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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue ServiceUnder 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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning	10/1/2012	and ending	9/30/2013
B Check if applicable	C Name of organization		
Address change	Farm Bureau Federation Mississippi Adams County		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	(601) 445-4187		
Amended return	F Group Exemption		
Application pending	Natchez	City or town	state or country ZIP + 4
	Natchez	MS	39120-3823
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
H Check ► <input checked="" type="checkbox"/> 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 ► \$ 122,773

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 4,005
	2 Program service revenue including government fees and contracts	2	3 59,481
	3 Membership dues and assessments	3	4 331
	4 Investment income	4	5c 0
	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)	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	302
	b Less cost of goods sold	7b	441
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-139
	8 Other revenue (describe in Schedule O)	8	58,654
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,332
	10 Grants and similar amounts paid (list in Schedule O)	10	27,653
	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	102,162
	17 Total expenses. Add lines 10 through 16	17	129,815
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,483
	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	252,296
	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	244,813

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

S
W

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	124,910	22 122,830
23 Land and buildings	122,992	23 118,457
24 Other assets (describe in Schedule O)	4,431	24 4,496
25 Total assets	252,333	25 245,783
26 Total liabilities (describe in Schedule O)	37	26 970
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	252,296	27 244,813

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 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	
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) ► <input type="checkbox"/>	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 title	(b) 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
Noble Guedon			
President	Hr/WK 5.00		
David Carter			
Vice President	Hr/WK 2.00		
Melanie Sojourner			
Sec/Treasurer	Hr/WK 2.00		
Fayla Guedon			
Womens Chair	Hr/WK 2.00		
Buster Junkin			
Director	Hr/WK 2.00		
Chester Hoover			
Director	Hr/WK 2.00		
Phil Lindsey			
Director	Hr/WK 2.00		
Cledis Abernathy			
Director	Hr/WK 2.00		
Dempsey White			
Director	Hr/WK 2.00		
David Nations			
Director	Hr/WK 2.00		
Boyd White			
Director	Hr/WK 2.00		
Sandra Sojourner			
Director	Hr/WK 2.00		

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.

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
 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
 c Section 501(c)(7) organizations Enter 39b

39 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 ► 40b ; section 4912 ► 40c , section 4955 ► 40d
 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. 40e 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 40f
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40g
 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. 40h

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

42 a The organization's books are in care of ► Barbara Butler Telephone no ► (601) 445-4187
 Located at ► 317 John R. Junkin Dr. City Natchez ST MS ZIP + 4 ► 39120-3823

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 ► 42b X
 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 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 ► 43 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

	Yes	No
33	<input type="checkbox"/> X	
34	<input type="checkbox"/> X	
35a	<input type="checkbox"/> X	
35b	<input type="checkbox"/> X	
35c	<input type="checkbox"/> X	
36	<input type="checkbox"/> X	
37b	<input type="checkbox"/>	
38a	<input type="checkbox"/> X	
40b	<input type="checkbox"/>	
40c	<input type="checkbox"/>	
40d	<input type="checkbox"/>	
40e	<input type="checkbox"/> X	
42b	<input type="checkbox"/> X	
42c	<input type="checkbox"/> X	
44a	<input type="checkbox"/> X	
44b	<input type="checkbox"/> X	
44c	<input type="checkbox"/> X	
44d	<input type="checkbox"/>	
45a	<input type="checkbox"/> X	
45b	<input type="checkbox"/> 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 only

All section 501(c)(3) organizations 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

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."

(a) Name and title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

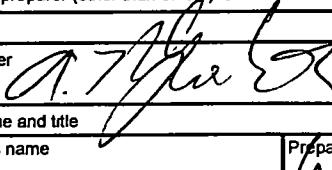
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 		Date <i>2-6-14</i>
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 11/18/2013
	Firm's name ► Mississippi Farm Bureau Federation	Firm's EIN ► 64-0303134	
	Firm's address ► 6311 Ridgewood Rd, Jackson, MS 39211	Check <input type="checkbox"/> if self-employed	PTIN P00631674
Phone no 601-977-4205			

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

Adams County Farm Bureau
S C H E D U L E II
September 30, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	31829	31829			
Insurance Company Svc Fees	57816		57816		
Farm Bureau Bank	838		838		
	4005			4005	
Interest	331				331
Net Sales	-139				-139
 TOTAL INCOME	 94680	 31829	 58654	 4005	 192

Relationship of Dues to
Service Fees

35.2% 64.8%

Floor Space Ratio

50.0% 50.0%

Allocation of General Overhead

Based on the Relationship of
Dues to Service Fees

Promotions	372
Insurance	309
Telephone	3781
Postage	152
Office Expense	2419
Depreciation	224
 TOTAL	 7257
	2553
	4704

Allocation of Occupancy Expense

Base on Area Occupied

Utilities	3317
Taxes	3227
Insurance	1997
Building Maintenance	1746
Depreciation	7950
Rent	364
 TOTAL	 18601
	9300
	9301

