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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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Farm Bureau Federation Mississippi Jasper County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P. O Box 465

City or town | State | ZIP code
Bay Springs | MS | 39422-0465

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
64-0352792

E Telephone number
(601) 764-2273

F Group Exemption Number ▶ 1473

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

I Website: ▶ N/A

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

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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 ▶ $ 149,744

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	62,005
	4	Investment income		4	403
	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 130		
	b	Less: cost of goods sold	7b 180		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-50
	8	Other revenue (describe in Schedule O)		8	87,206
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	149,564
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	27,195
	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	113,053
	17	**Total expenses.** Add lines 10 through 16		17	140,248
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,316
	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	151,035
	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	160,351

RECEIVED
JAN 13 2015
BY:

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JAN 01 2015

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

HTA

PNE 6

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 . . . X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	105,114	22	115,365
23	Land and buildings	40,293	23	38,876
24	Other assets (describe in Schedule O)	6,560	24	7,600
25	**Total assets**	151,967	25	161,841
26	**Total liabilities** (describe in Schedule O)	932	26	1,490
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	151,035	27	160,351

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 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 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
Jody Dolan Director	Hr/WK 2 00			
Keith Sims Vice-President	Hr/WK 2 00			
Herman Sims Director	Hr/WK 2 00			
Paul Myrick Director	Hr/WK 2 00			
Lonnie Thigpen President	Hr/WK 5 00			
Chester Bradley Jr Director	Hr/WK 2 00			
Glenn Green Director	Hr/WK 2 00			
Caron Thornton Director	Hr/WK 2 00			
Roy Thigpen Director	Hr/WK 2 00			
Van Windham Director	Hr/WK 2 00			
Rusty Green Director	Hr/WK 2 00			
James King Director	Hr/WK 2 00			

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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 ▶ _____ , 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 ▶ Bernice Smith Telephone no ▶ (601) 764-2273			
	Located at ▶ 3219 Hwy 15 City Bay Springs ST MS ZIP + 4 ▶ 39422-0465			
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			
			Yes	No
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

			Yes	No
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	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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . ▶ ☐ Yes ☒ No

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

Sign Here

Signature of officer Lonnie Thigpen Date 12-9-14

Type or print name and title LONNIE Thigpen Board President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Davis	William Davis	11/25/2014		P00631674

Firm's name ▶ Mississippi Farm Bureau Federation Firm's EIN ▶ 64-0303134

Firm's address ▶ 6311 Ridgewood Rd, Jackson, MS 39211 Phone no 601-977-4205

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
Farm Bureau Federation Mississippi Jasper County Farm Bureau	64-0352792

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 87,206

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 27,195, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 113,053

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 6,560, End of year 7,600

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 897, End of year 1,473

Form 990-EZ, Part II, Line 26, Liabilities Pic Payable Beginning of year 35, End of year 17

Jasper County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE		
Blue Cross Blue Shield	12430	
Southern Farm Bureau Life Insurance Company	17194	
Southern Farm Bureau Casualty Insurance Company	34196	
Mississippi Farm Bureau Casualty Insurance Company	23006	
Total Insurance Fees		86826
FARM BUREAU BANK		
Farm Bureau Bank	380	
Total Farm Bureau Bank Fees		380
TOTAL SERVICE FEES		87206

Jasper County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32811	32811			
Other Income	2000	2000			
Insurance Company Svc Fees	86826		86826		
Farm Bureau Bank Svc Fees	380		380		
Interest	403				403
Net Sales	-50				-50
TOTAL INCOME	122370	34811	87206	0	353
Relationship of Dues to Service Fees		28.5%	71.5%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	559				
Insurance	309				
Telephone	4166				
Postage	328				
Office Expense	2271				
Depreciation	455				
TOTAL	8088	2307	5781		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	7405				
Taxes	2661				
Insurance	1959				
Building Maintenance	4156				
Depreciation	1610				
Rent	2100				
TOTAL	19891	9945	9946		

Jasper County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	54233				
Payroll Taxes	4205				
Employee Insurance	10887				
TOTAL	69325	34662	34663		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	5683				
Annual Meeting	556				
Board Expenses	2394				
Commodity Meetings	200				
Contributions	2246				
MFBF Convention	1816				
Secretary Meetings	234				
Young Farmer Program	324				
TOTAL	13453	13453			
Expense Directly Related to Production of Service Fees					
State Income Tax	1876				
Computer Rent	420				
TOTAL	2296		2296		
TOTAL EXPENSES	113053	60367	52686	0	0

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		720 00		720 00	20 0	SL	720.00	0 00	720 00	0 00
Building	Oct-77	33101.68		33101.68	39 0	SL	33101.68	0 00	33101.68	0 00
Building	Jul-92	2056 00		2056.00	39 0	SL	1448.53	52.72	1501.25	554 75
Building	Nov-95	3850.00		3850 00	39 0	SL	2324.68	98 72	2423.40	1426.60
Building	Nov-00	38174 38		38174.38	39.0	SL	17613.88	978 83	18592.71	19581.67
Pavilion	Jun-01	8846 27		8846.27	39 0	SL	3175.62	226.83	3402.45	5443 82
Counter	Oct-02	1100 00		1100.00	39 0	SL	338 52	28.21	366.73	733 27
Storage Building	Oct-05	1936 69		1936.69	39.0	SL	397.28	49.66	446.94	1489 75
Building	Oct-06	6830 64		6830.64	39 0	SL	1225.98	175 14	1401.12	5429.52
		96615.66	0.00	96615 66			60346.17	1610 11	61956 28	34659 38

Jasper County Farm Bureau
Depreciation Schedule
October 31, 2011
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		13729 33		13729.33	7 0	SL	13729.33	0 00	13729.33	0 00
Furniture	Oct-06	2809.11		2809 11	7.0	SL	2809.10	0.01	2809 11	0.00
Furniture	Nov-08	482.72		482 72	7.0	SL	344.80	68 96	413.76	68 96
Refridgerator	Dec-08	586 34		586 34	7.0	SL	418.80	83 76	502 56	83 78
Equipment	Mar-09	564.14		564 14	7 0	SL	402.95	80.59	483.54	80 60
Chairs	Oct-09	223.63		223 63	7 0	SL	159.75	31 95	191 70	31 93
Furniture	Oct-10	132 67	0.00	132.67	7.0	SL	56.85	18.95	75 80	56 87
TV Monitor	Sep-12	620 60	0 00	620 60	5 0	SL	186.18	124 12	310 30	310.30
Desks - 2	Sep-14		648.00	648 00	7.0	SL		46 29	46 29	601.72
		19148 54	648.00	19796 54			18107.76	454.63	18562.39	1234.16

Prepared by. Karen Easterling

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

Name of Organization
Farm Bureau Federation Mississippi Jasper County Farm Bureau

Employer identification number
64-0352792

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
John Keenan Director	Hr/WK 2 00			
Grace Sims Director	Hr/WK 2 00			
Ricky Ruffin Director	Hr/WK 2 00			
Tommy Bishop Director	Hr/WK 2 00			
Kenneth McNeil Director	Hr/WK 2 00			
Hankins Montgomery Director	Hr/WK 2 00			
Kirby Gilmore Director	Hr/WK 2 00			
Johnny Stringer Director	Hr/WK 2 00			
Coty Blakeney Director	Hr/WK 2 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			