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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 private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150

2013**Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning 11/1/2013, and ending 10/31/2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi Lowndes County Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 549 City or town State ZIP code Columbus MS 39703-0549 Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number 64-0325317 E Telephone number (662) 328-7541 F Group Exemption Number ▶ 1473
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ I Website: ▶ N/A J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 128,312	

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		
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		49,504
	4	Investment income		33
	5a	Gross amount from sale of assets other than inventory		
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
6c	Less direct expenses from gaming and fundraising events			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		0	
7a	Gross sales of inventory, less returns and allowances			
7b	Less cost of goods sold			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0	
8	Other revenue (describe in Schedule O)		78,775	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		128,312	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		22,505
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors		
	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		91,327
	17	Total expenses. Add lines 10 through 16		113,832
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		14,480
	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)		210,900
	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		225,380

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

HTA

5p

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	89,415	22	105,183
23 Land and buildings	121,331	23	120,212
24 Other assets (describe in Schedule O)	135	24	135
25 Total assets	210,881	25	225,530
26 Total liabilities (describe in Schedule O)	-19	26	150
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	210,900	27	225,380

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 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

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 interests of the farmer (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

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



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MATT BRIGNAC PRESIDENT	Hr/WK 4 00			
JOHN GILMER VICE-PRESIDENT	Hr/WK 3 00			
DOUGLAS HOLLIMAN SEC -TREAS	Hr/WK 3 00			
JIM CRADDOCK DIRECTOR	Hr/WK 2 00			
LEIGH CRADDOCK DIRECTOR	Hr/WK 2.00			
CHUCK YOUNGER DIRECTOR	Hr/WK 2 00			
TOMMY VAUGHN DIRECTOR	Hr/WK 2 00			
FLOYD LOWRY DIRECTOR	Hr/WK 2 00			
HENRY VAUGHN DIRECTOR	Hr/WK 2 00			
ROY WEATHERS DIRECTOR	Hr/WK 2 00			
DOUG YELVERTON DIRECTOR	Hr/WK 2 00			
CRAIG CANULL DIRECTOR	Hr/WK 2 00			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions		
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		
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		
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		
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		
42 a The organization's books are in care of <u>Anna Thomas</u> Telephone no. <u>(662) 328-7541</u> Located at <u>101 MAIN ST</u> City <u>COLUMBUS</u> ST <u>MS</u> ZIP + 4 <u>39703-0549</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		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		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		
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	(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 <u>None</u>				
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"

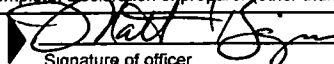
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name <u>None</u>		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		


- 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 <u>11-3-14</u>
	Type or print name and title <u>Matt Brignac President</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>William Davis</u>	Preparer's signature 	Date <u>11/25/2014</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00631674</u>
	Firm's name ▶ <u>Mississippi Farm Bureau Federation</u>	Firm's EIN ▶ <u>64-0303134</u>			
	Firm's address ▶ <u>6311 Ridgewood RD, Jackson, MS 39211</u>	Phone no. <u>(601) 977-4205</u>			

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Farm Bureau Federation Mississippi Lowndes County

Employer identification number

64-0325317

Form 990-EZ, Part I, Line 8, Other Revenue Schedule 1-Insurance Service Fees 78,775

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 22,505, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 91,327

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 135, End of

year 135

Form 990-EZ, Part II, Line 26, Liabilities Pic Payable Beginning of year -19, End of year

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Due Beginning of year 0, End of

year 150

Employer Identification number

64-0325317

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Page 1 of 1 of Part IV

Employer identification number

64-0325317

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Lowndes County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5025
Southern Farm Bureau Life Insurance Company	28821
Southern Farm Bureau Casualty Insurance Company	25690
Mississippi Farm Bureau Mutual Insurance Company	<u>18810</u>

