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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department 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.

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		C Name of organization		
<input type="checkbox"/>	Address change		Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau		
<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		Room/suite		
<input type="checkbox"/>	Terminated		P O Box 640		
<input type="checkbox"/>	Amended return		City or town	State	ZIP code
<input type="checkbox"/>	Application pending		Prentiss	MS	39474-0640
			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			
J	Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (5)	◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K	Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
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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 ► \$ 126,662

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	51,079
	4	Investment income	4	563
	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	380	
b	Less cost of goods sold	7b	425	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-45	
8	Other revenue (describe in Schedule O)	8	74,640	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,237	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	24,732
	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	103,057
	17	Total expenses. Add lines 10 through 16	17	127,789
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,552
	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	318,837
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	317,285	

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

15

35 a

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	219,121	22 219,665
23 Land and buildings	95,150	23 94,823
24 Other assets (describe in Schedule O)	4,684	24 3,697
25 Total assets	318,955	25 318,185
26 Total liabilities (describe in Schedule O)	118	26 900
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	318,837	27 317,285

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 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

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

(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
Reggie Magee President	Hr/WK 5 00			
Leon Speights Vice Pres	Hr/WK 2 00			
Nevelene Cole Secretary/Treasurer	Hr/WK 36 00	26,973		
Sue Ann Hubbard Director	Hr/WK 2 00			
Lyle Hubbard Director	Hr/WK 2 00			
Danny Sinclair Director	Hr/WK 2 00			
Jerry Wilson Director	Hr/WK 2 00			
Larry Rogers Director	Hr/WK 2 00			
Kurt Green Director	Hr/WK 2 00			
Charles Loftin Director	Hr/WK 2 00			
William Garner Director	Hr/WK 2 00			
Jeffery Lee 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	37b	X
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 ► MS		
42 a The organization's books are in care of ► Nevelene Cole Telephone no ► (601) 792-5138		
Located at ► 2114 Pearl St City Prentiss ST MS ZIP + 4 ► 39474		
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		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>
49a	<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a 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	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	<i>Nevelene Cole</i>		Date 11-18-14
	Signature of officer		Date 11-18-14
	<i>Nevelene Cole</i>	Secretary	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 11/11/2014
	William Davis	<i>William Davis</i>	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.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

Employer identification number

64-6025330

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 74,640

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 24,732

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 103,057

Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 204, End of year:

204

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Taxes Beginning of year 4,480, End of

year 3,493

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 118, End of

year 900

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

Page 1 of 1 of Part IV

Name of Organization

Employer identification number

Name of Organization: Farm Bureau Federation Mississippi -Jeff Davis County Farm Bureau

64-6025330

Jeff Davis County Farm Bureau
S C H E D U L E 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	7866
Southern Farm Bureau Life Insurance Company	17204
Southern Farm Bureau Casualty Insurance Company	29398
Mississippi Farm Bureau Casualty Insurance Company	<u>19455</u>
Total Insurance Fees	<u>73923</u>

FARM BUREAU BANK

Farm Bureau Bank Service Fees	<u>717</u>
Total Farm Bureau Bank Svc Fees	<u>717</u>
TOTAL SERVICE FEES	<u>74640</u>

**Jeff Davis County Farm Bureau
S C H E D U L E I I
October 31, 2014**

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	26347	26347			
Insurance Company Svc Fees	73923		73923		
Farm Bureau Bank Svc Fees	717			717	
Interest	563				563
Net Sales	-45				-45
TOTAL INCOME	101505	26347	74640	0	518

Relationship of Dues to Service Fees 26.1% 73.9%

Floor Space Ratio 50.0% 50.0%

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

Promotions	937
Insurance	309
Telephone	3762
Postage	1049
Office Expense	2661
Depreciation	295
TOTAL	9013
	2351
	6662

Allocation of Occupancy Expense Base on Area Occupied

Utilities	3548		
Taxes	2339		
Insurance	1480		
Building Maintenance	1723		
Depreciation	2165		
TOTAL	11255	5627	5628

Jeff Davis County Farm Bureau
 S C H E D U L E I I
 October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	47202				
Payroll Taxes	3368				
Employee Insurance	14031				
Retirement	1592				
TOTAL	66193	33096	33097		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2605				
Ag in the Classroom	30				
Board Expense	6632				
Contributions	4254				
MFBF Convention	897				
Safety Seminar	150				
Secretary Meeting	506				
Womens Committee	420				
TOTAL	15494	15494			
Expense Directly Related to Production of Service Fees					
State Income Tax	822				
Computer Rent	280				
TOTAL	1102		1102		
TOTAL EXPENSES	103057	56568	46489	0	0

Jeff Davis 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	Net	
Building		24814.28		24814.28	20.0	SL	24814.28	0.00	24814.28	0.00	
Bldg Improvement	May-96	2153.82		2153.82	7.0	SL	2153.82	0.00	2153.82	0.00	
Bldg Improvement	Apr-98	654.84		654.84	7.0	SL	654.84	0.00	654.84	0.00	
Air Conditioner	Aug-03	724.70		724.70	7.0	SL	724.70	0.00	724.70	0.00	
Building Addition	Oct-05	56565.69		56565.69	39.0	SL	11663.63	1450.40	13114.03	43451.66	
Parking Lot	Nov-05	8893.75		8893.75	7.0	SL	8893.75	0.00	8893.75	0.00	
Building Addition	Dec-05	27879.65		27879.65	39.0	SL	5629.52	714.86	6344.38	21535.27	
							121686.73	0.00	121686.73	54534.54	2165.26
							56699.80	64986.93			

Jeff Davis County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated		4031.86		4031.86	7.0	SL	4031.86	0.00	4031.86	0.00
Chair		500.00		500.00	7.0	SL	500.00	0.00	500.00	0.00
Office Chairs		4206.15		4206.15	7.0	SL	4206.15	0.00	4206.15	0.00
Safe	Aug-05	1300.00		1300.00	7.0	SL	1300.00	0.00	1300.00	0.00
Office Equipment	Nov-05	2511.23		2511.23	7.0	SL	2511.23	0.00	2511.23	0.00
Copier	Nov-06	971.56		971.56	5.0	SL	971.56	0.00	971.56	0.00
Monitor	Sep-12	710.60		710.60	5.0	SL	213.18	142.12	355.30	355.30
Sign	Sep-14		2133.58	2133.58	7.0	SL		152.40	152.40	1981.18
							14231.40	2133.58	16364.98	
								13733.98	294.52	14028.50
										2336.48

(Including Information on Listed Property)

2013
Attachment
Sequence No 179

Name(s) shown on return Farm Bureau Federation Mississippi Jeff Davis	Business or activity to which this form relates 990T	Identifying number 64-6025330
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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
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

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
9 Tentative deduction Enter the smaller of line 5 or line 8	9
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
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

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 2,307

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	<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		2,134	7	HY	SL	152
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property						
i Nonresidential real property						

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System						
20 a Class life			12 yrs	MM	S/L	
b 12-year						
c 40-year						

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	2,459
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		