

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

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

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| | | | | |
|---|--|---|--|---|
| 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 Jeff Davis County Farm Bureau | | |
| <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 | | P O Box 640 | | |
| <input type="checkbox"/> Final return/terminated | | City or town | State | ZIP code |
| <input type="checkbox"/> Amended return | | Prentiss | MS | 39474-0640 |
| <input type="checkbox"/> Application pending | | Foreign country name | Foreign province/state/county | Foreign postal code |
| 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) — | | <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 ► \$ 135,162 | | | | |

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 | 60,488 |
| 4 | Investment income | 4 | 499 |
| 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 | | |
| - <i>See Part II, column (B) for more information (attach Schedule O if greater than \$500,000)</i> | | | |

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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 | 192,768 | 22 185,290 |
| 23 | Land and buildings | 89,819 | 23 90,546 |
| 24 | Other assets (describe in Schedule O) | 3,834 | 24 3,807 |
| 25 | Total assets | 286,421 | 25 279,643 |
| 26 | Total liabilities (describe in Schedule O) | 1,135 | 26 846 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 285,286 | 27 278,797 |

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 | ► <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 |
|-----------------------------|--|--|---|--|
| Reggie Magee Director | Hr/WK 5 00 | | | |
| Leon Speights Vice Pres | Hr/WK 2 00 | | | |
| Sue Ann Hubbard Director | Hr/WK 2 00 | | | |
| Lyle Hubbard President | Hr/WK 2 00 | | | |
| Danny Sinclair Director | Hr/WK 2 00 | | | |
| Jerry Wilson Director | Hr/WK 2 00 | | | |
| Larry Rogers Director | Hr/WK 2 00 | | | |
| Kurt Green Director | Hr/WK 2 00 | | | |
| Charles Loftin Director | Hr/WK 2 00 | | | |
| William Garner Director | Hr/WK 2 00 | | | |
| Ricky Barrett Director | Hr/WK 2 00 | | | |
| Sam Hathorn Director | Hr/WK 2 00 | | | |

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"

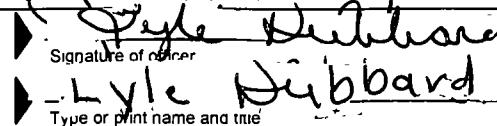
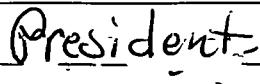
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name None Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP |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

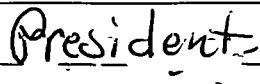
d Total number of other independent contractors each receiving over \$100,000 ► _____

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  Date  1-16-19

Paid Preparer Use Only  Preparer's signature  Date 12/26/2018 Check if self-employed PTIN P01975770

Print/Type preparer's name

Joseph K Deese

Preparer's signature

Joseph K Deese

Date

12/26/2018

Check

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

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 |

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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Farm Bureau Federation Mississippi Jeff Davis County Farm Bureau

Employer identification number

64-6025330

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 74,175

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 25,488

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 115,957

Form 990-EZ, Part I, Line 20, Net Assets Rounding Differences through the years -1

Form 990-EZ, Part II, Line 24, Other Assets Prepaid taxes Beginning of year 3,630, End of

year 3,603

Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 204, End of year

204

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 1,135, End of

year 846