

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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.

A For the 2016 calendar year, or tax year beginning 11/1/2016 , and ending 10/31/2017									
B Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 15%;"><input type="checkbox"/> Name change</td> <td style="width: 15%;"><input type="checkbox"/> Initial return</td> <td style="width: 15%;"><input type="checkbox"/> Final return/terminated</td> <td style="width: 15%;"><input type="checkbox"/> Amended return</td> <td style="width: 15%;"><input type="checkbox"/> Application pending</td> </tr> </table>		<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi George County Number and street (or P O box, if mail is not delivered to street address) P O Box 735 Room/suite _____ City or town Lucedale State MS ZIP code 39452-0735 Foreign country name 05 Foreign province/state/county Foreign postal code 05	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending				
D Employer identification number 64-0435067		E Telephone number (601) 947-2743							
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 ► \$ 144,366									

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 68,937
	4 Investment income	4
	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 520	
b Less cost of goods sold	7b 364	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 156	
8 Other revenue (describe in Schedule O)	8 74,909	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 144,002	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 25,895
	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)	16 117,139
	17 Total expenses. Add lines 10 through 16	17 143,034
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 968
	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)	19 154,200
20 Other changes in net assets or fund balances (explain in Schedule O)	20 3	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 155,171	

For Paperwork Reduction Act Notice, see the separate instructions.
HTA

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G7 14

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	121,010	22 124,522
23 Land and buildings	29,566	23 27,297
24 Other assets (describe in Schedule O)	3,813	24 4,600
25 Total assets	154,389	25 156,419
26 Total liabilities (describe in Schedule O)	189	26 1,248
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,200	27 155,171

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 ► 30a31 Other program services (describe in Schedule O) (Grants \$ If this amount includes foreign grants, check here ► 31a32 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
Clayton Lawrence, Jr Director	Hr/WK 1 00			
Mike Courtney 1st Vice President	Hr/WK 1 00			
Terry Estis 2nd Vice President	Hr/WK 1 00			
Ronald Smith Treasurer	Hr/WK 1 00			
Marshall Stevens Director	Hr/WK 1 00			
Linda Estis Director	Hr/WK 1 00			
Van Stringfellow Director	Hr/WK 1 00			
Charlie Howell Jr Director	Hr/WK 1 00			
Dallas Holley Director	Hr/WK 1 00			
Annie Ruth Thigpen Director	Hr/WK 1.00			
Kendall Stringfellow Director	Hr/WK 1.00			
Heath Steede 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 Yes No
 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) Yes No
 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)?
 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 Yes No
 35a X
 35b X
 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 Yes No
 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No
 b Did the organization file Form 1120-POL for this year? Yes No
 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?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 38a X

39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
 39a
 b Gross receipts, included on line 9, for public use of club facilities Yes No
 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 ► _____ 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. Yes No
 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 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 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 Yes No
 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 ► Charlotte Yonge Telephone no ► (601) 947-2743
 Located at ► 127 Glen Oaks City Lucedale ST MS ZIP + 4 ► 39452

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 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 United States? If "Yes," enter the name of the foreign country ► _____

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 Yes No

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 Yes No
 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 Yes No
 44b X

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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
 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) Yes No
 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)(ii)? If "Yes," complete Schedule E

48	
49a	

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

49b	
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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"

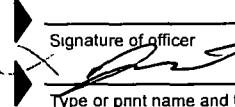
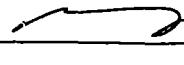
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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 Type or print name and title		Date
			President
			1-4-18

Paid Preparer Use Only	Preparer's name Joseph K Deese	Preparer's signature Joseph K Deese	Date 11/27/2017	Check <input type="checkbox"/> if self-employed	PTIN 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.

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi George County

Employer identification number

64-0435067

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 74,909

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

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39211, Cash Grant 25,895

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 117,139

Form 990-EZ, Part I, Line 20, Net Assets Rounding difference through out the years 3

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 3,813, End

of year 4,600

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 189, End of

year 1,248