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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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

**2012****Open to Public Inspection**

|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2012 calendar year, or tax year beginning <b>11/1/2012</b> , and ending <b>10/31/2013</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending                                                                                                                     | <b>C</b> Name of organization<br><b>Farm Bureau Federation Mississippi Tallahatchie County</b><br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>P O Box 309</b><br>City or town state or country ZIP + 4<br><b>Charleston MS 38921-0309</b> |
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____                                                                                                                                                                                                                                                                                        | <b>D</b> Employer identification number<br><b>64-0367806</b>                                                                                                                                                                                                                              |
| <b>I</b> Website: <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                      | <b>E</b> Telephone number<br><b>(662) 647-2064</b>                                                                                                                                                                                                                                        |
| <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>F</b> Group Exemption Number ▶ <b>1473</b>                                                                                                                                                                                                                                             |
| <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>L</b> 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. ▶ \$ <b>127,318</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                           |

**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. ☒

|                                                                           |                                                                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>Expenses</b>                                                           | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | <b>1</b>  |         |
|                                                                           | <b>2</b> Program service revenue including government fees and contracts                                                                                                                                                  | <b>2</b>  |         |
|                                                                           | <b>3</b> Membership dues and assessments                                                                                                                                                                                  | <b>3</b>  | 45,563  |
|                                                                           | <b>4</b> Investment income                                                                                                                                                                                                | <b>4</b>  |         |
|                                                                           | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                                                                                           | <b>5a</b> |         |
|                                                                           | <b>b</b> Less cost or other basis and sales expenses                                                                                                                                                                      | <b>5b</b> |         |
|                                                                           | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | <b>5c</b> | 0       |
|                                                                           | <b>6</b> Gaming and fundraising events                                                                                                                                                                                    |           |         |
|                                                                           | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | <b>6a</b> |         |
|                                                                           | <b>b</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) | <b>6b</b> |         |
|                                                                           | <b>c</b> Less direct expenses from gaming and fundraising events                                                                                                                                                          | <b>6c</b> |         |
|                                                                           | <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | <b>6d</b> | 0       |
|                                                                           | <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                           | <b>7a</b> |         |
|                                                                           | <b>b</b> Less cost of goods sold                                                                                                                                                                                          | <b>7b</b> |         |
|                                                                           | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | <b>7c</b> | 0       |
|                                                                           | <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                           | <b>8</b>  | 81,755  |
|                                                                           | <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | <b>9</b>  | 127,318 |
| <b>10</b> Grants and similar amounts paid (list in Schedule O)            | <b>10</b>                                                                                                                                                                                                                 | 18,844    |         |
| <b>11</b> Benefits paid to or for members                                 | <b>11</b>                                                                                                                                                                                                                 |           |         |
| <b>12</b> Salaries, other compensation, and employee benefits             | <b>12</b>                                                                                                                                                                                                                 |           |         |
| <b>13</b> Professional fees and other payments to independent contractors | <b>13</b>                                                                                                                                                                                                                 |           |         |
| <b>14</b> Occupancy, rent, utilities, and maintenance                     | <b>14</b>                                                                                                                                                                                                                 |           |         |
| <b>15</b> Printing, publications, postage, and shipping                   | <b>15</b>                                                                                                                                                                                                                 |           |         |
| <b>16</b> Other expenses (describe in Schedule O)                         | <b>16</b>                                                                                                                                                                                                                 | 118,453   |         |
| <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                  | <b>17</b>                                                                                                                                                                                                                 | 137,297   |         |
| <b>Net Assets</b>                                                         | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                 | <b>18</b> | -9,979  |
|                                                                           | <b>19</b> 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)                                                                | <b>19</b> | 203,362 |
|                                                                           | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                            | <b>20</b> |         |
|                                                                           | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                         | <b>21</b> | 193,383 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA

14

**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 |
|---------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments                                              | 16,753                | <b>22</b> | 15,084          |
| <b>23</b> Land and buildings                                                          | 218,880               | <b>23</b> | 212,211         |
| <b>24</b> Other assets (describe in Schedule O)                                       | 5,401                 | <b>24</b> | 4,891           |
| <b>25</b> Total assets                                                                | 241,034               | <b>25</b> | 232,186         |
| <b>26</b> Total liabilities (describe in Schedule O)                                  | 37,672                | <b>26</b> | 38,803          |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 203,362               | <b>27</b> | 193,383         |

