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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012
**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 2012 calendar year, or tax year beginning 10/1/2012, and ending 9/30/2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi Adams County Number and street (or P O box, if mail is not delivered to street address) Room/suite 317 John R Junkin City or town state or country ZIP + 4 Natchez MS 39120-3823 D Employer identification number 64-6025675 E Telephone number (601) 445-4187 F Group Exemption Number 1473 G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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

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 ☒

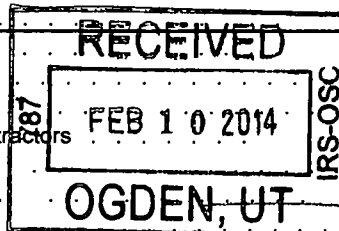
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,005
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	59,481
	4	Investment income	4	331
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other 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		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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	302
	7b	Less: cost of goods sold	7b	441
	7c	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	
Net Assets	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.

Form 990-EZ (2012)

HTA

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20

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

**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 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

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)		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. ☐

	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?	37b	
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?	38a	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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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.	40b	
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.	MS	
42 a The organization's books are in care of <u>Barbara Butler</u> Telephone no <u>(601) 445-4187</u> Located at <u>317 John R Junkin Dr</u> City <u>Natchez</u> ST <u>MS</u> ZIP + 4 <u>39120-3823</u>		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	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: <input type="checkbox"/>	42c	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 <input type="checkbox"/> 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
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 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

	Yes	No
47		
48		
49a		
49b		

- 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."

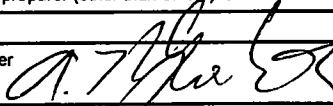
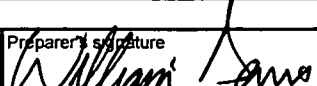
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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 2-6-14			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 11/18/2013	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

Adams County Farm Bureau
SCHEDULE 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
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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
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Adams County Farm Bureau
SCHEDULE II
September 30, 2013

Page 2

	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				
MFBB 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public
Inspection

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

Page 1 of 1 of Part IV

Employer Identification number

64-6025675

[illegible]

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

Description	Acquired					Accumulated Depreciation			Net	
		Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Beg Balance	Additions (Deduct)		End Balance
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
<hr/>										
		215626.47	2675.00	218301.47			93382.97	7950.49	101333.46	116968.01
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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			Net
							Beg Balance	Additions (Deduct)	End Balance	
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
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Prepared by: Karen Easterling

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Adams County Farm Bureau
SCHEDULE I
September 30, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5396
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Southern Farm Bureau Life Insurance Company	7121
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Southern Farm Bureau Casualty Insurance Company	26535
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Mississippi Farm Bureau Casualty Insurance Company	<u>18764</u>
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Total Insurance Fees	<u>57816</u>
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Farm Bureau Bank	<u>838</u>
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Total Bank Fees	<u>838</u>
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TOTAL SERVICE FEES	<u><u>58654</u></u>
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