Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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. **Open to Public**

		nue Service	► Go to www.ir	s.gov/Form990	for instruction	ons and t	the latest	informa	ation.	110	<u>'</u>	Inspection	n
Α	For th	e 2018 ca	lendar year, or tax year begir	nning	11/1/2018	3	, and e	nding	·	10/31/	2019		
В	Check if	applicable	C Name of organization Farr	n Bureau Fedei	ration Mississip	pı Washı	ngton Cou	nty	D Empl	oyer id	entification	n number	
	Address	change	Doing business as	_	-								
$\overline{}$			Number and street (or P O box i	f mail is not delive	red to street addr	ess) Ro	oom/suite		64-0342	2090			
ᆜ	Name ch	nange	P O Box 4506						E Telep	hone nu	ımber		
	Initial ret	turn	City or town		State	ZI	P code		(662) 68	86_705	5		
\Box	Final estua	n/terminated	Greenville		MS	38	3704-450	6	(002) 00	0-130			
님	r illai retuii	memmateu	Foreign country name	Foreign provin	ce/state/county	Fo	reign postal	code					
Ш	Amende	d return							G Gross	receipt	s \$	24	<u>46,189</u>
	Applicate	on pending	F Name and address of principal of	fficer				H(a) is th	ns a group re	eturn for s	subordinates?	₂ Tyes	X No
		g	Joe Nash P O Box 4506, Gr	reenville MS	38704		/		e all subord			Yes	= No
_							二字				see instruct		
		npt status	501(c)(3) X 501(c) (5) ◀ (inse	rt no) 494	7(a)(1) or	527	"	ivo, attaci	i a iist (see maduci	donsy	
J	<u>Website</u>	e: ► N/A	<u></u>			<u></u>	<u> </u>	H(c) Gr	оир ехетр	ton nun	nber ► 14	473	
K	Form of o	organization	X Corporation Trust	Association	Other ▶		L Yea	r of form	ation 19	54	M State of	f legal domicile	MS
	art I	Sun	mmary			 				<u> </u>			
•	1		escribe the organization's mi	esion or most	significant ac	tilutios	Tou	nite thr	ough our	memi	bership ti	hose	
ė	1 '		or groups of people with a co							HIGHL	reiginb ti	1036	
ä					in developing	Janu IIII	proving ti	e econ	OITIIC,				
Ę			nd educational interest of the	- 							- 		
Governance	2		nis box ▶ if the organiz		•		disposed	of more	e than 25	1	_ 1	sets	
(U	3		of voting members of the go		•			•		_ _	3		19
S	4		of independent voting memb								4		19
Activities &	5		mber of individuals employed		ear 2018 (Pa	rt V, line	2a)		•		5		4
뜑	6		mber of volunteers (estimate								6	<u> </u>	25
Æ	7a		related business revenue fro				٠				'a		0
	b	Net unre	elated business taxable incon	ne from Form	990-T, line 38	l				7	b		0
					MAN	7_ (Prior Yea		\bot	Current Year	
æ	8		itions and grants (Part VIII, lii		() () () () () ()	\mathcal{D}	()			60,2	54		60,096
Revenue	9	_	i service revenue (Part VIII, I	•	.0.20		\sim				0		0
چ	10									60		60	
u.	11						166,077			18	<u>82,671</u>		
	12		<u>enue—add lines 8 through 11 (</u>				(2)			<u> 226,3</u>		24	<u>42,827</u>
	13	Grants a	and similar amounts paid (Pa	rt IX, column (A), lines 1–3)					16,4	04	1	12,560
	14		paid to or for members (Parl								0		0
es S	15	Salaries,	other compensation, employee	e benefits (Part	IX, column (A)	, lines 5-	-10) .			109,6	42	10	04 <u>,466</u>
ŝ	16a	Profession	onal fundraising fees (Part IX	(, column (A),	line 11e)						0		0
Expenses	b	Total fun	ndraising expenses (Part IX,	column (D), Iır	ne 25) 🕨		0						
Ü	17		penses (Part IX, column (A),							114,4	37		13,01 <u>8</u>
	18	Total exp	penses. Add lines 13–17 (mu	st equal Part	IX, column (A), line 25	i) .		_	240,4	83	23	30,044
	19	Revenue	e less expenses Subtract line	e 18 from line	<u> 12 </u>	<u> </u>				-14,0	3 2	1	12,783
٥٠								Beginn	ing of Cur	rent Ye	ar	End of Year	
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)						_	430,7	10	44	43,977
t As	21	Total liab	oilities (Part X, line 26)	•					_	2,50)2		2,986
2	22	Net asse	ets or fund balances Subtrac	t line 21 from	line 20					428,2	38	44	40,991
Pa	art II	Sig	nature Block										
		ies of perjury	, I declare that I have examined this i	return, including ad	companying sch	dules and	statements,	and to th	e best of m	y knowl	edge		
and	belief, it i	s true, correc	ct, and complete Declaration of prepare	arer (other than of	ficer) is based on	all informat	tion of which	preparer	has any kr	nowledg	<u>e</u>		
Sig	1n		Summy Looking	rle						<u> </u>	/20		
He		- " (Ignature of officer	1 2					Da	te '	<i>'</i>		
ПС	i e		Jimmy Doolitt	LE PAR	s.								
			Type or print name and title	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				_					
		Print	Type preparer's name	Prepa	rer's signature		_	Date	;			PTIN	
Pa	id	1.	only IV December	١.	. L. K. D.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4/0000	Chec		D04675775	•
	parer	Jose	eph K Deese		oh K Deese			2/1	1/2020		employed	P01975770	
	e Only		s name ► Mississippi Farm	Bureau Feder	ation				Firm's EIN	▶ 64	-030313	<u>الإزسيا</u>	/
	•		s address ► 6311 Ridgewood	Rd, Jackson.	MS 39211			1	Phone no	(6	01) 977-4	4305	

