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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

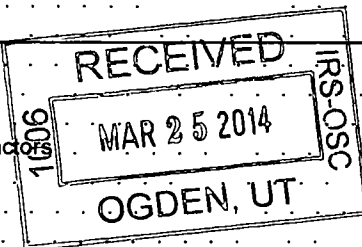
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **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.**

A For the 2013 calendar year, or tax year beginning _____, and ending _____		C Name of organization Farm Bureau Federation Mississippi Benton County		D Employer identification number 64-0469189
B 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	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number (662) 224-8946
	P. O. Box 7			
	City or town Ashland		State MS	ZIP code 38603-0007
	Foreign country name		Foreign province/state/county	Foreign postal code
	F Group Exemption Number ▶ 1473			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____				H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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				
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. ▶ \$ 92,498				

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	45,547
	4 Investment income	4	413
	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	158	
b Less: cost of goods sold	7b	130	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	28	
8 Other revenue (describe in Schedule O)	8	46,380	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,368	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	19,987
	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	73,783
	17 Total expenses. Add lines 10 through 16	17	93,770
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,402
	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	127,661
	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	126,259



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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95

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	100,720	22 101,616
23 Land and buildings	24,976	23 25,669
24 Other assets (describe in Schedule O)	1,965	24 870
25 Total assets	127,661	25 128,155
26 Total liabilities (describe in Schedule O)		26 1,896
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	127,661	27 126,259

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	
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	
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
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.		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).		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)?	X	
35 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.	X	
35 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.		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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
37 b Did the organization file Form 1120-POL for this year?		
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?		X
38 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 40a ; section 4912 40b ; section 4955 40c		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 42a Brandi Reese Telephone no. 42b (662) 224-8946 Located at 42c 30 Main St City Benton ST MS ZIP + 4 42d 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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		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 43 and enter the amount of tax-exempt interest received or accrued during the tax year.		
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

- 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	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- f** Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

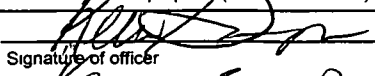
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		


- d** Total number of other independent contractors each receiving over \$100,000

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 3-13-14
	Type or print name and title Kevin Simpson President	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 3/6/2014	Check <input type="checkbox"/> if self-employed	PTIN P00631674
	Firm's name ▶ Mississippi Farm Bureau Federation			Firm's EIN ▶ 64-0303134	
	Firm's address ▶ 6311 Ridgewood RD, Jackson, MS 39211			Phone no (601) 977-4205	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Benton County Farm Bureau
SCHEDULE II
December 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		45.0%	55.0%		
Salary - Secretary	39098				
Payroll Taxes	2578				
Employee Insurance	475				
Retirement	0				
TOTAL	42151	18968	23183		
Expense Directly Attributed to Production of Farm Bureau Dues					
✓ Ag in the Classroom	457				
Board Expense	2307				
Commodity Meetings	431				
Contributions	1497				
MFBF Convention	1727				
Secretary Meeting	159				
Other Exempt	-171				
TOTAL	8007	8007			
Expense Directly Related to Production of Service Fees					
State Income Tax	492				
Computer Rent	420				
TOTAL	912		912		
TOTAL EXPENSES	73783	37137	36646	0	0

Page 1 of 1 of Part IV

Employer Identification number

64-0469189

[illegible]

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Benton Co

990EZ

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 2012 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	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 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		2,351	7		SL	336
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

(a) Class life	(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
20 a 12-year			12 yrs.		S/L	
b 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	1,657
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
SCHEDULE I
December 31, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5574
Southern Farm Bureau Life Insurance Company	6467
Southern Farm Bureau Casualty Insurance Company	19781
Mississippi Farm Bureau Mutual Insurance Company	<u>13964</u>
Total Insurance Fees	<u>45786</u>

Farm Bureau Bank	<u>594</u>
Total Bank Fees	<u>594</u>

TOTAL SERVICE FEES	<u><u>46380</u></u>
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Benton County Farm Bureau
SCHEDULE II
December 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	25560	25560			
Insurance Company Svc Fees	45786		45786		
Farm Bureau Bank	594		594		
Rent Received	0			0	
Interest	413				413
Net Sales	28				28
	<hr/>				
TOTAL INCOME	72381	25560	46380	0	441

Relationship of Dues to
Service Fees

35.5% 64.5%

Floor Space Ratio

50.0% 50.0%

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

Promotions	230		
Insurance	309		
Telephone	4161		
Postage	198		
Office Expense	2422		
Depreciation	928		
	<hr/>		
TOTAL	8248	2930	5318

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3932		
Taxes	3143		
Insurance	1316		
Building Maintenance	5345		
Interest	0		
Depreciation	729		
Rent	0		
	<hr/>		
TOTAL	14465	7232	7233

Benton County Farm Bureau
Depreciation Schedule
December 31, 2013
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
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	868.18	38.10	906.28	293.72
Building	May-95	2250.00		2250.00	31.5	SL	1272.00	71.43	1343.43	906.57
Building	Oct-98	1038.76		1038.76	39.0	SL	399.45	26.63	426.08	612.68
Building	Dec-98	322.28		322.28	39.0	SL	107.38	8.26	115.64	206.64
Building	Feb-02	2500.00		2500.00	39.0	SL	705.10	64 10	769.20	1730.80
Building	Apr-08	20315.66		20315.66	39.0	SL	2430 84	520.91	2951.75	17363.91

44073.70	0.00	44073.70	22229.95	729.43	22959.38	21114.32
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Benton County Farm Bureau
Depreciation Schedule
December 31, 2013
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
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	112.32	24.51	136.83	34.76
Furniture	Dec-09	226.27		226.27	7.0	SL	96.96	32.32	129.28	96.99
Phone System	Jun-11	3743.93		3743.93	7.0	SL	802.28	534.85	1337.13	2406.80
Cabinets	Jun-13		2350.79	2350.79	7.0	SL		335.83	335.83	2014.96

24159.87	2350.79	26510.66	21029.64	927.51	21957.15	4553.51
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