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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public  
InspectionDepartment 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](http://www.irs.gov/form990).

<b>A For the 2015 calendar year, or tax year beginning</b>		10/1/2015	, and ending	9/30/2016	
<b>B Check if applicable</b>		<b>C Name of organization</b>			
<input type="checkbox"/> Address change		Farm Bureau Federation Mississippi Adams County			
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)			
<input type="checkbox"/> Initial return		Room/suite			
<input type="checkbox"/> Final return/terminated		317 John R Junkin			
<input type="checkbox"/> Amended return		City or town	State	ZIP code	
<input type="checkbox"/> Application pending		Natchez	MS	39120-3823	
		Foreign country name	Foreign province/state/county	Foreign postal code	
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____		
<b>I Website:</b>		► N/A			
<b>J Tax-exempt status (check only one) —</b>		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	► (insert no) _____		
<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	_____		
<b>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. ► \$ 133,848</b>					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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	64,853		
	4 Investment income	4	2,602		
	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)				
b Gross income from fundraising events (not including \$ 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)	6d	0			
7a Gross sales of inventory, less returns and allowances	7a				
b Less cost of goods sold	7b	100			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)	7c	-100			
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	66,393			
	9	133,748			
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	29,010		
	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	113,090		
17 <b>Total expenses.</b> Add lines 10 through 16	17	142,100			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,352		
	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	216,926		
	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	208,574		

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

B NE  
67

**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	107,972	22 109,088
23 Land and buildings	105,304	23 96,949
24 Other assets (describe in Schedule O)	4,856	24 3,855
25 Total assets	218,132	25 209,892
26 Total liabilities (describe in Schedule O)	1,206	26 1,318
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,926	27 208,574

**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 promote the interest 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, 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 ► 

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
Noble Guedon				
President	Hr/WK 5 00			
David Carter				
Vice President	Hr/WK 2 00			
Melanie Sojourner				
Sec/Treasurer	Hr/WK 2 00			
Fayla Guedon				
Womens Chair	Hr/WK 2 00			
Chester Hoover				
Director	Hr/WK 2 00			
Phil Lindsey				
Director	Hr/WK 2.00			
Dempsey White				
Director	Hr/WK 2 00			
David Nations				
Director	Hr/WK 2 00			
Boyd White				
Director	Hr/WK 2 00			
Sandra Sojourner				
Director	Hr/WK 2 00			
Charles Davidson				
Director	Hr/WK 2 00			
Barnett McKnight				
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.

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  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? 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 ► 4911 , section 4912 ► 4912 , section 4955 ► 4955   
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► MS

42 a The organization's books are in care of ► Barbara Butler  Telephone no ► (601) 445-4187  
 Located at ► 317 John R Junkin Dr  City Natchez  ST MS  ZIP + 4 ► 39120-3823

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  X  
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  
 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  
 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 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 <i>A. Noble Gordon</i>	Date <i>2/10/17</i>
	Type or print name and title <i>A. Noble Gordon</i>	

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 10/27/2016	Check <input type="checkbox"/> if self-employed 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

**2015**

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Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Name of the organization

Farm Bureau Federation Mississippi Adams County

Employer identification number

64-6025675

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 66,393

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Dues to State Organization, Grantee

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39211, Cash Grant 29,010

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 113,090

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes, Beginning of year 3,400, End of  
year 2,399

Form 990-EZ, Part II, Line 24, Other Assets, Utility Deposits, Beginning of year 456, End of  
year 456

Form 990-EZ, Part II, Line 24, Other Assets, Inventory, Beginning of year 1,000, End of year  
1,000

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Taxes Payable, Beginning of year 1,206,  
End of year 1,307

Form 990-EZ, Part II, Line 26, Liabilities, PIC, Beginning of year 0, End of year 11