May the IRS discuss this return with the preparer shown above? (see instructions) .

X Yes

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64-0342090

d!	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			-
_	complete Schedule A	1		Х
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		Х
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		1
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	X	
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	ļ.,		
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Ĥ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		V
22	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
20	Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1	- 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		· •
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		Х
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	l	Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		~
Πa	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	一	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IV, column (A), line 12 if "Vas." complete Schedule I. Parts I and II.	1 24	v	

Par	t IV Checklist of Required Schedules (continued)	2000		age
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ł
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			V
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? .	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	Щ.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1		[
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			ļ
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>	<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa.		├ ^
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.			-
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
	Section 501(c)(7) organizations. Enter	30		├^-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		ľ
	Section 501(c)(12) organizations. Enter			ĺ
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them)			l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			``
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		J	n.
	Enter the amount of reserves on hand	 		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or]	
	excess parachute payment(s) during the year	15		_X
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.	16		X
	If "Yes," complete Form 4720, Schedule O			

Part VI

Coat	ion A. Governing Body and Management				<u> </u>	
Seci	ion A. Governing Body and Management			Τ,	es	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
ıa	If there are material differences in voting rights among members of the governing body, or	Tu	<u> </u>			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
L	• •	1b	10		ł	
b	Enter the number of voting members included in line 1a, above, who are independent .		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	stilb with			X	
_	any other officer, director, trustee, or key employee?		<u> </u>	2	^ 	
3	Did the organization delegate control over management duties customarily performed by or under				ł	v
_	supervision of officers, directors, or trustees, or key employees to a management company or othe			3 -	+	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			-	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets7	<u> </u>	-		X
6	Did the organization have members or stockholders?		<u> _</u> 6	<u> </u>	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			1	
	one or more members of the governing body?		7	a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1			1	
	stockholders, or persons other than the governing body?		7	b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following		Į.			
а	The governing body?		8	a i	X	
b	Each committee with authority to act on behalf of the governing body? .		8	b .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			I	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		;	<u> </u>		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenu	e Cod	le)		
	•				es	No
10a	Did the organization have local chapters, branches, or affiliates?		10)a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			ł	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	1	la .	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1:	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts	? 12	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	describe in Schedule O how this was done		1:	2c .	хl	
13	Did the organization have a written whistleblower policy?			_	x	
14	Did the organization have a written document retention and destruction policy?		_		X	
15	Did the process for determining compensation of the following persons include a review and appro	val by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			Ш		
а	The organization's CEO, Executive Director, or top management official.		1:	ā		X
b	Other officers or key employees of the organization		1	-		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ement	Ì			
	with a taxable entity during the year?		10	Sa		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	iate its				
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safe			Ш		
	the organization's exempt status with respect to such arrangements?	900.0	16	Sh =	·	
Sect	ion C. Disclosure	•		<u>,~1</u>		
17	List the states with which a copy of this Form 990 is required to be filed MS					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section	n 501	(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		J., OU I	(-)		
		piy. Iplain in Schedule	Ο١			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	•	and		
13	financial statements available to the public during the tax year	commer of filterest	policy,	anu		
20	State the name, address, and telephone number of the person who possesses the organization's be	nooks and records		•		
20	T 6	(000) 000 70		-		
	209 Broad Street, Leland, MS 38704	(002) 000-78				
	203 Bload Gileet, Leiand, MO 30704					

	Form 990 (2018)	•	Farm Bureau Federation Mississippi Washington County	
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U-1-U	742	UJ	u