**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)

|                                                                                                                                                                                                                                                                                       |            |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>28</b> 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<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |   |
| <b>29</b> _____<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                           | <b>29a</b> |   |
| <b>30</b> _____<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                           | <b>30a</b> |   |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                 | <b>31a</b> |   |
| <b>32</b> Total program service expenses. (add lines 28a through 31a)                                                                                                                                                                                                                 | <b>32</b>  | 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 |
|------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|
| Gabriella Brasher<br>President     | Hr/WK 5 00                                     | 0                                                                          |                                                                                        |                                            |
| Michael Wagner<br>Vice-President   | Hr/WK 3 00                                     | 0                                                                          |                                                                                        |                                            |
| Rebecca Lee<br>Secretary-Treasurer | Hr/WK 40 00                                    | 25,000                                                                     |                                                                                        |                                            |
| Bud Trout<br>Director              | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| Charles Davis<br>Director          | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| James Morrow<br>Director           | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| Sykes Sturdivant<br>Director       | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| Ray Hausner<br>Director            | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| James Burkhalter<br>Director       | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| Beth Bell<br>Director              | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| David Groner<br>Director           | Hr/WK 2 00                                     | 0                                                                          |                                                                                        |                                            |
| Mike Swindoll<br>Director          | Hr/WK 2 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. <b>37a</b>                                                                                                                                                                                                           |     |    |
| b Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                |     |    |
| 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 <b>38b</b>                                                                                                                                                                                                                                 |     |    |
| 39 Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                |     |    |
| a Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                               |     |    |
| b Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                      |     |    |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>                                                                                                                                 |     |    |
| 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 <b>40c</b>                                                                                                                             |     |    |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>                                                                                                                                                                                               |     |    |
| 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 <b>40e</b>                                                                                                                                                    |     | X  |
| 41 List the states with which a copy of this return is filed <b>41</b>                                                                                                                                                                                                                                                  |     |    |
| 42 a The organization's books are in care of <b>42a</b> Rebecca Lee Telephone no <b>42a</b> (662) 647-2064                                                                                                                                                                                                              |     |    |
| Located at <b>42a</b> 204 E. Main St City <b>42a</b> Charleston ST <b>42a</b> MS ZIP + 4 <b>42a</b> 38921-0309                                                                                                                                                                                                          |     |    |
| 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 <b>42b</b>                   |     | 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: <b>42c</b>                                                                                                                                                           |     | 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 <b>43</b>                                                                                                                      |     |    |
| 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 <b>44a</b>                                                                                                                                                                      |     | 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 <b>44b</b>                                                                                                                                                                  |     | X  |
| c Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>                                                                                                                                                                                                                     |     | 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 <b>44d</b>                                                                                                                                                                        |     |    |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>                                                                                                                                                                                                                 |     | 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) <b>45b</b>                                                      |     | 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 II

|    | 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: Gabriella Blascher / President Date: 1/10/14

Paid Preparer Use Only: Print/Type preparer's name: William Davis Preparer's signature: William Davis Date: 1/6/2014 Check ☒ if self-employed PTIN: P00631624

Firm's name: Mississippi Farm Bureau Federation

Firm's EIN: 64-0303134

Firm's address: 6311 Ridgewood Road, Jackson, MS 39211

Phone no: (601) 977-4205

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**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 Tallahatchie County

Employer identification number

64-0367806

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 81,755

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 18,844, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 1 118,453

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 3,690, End

of year 3,180

Form 990-EZ, Part II, Line 24, Other Assets Other Assets Beginning of year 1,711, End of

year 1,711

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 1,598,

End of year 1,693

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 36,000, End

of year 37,038

Form 990-EZ, Part II, Line 26, Liabilities PIC Payable Beginning of year 74, End of year

72

Employer identification number

64-0367806

This image shows a full page of white paper designed for handwriting practice. It features multiple sets of horizontal dashed lines spaced evenly down the page. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The entire page is otherwise blank, with no text or other markings.

