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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>		11/1/2015	, and ending	10/31/2016
<b>B Check if applicable</b>		<b>C Name of organization</b>		
<input type="checkbox"/>	Address change	Farm Bureau Federation Mississippi Webster 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	1137 Veterans Memorial Blvd		
<input type="checkbox"/>	Final return/terminated	City or town	State	ZIP code
<input type="checkbox"/>	Amended return	Eupora	MS	39744-2013
<input type="checkbox"/>	Application pending	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>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<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 )	◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
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**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** ► \$ 122,068

### **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 51,752
	4 Investment income	4 251
	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 46
	b Less cost of goods sold	7b 50
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -4
	8 Other revenue (describe in Schedule O)	8 70,019
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 122,018
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 21,870
	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 97,533
	17 Total expenses. Add lines 10 through 16	17 119,403
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,615
	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)	19 185,342
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 2
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 187,959

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2015)

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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	58,772	22 67,683
23 Land and buildings	124,083	23 120,330
24 Other assets (describe in Schedule O)	2,805	24 815
25 Total assets	185,660	25 188,828
26 Total liabilities (describe in Schedule O)	318	26 869
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,342	27 187,959

**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

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
JEFFREY TABB PRESIDENT	Hr/WK 4 00			
TIM TINDALL V-PRESIDENT	Hr/WK 3 00			
SHERRY CROWLEY DIRECTOR	Hr/WK 4.00			
MICHAEL ADKINS DIRECTOR	Hr/WK 1 00			
JOSEPH P. PALMER DIRECTOR	Hr/WK 1 00			
JACKIE EARNEST DIRECTOR	Hr/WK 1.00			
DAVID HOOD DIRECTOR	Hr/WK 1.00			
DONNIE WOMACK DIRECTOR	Hr/WK 1.00			
STANLEY ROGERS DIRECTOR	Hr/WK 1.00			
PAUL CROWLEY DIRECTOR	Hr/WK 1.00			
WILLIAM TABB DIRECTOR	Hr/WK 1 00			
LANCE CROWLEY DIRECTOR	Hr/WK 1.00			

**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  Yes  No

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  Yes  No

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  Yes  No  
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  Yes  No  
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  Yes  No

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  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b  Yes  No  
b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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  Yes  No  
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No  
a Initiation fees and capital contributions included on line 9. 39b  Yes  No  
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 ► 40b  Yes  No, section 4912 ► 40c  Yes  No, section 4955 ► 40d  Yes  No  
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 40e  Yes  No  
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 40f  Yes  No  
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40g  Yes  No  
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 40h  Yes  No

41 List the states with which a copy of this return is filed ► MS

42 a The organization's books are in care of ► Trena Cox Telephone no ► (662) 258-7802  
Located at ► 1137 Veterans Memorial Blvd City Eupora ST MS ZIP + 4 ► 39744

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  Yes  No  
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  Yes  No

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  Yes  No  
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  Yes  No  
c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No  
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  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

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  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.

	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

	Yes	No
47	47	
48	48	
49 a	49a	
b	49b	
50		

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		Date
	Jeffrey R. Tabb		5-16-17
Type or print name and title		Jeffrey R. Tabb, President	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Joseph K Deese	Joseph K Deese	5/5/2017		P01975770
	Firm's name ► Mississippi Farm Bureau Federation			Firm's EIN ► 64-0303134	
Firm's address ► 6311 Ridgewood Rd, Jackson, MS 39211			Phone no	601-977-4305	

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**

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.

Department of the Treasury  
Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer identification number

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 70,019

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 21,870,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 97,533

Form 990-EZ, Part I, Line 20, Net Assets, Adjust for rounding difference through out the

years 2

Form 990-EZ, Part II, Line 24, Other Assets, Utility Deposits, Beginning of year 85, End of

year 85

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Taxes State, Beginning of year 360, End

of year 0

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Tax-Federal, Beginning of year 2,360,

End of year 730

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Tax, Beginning of year 211, End of year

869

Form 990-EZ, Part II, Line 26, Liabilities, PIC, Beginning of year 107, End of year 0