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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	C Name of organization		
<input type="checkbox"/> Address change	Farm Bureau Federation Mississippi Webster County		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	1137 Veterans Memorial Blvd		
<input type="checkbox"/> Terminated	Room/suite		
<input type="checkbox"/> Amended return	City or town		
<input type="checkbox"/> Application pending	State		
	Eupora MS ZIP code 39744-2013		
	Foreign country name	Foreign province/state/county	Foreign postal code

G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____
I Website: ► N/A	H Check ► <input checked="" type="checkbox"/> 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 ► \$ 106,386

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 39,632
	4 Investment income	4 283
	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)	
	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)	
	7a Gross sales of inventory, less returns and allowances	7a 5
	b Less: cost of goods sold	7b 74
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 106,312
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 17,230
	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)	16 101,188
	17 Total expenses. Add lines 10 through 16	17 118,418
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -12,106
	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)	19 194,637
	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	21 182,531

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

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	59,639	22 52,768
23 Land and buildings	132,284	23 128,433
24 Other assets (describe in Schedule O)	2,998	24 1,638
25 Total assets	194,921	25 182,839
26 Total liabilities (describe in Schedule O)	284	26 308
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,637	27 182,531

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. 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

Expenses

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

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.

28a

(Grants \$

) If this amount includes foreign grants, check here

29

29a

(Grants \$

) If this amount includes foreign grants, check here

30

30a

(Grants \$

) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

31a

(Grants \$

) If this amount includes foreign grants, check here

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
TIM A. TINDALL				
PRESIDENT	Hr/WK 4.00			
JEFFREY TABB				
V-PRESIDENT	Hr/WK 3.00			
SHERRY CROWLEY				
DIRECTOR	Hr/WK 4.00			
WILLIAM WILLINGHAM				
DIRECTOR	Hr/WK 1.00			
JOSEPH P. PALMER				
DIRECTOR	Hr/WK 1.00			
JACKIE EARNEST				
DIRECTOR	Hr/WK 1.00			
DAVID HOOD				
DIRECTOR	Hr/WK 1.00			
DONNIE WOMACK				
DIRECTOR	Hr/WK 1.00			
STANLEY ROGERS				
DIRECTOR	Hr/WK 1.00			
PAUL CROWLEY				
DIRECTOR	Hr/WK 1.00			
	Hr/WK			
	Hr/WK			

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	37b	
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter.	39b	
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 ►	40b	
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.	40e	X
41 List the states with which a copy of this return is filed ►		
42 a The organization's books are in care of ► Trena Cox Telephone no ► (662) 258-7802		
Located at ► 1137 Veterans Memorial Blvd City Eupora ST MS ZIP + 4 ► 39744		
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 ► <input type="checkbox"/> 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

	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	Date
	Jeffrey R. Tabb, President	2-9-15
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature William Davis	Date 11/17/2014	Check <input type="checkbox"/> if self-employed	PTIN 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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer Identification number

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule 1-Insurance Service Fees: 65,223

Form 990-EZ, Part I, Line 8, Other Revenue: FB Bank Svc Fees: 1,243

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant: 17,230, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule 2: 101,188

Form 990-EZ, Part II, Line 24, Other Assets: Utility Deposits: Beginning of year: 85, End of year: 85

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Taxes State: Beginning of year: 833, End of year: 504

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Tax-Federal. Beginning of year: 2,080, End of year: 1,049

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Tax: Beginning of year: 105, End of year: 185

Form 990-EZ, Part II, Line 26, Liabilities: PIC: Beginning of year: 179, End of year: 123