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	Pos neck ss pe d a d	rson Irect	e than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Blake New	2.00									
Director	0 00	X					L			
(2) Jimmy Doolittle	4 00									
President	0 00	X		X						
(3) Howard New	2 00		1							
Director	0 00	X					L			
(4) Mark Looney	2 00									
Director	0 00	Х	L		_					
(5) Thomas Nelson Jr	2 00									
Director	0 00	X	<u> </u>		_	L	<u> </u>			
(6) Hartwell Huddleston III	2 00									
Director	0.00	X			<u> </u>					
(7) Tim Clements	2 00	ĺ							' i	
Director	0 00	X					<u></u>			
(8) Darrell Livingston	2.00									
Director	0 00	Х					L			
(9) Jan Deregt	2 00							:		
Director	0.00	X			<u> </u>		<u> </u>			·
(10) Lee Frankel	2.00]				
Director	0.00	Х					L_			
(11) Leo Williams III	2.00									
Director	0 00	Χ			<u> </u>					·
(12) Marvin Cochran	2 00									
Director	0 00	Х								
(13) Matt Weissinger	2.00									
Director	0.00	Χ	Ш						·,	
(14) Carter Murrell	2.00									
Director	0 00	Χ								

Pa	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	nployees (conti	nued)	lu .	
							C) sition					ļ		
		(A)	(B)	١,		neck	more	e than		(D)	(E)		(F)	
		Name and title	Average hours per				irect	ıs botl or/trus	tee)	Reportable compensation	Reportable compensation	1	stimated nount of	
			week (list any	_	1		<u>~</u>	g Ę	7	from	from related		other	
			hours for related	die die	att.	Officer	y en	nploy mes	Former	the organization	organizations (W-2/1099-MISC)		pensation om the	
			organizations below dotted	[호 =	lona		둳	e g		(W-2/1099-MISC)			anızatıon d related	
			line)	Individual trustee or director	Institutional trustee		/ee	l pen		i			anizations	
				Ф	ee			Highest compensated employee						
					ļ		ļ	_ <u> </u>				-		_
		<u> </u>	2 00	i										
Direc		rankel			-		├─		\vdash			\vdash		-
Direc		Tarret	0.00		1		1							
		eet	+	•										_
Direc	tor		0.00		ļ	Ĺ								
		Middleton II	2 00	1		l								
_	President		0 00		-	<u>X</u>	-		<u> </u>			ļ		_
		1	2 00	1		x								
Direc				-	├	┝	-					 		-
757			 											
(21)												1		
				<u> </u>	<u> </u>			ļ						_
(22)]			
(00)					-		-		-	1	: 	├		_
(23)			 											
(24)					<u> </u>							+		-
76777			1											
(25)														
				<u> </u>	<u> </u>	<u></u>	L	L	Ļ_	_				_
1b c	Sub-tota	I m continuation sheets to Part VII, S	ootion A	٠						0		+		0 0
ď		Id lines 1b and 1c)	ection A .	•		•		•	•	0		+		0
2		nber of individuals (including but not li	mited to those lis	sted a	bov	e) v	vho	rece	ived	<u> </u>	<u> </u>	1		=
		e compensation from the organization				<u>o</u>								
													Yes No	<u>,</u>
3		rganization list any former officer, dire		-		loye	e, c	or hig	hes	t compensated				
		e on line 1a? If "Yes," complete Sched					•	•			•	3	X	=
4		ndividual listed on line 1a, is the sum											1	
	ine organ	nization and related organizations grea	ater than \$150,00	וו י טע	ΥE	?S, "	con	пріец	9 50	ineaule J for suc	п	4	X	
E				 	· 			امیدا		anization or indu	ndual			ī
5		person listed on line 1a receive or accites rendered to the organization? If "Y	•			-			_		Muuai	5	X	•
Sect		dependent Contractors	00, 00mpioto 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	,,, po.		<u>'</u>	•			-
1	Complete	this table for your five highest compe	ensated independ	dent o	cont	ract	tors	that	rece	eived more than	\$100,000 of			
	compens	ation from the organization Report co	empensation for t	the ca	alen	dar	yea	r end	lıng	with or within the	e organization's	tax		
	year								1					_
		(A) Name and business add	ress							(B) Description of ser	vices	(C) Compen		
		Tame and susmess and							+					0
												-		0
														0
												•		0
	T-4-1		alaman harakarak barak	ا ام	<u></u>		4 -	-اياس	<u> </u>					0
2		nber of independent contractors (inclunts) n \$100,000 of compensation from the	-		ı ıno	ક્ષ્ય I	iste	u abo N	ve)	wno received				

