



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 Lamar County Farm Bureau

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 283

City or town state or country ZIP + 4
Purvis MS 39475-0283

D Employer identification number
64-6037649

E Telephone number
(601) 794-2773

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. \$ 147,960

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	74,510
	4	Investment income	4	4,648
	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	
Expenses	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	180
	7b	Less cost of goods sold	7b	187
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-7
	8	Other revenue (describe in Schedule O)	8	68,622
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	147,773
	10	Grants and similar amounts paid (list in Schedule O)	10	28,817
	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	113,496	
17	Total expenses. Add lines 10 through 16	17	142,313	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,460
	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	133,375
	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	138,835

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA

RECEIVED
MAR 21 2014
IRS-CSC
UGDEN, UT

SCANNED APR 03 2014

15-20

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	87,751	22	97,303
23 Land and buildings	41,439	23	37,942
24 Other assets (describe in Schedule O)	4,640	24	3,968
25 Total assets	133,830	25	139,213
26 Total liabilities (describe in Schedule O)	455	26	378
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,375	27	138,835

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer		
(Grants \$) If this amount includes foreign grants, check here	☐	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
Darris P O'Quinn				
President	Hr/WK 5 00			
Carley Parker				
First Vice President	Hr/WK 2 00			
Lavon Morrow				
Second Vice President	Hr/WK 2 00			
Mary O'Quinn				
Director	Hr/WK 2 00			
Paul Russell				
Director	Hr/WK 2 00			
Paul Parker				
Director	Hr/WK 2 00			
Cecil Patterson				
Director	Hr/WK 2.00			
Luis Monterde				
Director	Hr/WK 2.00			
B L Johnson				
Director	Hr/WK 2 00			
Jackie Keith				
Director	Hr/WK 2 00			
Jeff Parker				
Director	Hr/WK 2 00			
Frank Niemeyer				
Director	Hr/WK 2 00			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35 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	
35 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	
37 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
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 , section 4912 , section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. MS		
42 a The organization's books are in care of Dorothy Broome Telephone no (601) 794-2773 Located at 108 Allen St City Purvis ST MS ZIP + 4 39475		
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	<i>Carley R. Parker</i>	3-14-14
Paid Preparer Use Only	Type or print name and title	Preparer's signature
	William Davis	<i>William Davis</i>
	Firm's name	Date
	Mississippi Farm Bureau Federation	12/3/2013
	Firm's address	Firm's EIN
	6311 Ridgewood Rd, Jackson, MS 39211	64-0303134
		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 Lamar County Farm Bureau

Employer identification number

64-6037649

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 68,622

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, 28,817,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 113,496

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Expenses, Beginning of year 4,640, End

of year 3,968

Form 990-EZ, Part II, Line 26, Liabilities, Accounts Payable, Beginning of year 455, End of

year: 378

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

(Including Information on Listed Property)

2012
Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Farm Bureau Federation Mississippi Lamar Court

Business or activity to which this form relates

990T

Identifying number

64-6037649

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	3,498

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			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	3,498
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

Page 1 of 1 of Part IV

Employer Identification number

64-6037649

[illegible]

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		22085.00		22085.00	7.0	SL	22085.00	0.00	22085.00	0.00
Building		15499.10		15499.10	20.0	SL	15499.10	0.00	15499.10	0.00
Building Addition		5698.50		5698.50	31.5	SL	4356.68	180.90	4537.58	1160.92
Building Improvement	Aug-90	1915.81		1915.81	10.0	SL	1915.81	0.00	1915.81	0.00
Planters	Mar-91	266.68		266.68	10.0	SL	266.68	0.00	266.68	0.00
Carpet	Apr-91	61.48		61.48	10.0	SL	61.48	0.00	61.48	0.00
Access Ramp	Apr-92	125.00		125.00	7.0	SL	125.00	0.00	125.00	0.00
Building (Oak Grove)	Jan-94	99116.68		99116.68	31.5	SL	59784.62	3146.56	62931.18	36185.50
Carpet (Sumrall)	Feb-99	1231.61		1231.61	7.0	SL	1231.61	0.00	1231.61	0.00

145999.86	0.00	145999.86	105325.98	3327.46	108653.44	37346.42
-----------	------	-----------	-----------	---------	-----------	----------

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

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		13093.27		13093.27	7.0	SL	13093.27	0.00	13093.27	0.00
Computer Table	Apr-91	100.70		100.70	7.0	SL	100.70	0.00	100.70	0.00
Fax Machine	Jul-94	818.46		818.46	5.0	SL	818.46	0.00	818.46	0.00
File Cabinet	Aug-95	267.50		267.50	7.0	SL	267.50	0.00	267.50	0.00
Chairs	Dec-96	279.90		279.90	7.0	SL	279.90	0.00	279.90	0.00
Office Furniture	Dec-97	446.14		446.14	7.0	SL	446.14	0.00	446.14	0.00
Copier	Feb-98	1389.93		1389.93	5.0	SL	1389.93	0.00	1389.93	0.00
Copier	Dec-01	481.50		481.50	5.0	SL	481.50	0.00	481.50	0.00
TV Monitor	Sep-12	850.65		850.65	5.0	SL	85.06	170.13	255.19	595.46

17728.05	0.00	17728.05	16962.46	170.13	17132.59	595.46
----------	------	----------	----------	--------	----------	--------

Lamar County Farm Bureau
SCHEDULE I
October 31, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7494
Southern Farm Bureau Life Insurance Company	8885
Southern Farm Bureau Casualty Insurance Company	31018
Mississippi Farm Bureau Casualty Insurance Company	<u>20638</u>
Total Insurance Fees	<u>68035</u>

FARM BUREAU BANK SERVICE FEES

Farm Bureau Bank	<u>587</u>
Total Farm Bureau Bank Fees	<u>587</u>
TOTAL SERVICE FEES	<u><u>68622</u></u>

Lamar County Farm Bureau
SCHEDULE II
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	45693	45693			
Insurance Company Svc Fees	68035		68035		
Farm Bureau Bank Svc Fees	587		587		
Rent Received	4600			4600	
Interest	48				48
Net Sales	-7				-7
TOTAL INCOME	118956	45693	68622	4600	41

Relationship of Dues to
Service Fees

40.0% 60.0%

Floor Space Ratio

50.0% 50.0%

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

Promotions	497
Telephone	6460
Postage	268
Office Expense	1159
Depreciation	170

TOTAL	8554	3419	5135
--------------	-------------	-------------	-------------

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	7318
Taxes	3768
Insurance	2665
Building Maintenance	4124
Depreciation	3327
Rent	3600

TOTAL	24802	12401	12401
--------------	--------------	--------------	--------------

Lamar 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%		
Salary - Secretary	60053				
Payroll Taxes	5054				
Employee Insurance	589				
Retirement	1024				
TOTAL	66720	33360	33360		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2967				
Board Expense	5627				
Contributions	190				
Legislative Reception	1041				
MFBF Convention	1052				
Safety Seminar	100				
Secretary Meeting	526				
Womens Committee	352				
Young Farmer Program	200				
TOTAL	12055	12055			
 Expense Directly Related to Production of Service Fees					
State Income Tax	945				
Computer Rent	420				
TOTAL	1365		1365		
 TOTAL EXPENSES	113496	61235	52261	0	0