



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**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 Tallahatchie County Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 309 City or town State ZIP code Charleston MS 38921-0309 Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number 64-0367806 E Telephone number (662) 647-2064 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 _____ 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 ▶ \$ 132,547	

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	44,484
	4 Investment income	4	
	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		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	88,063	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,547	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15,066
	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	105,897
	17 Total expenses. Add lines 10 through 16	17	120,963
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,584
	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	193,388
	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	204,972

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2013)

SCANNED JAN 13 2015

65

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	15,084	22	22,498
23 Land and buildings	212,216	23	205,551
24 Other assets (describe in Schedule O)	4,891	24	6,071
25 Total assets	232,191	25	234,120
26 Total liabilities (describe in Schedule O)	38,803	26	29,148
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,388	27	204,972

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 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
Gabriella Brasher President	Hr/WK 5 00	0		
Michael Wagner Vice-President	Hr/WK 3 00	0		
Rebecca Lee Secretary-Treasurer	Hr/WK 40 00	25,000		
Bud Trout Director	Hr/WK 2 00	0		
Charles Davis Director	Hr/WK 2 00	0		
James Morrow Director	Hr/WK 2 00	0		
Sykes Sturdivant Director	Hr/WK 2 00	0		
Ray Hausner Director	Hr/WK 2 00	0		
James Burkhalter Director	Hr/WK 2 00	0		
Beth Bell Director	Hr/WK 2 00	0		
David Groner Director	Hr/WK 2 00	0		
Mike Swindol Director	Hr/WK 2 00	0		

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		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 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 40b , section 4955 40c		
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 41		
42 a The organization's books are in care of 42a Rebecca Lee Telephone no 42a (662) 647-2064 Located at 42a 204 E. Main St City 42a Charleston ST 42a MS ZIP + 4 42a 38921-0309		
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		
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 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."

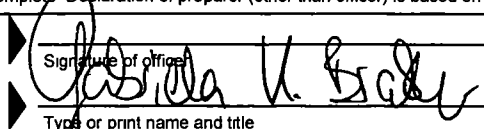
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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 1/2/15
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 12/23/2014	Check ☐ if self-employed	PTIN P00631674
	Firm's name ▶ Mississippi Farm Bureau Federation	Firm's EIN ▶ 64-0303134		Phone no (601) 977-4205	
	Firm's address ▶ 6311 Ridgewood RD, Jackson, MS 39211				

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

▶ ☒ Yes ☐ No

Tallatchie County Farm Bureau
SCHEDULE II
October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		54.0%	46.0%		
Salary - Secretary	59774				
Payroll Taxes	4075				
Employee Insurance	3387				
Retirement	0				
TOTAL	67236	36307	30929		
 Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	848				
Ag in the Classroom	60				
Board Expense	503				
Commodity Meetings	96				
Contributions	150				
MFBF Convention	406				
Secretary Meeting	30				
Washington Tour	563				
Womens Committee	150				
Other Exempt	-2303				
TOTAL	2155	2155			
 Expense Directly Related to Production of Service Fees					
State Income Tax	1207				
Computer Rent	360				
TOTAL	1567		1567		
 TOTAL EXPENSES	105897	53600	52297	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

Farm Bureau Federation Mississippi Tallahatchie County

64-0367806

Form 990-EZ, Part I, Line 8, Other Revenue Unrelated Business Income Bank & Insurance Service

Fees. 88,063

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 15,066, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 105,897

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes-990T Beginning of year 2,400, End

of year 3,280

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax-State Beginning of year 780, End

of year 1,080

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 1,711, End

of year 1,711

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 37,038, End

of year 28,776

Form 990-EZ, Part II, Line 26, Liabilities PIC Payable Beginning of year 1,693, End of

year 138

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 72, End

of year 234

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Tallahatchie County

64-0367806

Page 1 of 1 of Part IV

Employer identification number

64-0367806

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment

Sequence No **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Tallahatchie 990EZ

64-0367806

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 (see instructions)	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	6,664

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						
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	6,664
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)

Tallatchie County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	11138	
Southern Farm Bureau Life Insurance Company	24724	
Southern Farm Bureau Casualty Insurance Company	29610	
Mississippi Farm Bureau Mutual Insurance Company	<u>22088</u>	
Total Insurance Fees		<u>87560</u>

Farm Bureau Bank	<u>503</u>	
Total Bank Fees		<u>503</u>

TOTAL SERVICE FEES		<u><u>88063</u></u>
--------------------	--	---------------------

Tallatchie County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	29418	29418			
Insurance Company Svc Fees	87560		87560		
Farm Bureau Bank	503		503		
Rent Received	0			0	
Interest	0				0
Net Sales	0				0
TOTAL INCOME	117481	29418	88063	0	0

Relationship of Dues to Service Fees	25.0%	75.0%
Floor Space Ratio	50.0%	50.0%

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

Promotions	200		
Insurance	309		
Telephone	4532		
Postage	257		
Office Expense	3670		
Depreciation	375		
TOTAL	9343	2340	7003

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	4313		
Taxes	5899		
Insurance	2153		
Building Maintenance	6368		
Interest	574		
Depreciation	6289		
Rent	0		
TOTAL	25596	12798	12798

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

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Nov-05	195901.51		195901.51	39 0	SL	40184.96	5023.12	45208.08	150693.43
Building	Jan-06	45829.41		45829.41	39 0	SL	9400 88	1175.11	10575.99	35253 42
Building	Oct-07	3542 77		3542.77	39.0	SL	960.31	90.84	1051.15	2491 62

245273.69	0 00	245273 69	50546.15	6289.07	56835 22	188438.47
-----------	------	-----------	----------	---------	----------	-----------

Tallatchie 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		7538.39		7538.39	7.0	SL	7538.39	0.00	7538.39	0.00
Equipment	Oct-02	2140.00		2140.00	7.0	SL	2140.00	0.00	2140.00	0.00
Equipment	Oct-03	1472.35		1472.35	7.0	SL	1472.35	0.00	1472.35	0.00
Furniture	Feb-06	1727.27		1727.27	7.0	SL	1727.27	0.00	1727.27	0.00
Telephone	Nov-06	3542.77		3542.77	7.0	SL	3542.77	0.00	3542.77	0.00
Copier	Oct-08	2621.50		2621.50	7.0	SL	1872.50	374.50	2247.00	374.50

19042.28	0.00	19042.28	18293.28	374.50	18667.78	374.50
----------	------	----------	----------	--------	----------	--------