	t VIII	Statement of Revenue	SIPPI TYUS	igtori County			64-034	2090 Page \$
		Check if Schedule O contains a res	sponse or	note to any line in	this Part VIII .			·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
23 %	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Siml ar Amounts	Ь	Membership dues .	. 1 <u>b</u>		. 1			1
S, G	С	Fundraising events	. <u>1c</u>	+	· .			
G. F.	d	Related organizations	├		,	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
έ. E	С	Government grants (contributions)	1e	e U				
utto	f	All other contributions, gifts, grants, ar		i i				1
5 5		similar amounts not included above	1f		,			1
a jo	ÿ	Noncash contributions included in lines 1	a–1f [.] \$	J				
	h	Total. Add lines 1a-1f .		Business Code	60,096			
Program Service Revenue				Business Code	0			
eve	2a				0		 	
e E	b				0			
Ž	d		·	 	0			
Š	e				0			
gran	f	All other program service revenue			0			
P.		Total. Add lines 2a–2f	•	•	0			
	3	Investment income (including dividend	s. interest	. and				
	-	other similar amounts) .	-,	, >	60			
	4	Income from investment of tax-exempt	bond pro	ceeds ►	0			
	5	Royalties		. ▶	0			
			(ı) Real	(ii) Personal				
	6a	Gross rents .	68,103	3	ł	:		
	b	Less rental expenses						
	С	Rental income or (loss)	68,103	3 0				_
	d	Net rental income or (loss)	_	•	68,103			
	7a	Cross arrivaria nomi balco di	Secunties	(II) Other	į			
		assets other than inventory		0				
	b	Less cost or other basis						
		and sales expenses			İ			
	C	Gain or (loss)		0				_
	d	Net gain or (loss)			0			
ø	ا م	Construction of the section of the section of		[Í			[
Other Revenue	8a	Gross income from fundraising	0		1			
eve		events (not including \$ of contributions reported on line 1c)						1
2		See Part IV, line 18	а	ا	}			1
he	b	Less direct expenses				İ		ı
ō	c	Net income or (loss) from fundraising e		I	0	1		
		Gross income from gaming activities						
		See Part IV, line 19	. a	ol		}		ł
	ປ	Less. direct expenses .	b					
	С	Net income or (loss) from gaming activ			0		· 	
		Gross sales of inventory, less						
		returns and allowances	а	3,556		ľ		
	b	Less: cost of goods sold	h					<u>. </u>
		Net income or (loss) from sales of inve	ntory		194			
		Miscellaneous Revenue		Business Code				
	11a	Southern Farm Bureau Life Ins Co		524113	21,072			
	b	Mississippi Farm Bureau Casualty Ins		524126	73,445			
	С	Blue Cross Blue Shield		524114	19,307			ļ
1	d	All other revenue .			550			<u> </u>

e Total. Add lines 11a-11d

Total revenue. See instructions.

114,374 242,827

following SOP 98-2 (ASC 958-720)

	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			complete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	irt IX .	· · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	12,560			
2	Grants and other assistance to domestic				
	ındıviduals See Part IV, line 22	0			
3	Grants and other assistance to foreign			l	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 .	0			· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	00.783			
7	Other salaries and wages	96,782			
8	Pension plan accruals and contributions (include	l ol			
9	section 401(k) and 403(b) employer contributions). Other employee benefits	0			
10	Other employee benefits	7,684			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
11	Fees for services (non-employees)	7,004	· · · · · · · · · · · · · · · · · · ·	 	
a	Management	l ol		1	
b	Legal	0			
c	Accounting	ol			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	o o			
f	Investment management fees .	o			
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	ol		0	
12	Advertising and promotion	0			
13	Office expenses	13,963			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	41,409			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,451		 	
20	Interest	0			·
21	Payments to affiliates	24,067	0	0	
22 23	Depreciation, depletion, and amortization Insurance	24,007		1	
24	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	ľ	•		
а	Income Tax - State	316			·
b	Agricultural activities	8,812	************************************		
C	Scholarships	10,000			······································
d		0		1	.,
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	230,044	0	0	(
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► I if]	

