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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.

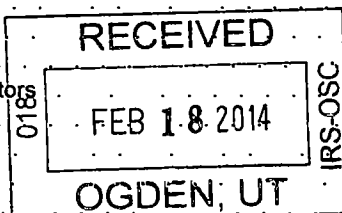
A For the 2012 calendar year, or tax year beginning 11/1/2012, and ending 10/31/2013	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Farm Bureau Federation Mississippi-Greene Co Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 189 City or town state or country ZIP + 4 Leakesville MS 39451-0189 D Employer identification number 64-6037645 E Telephone number (601) 394-2801 F Group Exemption Number 1473 G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____ H Check ☒ 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) — ☐ 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. \$ 95,310

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	47,173
	4	Investment income	4	22
	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
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	48,115
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,310
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20,520
	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	57,602
	17	Total expenses. Add lines 10 through 16	17	78,122
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,188
	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	245,865
	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	263,053



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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	37,063	22	61,112
23 Land and buildings	204,058	23	197,320
24 Other assets (describe in Schedule O)	4,888	24	4,823
25 Total assets	246,009	25	263,255
26 Total liabilities (describe in Schedule O)	144	26	202
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	245,865	27	263,053

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.

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 ☐ **28a****29** _____(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30** _____(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (describe in Schedule O) _____(Grants \$) If this amount includes foreign grants, check here ☐ **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
Patton Byrd President	Hr/WK 5.00			
Clifton Hicks Director	Hr/WK 2.00			
Philip Turner Sec/Treasurer	Hr/WK 2.00			
Bobby Walley Vice President	Hr/WK 2.00			
Lou Hillman Director	Hr/WK 2.00			
Tyra Turner Director	Hr/WK 2.00			
Herbert Breland Director	Hr/WK 2.00			
Benjamin McLeod Director	Hr/WK 2.00			
Guyton Clark Director	Hr/WK 2.00			
Josh Smith Director	Hr/WK 2.00			
	Hr/WK			
	Hr/WK			

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?		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?		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		
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 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		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 Judy Harvison Telephone no (601) 394-2801 Located at 812 Main Street City Leakesville ST MS ZIP + 4 39451-0189		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U S ?		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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).		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 <i>William Davis</i>	Date <i>1-15-14</i>
	Type or print name and title <i>William Davis</i>	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 12/3/2013	Check ☐ if self-employed	PTIN P00631674
	Firm's name Mississippi Farm Bureau Federation	Firm's EIN 64-0303134		Phone no 601-977-4205	
	Firm's address 6311 Ridgewood Rd, Jackson, MS 39211				

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

☒ Yes ☐ No

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

Employer identification number

Farm Bureau Federation Mississippi-Greene Co

64-6037645

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule I: 48,115

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

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39211, Cash Grant: 20,520,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule II: 57,602

Form 990-EZ, Part II, Line 24, Other Assets: IPrepaid Expenses: Beginning of year: 4,626, End

of year: 4,561

Form 990-EZ, Part II, Line 24, Other Assets: Inventory: Beginning of year: 262, End of year:

262

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 144, End of

year: 202

Form **4562**Department of the Treasury
Internal Revenue Service (99)

(Including Information on Listed Property)

2012Attachment
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-Greene Co 990T

64-6037645

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	6,738

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 ☐		

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	6,738
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)

HTA

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

Description	Acquired						Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Beg Balance	Additions (Deduct)	End Balance	
New Building	May-12	188177.25	0.00	188177.25	39.0	SL	2412.53	4825.06	7,237.59	180939.66
Storage Building	Apr-11	1385.65	0.00	1385.65	7 0	SL	296.92	197.95	494.87	890.78
Current Building	May-11	1246.55	0.00	1246.55	7.0	SL	267.12	178.08	445.20	801.35

190809.45	0.00	190809.45	2,976.57	5,201.09	8,177.66	182,631.79
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Prepared by: Karen Easterling

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Greene 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	
Chairs	Jan-99	1630.80		1630.80	7.0	SL	1,630.80	0.00	1,630.80	0.00
Vacumn	Nov-07	749.00		749.00	7.0	SL	481.50	107.00	588.50	160.50
Copier	May-09	812.13		812.13	7.0	SL	406.07	116.02	522.09	290.04
Stove	Feb-12	561.29	0.00	561.29	7.0	SL	40.09	80.18	120.27	441.02
TV	Apr-12	425.83	0.00	425.83	5.0	SL	42.58	85.17	127.75	298.08
File System	May-12	3513.61	0.00	3513.61	7.0	SL	250.97	501.94	752.91	2760.70
Phone System	Mar-12	3231.52	0.00	3231.52	5.0	SL	323.15	646.30	969.45	2262.07

10924.18	0.00	10924.18	3,175.16	1536.61	4,711.77	6212.41
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Prepared by: Karen Easterling

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Greene County Farm Bureau
SCHEDULE I
October 31, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5245	
Southern Farm Bureau Life Insurance Company	3900	
Southern Farm Bureau Casualty Insurance Company	23920	
Mississippi Farm Bureau Casualty Insurance Company	<u>14735</u>	
Total Insurance Fees		<u>47800</u>

FARM BUREAU BANK

Farm Bureau Bank Service Fees	<u>315</u>	
Total Farm Bureau Bank Fees		<u>315</u>
TOTAL SERVICE FEES		<u><u>48115</u></u>

Greene County Farm Bureau
SCHEDULE II
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	26653	26653			
Insurance Company Svc Fees	47800		47800		
Farm Bureau Bank Svc Fees	315		315		0
Interest	22				22
TOTAL INCOME	74790	26653	48115	0	22

Relationship of Dues to
Service Fees

35.6% 64.4%

Floor Space Ratio

50.0% 50.0%

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

Promotions	634
Telephone	4401
Postage	459
Office Expense	1763
Depreciation	1537

TOTAL	8794	3135	5659
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Allocation of Occupancy Expense
Base on Area Occupied

Utilities	2696
Taxes	329
Insurance	1601
Building Maintenance	3885
Depreciation	5201

TOTAL	13712	6856	6856
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Greene County Farm Bureau
SCHEDULE II
October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Secretary Compensation	22457				
Payroll Taxes	1772				
TOTAL	24229	12114	12115		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3232				
AFBF Convention	203				
Board Expense	1273				
Contributions	925				
MFBF Convention	3343				
Safety Seminar	200				
Secretary Meeting	266				
Womens Committee	290				
Young Farmer Program	102				
TOTAL	9834	9834			
Expense Directly Related to Production of Service Fees					
State Income Tax	1033				
TOTAL	1033		1033		
TOTAL EXPENSES	57602	31939	25663	0	0