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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 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.

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning _____, and ending _____				
B Check if applicable		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) _____ P. O. Box 7 City or town _____ State _____ ZIP code _____ Ashland MS 38603-0007 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____		
D Employer identification number 64-0469189		E Telephone number (662) 224-8946		
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 <input checked="" type="checkbox"/>				
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
	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.
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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 ►

28

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
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 ► Brandi Reese	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	(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 ►

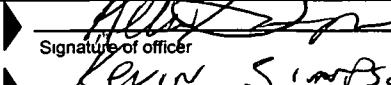
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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
 S C H E D U L E I I
 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

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

Page 1 of 1 of Part IV

Name of Organization

Farm Bureau Federation Mississippi Benton County

Employer Identification number

64-0469189

(Including Information on Listed Property)

2013

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Benton Cou

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						
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 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	1,657
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	

For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2013)

Benton County Farm Bureau
S C H E D U L E I
December 31, 2013

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

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>46380</u>

Benton County Farm Bureau
S C H E D U L E 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	<u>28</u>				<u>28</u>
 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
 TOTAL	 8248

**Allocation of Occupancy Expense
 Base on Area Occupied**

Utilities	3932
Taxes	3143
Insurance	1316
Building Maintenance	5345
Interest	0
Depreciation	729
Rent	0
 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	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	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	
<hr/>							44073.70	0.00	44073.70	22229.95	729.43
<hr/>							22959.38	21114.32			

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