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer identification number

64-0393224

Webster County Farm Bureau
SCHEDULE I
October 31, 2014

S E R V I C E F E E S R E C E I V E D

INSURANCE

Blue Cross Blue Shield 11841

Southern Farm Bureau Life Insurance Company 12829

Southern Farm Bureau Casualty Insurance Company 24294

Mississippi Farm Bureau Mutual Insurance Company 16259

Total Insurance Fees 65223

Farm Bureau Bank 1243

Total Bank Service Fees 1243

TOTAL SERVICE FEES 66466

Webster County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	22402	22402			
Insurance Company Svc Fees	65223		65223		
Farm Bureau Bank Svc Fees	1243		1243		
Rent Received	0			0	
Interest	283				283
Net Sales	-69				-69
 TOTAL INCOME	 89082	 22402	 66466	 0	 214

Relationship of Dues to Service Fees	25.2%	74.8%
Floor Space Ratio	50.0%	50.0%

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

Insurance	309
Telephone	3036
Postage	213
Office Expense	1836
Depreciation	1241
TOTAL	6635

TOTAL 6635 1673 4962

Allocation of Occupancy Expense Base on Area Occupied

Utilities	3693
Taxes	3664
Insurance	1507
Building Maintenance	8950
Depreciation	3327

TOTAL 21141 10570 10571 #REF!

Webster County Farm Bureau
 S C H E D U L E II
 October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		46.0%	54.0%		
Salary - Secretary	54296				
Payroll Taxes	4373				
Employee Insurance	528				
Retirement	2173				
	TOTAL	61370	28230	33140	
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1931				
Ag in the Classroom	35				
Board Expense	4522				
Commodity Meetings	364				
Contributions	70				
MFBF Convention	1594				
Secretary Meeting	507				
Washington Tour	2000				
	TOTAL	11023	11023		
Expense Directly Related to Production of Service Fees					
State Income Tax	569				
Computer Rent	450				
	TOTAL	1019		1019	
TOTAL EXPENSES	101188	51496	49692	#REF!	0

Webster 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-98	129761.00		129761.00	39.0	SL	49908.15	3327.21	53235.36	76525.64	
<hr/>											
		<u>129761.00</u>	<u>0.00</u>	<u>129761.00</u>			<u>49908.15</u>	<u>3327.21</u>	<u>53235.36</u>	<u>76525.64</u>	

Webster County Farm Bureau
 Depreciation Schedule
 October 31, 2014
 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		11678.66		11678.66	7.0	SL	11678.66	0.00	11678.66	0.00			
Desk	Nov-01	750.00		750.00	7.0	SL	750.00	0.00	750.00	0.00			
Equipmqt	Jan-04	428.00		428.00	7.0	SL	428.00	0.00	428.00	0.00			
Equipmqt	Oct-07	855.21		855.21	7.0	SL	733.02	122.17	855.19	0.02			
Furniture	Jan-08	427.98		427.98	7.0	SL	366.84	61.14	427.98	0.00			
Furniture	Jan-08	253.58		253.58	7.0	SL	217.38	36.20	253.58	0.00			
Furniture	Aug-09	1705.58		1705.58	7.0	SL	1218.25	243.65	1461.90	243.68			
Furniture	Aug-09	2455.65		2455.65	7.0	SL	1754.05	350.81	2104.86	350.79			
Furniture	Feb-12	208.50		208.50	7.0	SL	49.65	29.79	79.44	129.06			
Furniture	Jul-12	479.00		479.00	7.0	SL	91.23	68.43	159.66	319.34			
Furniture	Sep-12	620.60		620.60	7.0	SL	103.44	88.66	192.10	428.50			
Furniture	Oct-12	100.00		100.00	7.0	SL	14.29	14.29	28.58	71.42			
Furniture	Nov-13	580.79	0.00	580.79	7.0	SL	82.97	82.97	165.94	414.85			
Furniture	Aug-13	1000.00	0.00	1000.00	7.0	SL	142.86	142.86	285.72	714.28			
							21543.55	0.00	21543.55	17630.64	1240.97	18871.61	2671.94

(Including Information on Listed Property)

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

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Webster C	Business or activity to which this form relates 990EZ	Identifying number 64-0393224
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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 4,568

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	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				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 4,568
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.

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Form 4562 (2013)