Part X Balance Sheet

		Check if Schedule O contains a response or	note t	o any line in this Part X			. ,
	·				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			126,845	1	69,850
	2	Savings and temporary cash investments		[0	2	75,000
	3	Pledges and grants receivable, net		[0	3	0
	4	Accounts receivable, net		[0	4	0
	5	Loans and other receivables from current and for	ormer	officers, directors,			
		trustees, key employees, and highest compens	ated e	mployees			
		Complete Part II of Schedule L .			0	5	
	6	Loans and other receivables from other disqualified personal	ons (as	defined under section	•		
	ĺ	4958(f)(1)), persons described in section 4958(c)(3)(B), a	and conf	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mploye	es' beneficiary			
sts		organizations (see instructions) Complete Part II of Sche	edule L.		0	6	
Assets	7	Notes and loans receivable, net .			0	7_	0
4	8	Inventories for sale or use .		, .	0	8	
	9	Prepaid expenses and deferred charges		[1,980	9	574
	10a	Land, buildings, and equipment cost or		[
]	other basis Complete Part VI of Schedule D	10a	935,668			
	b	Less accumulated depreciation .	10b	638,894	300,106	10c	296,774
	11	Investments—publicly traded securities		. [0	11	0
	12	Investments-other securities See Part IV, line	11.	[0	12	0
	13	Investments-program-related. See Part IV, line	e 11	[0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11	1,779	15	1,779		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	430,710	16	443,977
	17	Accounts payable and accrued expenses .			· 2,502	17	2,986
	18	Grants payable		[0	18	
	19	Deferred revenue .		[0.	19	
	20	Tax-exempt bond liabilities .	0	20			
	21	Escrow or custodial account liability. Complete	of Schedule D .	0	21_		
es.	22	Loans and other payables to current and former	rs, directors,				
Liabilities]	trustees, key employees, highest compensated	emplo	yees, and			<u> </u> _
abi		disqualified persons. Complete Part II of Schedi	ule L		0	22	
Ξ	23	Secured mortgages and notes payable to unrela	ated th	ırd parties .	0	23	Ō
	24	Unsecured notes and loans payable to unrelate	d third	parties	0	24	0
	25	Other liabilities (including federal income tax, pa	yables	s to related third			
		parties, and other liabilities not included on lines	17–2	4) Complete Part X			
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			2,502	26	2,986
		Organizațions that follow SFAS 117 (ASC 958	3). chc	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar					
n n	27	Unrestricted net assets		ļ -	428,208	27	440,991
als	28	Temporarily restricted net assets .	•		0	28	110,001
8	29	Permanently restricted net assets	•		0	29	
Ĕ	23	•					
r F		Organizations that do not follow SFAS 117 (ASC958),	check	here 🕨 🔛 and	ļ		
Net Assets or Fund Balances		complete lines 30 through 34.		_			
set	30	Capital stock or trust principal, or current funds			0	30	
Asi	31	Paid-in or capital surplus, or land, building, or ed			0	31	
et	32	Retained earnings, endowment, accumulated in	come,	or other funds	0	32	
Z	33	Total net assets or fund balances			428,208	33	440,991
	34	Total liabilities and net assets/fund balances		<u> </u>	430,710	34	443,977

romis	190 (2018) Farm Bureau Federation Mississippi Washington County	0.	1-0342030	Pag	<u> </u>
Part	XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		242	,827
2	Total expenses (must equal Part IX, column (A), line 25)	2		230	,044
3	Revenue less expenses Subtract line 2 from line 1.	3		12	,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		428	,208
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		440	<u>,991</u>
Part	XII Financial Statements and Reporting			г	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. [</u>	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ľ	l.	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			ŀ	
	reviewed on a separate basis, consolidated basis, or both		ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? .		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ļ.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
-	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b]	
			Form	990 (2018)

SCHEDULE*C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Farr	n Bureau Federation Miss	issippi Washington County			64-0342090
		the organization is exempt und	der section 501	(c) or is a section 52	7 organization.
1		the organization's direct and indirect p			
	definition of "political can				
2	·	y expenditures (see instructions)			\$
_3		cal campaign activities (see instruction		<u> </u>	
Pa		the organization is exempt und			
1	•	excise tax incurred by the organization		955	\$
2	-	excise tax incurred by organization m	_	ction 4955	\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	?	Yes No
4a	Was a correction made?				Yes No
_ b	If "Yes," describe in Part				
Pa		the organization is exempt und			01(c)(3).
1	Enter the amount directly	expended by the filing organization t	for section 527 exe	•	
	activities		•		\$
2		filing organization's funds contributed	to other organizat		
	527 exempt function activ			•	\$
3	•	penditures Add lines 1 and 2. Enter h	nere and on Form	1120-POL,	_
	line 17b				\$0
4		n file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb ents. For each organization listed, en			
		ents. For each organization listed, emontributions received that were prompt			
		d fund or a political action committee			
		1	l	T	·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
				-	none, enter -0-
	····				
(1)				}	
(2)					
(3)					1
(4)		ļ			
					
(5)		}			
				_	
(6)					

