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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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning		11/1/2015		, and ending		10/31/2016	
B Check if applicable		C Name of organization				D Employer identification number	
<input type="checkbox"/>	Address change	Farm Bureau Federation Mississippi Webster County				64-0393224	
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)				Room/suite	
<input type="checkbox"/>	Initial return	1137 Veterans Memorial Blvd					
<input type="checkbox"/>	Final return/terminated	City or town		State	ZIP code		E Telephone number
<input type="checkbox"/>	Amended return	Eupora		MS	39744-2013		(662) 258-7802
<input type="checkbox"/>	Application pending	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.							
▶ \$ 122,068							

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒ X

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	51,752	19	185,342
4	Investment income	4	251	20	Other changes in net assets or fund balances (explain in Schedule O)
5a	Gross amount from sale of assets other than inventory	5a		20	2
b	Less cost or other basis and sales expenses	5b		21	Net assets or fund balances at end of year Combine lines 18 through 20
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	21	187,959
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		
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		
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.

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

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 <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
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 ☐

	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	
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	
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		
b Did the organization file Form 1120-POL for this year?		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?		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 40a , section 4912 40b , section 4955 40c		
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		
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 41 MS		
42 a The organization's books are in care of 42a Trena Cox Telephone no 42a (662) 258-7802 Located at 42a 1137 Veterans Memorial Blvd City Eupora ST MS ZIP + 4 42a 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		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 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

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 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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 Date 5-16-17
 Signature of officer Date
 Jeffrey R. Tabb, President

Paid Preparer Use Only

Pnnl/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)

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

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