## Page 1 of 1 of Part IV

Employer identification number

64-0367806

[illegible]



Tallahatchie County Farm Bureau  
SCHEDULE I  
October 31, 2013

SERVICE FEES RECEIVED

INSURANCE

|                                                  |              |              |
|--------------------------------------------------|--------------|--------------|
| Blue Cross Blue Shield                           | 10637        |              |
| Southern Farm Bureau Life Insurance Company      | 21046        |              |
| Southern Farm Bureau Casualty Insurance Company  | 28777        |              |
| Mississippi Farm Bureau Mutual Insurance Company | <u>21057</u> |              |
| Total Insurance Fees                             |              | <u>81517</u> |

BANK FEES

|                  |            |            |
|------------------|------------|------------|
| Farm Bureau Bank | <u>238</u> |            |
| Total Bank Fees  |            | <u>238</u> |

|                    |  |                     |
|--------------------|--|---------------------|
| TOTAL SERVICE FEES |  | <u><u>81755</u></u> |
|--------------------|--|---------------------|

Tallahatchie County Farm Bureau  
SCHEDULE II  
October 31, 2013

|                            | TOTAL  | DUES  | UBI   | RENTAL | MISC |
|----------------------------|--------|-------|-------|--------|------|
| INCOME                     |        |       |       |        |      |
| Farm Bureau Dues-Net       | 25571  | 25571 |       |        |      |
| Insurance Company Svc Fees | 81517  |       | 81517 |        |      |
| Farm Bureau Bank           | 238    |       | 238   |        |      |
| Rent Received              | 1148   |       |       | 1148   |      |
| Interest                   | 0      |       |       |        | 0    |
| Net Sales                  | 0      |       |       |        | 0    |
|                            | <hr/>  |       |       |        |      |
| TOTAL INCOME               | 108474 | 25571 | 81755 | 1148   | 0    |
|                            | <hr/>  |       |       |        |      |

|                                      |       |       |
|--------------------------------------|-------|-------|
| Relationship of Dues to Service Fees | 23.8% | 76.2% |
| Floor Space Ratio                    | 50.0% | 50.0% |

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

|                |       |      |      |
|----------------|-------|------|------|
| Promotions     | 0     |      |      |
| Insurance      | 309   |      |      |
| Telephone      | 2588  |      |      |
| Postage        | 229   |      |      |
| Office Expense | 3050  |      |      |
| Depreciation   | 375   |      |      |
|                | <hr/> |      |      |
| TOTAL          | 6551  | 1561 | 4990 |

Allocation of Occupancy Expense  
Base on Area Occupied

|                      |       |       |       |
|----------------------|-------|-------|-------|
| Utilities            | 4516  |       |       |
| Taxes                | 5842  |       |       |
| Insurance            | 2113  |       |       |
| Building Maintenance | 11641 |       |       |
| Interest             | 1558  |       |       |
| Depreciation         | 6289  |       |       |
| Rent                 | 0     |       |       |
|                      | <hr/> |       |       |
| TOTAL                | 31959 | 15979 | 15980 |

Tallahatchie County Farm Bureau  
SCHEDULE II  
October 31, 2013

Page 2

|                                                                     | TOTAL  | DUES  | UBI   | RENTAL | MISC |
|---------------------------------------------------------------------|--------|-------|-------|--------|------|
| Allocation of Secretary's Salary<br>and Related Expenses            |        | 50.0% | 50.0% |        |      |
| Salary - Secretary                                                  | 62621  |       |       |        |      |
| Payroll Taxes                                                       | 5918   |       |       |        |      |
| Employee Insurance                                                  | 495    |       |       |        |      |
| Retirement                                                          | 0      |       |       |        |      |
| TOTAL                                                               | 69034  | 34517 | 34517 |        |      |
| Expense Directly Attributed<br>to Production of<br>Farm Bureau Dues |        |       |       |        |      |
| Income Tax - 990T                                                   | 3170   |       |       |        |      |
| Ag in the Classroom                                                 | 60     |       |       |        |      |
| Board Expense                                                       | 40     |       |       |        |      |
| Commodity Meetings                                                  | 48     |       |       |        |      |
| Contributions                                                       | 50     |       |       |        |      |
| Secretary Meeting                                                   | 30     |       |       |        |      |
| Womens Committee                                                    | 411    |       |       |        |      |
| Other Exempt                                                        | 3642   |       |       |        |      |
| TOTAL                                                               | 7451   | 7451  |       |        |      |
| Expense Directly Related to<br>Production of Service Fees           |        |       |       |        |      |
| State Income Tax                                                    | 1004   |       |       |        |      |
| Computer Rent                                                       | 2454   |       |       |        |      |
| TOTAL                                                               | 3458   |       | 3458  |        |      |
| TOTAL EXPENSES                                                      | 118453 | 59508 | 58945 | 0      | 0    |