P	art II-A Complete if the organizat	ion is exempt	under section 5	01(c)(3) and filed	Form 5768 (ele	ction
_	under section 501(h)).	ion is exempt		5 1(0)(0) und mot		J. J. J. J. J. J. J. J. J. J. J. J. J. J
Λ	Check ▶ If the filing organization	helongs to an a	affiliated group (a)	nd list in Part IV e	each affiliated gro	un memher's
^	name, address, EIN, ex	-				ap
В	Check ► if the filing organization					
_			 -	TOT PROTICIONS OF		
	Limits on Lo "The term "expenditures"	bbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
4 -	Total lobbying expenditures to influence p					0
1a	Total lobbying expenditures to influence a			•		0
b	Total lobbying expenditures (add lines 1a		(direct lobbying)		0	0
c d	Other exempt purpose expenditures .	and 10)			Ü	0
e	Total exempt purpose expenditures (add	lines 1c and 1d)		•	0	0
f	Lobbying nontaxable amount Enter the a			h		
•	columns			•	0	0
	If the amount on line 1e, column (a) or (b) i	s: The lobbyin	g nontaxable amou	nt is:		
	Not over \$500,000		mount on line 1e.		•	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	is 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				<u> </u>
g	Grassroots nontaxable amount (enter 259				0	0
h	Subtract line 1g from line 1a. If zero or les		•	•	0	0
i	Subtract line 1f from line 1c If zero or les		•		0	0
j	If there is an amount other than zero on e				0 reporting	п., п.,
	section 4911 tax for this year?				· · ·	Yes No
			Period Under Sec			
	(Some organizations that made a				of the five columns	below.
	See	the separate ins	tructions for lines	2a through 2f.)		
	Lohb	ving Expenditure	es During 4-Year A	veraging Period		
		ying Expenditure	23 During 4-1 car A	veraging remod		
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount	0	0	o	0	0
b	Lobbying ceiling amount	J				
	(150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	o	0	o
			o	0		0
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	,				0
_						<u> </u>
f	Grassroots lobbying expenditures	•	_	۱ .	م ا	n

Schedule C (Form 990 or 990-EZ) 2018

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	В	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	1)		(b)	
	ription of the lobbying activity	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .					
i	Other activities?					
j	Total Add lines 1c through 1:	i				(
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912 .					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<u> </u>	
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year			3	<u>L</u>	X
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes.") Par			3, is
1	Dues, assessments and similar amounts from members	.	1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ļ				
а	Current year	ļ	2a			
b	Carryover from last year	Ļ	2b			
С	Total	ļ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	_3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ļ				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	į.				
_	lobbying and political expenditure next year?	- 1	4			
5	Taxable amount of lobbying and political expenditures (see instructions) .		5			
Part		-1\ 5				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group li e instructions), and Part II-B, line 1. Also, complete this part for any additional information	st), P	art II-	A, lines	1 and	1
			- -			
					-	
						
	·				- -	
					-	

Farm	n Bureau Federation Mississippi Washington County	64-0342090 *
Schedule C (F	orm 990 or 990-EZ) 2018	"Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name (of the organization		Employer identification number
Farm	Bureau Federation Mississippi Washington Co	punty	64-0342090
Part	Organizations Maintaining Donor	Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answer		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		-
5	Did the organization inform all donors and dor	oor advisors in writing that the assets he	old in donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono	-	
•	only for charitable purposes and not for the be	-	
	conferring impermissible private benefit?	cheff of the donor of donor davisor, or to	Yes No
David			[163 [140
Fart	Conservation Easements.		. 7
	Complete if the organization answer		
1	Purpose(s) of conservation easements held by	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , r	ecreation or education) Preserva	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribu	ution in the form of a conservation
-	easement on the last day of the tax year	on note a qualified control random control	Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation ease	ments	2b
	Number of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification easement easements on a certification easement easement easements on a certification easement e		2c
	Number of conservation easements included i	, ,	
_	historic structure listed in the National Registe		. 2d
3	Number of conservation easements modified,		erminated by the organization during
	the tax year		, 3
	Number of states where property subject to co	onservation easement is located	>
5	Does the organization have a written policy re		ion, handling of
	violations, and enforcement of the conservation		Yes No
	Staff and volunteer hours devoted to monitoring, in		ing conservation easements during the year
	>		. J ,
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$	3	, , , , , , , , , , , , , , , , , , ,
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?.		` . ` . ` T Yes \ \ No
	In Part XIII, describe how the organization rep	orts conservation easements in its rever	nue and expense statement, and
	balance sheet, and include, if applicable, the to		
	organization's accounting for conservation eas		
	Organizations Maintaining Collect		, or Other Similar Assets.
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIII, the text of	•	
	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	· · · · · · · · · · · · · · · · · · ·	
	public service, provide the following amounts r	•	
	(i) Revenue included on Form 990, Part VIII, I	_	▶ ¢
	(ii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Fait X If the organization received or held works of ar		
	following amounts required to be reported und		- · · · · · · · · · · · · · · · · · · ·
	- · · · · · · · · · · · · · · · · · · ·	•	
	Revenue included on Form 990, Part VIII, line	1.	
n			

