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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2013 calendar year, or tax year beginning 11/1/2013, and ending 10/31/2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Farm Bureau Mississippi Forrest County Farm Bureau
 Number and street (or P O box, if mail is not delivered to street address): P O Box 15367
 City or town: Hattiesburg State: MS ZIP code: 39404-5367
 Foreign country name: Foreign province/state/county: Foreign postal code:

D Employer identification number: 64-0334333

E Telephone number: (601) 264-3668

F Group Exemption Number: 1473

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

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 Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. \$ 168,322

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	78,657	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	3	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	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	204		
b	Less: cost of goods sold	7b	725		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-521		
8	Other revenue (describe in Schedule O)	8	89,458		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	167,597		
10	Grants and similar amounts paid (list in Schedule O)	10	25,978		
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	139,443		
17	Total expenses. Add lines 10 through 16	17	165,421		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

HTA

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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	51,630	22	56,333
23 Land and buildings	20,804	23	17,389
24 Other assets (describe in Schedule O)	1,904	24	2,864
25 Total assets	74,338	25	76,586
26 Total liabilities (describe in Schedule O)	1,271	26	1,343
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,067	27	75,243

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
Charles McMahan President	Hr/WK 5.00			
Carol Taylor Treasurer	Hr/WK 2.00			
Gerald Moore Director	Hr/WK 2.00			
Charles Carter Director	Hr/WK 2.00			
Mellean Moore Director	Hr/WK 2.00			
Lee Taylor Director	Hr/WK 2.00			
Pauline McMahan Director	Hr/WK 2.00			
Jennifer Owen Director	Hr/WK 2.00			
Taylor Hickman Vice President	Hr/WK 2.00			
Seth Simmons Director	Hr/WK 2.00			
Kellee Lassiter Women's Chairman	Hr/WK 2.00			
Craig Broom 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	
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		
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		
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 40a ; section 4912 40a ; section 4955 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. 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. 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d		
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 Veda Wade Telephone no (601) 264-3668 Located at 6445 Hwy 49 North City Hattiesburg ST MS ZIP + 4 39404		
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.? 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
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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 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."

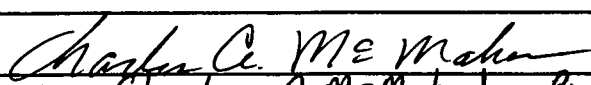
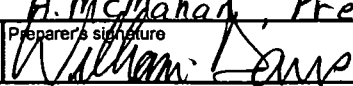
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		

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	Signature of officer	Date	
			12/23/14
Paid Preparer Use Only	Type or print name and title	Charles A. McMahon, President	
	Print/Type preparer's name	Preparer's signature	Date
	William Davis		12/3/2014
	Firm's name	Firm's EIN	Check ☐ if self-employed
Mississippi Farm Bureau Federation		64-0303134	
Firm's address		Phone no	
6311 Ridgewood Rd, Jackson, MS 39211		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)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Mississippi Forrest County Farm Bureau

Employer identification number

64-0334333

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I: 89,458

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 25,978,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 139,443

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year: 1,904, End

of year 2,864

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 1,271, End of

year 1,343

Page 1 of 1 of Part IV

Employer Identification number

64-0334333

[illegible]

Forrest County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7095
Southern Farm Bureau Life Insurance Company	19992
Southern Farm Bureau Casualty Insurance Company	34174
Mississippi Farm Bureau Casualty Insurance Company	<u>23535</u>
Total Insurance Fees	<u>84796</u>

Farm Bureau Bank Marketing Fees	<u>4662</u>
Total Farm Bureau Bank Fees	<u>4662</u>

TOTAL SERVICE FEES	<u><u>89458</u></u>
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Forrest County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	52679	52679			
Insurance Company Svc Fees	84796		84796		
Farm Bureau Bank Svc Fees	4662		4662		
Interest	3				3
Net Sales	-521				-521

TOTAL INCOME	141619	52679	89458	0	-518
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Relationship of Dues to
Service Fees

37.1% 62.9%

Floor Space Ratio

50.0% 50.0%

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

Promotions	204		
Insurance	309		
Telephone	6515		
Postage	339		
Office Expense	6612		
Depreciation	648		
TOTAL	14627	5421	9206