Tallahatchie County Farm Bureau  
Depreciation Schedule  
October 31, 2013  
Building/Improvements

| Description | Acquired |                |                       |                | Rate<br>(Yrs) | Type | Accumulated Depreciation |                       |                | Net       |
|-------------|----------|----------------|-----------------------|----------------|---------------|------|--------------------------|-----------------------|----------------|-----------|
|             |          | Beg<br>Balance | Additions<br>(Deduct) | End<br>Balance |               |      | Beg<br>Balance           | Additions<br>(Deduct) | End<br>Balance |           |
| Building    | Nov-05   | 195901.51      |                       | 195901.51      | 39 0          | SL   | 35161.84                 | 5023 12               | 40184.96       | 155716.55 |
| Building    | Jan-06   | 45829.41       |                       | 45829.41       | 39.0          | SL   | 8225.77                  | 1175.11               | 9400.88        | 36428.53  |
| Building    | Oct-07   | 3542 77        |                       | 3542 77        | 39 0          | SL   | 869.47                   | 90.84                 | 960.31         | 2582.46   |

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|           |      |           |          |         |          |           |
|-----------|------|-----------|----------|---------|----------|-----------|
| 245273 69 | 0.00 | 245273.69 | 44257.08 | 6289.07 | 50546.15 | 194727.54 |
|-----------|------|-----------|----------|---------|----------|-----------|

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Tallahatchie County Farm Bureau  
Depreciation Schedule  
October 31, 2013  
Furniture & Equipment

| Description             | Acquired |                |                       |                | Rate<br>(Yrs) | Type | Accumulated Depreciation |                       |                | Net    |
|-------------------------|----------|----------------|-----------------------|----------------|---------------|------|--------------------------|-----------------------|----------------|--------|
|                         |          | Beg<br>Balance | Additions<br>(Deduct) | End<br>Balance |               |      | Beg<br>Balance           | Additions<br>(Deduct) | End<br>Balance |        |
| Fully Depreciated Items |          | 7538.39        |                       | 7538.39        | 7.0           | SL   | 7538.39                  | 0.00                  | 7538.39        | 0.00   |
| Equipment               | Oct-02   | 2140.00        |                       | 2140.00        | 7.0           | SL   | 2140.00                  | 0.00                  | 2140.00        | 0.00   |
| Equipment               | Oct-03   | 1472.35        |                       | 1472.35        | 7.0           | SL   | 1472.35                  | 0.00                  | 1472.35        | 0.00   |
| Furniture               | Feb-06   | 1727.27        |                       | 1727.27        | 7.0           | SL   | 1727.25                  | 0.02                  | 1727.27        | 0.00   |
| Telephone               | Nov-06   | 3542.77        |                       | 3542.77        | 7.0           | SL   | 3542.77                  | 0.00                  | 3542.77        | 0.00   |
| Copier                  | Oct-08   | 2621.50        |                       | 2621.50        | 7.0           | SL   | 1498.00                  | 374.50                | 1872.50        | 749.00 |

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|          |      |          |          |        |          |        |
|----------|------|----------|----------|--------|----------|--------|
| 19042.28 | 0.00 | 19042.28 | 17918.76 | 374.52 | 18293.28 | 749.00 |
|----------|------|----------|----------|--------|----------|--------|

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## (Including Information on Listed Property)

2012

Attachment  
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 Tallahatchie 990EZ 64-0367806

**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 2011 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 2013. 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 | 6,664 |

**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 2012                                                                           | 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 2012 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              |                                      |                                                                            |                     |                |            |                            |
| 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 |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2012 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 | 6,664 |
| 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.

Form 4562 (2012)