See a Social Security Number? Say Something!
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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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 7/1/2014 , and ending 6/30/2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Farm Bureau Federation Mississippi - Yazoo County

Number and street (or P.O box, if mail is not delivered to street address) | Room/suite
P. O. Drawer 569

City or town | State | ZIP code
Yazoo City | MS | 39194-0569

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

D Employer identification number
64-0325451

E Telephone number
(662) 746-2201

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

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

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 . . . . . ► $ 166,151

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	63,470
	4	Investment income		4	3
	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 11 (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	3,619	
	b	Less cost of goods sold	7b	3,471	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	148
	8	Other revenue (describe in Schedule O)		8	99,059
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	162,680
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	24,563
	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	134,493
	17	**Total expenses.** Add lines 10 through 16 ►		17	159,056
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,624
	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	194,063
	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	197,687

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	142,477	22	150,046
23	Land and buildings	44,080	23	41,588
24	Other assets (describe in Schedule O)	7,548	24	6,092
25	**Total assets**	194,105	25	197,726
26	**Total liabilities** (describe in Schedule O)	42	26	39
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	194,063	27	197,687

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, optional for others)

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **31a**

32 **Total program service expenses.** (add lines 28a through 31a) . . . . . ▶ **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Matthew Edgar President	Hr/Wk 5 00			
Jimmy Whitaker First Vice- President	Hr/Wk 2.00			
Steve Coody Second Vice - President	Hr/Wk 2.00			
Marian Davis Sec/Treasurer	Hr/Wk 40 00	38,577	1,543	
Van Ray Director	Hr/Wk 2.00			
William Harris Director	Hr/Wk 2.00			
Smith Stoner Director	Hr/Wk 2 00			
Billy Joe Ragland Director	Hr/Wk 2.00			
David Shipp Director	Hr/Wk 2.00			
Hugh L Mathews Director	Hr/Wk 2.00			
Tim Manor Director	Hr/Wk 2 00			
James Langley 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► MARIAN DAVIS Telephone no. ► (662) 746-2201			
	Located at ► 105 S WASHINGTON City YAZOO CITY ST MS ZIP + 4 ► 39194			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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 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 Matt Edgar / pres. Date 9-10-15

▶ Type or print name and title Matt Edgar / president

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Davis	William Davis	8/26/2015		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)

Department of the Treasury
Internal Revenue Service

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
Farm Bureau Federation Mississippi - Yazoo County	64-0325451

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule I 99,059

Form 990-EZ, Part I, Line 10, Grants Paid Activity State membership dues, Grantee Mississippi Farm Bureau Federation 6310 Ridgewood Rd Jackson MS 39211, Cash Grant 24,563, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 134,493

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 6,080, End of year 4,624

Form 990-EZ, Part II, Line 24, Other Assets. Account Receivable Beginning of year. 1,468, End of year 1,468

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 42, End of year 39

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

Name of Organization	Employer Identification number
Farm Bureau Federation Mississippi - Yazoo County	64-0325451

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 Swayze Director	Hr/Wk 2 00			
Stephen F Johnson Director	Hr/Wk 2 00			
Bernard A Jordan Jr Director	Hr/Wk 2.00			
William Bridgforth Director	Hr/Wk 2 00			
Robert Coker Jr Director	Hr/Wk 2.00			
John Fouche Director	Hr/Wk 2 00			
David Dooley Director	Hr/Wk 2.00			
Barry Bridgforth Director	Hr/Wk 2.00			
Ryan Ragland Director	Hr/Wk 2.00			
Charles McClintock Director	Hr/Wk 2 00			
Dennis A Paul Jr Director	Hr/Wk 2 00			
Jimmy Moore Director	Hr/Wk 2.00			
John Greenlee Director	Hr/Wk 2 00			
Phillip Vandevere Jr Director	Hr/Wk 2.00			
Will Choate Director	Hr/Wk 2.00			
Virginia Matthews Director	Hr/Wk 2.00			
Billy Robinson Director	Hr/Wk 2 00			
	Hr/Wk			

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi - Yazoo Co	990EZ	64-0325451

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 2013 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 2015. 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	3,870

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 2014	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 2014 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		1,484	7	HY	SL	106
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	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2014 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	3,976
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	