Adams County Farm Bureau
 S C H E D U L E II
 September 30, 2013

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	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	50035				
Payroll Taxes	3761				
Employee Insurance	3432				
TOTAL	57228	28614	28614		
Expense Directly Attributed to Production of Farm Bureau Dues					
Ag in the Classroom	56				
Board Expense	3708				
Commodity Meetings	207				
Contributions	1254				
Legislative Reception	78				
Commodity Materials	169				
MFBF Convention	1824				
Safety Seminar	599				
Secretary Meeting	600				
Ag Promotions	2688				
Young Farmer Program	1365				
TOTAL	17950	17950			
Expense Directly Related to Production of Service Fees					
State Income Tax	706				
Computer Rent	420				
TOTAL	1126		1126		
TOTAL EXPENSES	102162	58417	43745	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi Adams County

Employer identification number

64-6025675

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule I: 58,654

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues, Grantee Mississippi Farm Bureau

Federation 6311 Ridgewood Rd Jackson MS 39211, Cash Grant. 27,653, Relationship State

Organization

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 102,162

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 2,975, End of

year 3,040

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year: 456, End of

year 456

Form 990-EZ, Part II, Line 24, Other Assets Inventory, Beginning of year: 1,000, End of year:

1,000

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Taxes Payable: Beginning of year: 37, End

of year: 970

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

Page 1 of 1 of Part IV

Name of Organization

Employer identification number

Farm Bureau Federation Mississippi Adams County

64-6025675

Adams County Farm Bureau
 Depreciation Schedule
 September 30, 2013
 Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
Building	Oct-96	179210.47		179210.47	39.0	SL	77925.92	4595.14	82521.06	96689.41
Fence	Dec-96	1358.95		1358.95	7.0	SL	1358.95	0.00	1358.95	0.00
Air Conditioner	Mar-00	1407.05		1407.05	7.0	SL	1407.05	0.00	1407.05	0.00
Parking Lot	Apr-00	11000.00		11000.00	7.0	SL	11000.00	0.00	11000.00	0.00
Awning	Mar-04	500.00		500.00	7.0	SL	500.00	0.00	500.00	0.00
Shelves	Feb-09	1650.00		1650.00	7.0	SL	824.98	235.71	1060.69	589.31
Digital Sign	Dec-12	20500.00		20500.00	7.0	SL	366.07	2928.57	3294.64	17205.36
Air Conditioner	Jun-13		2675.00	2675.00	7.0	SL		191.07	191.07	2483.93
		<u>215626.47</u>	<u>2675.00</u>	<u>218301.47</u>			<u>93382.97</u>	<u>7950.49</u>	<u>101333.46</u>	<u>116968.01</u>

Prepared by: Karen Easterling

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Adams County Farm Bureau
Depreciation Schedule
September 30, 2013
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		2734.69		2734.69	7 0	SL	2734.69	0.00	2734.69	0.00
Desk/Chair	Sep-95	160.00		160.00	7.0	SL	160.00	0.00	160.00	0.00
Office Furniture	Oct-95	1891.55		1891.55	7.0	SL	1891.55	0.00	1891.55	0.00
Smoke Detectors	Nov-95	130.54		130.54	7.0	SL	130.54	0.00	130.54	0.00
Phone System	Nov-95	433.35		433.35	7.0	SL	433.35	0.00	433.35	0.00
Chairs	Apr-96	1872.50		1872.50	7.0	SL	1872.50	0.00	1872.50	0.00
Copier	Mar-98	1908.60		1908.60	7.0	SL	1908.60	0.00	1908.60	0.00
Office Furniture	Feb-03	2490.95		2490.95	7.0	SL	2490.95	0.00	2490.95	0.00
Copier	Sep-03	1457.34		1457.34	5.0	SL	1457.34	0.00	1457.34	0.00
Telephone System	Jan-04	5403.50		5403.50	5.0	SL	5403.50	0.00	5403.50	0.00
Safe	Feb-05	739.60		739.60	7.0	SL	739.60	0.00	739.60	0.00
Refrigerator	Nov-06	320.88		320.88	7.0	SL	252.12	45.84	297.96	22.92
Office Furniture	Jul-11	353.05		353.05	7.0	SL	75.66	50.44	126.10	226.95
Office Chair	Jul-12	181.50		181.50	7.0	SL	12.97	12.97	25.93	155.57
Telephone	Jul-12	251.45		251.45	7.0	SL	17.96	17.96	35.92	215.53
Monitor	Oct-12		964.07	964.07	5.0	SL	96.41	96.41	867.67	
		20329.50	964.07	21293.57			19581.33	223.61	19804.94	1488.64

Prepared by: Karen Easterling

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Adams County Farm Bureau
S C H E D U L E I
September 30, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield 5396

Southern Farm Bureau Life Insurance Company 7121

Southern Farm Bureau Casualty Insurance Company 26535

Mississippi Farm Bureau Casualty Insurance Company 18764

Total Insurance Fees 57816

Farm Bureau Bank 838

Total Bank Fees 838

TOTAL SERVICE FEES 58654