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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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.

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning	11/1/2012	, and ending	10/31/2013
B Check if applicable	C Name of organization		
Address change	Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	(601) 792-5138		
Amended return	City or town	state or country	ZIP + 4
Application pending	Prentiss	MS	39474-0640
D Employer identification number	64-6025330		
E Telephone number			
F Group Exemption Number ►	1473		

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website: ► N/A	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(5) (insert no.)  4947(a)(1) or  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 ► \$ 132,327

## 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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 65,303
4 Investment income	4 346
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	RECEIVED
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a of contributions
b Gross income from fundraising events (not including 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 395
b Less: cost of goods sold	7b 330
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 65
8 Other revenue (describe in Schedule O)	8 66,283
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 131,997
10 Grants and similar amounts paid (list in Schedule O)	10 26,510
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)	16 106,718
17 Total expenses. Add lines 10 through 16	17 133,228
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,231
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)	19 320,068
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	21 318,837

For Paperwork Reduction Act Notice, see the separate Instructions.

HTA

Form 990-EZ (2012)

20  
g5  
NE

ENVELOPE POSTMARK DATE JAN 06 2014

SCANNED FEB 05 2014  
Revenue

Expenses

Net Assets

**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	218,037	22 219,121
23	Land and buildings	98,272	23 95,150
24	Other assets (describe in Schedule O)	4,204	24 4,684
25	<b>Total assets</b>	320,513	25 318,955
26	<b>Total liabilities</b> (describe in Schedule O)	445	26 118
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	320,068	27 318,837

**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	<b>Total program service expenses.</b> (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
Reggie Magee President	Hr/WK 5 00		
Leon Speights Vice Pres	Hr/WK 2 00		
Nevelene Cole Secretary/Treasurer	Hr/WK 36 00	26,495	
Sue Ann Hubbard Director	Hr/WK 2 00		
Lyle Hubbard Director	Hr/WK 2 00		
Danny Sinclair Director	Hr/WK 2 00		
Jerry Wilson Director	Hr/WK 2 00		
Larry Rogers Director	Hr/WK 2 00		
Kurt Green Director	Hr/WK 2.00		
Billy Garner Director	Hr/WK 2 00		
Thomas Holloway Director	Hr/WK 2 00		
Jeffery Lee 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	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	37a		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter.	39a		
a Initiation fees and capital contributions included on line 9	39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40b		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c		
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	40d		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e		
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	40f	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 ► Nevelene Cole	Telephone no ► (601) 792-5138		
Located at ► 2114 Pearl St	City Prentiss	ST MS	ZIP + 4 ► 39474
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X	
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► _____	42c	X	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	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"

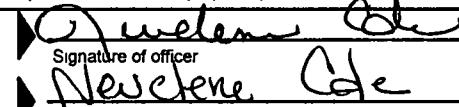
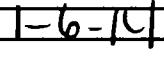
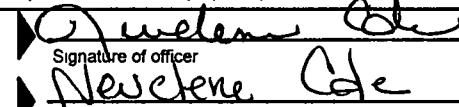
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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		Date 
	Signature of officer 	Type or print name and title Secretary
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 12/2/2013	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

Jeff Davis County Farm Bureau  
 S C H E D U L E    I I  
 October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	45945				
Payroll Taxes	4016				
Employee Insurance	15334				
Retirement	1574				
TOTAL	66869	33434	33435		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax -	3367				
Ag in the Classroom	148				
Board Expense	4715				
Contributions	4225				
MFBF Convention	709				
Safety Seminar	196				
Secretary Meeting	455				
Womens Committee	713				
Young Farmer Program	150				
TOTAL	14678	14678			
Expense Directly Related to Production of Service Fees					
State Income Tax	1070				
Computer Rent	420				
TOTAL	1490		1490		
<b>TOTAL EXPENSES</b>	<b>106718</b>	<b>58734</b>	<b>47984</b>	<b>0</b>	<b>0</b>

**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

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.