Sciled	rate D (Louis 330) 5010	ureau Federatioi	n iviississippi vv	rasningtor	i County			04-034	2090		Page 🚄
Part	Organizations Mai	ntaining Colle	ections of Ar	t, Histor	rical Tre	asures, or (Other :	Similar Asset	s (conti	nued)	
3	Using the organization's ac										
	collection items (check all t	•	,	·	•		-	_			
а	Public exhibition			d \square	Loan or	exchange pro	ograms				
b	Scholarly research			e 🗀	Other		_				
c	Preservation for future	generations		- Ш							
4	Provide a description of the	-	collections and	explain h	ow they fu	rther the orga	anızatıoı	n's exempt purp	ose in Pa	art	
_	XIII.				4 1	1.4					
5	During the year, did the orgassets to be sold to raise fu								Y	es 🔲	No
Part	Complete if the orga 990, Part X, line 21.	anızation answ	ments. /ered "Yes" or	n Form 9	990, Part	IV, line 9, o	r repoi	ted an amour	it on Fo	rm	
1a	Is the organization an agen included on Form 990, Part	t, trustee, custo	dian or other in	termediar	y for contr	ributions or ot	her ass	ets not	Y	es 🔲	No
þ	If "Yes," explain the arrange	ement in Part XI	II and complete	the follow	wing table						
									Amount		
С	Beginning balance .	•					1c				0
d	Additions during the year		•			•	1d				
е	Distributions during the year	ır	•				1e				
f	Ending balance .			•	•		1f	1			0
2a	Did the organization include	e an amount on	Form 990, Part	X, line 21	1, for escr	ow or custodi	al accou	int liability?	Y	es 🛛	No
b	If "Yes," explain the arrange	ement in Part XI	II Check here i	f the expl	anation ha	as been provi	ded on	Part XIII .		. \square	
Part				-							
	Complete if the orga		vered "Yes" o	n Form 9	90. Part	IV. line 10.					
	opioto :: uio oigo		a) Current year	(b) Pro		(c) Two years	back	(d) Three years bac	k (e) F	our years	back
1a	Beginning of year balance		0		0		0	,,,	ol	<u>-</u> -	0
b	Contributions		<u>.</u>								
c	Net investment earnings, g	ains									
Ŭ	and losses .	unio,									
d	Grants or scholarships								\top		
e	Other expenditures for facil	ities							1		
•	and programs										
f	Administrative expenses								+		
'	End of year balance	·	0		0		0		0		
g 2	Provide the estimated perc	entage of the cu		halance (lumn (a)) heli			<u> </u>		<u> </u>
a	Board designated or quasi-	-	► •	%		dinin (d)) non	3 40				
b	Permanent endowment	► ►	%								
C	Temporarily restricted endo	wment •	<u>/</u>								
C	The percentages on lines 2			1%							
3a	Are there endowment funds		•		n that are	held and adr	ninister	ed for the			
Ju	organization by	3 Hot III the poss		· gar iizatio	in that are	neia ana aa	· · · · · · · · · · · · · · · · · · ·	54 101 1110		Yes	No
	(i) unrelated organization	16							3a(i)	1.00	
	(ii) related organizations		•					• •	3a(ii)	1	
b	If "Yes" on line 3a(ii), are th	 ne related organi	zations listed a	s require	I on Sche	dule R2	•		3b	† †	
4	Describe in Part XIII the int									1	
	VI Land, Buildings, a			3 CHGOWI	TICHE TUTIO	<u></u>					
ган	Complete if the orga	• •		n Form (aan Part	IV line 11a	Seei	Form 990 Pai	t X line	10 د	
			(a) Cost or oth			or other basis		Accumulated		ook value	
	Description of propert	y	(a) Cost or oti			or other basis other)		epreciation	(u) B	our valut	-
1a	Land		, <u>,</u>	0		58,277					8,277
			<u> </u>	0		834,127		602,312			31,815
b	Buildings	•	 	0		034,127		002,312			01,013
ч С	Leasehold improvements	•		0		43,264		36,582			6,682
d	Equipment Other	•		0		73,204 n		30,302 n			0,002
e Tota	II. Add lines 1a through 1e (C	Column (d) must	equal Form 00		column (i	3). <i>line 10c</i> 1		▶		20	6,774
, vla		, ciurini (u) illuot	June 1 Cilli JJ	u, r urt /\.		_,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-1117

Part VII				
	Complete if the organization answere	ed "Yes" on Form 990,		-
<u>-</u>	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
	al derivatives	0		
	held equity interests	0		
	·····			
		 		
