
64-0393224

E Telephone number
(662) 258-7802

F Group Exemption Number ► **1473**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ► _____

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 or a section 527 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. ► \$ **104,105**

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	51,112
	4	Investment income	4	29
	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	
	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	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	164
	b	Less: cost of goods sold	7b	115
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	49
	8	Other revenue (describe in Schedule O)	8	52,800
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,990
	10	Grants and similar amounts paid (list in Schedule O)	10	22,613
	11	Benefits paid to or for members	11	
Net Assets	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	76,720
	17	Total expenses. Add lines 10 through 16	17	99,333
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,657
	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	193,578
	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	198,235

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

(HTA)

SCANNED FEB 27 2013

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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	71,870	22 79,090
23 Land and buildings	119,551	23 116,760
24 Other assets (describe in Schedule O)	2,365	24 2,595
25 Total assets	193,786	25 198,445
26 Total liabilities (describe in Schedule O)	208	26 210
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,578	27 198,235

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. ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? To further the interests of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social, and educational interest of the farmer.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	61,271
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	61,271

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TIM A TINDALL	Title PRESIDENT			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 4.00	0		
JEFFREY TABB	Title V-PRESIDENT			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 3.00	0		
TRENA COX	Title SEC-TREAS			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 40.00	31,174	1,227	
WILLIAM WILLINGHAM	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
JOSEPH P. PALMER	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
JACKIE EARNEST	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
DAVID HOOD	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
DONNIE WOMACK	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
STANLEY ROGERS	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
PAUL CROWLWY	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 1.00	0		
SHERRY CROWLEY	Title DIRECTOR			
1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Hr/WK 4.00	0		
	Title			
	Hr/WK .00	0		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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 ▶ 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: ▶	Yes	No
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 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 ▶ <input type="checkbox"/> 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b 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 (see instructions).		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

	Yes	No
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title 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 City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name 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	Signature of officer <i>Timothy A. Tindall</i>		Date <i>1-24-13</i>	
	Type or print name and title <i>Timothy A. Tindall, President</i>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>William Davis</i>	Date	Check <input type="checkbox"/> if self-employed
	William Davis		12/5/2012	
	Firm's name	Firm's EIN		PTIN
	Mississippi Farm Bureau Federation	64-0303134		P00631674
	Firm's address	Phone no		
	6311 Ridgewood RD, Jackson, MS 39211	(601) 977-4205		

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

Webster County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

8776

7484

22400

13749

Total Insurance Fees

52409

Farm Bureau Bank Svc Fees

391

Total Farm Bureau Bank Svc Fees

391

TOTAL SERVICE FEES

52800

Webster County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	28500	28500			
Insurance Company Svc Fees	52409		52409		
Farm Bureau Bank Svc Fees	391		391		
Interest	29				29
Net Sales	48				48
	<hr/>				
TOTAL INCOME	81377	28500	52800	0	77
	<hr/>				

Relationship of Dues to Service Fees	35.1%	64.9%
Floor Space Ratio	50.0%	50.0%

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

Insurance	309		
Telephone	3440		
Postage	309		
Office Expense	2490		
Depreciation	871		
	<hr/>		
TOTAL	7419	2601	4818

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3408		
Taxes	3596		
Insurance	1394		
Building Maintenance	5453		
Depreciation	3327		
	<hr/>		
TOTAL	17178	8589	8589

Webster County Farm Bureau
SCHEDULE II
October 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		44.0%	56.0%		
Salary - Secretary	37939				
Payroll Taxes	3090				
Employee Insurance	496				
Retirement	1331				
TOTAL	42856	18857	23999		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Ag in the Classroom	35				
Board Expense	4203				
Commodity Meetings	48				
Contributions	100				
MFBF Convention	1182				
Safety Seminar	200				
Secretary Meeting	372				
Womens Committee	20				
Young Farmer Program	275				
Other Exempt	11				
TOTAL	8611	8611			
 Expense Directly Related to Production of Service Fees					
State Income Tax	656				
TOTAL	656		656		
 TOTAL EXPENSES	76720	38658	38062	0	0

Webster County Farm Bureau
 Depreciation Schedule
 October 31, 2012
 Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-98	129761.00		129761.00	39.0	SL	43253.73	3327 21	46580.94	83180.06

129761.00	0.00	129761.00	43253.73	3327 21	46580.94	83180.06
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Webster County Farm Bureau
Depreciation Schedule
October 31, 2012
Furniture & Equipment

Description	Acquired	Accumulated Depreciation			Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		11678.66		11678.66	7.0	SL	11678.66	0.00	11678.66	0.00
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00
Equipmqt	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00
Equipmqt	Oct-07	855.21		855.21	7.0	SL	488.68	122.17	610.85	244.36
Furniture	Jan-08	427.98		427.98	7.0	SL	244.56	61.14	305.70	122.28
Furniture	Jan-08	253.58		253.58	7.0	SL	144.92	36.23	181.15	72.43
Furniture	Aug-09	1705.58		1705.58	7.0	SL	730.95	243.65	974.60	730.98
Furniture	Aug-09	2455.65		2455.65	7.0	SL	1052.43	350.81	1403.24	1052.41
Furniture	Feb-12		208.50	208.50	7.0	SL		19.86	19.86	188.64
Furniture	Jul-12		479.00	479.00	7.0	SL		22.80	22.80	456.20
Furniture	Sep-12		620.60	620.60	7.0	SL		14.78	14.78	605.82
Furniture	Oct-12		100.00	100.00	7.0	SL		0.00	0.00	100.00

18554.66	1408.10	19962.76	15518.20	871.44	16389.64	3573.12
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Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2011Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Webster 990EZ

64-0393224

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 2010 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 2012. 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	4,142

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 2011	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 2011 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		1,408	7 yrs	HY	SL	57
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 2011 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	4,199
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.
(HTA)

Form 4562 (2011)