Yazoo County Farm Bureau
Depreciation Schedule
June 30, 2015
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		20775.06		20775.06	7.0	SL	20775.06	0.00	20775.06	0.00
Building	Jun-78	103061.55		103061.55	40.0	SL	98304.34	2576.54	100880.88	2180.67
Building Addition	Dec-88	31391.70		31391.70	31.5	SL	25495.28	996.56	26491.84	4899.86
Gutters	Mar-94	1231.75		1231.75	7.0	SL	1231.75	0.00	1231.75	0.00
Parking Lot	Oct-94	16208.35		16208.35	7.0	SL	16208.35	0.00	16208 35	0.00
Carpet (Old Bldg)	Jun-95	716 10		716.10	7.0	SL	716.10	0.00	716.10	0.00
Heating System	Jul-97	963.00		963.00	7.0	SL	963.00	0.00	963.00	0.00
Building Improvements	Apr-98	1620.67		1620.67	7.0	SL	1620.67	0.00	1620.67	0.00
Blinds	May-99	564 65		564.65	7.0	SL	564.65	0.00	564.65	0 00
Carpet	Jun-99	1509.24		1509.24	7.0	SL	1509.24	0.00	1509.24	0.00
		178042 07	0.00	178042.07			167388.44	3573.10	170961.54	7080.53

Prepared by: Karen Easterling

Yazoo County Farm Bureau
Depreciation Schedule
June 30, 2015
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		4545.05		4545.05	7.0	SL	4545.05	0.00	4545.05	0 00
Chair	Jan-95	106 99		106.99	7.0	SL	106.99	0.00	106.99	0.00
Fax Machine	Feb-96	255.73		255.73	7.0	SL	255.73	0.00	255.73	0.00
Chair	Feb-97	213.99		213 99	7.0	SL	213.99	0 00	213.99	0.00
Office Furniture	May-97	731.35		731.35	7.0	SL	731.35	0.00	731.35	0.00
Computer	Jan-98	2957.48		2957.48	7.0	SL	2957.48	0.00	2957.48	0.00
Office Equipment	Jan-98	327.40		327.40	7.0	SL	327.40	0.00	327.40	0.00
Camera	Nov-98	427.99		427.99	7.0	SL	427.99	0.00	427.99	0 00
Office Furniture	Jun-99	168 00		168.00	7.0	SL	168.00	0.00	168.00	0.00
Office Furniture	Apr-11	1206.91		1206.91	7.0	SL	603.47	172.42	775.89	431.02
Monitor for Ag Promotion	Aug-12	620.60	0.00	620.60	5.0	SL	186.18	124.12	310.30	310.30
Furniture (Upstairs0	Dec-14		927.36	927.36	7.0	SL		66.24	66 24	861.12
Refrigerator	Jan-15		556 40	556.40	7.0	SL		39.75	39.75	516.66
		11561.49	1483.76	13045 25			10523 63	402.53	10926.16	2119.10

Prepared by: Karen Easterling

Yazoo County Farm Bureau
SCHEDULE I
June 30, 2015

SERVICE FEES RECEIVED

INSURANCE		
Blue Cross Blue Shield	13656	
Southern Farm Bureau Life Insurance Company	24486	
Southern Farm Bureau Casualty Insurance Company	35757	
Mississippi Farm Bureau Casualty Insurance Company	25049	
Total Insurance Fees		98948
BANK SERVICE FEES		
Farm Bureau Bank	111	
Total Bank Fees		111
TOTAL SERVICE FEES		99059

Yazoo County Farm Bureau
SCHEDULE II
June 30, 2015

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	38904	38904			
Insurance Company Svc Fees	98948		98948		
Farm Bureau Bank	111		111		
Interest	3				3
Net Sales	148				148
TOTAL INCOME	138114	38904	99059	0	151
Relationship of Dues to Service Fees		28.2%	71.8%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	2460				
Telephone	3251				
Postage	1151				
Office Expense	5657				
Depreciation	403				
TOTAL	12922	3644	9278		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	5713				
Taxes	4524				
Insurance	1823				
Building Maintenance	7483				
Depreciation	3573				
TOTAL	23116	11558	11558		

Yazoo County Farm Bureau
SCHEDULE II
June 30, 2015

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	69657				
Payroll Taxes	5514				
Employee Insurance	8915				
Retirement	2868				
TOTAL	86954	43477	43477		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	3451				
Board Expense	1335				
Contributions	3944				
Leadership Conference	15				
MFBF Convention	305				
Womens Committee	497				
Young Farmer Program	129				
TOTAL	9676	9676			
Expense Directly Related to Production of Service Fees					
State Income Tax	1125				
Computer Rent	700				
TOTAL	1825		1825		
TOTAL EXPENSES	134493	68355	66138	0	0