Total Bank Fees	<u>78346</u>
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Farm Bureau Bank	<u>429</u>
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Total Bank Fees	<u>429</u>
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TOTAL SERVICE FEES	<u><u>78775</u></u>
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Lowndes County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	27000	27000			
Insurance Company Svc Fees	78346		78346		
Farm Bureau Bank	429		429		
Rent Received	0			0	
Interest	33				33
Net Sales	0				0
TOTAL INCOME	105808	27000	78775	0	33

Relationship of Dues to
Service Fees

25.5% 74.5%

Floor Space Ratio

50.0% 50.0%

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

Promotions	1426		
Insurance	309		
Telephone	3482		
Postage	349		
Office Expense	3777		
Depreciation	1108		
TOTAL	10451	2668	7783

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3895		
Taxes	3076		
Insurance	1374		
Building Maintenance	2538		
Interest	0		
Depreciation	3008		
Rent	0		
TOTAL	13891	6945	6946

Lowndes County Farm Bureau
SCHEDULE II
October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		48.0%	52.0%		
Salary - Secretary	54261				
Payroll Taxes	4207				
Employee Insurance	2200				
Retirement	0				
TOTAL	60668	29121	31547		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2469				
Board Expense	863				
Commodity Meetings	19				
Contributions	1324				
Legislative Reception	190				
MFBB Convention	1795				
Secretary Meeting	321				
TOTAL	6981	6981			
 Expense Directly Related to Production of Service Fees					
State Income Tax	-664				
Computer Rent	0				
TOTAL	-664		-664		
 TOTAL EXPENSES	91327	45715	45612	0	0

Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2014
Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		41331.15		41331.15	31.5	SL	41331.15	0.00	41331.15	0 00
Building	Jan-96	2782.00		2782.00	31.0	SL	1575 61	89.74	1665.35	1116.65
Building	Oct-03	570.00		570.00	5.0	SL	435.70	114.00	549.70	20.30
Ramp	Jun-04	2596.74		2596.74	39.0	SL	665.80	66.58	732.38	1864.36
Building	Nov-05	615 25		615.25	39.0	SL	126 24	15.78	142.02	473.23
Building	Oct-06	1815.02		1815 02	39.0	SL	325.78	46.54	372.32	1442.70
Building	Oct-07	650 00		650.00	39.0	SL	100.02	16.67	116 69	533.31
Building Addition	Oct-09	55000.00		55000.00	39.0	SL	5641.04	1410.26	7051.30	47948.70
Building	Oct-10	45675.24		45675.24	39 0	SL	4684.64	1171.16	5855 80	39819.44
Sign	Jul-14		2996.00	2996.00	39.0	SL	0.00	76 82	76 82	2919.18

151035.40	2996.00	154031.40	54885.98	3007.55	57893.53	96137 87
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Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		6047.79		6047.79	7.0	SL	6047.79	0 00	6047.79	0.00
Refridgerator	Jan-03	481.46		481.46	7.0	SL	481.46	0.00	481.46	0.00
Furniture	Oct-03	537.18		537.18	7.0	SL	537.18	0.00	537.18	0.00
Furniture	Oct-05	4780.20		4780.20	7.0	SL	4780.20	0 00	4780.20	0 00
Furniture	Oct-07	5182.87		5182.87	7.0	SL	4442.46	740.41	5182.87	0.00
Furniture	Oct-08	248.58		248.58	7.0	SL	213.06	35.51	248.57	0 01
Furniture	Nov-08	202.23		202.23	7.0	SL	144.45	28.89	173.34	28 89
Furniture	Oct-10	1027.14		1027.14	7.0	SL	440.19	146.73	586.92	440.22
Furniture	Oct-13	1095.93		1095.93	7.0	SL	0 00	156.56	156.56	939 37

19603.38	0.00	19603.38	17086.79	1108.10	18194.89	1408 49
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Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Lowndes C 990EZ

64-0325317

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 2012 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 2014. 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	4,039

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 2013	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 2013 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	7/1/2014	2,996	39 yrs.	MM	S/L	77
				MM	S/L	

Section C - Assets Placed in Service During 2013 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	4,116
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 (2013)