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	8214		
Taxes	4965		
Insurance	2434		
Building Maintenance	6963		
Interest	0		
Depreciation	3728		
Rent	7800		
TOTAL	34104	17052	17052

Forrest County Farm Bureau
SCHEDULE II
October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	72740				
Payroll Taxes	5944				
Employee Insurance	2641				
Retirement	2669				
TOTAL	83994	41997	41997		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2140				
Annual Meeting	269				
Ag Promotion	104				
Board Expense	499				
Contributions	400				
Leadership Conference	200				
MFBB Convention	747				
Secretary Meeting	890				
Womens Committee	18				
Young Farmer Program	398				
TOTAL	5665	5665			
Expense Directly Related to Production of Service Fees					
State Income Tax	633				
Computer Rent	420				
TOTAL	1053		1053		
TOTAL EXPENSES	139443	70135	69308	0	0

(Including Information on Listed Property)

2013Attachment
Sequence No **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
Farm Bureau Mississippi Forrest County Farm B 990T

Business or activity to which this form relates

Identifying number
64-0334333**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	4,307

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		☐

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		961	7	HY	SL	69
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 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	4,376
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)

Forrest 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	
Building	May-87	105000.00		105000.00	31.5	SL	87916.59	3333.33	91249.92	13750.08
Building Addition	Mar-88	3442.66		3442.66	31.5	SL	2805.13	109.29	2914.42	528.24
Sign	Aug-92	1914.00		1914.00	7.0	SL	1914.00	0.00	1914.00	0.00
Building Improvements	Oct-98	1294.35		1294.35	7.0	SL	1294.35	0.00	1294.35	0.00
Security System	Oct-99	1798.20		1798.20	7.0	SL	1798.20	0.00	1798.20	0.00
Air Conditioner	Nov-00	2654.67		2654.67	7.0	SL	2654.67	0.00	2654.67	0.00
Office Improvements	Mar-02	725.00		725.00	7.0	SL	725.00	0.00	725.00	0.00
Door	Aug-02	267.50		267.50	7.0	SL	267.50	0.00	267.50	0.00
Light Fixtures	Apr-04	1900.00		1900.00	7.0	SL	1900.00	0.00	1900.00	0.00
Parking Lot	May-04	7472.60		7472.60	7.0	SL	7472.60	0.00	7472.60	0.00
Air Conditioner	Aug-04	0.00	0.00					0.00		
Air Conditioner	Mar-12	1998.00	0.00	1998.00	7.0	SL	428.15	285.43	713.58	1284.43

128466.98	0.00	128466.98	109176.19	3728.05	112904.24	15562.75
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Forrest 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	
Refrigerator (Petal)	Jul-92	129.00		129.00	7.0	SL	129.00	0.00	129.00	0.00
Phone System (Petal)	Aug-92	1336.23		1336.23	7.0	SL	1336.23	0.00	1336.23	0.00
Office Furn (Petal)	Sep-92	1765.50		1765.50	7.0	SL	1765.50	0.00	1765.50	0.00
Phone System (H'burg)	Jun-02	2906.12		2906.12	5.0	SL	2906.12	0.00	2906.12	0.00
Fax Machine	Feb-04	529.65		529.65	5.0	SL	529.65	0.00	529.65	0.00
Chairs (H)	Apr-04	299.60		299.60	7.0	SL	299.60	0.00	299.60	0.00
Copier	Nov-04	1385.65		1385.65	5.0	SL	1385.65	0.00	1385.65	0.00
Refrigerator (H)	May-05	580.04		580.04	7.0	SL	580.04	0.00	580.04	0.00
Fax Machine	Aug-06	529.65		529.65	5.0	SL	529.65	0.00	529.65	0.00
Telephone System(Petal)	Dec-07	1490.51		1490.51	7.0	SL	1171.11	212.93	1384.04	106.47
Fax Machine	Feb-08	533.93		533.93	7.0	SL	419.54	76.28	495.82	38.11
Fax Machine (Petal)	Dec-10	454.75		454.75	7.0	SL	162.40	64.96	227.36	227.39
Monitor	Sep-12	1124.07	0.00	1124.07	5.0	SL	337.22	224.81	562.03	562.05
Shredder	Apr-14		960.56	960.56	7.0	SL		68.61	68.61	891.95

13064.70	960.56	14025.26	11551.71	647.59	12199.30	1825.97
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