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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

2011

Open to Public  
Inspection

<b>A</b> For the 2011 calendar year, or tax year beginning	11/1/2011	, and ending	10/31/2012
<b>B</b> Check if applicable	<b>C</b> Name of organization		
Address change	Farm Bureau Federation Mississippi Webster County		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated			
Amended return			
Application pending			
<b>G</b> Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
<b>I</b> Website: ► N/A			
<b>J</b> 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
<b>K</b> Check ► <input type="checkbox"/> 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	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		

**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
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	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
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 22,613
	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 76,720
Net Assets	17 Total expenses. Add lines 10 through 16 . . . . .	17 99,333
	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

**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. 

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

## 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	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	
<b>32 Total program service expenses.</b> (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 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title PRESIDENT Hr/WK 4.00	0		
JEFFREY TABB 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title V-PRESIDENT Hr/WK 3.00	0		
TRENA COX 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title SEC-TREAS Hr/WK 40.00	31,174	1,227	
WILLIAM WILLINGHAM 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
JOSEPH P. PALMER 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
JACKIE EARNEST 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
DAVID HOOD 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
DONNIE WOMACK 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
STANLEY ROGERS 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
PAUL CROWLBY 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR Hr/WK 1.00	0		
SHERRY CROWLEY 1137 VETERANS MEMORIAL BLVD EUPORA MS 3974	Title DIRECTOR 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.	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).	34	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)?	35a	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.	35b	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	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	
39 Section 501(c)(7) organizations Enter:	39b	
a Initiation fees and capital contributions included on line 9.		
b Gross receipts, included on line 9, for public use of club facilities		
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 ►	40b	
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.	40e	X
41 List the states with which a copy of this return is filed. ►		
42 a The organization's books are in care of ► 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.	42b	Yes 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: ►	42c	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.	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.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	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.	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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).	45b	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

	Yes	No
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	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) 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 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 ►				

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	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 William Davis	Preparer's signature <i>William Davis</i>	Date 12/5/2012	Check <input type="checkbox"/> if self-employed	PTIN P00631674
	Firm's name ► Mississippi Farm Bureau Federation	Firm's EIN ► 64-0303134			
	Firm's address ► 6311 Ridgewood RD, Jackson, MS 39211	Phone no (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

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

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  
 S C H E D U L E II  
 October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
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
 <b>TOTAL INCOME</b>	 <b>81377</b>	 <b>28500</b>	 <b>52800</b>	 <b>0</b>	 <b>77</b>

<b>Relationship of Dues to Service Fees</b>	<b>35.1%</b>	<b>64.9%</b>
<b>Floor Space Ratio</b>	<b>50.0%</b>	<b>50.0%</b>

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

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

**Allocation of Occupancy Expense**  
**Base on Area Occupied**

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

Webster County Farm Bureau  
S C H E D U L E    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	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	43253.73	3327.21	46580.94	83180.06	
<hr/>											
		129761.00	0.00	129761.00			43253.73	3327.21	46580.94	83180.06	

**Webster County Farm Bureau**  
**Depreciation Schedule**  
**October 31, 2012**  
**Furniture & Equipment**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
<b>Fully Depreciated Items</b>										
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00
Equipmnt	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00
Equipmnt	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
		<b>18554.66</b>	<b>1408.10</b>	<b>19962.76</b>			<b>15518.20</b>	<b>871.44</b>	<b>16389.64</b>	<b>3573.12</b>

Depreciation and Amortization  
(Including Information on Listed Property)Name(s) shown on return Business or activity to which this form relates  
Farm Bureau Federation Mississippi Webster 1990EZIdentifying number  
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 <b>smaller</b> 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
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 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)