



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



# Short Form

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning**

, and ending

**B Check if applicable**

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

**C Name of organization**

Farm Bureau Federation Mississippi Benton County

Number and street (or P O box, if mail is not delivered to street address)

**D Employer identification number**

64-0469189

P. O. Box 7

Room/suite

City or town

state or country

ZIP + 4

**E Telephone number**

(662) 224-8946

MS

38603-0007

**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 Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return**

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 89,235

**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. 

<b>Revenue</b>  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 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) 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) c Less direct expenses from gaming and fundraising events d Net income of (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 2 3 43,500 4 808  5c 0
	6d 0
	7c 0
	8 44,927
	9 89,235
	10 19,548
	11
	12
	13
	14
	15
	16 68,017
	17 87,565
	18 1,670
	19 122,726
	20
	21 124,396

For Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990-EZ (2011)

**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	98,766	22
23 Land and buildings	23,605	23
24 Other assets (describe in Schedule O)	390	24
25 Total assets	122,761	25
26 Total liabilities (describe in Schedule O)	35	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,726	27
		124,396

**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			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	53,624	
29			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
<b>32 Total program service expenses.</b> (add lines 28a through 31a) ► <input type="checkbox"/>	32	53,624	

**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 address	(b) Title and 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
Kevin Simpson 30 Main St Ashland MS 38603	Title President Hr/WK 5.00	0		
Matt Orman 30 Main St Ashland MS 38603	Title Vice President Hr/WK 3.00	0		
Amy Murphy 30 Main St Ashland MS 38603	Title Secretary Treasurer Hr/WK 40.00	19,135		
Sid Ayers 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
David Bennett Jr 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Ransom Bolden 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Heath Byrd 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Jerry Childers 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Donald Courson 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Frank Hines 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Lee McKenzie 30 Main St Ashland MS 38603	Title Director Hr/WK 2.00	0		
Darrell Morrison 30 Main St Ashland MS 38603	Title 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	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 ► <b>37a</b>	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 ► _____		
42 a The organization's books are in care of ► Amy Murphy Telephone no ► (662) 224-8946		
Located at ► 30 Main St City Benton ST MS ZIP + 4 ► 38603		
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 ► <b>43</b>		
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	X
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 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 address of each employee paid more than \$100,000	(b) Title and 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 Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	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"

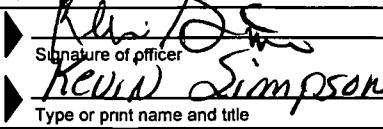
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

<input type="checkbox"/>	Yes	X	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	► 	Date 3/8/2012
	► Kevin Simpson	3/1
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 2/28/2012	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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

**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**

64-0469189

**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Farm Bureau Federation Mississippi Benton County

Employer identification number

64-0469189

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule 1: 44,927

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

Federation 6311 I-55 North Jackson MS 39211, Cash Grant 19,548, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule 2: 68,017

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Tax-990T: Beginning of year: 310, End of  
year: 0

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Tax-State: Beginning of year: 80, End of  
year: 220

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Taxes Due: Beginning of year: 35, End of  
year: 35

Form 990-EZ Part V Line 45d Our organization does offer a tanning booth as one of our  
services.

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return Farm Bureau Federation Mississippi Benton Cd990EZ	Business or activity to which this form relates	Identifying number 64-0469189
------------------------------------------------------------------------------	-------------------------------------------------	----------------------------------

**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 2010 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 2012. 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) . . . . .	16 786

**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 2011 . . . . .	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 2011 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	267
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 2011 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 1,05
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

Benton County Farm Bureau  
S C H E D U L E   I  
December 31, 2011

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

INSURANCE

Blue Cross Blue Shield	4403
Southern Farm Bureau Life Insurance Company	8079
Southern Farm Bureau Casualty Insurance Company	19814
Mississippi Farm Bureau Mutual Insurance Company	<u>12631</u>
Total Insurance Fees	<u>44927</u>

Benton County Farm Bureau  
SCHEDULE II  
December 31, 2011

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
Farm Bureau Dues-Net	23952	23952			
Insurance Company Svc Fees	44927		44927		
Interest	808				808
<b>TOTAL INCOME</b>	<b>69687</b>	<b>23952</b>	<b>44927</b>	<b>0</b>	<b>808</b>

**Relationship of Dues to Service Fees** 34.8% 65.2%

Floor Space Ratio 50.0% 50.0%

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

Promotions	524		
Insurance	309		
Telephone	3544		
Postage	447		
Office Expense	3092		
Depreciation	324		
		TOTAL	8240
			2865
			5375

## Allocation of Occupancy Expense Base on Area Occupied

Utilities	4441
Taxes	2855
Insurance	1301
Building Maintenance	1939
Depreciation	729
<b>TOTAL</b>	<b>11265</b>
	<b>5632</b>
	<b>5633</b>

Benton County Farm Bureau  
S C H E D U L E    II  
December 31, 2011

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		44.0%	56.0%		
Salary - Secretary	32178				
Payroll Taxes	2225				
Employee Insurance	5793				
	TOTAL	40196	17686	22510	
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1537				
Board Expense	3866				
Contributions	200				
MFBF Convention	2033				
Secretary Meeting	61				
Womens Committee	196				
	TOTAL	7893	7893		
Expense Directly Related to Production of Service Fees					
State Income Tax	423				
	TOTAL	423		423	
<u>TOTAL EXPENSES</u>	<u>68017</u>	<u>34076</u>	<u>33941</u>	<u>0</u>	<u>0</u>

Benton County Farm Bureau  
 Depreciation Schedule  
 December 31, 2011  
 Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
Building	Oct-72	16447.00		16447.00	30.0	SL	16447.00	0.00	16447.00	0.00
Building	Oct-90	1200.00		1200.00	31.5	SL	791.98	38.10	830.08	369.92
Building	May-95	2250.00		2250.00	31.5	SL	1129.14	71.43	1200.57	1049.43
Building	Oct-98	1038.76		1038.76	39.0	SL	346.19	26.63	372.82	665.94
Building	Dec-98	322.28		322.28	39.0	SL	90.86	8.26	99.12	223.16
Building	Feb-02	2500.00		2500.00	39.0	SL	576.90	64.10	641.00	1859.00
Building	Apr-08	20315.66		20315.66	39.0	SL	1389.02	520.91	1909.93	18405.73

---

44073.70      0.00      44073.70      20771.09      729.43      21500.52      22573.18

---

Benton County Farm Bureau  
 Depreciation Schedule  
 December 31, 2011  
 Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation				Net
							Beg Balance	Additions (Deduct)	End Balance	Net	
Fully Depreciated Items		19127.97		19127.97	7.0	SL	19127.97	0.00	19127.97	0.00	
Furniture	Jul-02	193.04		193.04	7.0	SL	193.04	0.00	193.04	0.00	
Copier	Jul-03	697.07		697.07	7.0	SL	697.07	0.00	697.07	0.00	
Furniture	May-08	171.59		171.59	7.0	SL	63.30	24.51	87.81	83.78	
Furniture	Dec-09	226.27		226.27	7.0	SL	32.32	32.32	64.64	161.63	
Phone System	Jun-11		3743.93	3743.93	7.0	SL		267.43	267.43	3476.50	
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
		20415.94	3743.93	24159.87			20113.70	324.26	20437.96	3721.91	