	·	· · · · · · · · · · · · · · · · · · ·	 	
		· · · · · · · · · · · · · · · · · · ·		
(F) (G)				
(H)		-		
	in (h) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII		<u> </u>	<u> </u>	
T are viii	Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
		(2)	Cost or end-of-year r	narket value
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	in (b) must equal Form VVV, Part X, col (B) line 13)	Ü		
Part IX	Other Assets.	J		
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form 9	90, Part X, line 15.
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	(I) I I OOO D IV I I DI	45)		
	nn (b) must equal Form 990, Part X, col (B) lin	e 15)	<u>.</u> . ▶	0
Part X	Other Liabilities.	d !!Vaail an Earra 000	Dort IV line 11e er 11f Coe l	000 Ded V
	Complete if the organization answere	d tes on Form 990,	Partiv, line Tie of Til. See i	-orm 990, Part A,
	line 25. (a) Description of liability	(b) Deek value	1	
1. (1) Fodoral	Income taxes	(b) Book value		[
(2)	income taxes			
(3)				
(4)			•	
(5)				ſ
(6)				}
(7)				{
(8)			,	
(9)				· ·
	n (b) must equal Form 990, Part X, col (B) line 25)	0		
	runcertain tax positions in Part XIII, provide the	text of the footnote to the or	rganization's financial statements the	at reports the
-	s liability for uncertain tax positions under FIN 4			

Dor	XI Reconciliation of Revenue per Audited Financial Statements	Mith	Payanua nar P	oturn	
Par				Ctuiii.	
_	Complete if the organization answered "Yes" on Form 990, Part I	IV, IIIIE	12a.	1 4	
1	Total revenue, gains, and other support per audited financial statements	•		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا م-	l		
а	Net unrealized gains (losses) on investments .	2a		-	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		-	
ď	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d		•	2e	
3	Subtract line 2e from line 1	1	I	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII)	4b			_
С	Add lines 4a and 4b.	•		4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		· · ·	5	
Part	XII Reconciliation of Expenses per Audited Financial Statement			Return.	1
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line	e 12a		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
c	Other losses	2c		7	
d	Other (Describe in Part XIII.)	2d	·	7	
_	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	· 		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		⊣ ∣	
ш	Other (Describe in Fait Air)	70	L		
	Add lines 42 and 4b			Ac	r
С	Add lines 4a and 4b. Total expenses Add lines 3 and 4a. (This must equal Form 990, Part I, line 18.)			4c	(
c 5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.			5	C
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 art V, line	4, Part X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 art V, line	4, Part X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 art V, line	4, Part X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 art V, line	4, Part X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 art V, line	4, Part X, line
5 Part Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar		art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	
Parti	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide ar	ny additional inform	art V, line nation	

Schedule D (Fo		Farm Bureau Federation Mississippi Washington County	64-0342090	Page 5
Part XIII	Suppleme	ental Information (continued)		
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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2018	Open to Public
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OMB No 1545-0047

Employer identification number 64-0342090 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **General Information on Grants and Assistance** Farm Bureau Federation Mississippi Washington County Department of the Treasury Internal Revenue Service Name of the organization Partl

	the selection criteria used to award the grants or assistance?
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) M 6311	(1) Mississippi Farm Bureau Federatio 6311 Ridgewood Road Jackson, MS 3	64-0303134		12,560				Dues to State Organization
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)						ļ		
(6)								
(10)								
(11)								
(12)								
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	ations listed in the line 1	1 table			
က	Enter total number of other organizations listed in the line 1 tab	rganizations liste	d in the line 1 table					1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III က 8 2 9 4

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Farm Bureau Federation Mississippi Washington County	64-0342090
Form 990, Part VI, Section A, Line 6 Washington County Farm Bureau is a membership based	
organization	
Form 990, Part VI, Section A, Line 7a The members of the organization elect the governing	
board of directors	
Form 990, Part VI, Section A, Line 8 Actions documented in the minutes	
Form 990, Part VI, Section B, Line 11b A Bookkeeping system is in place to prepare a monthly	
financial statement based on the recorded deposits and checks. The financial statement is	
shown at each meeting to all Board Members. At year end the financial statement is used to	·
prepare the 990 tax form Upon completion the 990 was reviewed by Board members during their	
monthly meeting. If there are any questions, the Board President communicates with the field	
auditor.	
Form 990, Part VI, Section B, Line 12c The conflict of interest policy is contained in the	
corporate document file. It is distributed to board directors for self-disclosure. Individuals	
are reguired and are reminded to report any conflicts of interest to the Board, which will	
take appropriate actions	
Form 990, Part VI, Section B, Line 15b Officers and Board members are not compensated	·
Form 990, Part VI, Section C, Line 19 The Financial Statement is presented to the Board	
Members at regular meetings and to the voting members at the annual meeting and is available	
with the bylaws upon public request	·
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