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Short Form Return of Organization Exempt From Income Tax

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

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning		, and ending	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) <input type="text" value="P O Box 7"/> City or town <input type="text" value="Ashland"/> state or country <input type="text" value="MS"/> ZIP + 4 <input type="text" value="38603-0007"/> D Employer identification number 64-0469189	
		E Telephone number (662) 224-8946	
		F Group Exemption Number ► 1473	

G Accounting Method Cash Accrual **Other (specify)** ► _____
I Website: ► N/A
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ► (insert no) 4947(a)(1) or 527

K 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

► \$ 89,182

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 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 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 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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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	3027 MAR 12 2013 IRS-OSC	
	OGDEN, UT	
	►	
	►	
	►	
	►	
	►	
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	10 11 12 13 14 15 16 17	10 11 12 13 14 15 16 17
	►	
	►	
	►	
	►	
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 19 20 21	18 19 20 21
	►	
	►	
	►	
	►	

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

SCANNED MAR 25 2013

4

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	97,915	22 100,720
23 Land and buildings	26,296	23 24,976
24 Other assets (describe in Schedule O)	220	24 1,965
25 Total assets	124,431	25 127,661
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)	124,396	27 127,661

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 ► 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 ► 31a32 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
Kevin Simpson President	Hr/WK 5.00			
Matt Orman Vice President	Hr/WK 3.00			
Danny Talbot Director	Hr/WK 2.00			
Sid Ayers Director	Hr/WK 2.00			
David Bennett Jr. Director	Hr/WK 2.00			
Ransom Bolden Director	Hr/WK 2.00			
Heath Byrd Director	Hr/WK 2.00			
Jerry Childers Director	Hr/WK 2.00			
Donald Courson Director	Hr/WK 2.00			
Frank Hines Director	Hr/WK 2.00			
Lee McKenzie Director	Hr/WK 2.00			
Darrell Morrison 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	
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 ► Debbie Renick 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 ► 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(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 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

► 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	Preparer's signature	Date
	Kevin Simpson Pres		5-7-13

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	William Davis	William Davis	2/28/2013		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

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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, 43,955

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

Federation 6311 I-55 North Jackson MS 39211, Cash Grant 19,386, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule 2, 66,206

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Tax-990T: Beginning of year 0, End of
year, 1,520

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Tax-State: Beginning of year 220, End of
year, 445

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Due: Beginning of year 35, End of
year 0

Name of the organization

Farm Bureau Federation Mississippi Benton County

Employer identification number

64-0469189

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

Farm Bureau Federation Mississippi Benton County

64-0469189

(Including Information on Listed Property)

2012
Attachment
Sequence No 179

Name(s) shown on return Farm Bureau Federation Mississippi Benton Co	Business or activity to which this form relates 990EZ	Identifying number 64-0469189
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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 2011 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 2013 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

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 1,321

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 2012	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 2012 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			25 yrs	MM	S/L	
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			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 2012 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	1,321				
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, 2012

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

INSURANCE

Blue Cross Blue Shield	4509
Southern Farm Bureau Life Insurance Company	6183
Southern Farm Bureau Casualty Insurance Company	19851
Mississippi Farm Bureau Mutual Insurance Company	<u>13036</u>
Total Insurance Fees	<u>43579</u>
Farm Bureau Bank Service Fees	<u>376</u>
Total FB Bank Svc Fees	<u>376</u>
TOTAL SERVICE FEES	<u>43955</u>

Benton County Farm Bureau
SCHEDULE II
December 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	25058	25058			
Insurance Company Svc Fees	43579		43579		
Farm Bureau Bank Svc Fees	376		376		
Interest	543				543
Net Sales	-85				-85
TOTAL INCOME	69471	25058	43955	0	458

Relationship of Dues to Service Fees 36.3% 63.7%

Floor Space Ratio 50.0% 50.0%

Allocation of General Overhead

Based on the Relation

Promotions	664
Insurance	309
Telephone	3889
Postage	77
Office Expense	2892
Depreciation	592
TOTAL	8423
	3058
	5365

Allocation of Occupancy Expense Base on Area Occupied

Utilities	4830		
Taxes	0		
Insurance	1316		
Building Maintenance	2210		
Interest	0		
Depreciation	729		
Rent	0		
TOTAL	9085	4542	4543

Benton County Farm Bureau
 SCHEDULE II
 December 31, 2012

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		43.5%	56.5%		
Salary - Secretary	34221				
Payroll Taxes	2819				
Employee Insurance	1201				
Retirement	0				
	TOTAL	38241	16635	21606	
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1532				
Board Expense	2815				
Contributions	250				
MFBF Convention	4271				
Secretary Meeting	33				
Womens Committee	272				
	TOTAL	9173	9173		
Expense Directly Related to Production of Service Fees					
State Income Tax	444				
Computer Rent	840				
	TOTAL	1284		1284	
TOTAL EXPENSES	<u>66206</u>	<u>33408</u>	<u>32798</u>	<u>0</u>	<u>0</u>

Benton County Farm Bureau
 Depreciation Schedule
 December 31, 2012
 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	830.08	38.10	868.18	331.82
Building	May-95	2250.00		2250.00	31.5	SL	1200.57	71.43	1272.00	978.00
Building	Oct-98	1038.76		1038.76	39.0	SL	372.82	26.63	399.45	639.31
Building	Dec-98	322.28		322.28	39.0	SL	99.12	8.26	107.38	214.90
Building	Feb-02	2500.00		2500.00	39.0	SL	641.00	64.10	705.10	1794.90
Building	Apr-08	20315.66		20315.66	39.0	SL	1909.93	520.91	2430.84	17884.82

44073.70 0.00 44073.70 21500.52 729.43 22229.95 21843.75

Benton County Farm Bureau
 Depreciation Schedule
 December 31, 2012
 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		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	87.81	24.51	112.32	59.27	
Furniture	Dec-09	226.27		226.27	7.0	SL	64.64	32.32	96.96	129.31	
Phone System	Jun-11	3743.93		3743.93	7.0	SL	267.43	534.85	802.28	2941.65	
<hr/>											
		24159.87	0.00	24159.87			20437.96	591.68	21029.64	3130.23	