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

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 11/1/2013 , and ending 10/31/2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Farm Bureau Federation Mississippi Montgomery County

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 596

City or town | State | ZIP code
Winona | MS | 38967-0596

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

D Employer identification number
64-0352737

E Telephone number
(662) 283-4565

F Group Exemption Number ▶ 1473

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 93,752

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	36,060
	4	Investment income		4	159
	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 385		
	b	Less cost of goods sold	7b 375		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	10
	8	Other revenue (describe in Schedule O)		8	57,148
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	93,377
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	17,732
	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	75,814
	17	**Total expenses.** Add lines 10 through 16	▶	17	93,546
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-169
	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	113,980
	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	113,811

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

HTA

95 2

Part II Balance Sheets. (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	55,118	22	43,511
23	Land and buildings	57,136	23	69,335
24	Other assets (describe in Schedule O)	1,540	24	1,160
25	**Total assets**	113,794	25	114,006
26	**Total liabilities** (describe in Schedule O)	-186	26	195
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	113,980	27	113,811

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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

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

29

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

30

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

31 Other program services (describe in Schedule O)

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

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MRS BETTY J MILLS PRESIDENT	Hr/WK 3 00	0		
NATHAN CRENSHAW V-PRESIDENT	Hr/WK 2 00	0		
SAM PITTMAN SEC -TREAS	Hr/WK 2 00	0		
RON WOOD JR DIRECTOR	Hr/WK 1 00	0		
GUY JOHNSON DIRECTOR	Hr/WK 1 00	0		
BEN INGRAM DIRECTOR	Hr/WK 1.00	0		
GEORGIA CAFFEY DIRECTOR	Hr/WK 1 00	0		
KENNETH LOGGINS DIRECTOR	Hr/WK 1 00	0		
JIMMY MORROW DIRECTOR	Hr/WK 1 00	0		
DANNY HAVEN DIRECTOR	Hr/WK 1 00	0		
SIDNEY BRANCH DIRECTOR	Hr/WK 1 00	0		
BRIAN LOTT DIRECTOR	Hr/WK 1 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 ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) 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	40b		
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 ▶ Theresa Mitchell Telephone no ▶ (662) 283-4565			
	Located at ▶ 105 N Front Street City Winona ST MS ZIP + 4 ▶ 38967-0596			
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 ▶ ☐ 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
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . .	49a		
b	If "Yes," was the related organization a section 527 organization? .	49b		

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

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

f Total number of other employees paid over $100,000 ▶

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

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

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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

▶ Betty Mills
Signature of officer

Date 3-9-15

▶ Betty Mills
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Davis	William Davis	11/25/2014		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

Montgomery County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		47.0%	53.0%		
Salary - Secretary	41470				
Payroll Taxes	3550				
Employee Insurance	7570				
Retirement	1000				
TOTAL	53590	25187	28403		
Expense Directly Attributed to Production of Farm Bureau Dues					
	2111				
Ag in the Classroom	29				
Board Expense	1818				
Commodity Meetings	57				
Contributions	260				
Leadership Conference	95				
Legislative Reception	9				
MFBF Convention	905				
Safety Seminar	105				
Secretary Meeting	181				
Womens Committee	766				
TOTAL	6336	6336			
Expense Directly Related to Production of Service Fees					
State Income Tax	523				
Computer Rent	0				
TOTAL	523		523		
TOTAL EXPENSES	75814	38087	37727	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Farm Bureau Federation Mississippi Montgomery County	64-0352737

Form 990-EZ, Part I, Line 8, Other Revenue Unrelated Business Income-Insurance and Bank Service Fees 57,148

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Mississippi Farm Bureau Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 17,732, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 75,814

Form 990-EZ, Part II, Line 24, Other Assets Pepaid Tax-990T Beginning of year 1,120, End of year 920

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax State Beginning of year 320, End of year. 140

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 100, End of year 100

Form 990-EZ, Part II, Line 26, Liabilities Pic Payable Beginning of year -316, End of year

Form 990-EZ, Part II, Line 26, Liabilities: State Tax Payable Beginning of year. 130, End of year: 195

Name of the organization	Employer identification number
Farm Bureau Federation Mississippi Montgomery County	64-0352737

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Montgomer	990EZ	64-0352737

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 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	2,252

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 ▶ ☐		

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	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property	5/1/2014	14,461	39 yrs.	MM	S/L	371
					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	2,623
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	

Montgomery County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE		
Blue Cross Blue Shield	6391	
Southern Farm Bureau Life Insurance Company	16567	
Southern Farm Bureau Casualty Insurance Company	19787	
Mississippi Farm Bureau Mutual Insurance Company	13230	
Total Insurance Fees		55975
Farm Bureau Bank	1173	
Total Bank Fees		1173
TOTAL SERVICE FEES		57148

Montgomery County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	18328	18328			
Insurance Company Svc Fees	55975		55975		
Farm Bureau Bank	1173		1173		
Rent Received	0			0	
Interest	159				159
Net Sales	10				10
TOTAL INCOME	75645	18328	57148	0	169
Relationship of Dues to Service Fees		24.3%	75.7%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	34				
Insurance	0				
Telephone	2444				
Postage	171				
Office Expense	1665				
Depreciation	34				
TOTAL	4348	1056	3292		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	4277				
Taxes	1785				
Insurance	1504				
Building Maintenance	862				
Interest	0				
Depreciation	2589				
Rent	0				
TOTAL	11017	5508	5509		

Montgomery County Farm Bureau
Depreciation Schedule
October 31, 2014
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Building	Jul-98	52392.90		52392.90	39.0	SL	20598.95	1343.41	21942.36	30450.54
Building	Dec-99	3484.47		3484.47	39.0	SL	1250 90	89.35	1340.25	2144.22
Building	Jun-01	11979.47		11979.47	39.0	SL	3809.23	307.17	4116.40	7863.07
Building	Jun-01	1412.50		1412.50	39.0	SL	454.52	36 22	490.74	921.76
Building	Oct-02	2561.86		2561.86	39.0	SL	722 59	65.69	788.28	1773.58
Building	Oct-05	1519.54		1519.54	39.0	SL	311.68	38.96	350.64	1168.90
Building	Jan-07	13174.52		13174.52	39.0	SL	2308.36	337.81	2646.17	10528.35
Building	May-14		14461.06	14461.06	39.0	SL		370.80	370.80	14090.26
		86525.26	14461.06	100986.32			29456.23	2589.41	32045.64	68940.68

Prepared by: Bert Tingle

Montgomery County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated Items		9603.23		9603.23	7.0	SL	9603.23	0.00	9603.23	0.00
Furniture	Nov-01	2453.95		2453.95	7.0	SL	2453.95	0.00	2453 95	0.00
Furniture	Nov-02	923.73		923.73	7.0	SL	923.73	0.00	923.73	0.00
Furniture	Jun-04	424.84		424.84	7.0	SL	424.84	0.00	424.84	0.00
Furniture	Oct-05	5275.26		5275.26	7.0	SL	5275.26	0.00	5275 26	0.00
Equipment	Sep-08	235.06		235.06	7.0	SL	167.90	33.58	201.48	33.58
Furniture	Nov-14		362.88	362.88	7.0	SL		0.00	0.00	362.88
		18916 07	362 88	19278.95			18848.91	33.58	18882.49	396.46

Prepared by: Bert Tingle

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

Name of Organization
Farm Bureau Federation Mississippi Montgomery County

Employer Identification number
64-0352737

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
SHIRLEY DANCE DIRECTOR	Hr/WK 1 00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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