

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public
Inspection

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.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

1810

A For the 2017 calendar year, or tax year beginning		11/1/2017	, and ending	10/31/2018
B Check if applicable		C Name of organization		
<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)		Room/suite
<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
				05

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► N/A			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527K 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 ► \$ 119,149

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

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 49,253
4 Investment income	4 351
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 15
b Less cost of goods sold	7b 50
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -35
8 Other revenue (describe in Schedule O)	8 69,530
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 119,099
10 Grants and similar amounts paid (list in Schedule O)	10 21,721
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 95,502
17 Total expenses. Add lines 10 through 16	17 117,223
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,876
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)	19 184,969
20 Other changes in net assets or fund balances (explain in Schedule O)	20 -1
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 186,844

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2017)

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SCANNED MAR 29 2019

Revenue

Expenses

Net Assets

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	66,053	22 71,177
23 Land and buildings	116,575	23 112,821
24 Other assets (describe in Schedule O)	3,285	24 4,165
25 Total assets	185,913	25 188,163
26 Total liabilities (describe in Schedule O)	944	26 1,319
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,969	27 186,844

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	<input type="checkbox"/>	28a
29	<input type="checkbox"/>	29a
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
30	<input type="checkbox"/>	30a
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
31 Other program services (describe in Schedule O)	<input type="checkbox"/>	31a
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
32 Total program service expenses. (add lines 28a through 31a)	► <input type="checkbox"/>	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	Hr/WK 3 00	-	-	
V-PRESIDENT	Hr/WK 4 00	-	-	
SHERRY CROWLEY DIRECTOR	Hr/WK 1 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	Hr/WK 1 00	-	-	
TREASURER	Hr/WK 1 00	-	-	
DONNIE WOMACK DIRECTOR	Hr/WK 1 00	-	-	
STANLEY ROGERS DIRECTOR	Hr/WK 1 00	-	-	
PAUL CROWLEY V-PRESIDENT	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	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	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	X
39 Section 501(c)(7) organizations Enter	39b	X
a Initiation fees and capital contributions included on line 9	40a	X
b Gross receipts, included on line 9, for public use of club facilities	40b	X
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 ► _____	40c	X
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	40d	X
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	40e	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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	42b	X
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)	42c	X
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 ► <input type="checkbox"/> 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	X
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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
49a	
49b	

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► <i>Jeffrey R. Tabb</i>	Date <i>8-5-19</i>
	Signature of officer <i>Jeffrey R. Tabb, President</i>	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Joseph K Deese	Preparer's signature Joseph K Deese	Date 12/3/2018	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

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Federation Mississippi Webster County

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

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Employer identification number

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue, Schedule I 69,530

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

Mississippi Farm Bureau Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 21,721,

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule II 95,502

Form 990-EZ, Part I, Line 20, Net Assets, rounding from prior year -1

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 0, End of

year 1,000

Form 990-EZ, Part II, Line 24, Other Assets, Prepaid Tax-Federal, Beginning of year 3,200,

End of year 3,080

Form 990-EZ, Part II, Line 26, Liabilities, Payroll Tax, Beginning of year 944, End of year

1,319