Name of the organization

Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

Employer identification number

64-6025330

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 66,283

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues to State Organization, Grantee

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39215, Cash Grant 26,510

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 106,718

Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 204, End of year

204

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 4,000, End of

year 4,480

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 445, End of

year 118

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Jeff Davis 990T	Business or activity to which this form relates	Identifying number 64-6025330
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**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 3,122

**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		27 5 yrs	MM	S/L		
		39 yrs	MM	S/L		
			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 3,122
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

**Jeff Davis County Farm Bureau**  
**Depreciation Schedule**  
**October 31, 2013**  
**Building/Improvements**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Building		24814.28		24814.28	20.0	SL	24814.28	0.00	24814.28	0.00	
Bldg Improvement	May-96	2153.82		2153.82	7.0	SL	2153.82	0.00	2153.82	0.00	
Bldg Improvement	Apr-98	654.84		654.84	7.0	SL	654.84	0.00	654.84	0.00	
Air Conditioner	Aug-03	724.70		724.70	7.0	SL	724.70	0.00	724.70	0.00	
Building Addition	Oct-05	56565.69		56565.69	39.0	SL	10213.23	1450.40	11663.63	44902.06	
Parking Lot	Nov-05	8893.75		8893.75	7.0	SL	8258.51	635.24	8893.75	0.00	
Building Addition	Dec-05	27879.65		27879.65	39.0	SL	4914.66	714.86	5629.52	22250.13	

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121686.73	0.00	121686.73	51734.04	2800.50	54534.54	67152.19
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**Jeff Davis County Farm Bureau**  
**Depreciation Schedule**  
**October 31, 2013**  
**Furniture & Equipment**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Fully Depreciated		4031.86		4031.86	7.0	SL	4031.86	0.00	4031.86	0.00	
Chair		500.00		500.00	7.0	SL	500.00	0.00	500.00	0.00	
Office Chairs		4206.15		4206.15	7.0	SL	4206.15	0.00	4206.15	0.00	
Safe	Aug-05	1300.00		1300.00	7.0	SL	1300.00	0.00	1300.00	0.00	
Office Equipment	Nov-05	2511.23		2511.23	7.0	SL	2331.87	179.36	2511.23	0.00	
Copier	Nov-06	971.56		971.56	5.0	SL	971.56	0.00	971.56	0.00	
Monitor	Sep-12	710.60		710.60	5.0	SL	71.06	142.12	213.18	497.42	
							14231.40	0.00	14231.40	13412.50	
							13412.50	321.48	13733.98	497.42	

Jeff Davis County Farm Bureau  
S C H E D U L E I  
October 31, 2013

SERVICE FEES RECEIVED

## INSURANCE

Blue Cross Blue Shield 7877

Southern Farm Bureau Life Insurance Company 11179

Southern Farm Bureau Casualty Insurance Company 28454

Mississippi Farm Bureau Casualty Insurance Company 17657

Total Insurance Fees 65167

## FARM BUREAU BANK

Farm Bureau Bank Service Fees 1116

Total Farm Bureau Bank Svc Fees 1116

**TOTAL SERVICE FEES** 66283

Jeff Davis County Farm Bureau  
SCHEDULE II  
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
Farm Bureau Dues-Net	38794	38794			
Insurance Company Svc Fees	65167		65167		
Farm Bureau Bank Svc Fees	1116		1116		
Interest	346				346
Net Sales	65				65
<b>TOTAL INCOME</b>	<b>105488</b>	<b>38794</b>	<b>66283</b>	<b>0</b>	<b>411</b>

**Relationship of Dues to Service Fees** 36.9% 63.1%

Floor Space Ratio 50.0% 50.0%

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

Promotions	1481
Insurance	309
Telephone	3505
Postage	1286
Office Expense	2413
Depreciation	321
<b>TOTAL</b>	<b>9315</b>

TOTAL 9315 3439 5876

## Allocation of Occupancy Expense Base on Area Occupied

Utilities	3034
Taxes	2320
Insurance	1413
Building Maintenance	4798
Depreciation	2801

**TOTAL** 14366 7183 7183

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

Page 1 of 1 of Part IV

**Name of Organization**

Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

**Employer identification number**

64-6025330