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OMB No 1545-1150

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

2018

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.

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning	11/1/2018	, and ending	10/31/2019
B Check if applicable	D Employer identification number		
<input type="checkbox"/> Address change	C Name of organization		
<input type="checkbox"/> Name change	Farm-Bureau Federation Mississippi Webster County		
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	64-0393224
<input type="checkbox"/> <small>For additional space, attach a separate sheet.</small>	1137 Veterans Memorial Blvd	State	ZIP code
			E Telephone number

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.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

	Yes	No
44a		X
44b		X

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	71,177	22 59,720
23	Land and buildings	112,821	23 109,125
24	Other assets (describe in Schedule O)	4,165	24 6,485
25	Total assets	188,163	25 175,330
26	Total liabilities (describe in Schedule O)	1,319	26 1,404
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	186,844	27 173,926

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To further the interests of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social, and educational interest of the farmer.

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 **Total program service expenses.** (add lines 28a through 31a) ► 32 0**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFFREY TABB DIRECTOR	Hr/WK 1 00			
TIM TINDALL DIRECTOR	Hr/WK 1 00			
CALA TABB DIRECTOR	Hr/WK 1 00			
MICHAEL ADKINS DIRECTOR	Hr/WK 1 00			
JOSEPH P. PALMER DIRECTOR	Hr/WK 1.00			
JACKIE EARNEST PRESIDENT	Hr/WK 4 00			
DAVID HOOD 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 3 00			
WILLIAM TABB V-PRESIDENT	Hr/WK 3 00			
COLEY TABB DIRECTOR	Hr/WK 1 00			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33 Yes No

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 Yes

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 Yes
 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 Yes
 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 Yes

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 Yes

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
 b Did the organization file Form 1120-POL for this year? 37b Yes

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? 38a Yes
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b
 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 40c
 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 40d
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e Yes
 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. 40f

41 List the states with which a copy of this return is filed ► MS 41

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 Yes No

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 Yes No

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 ► _____

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		

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

2018

Open to Public
Inspection

Name of the organization

Farm Bureau Federation Mississippi Webster County

Employer identification number

64-0393224

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I 68,703

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 15,574.

Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 110,072

Form 990-EZ, Part I, Line 20, Net Assets rounding from prior year -2

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 85, End of
year 85

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes State Beginning of year 1,000,

End of year 1,200

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Tax-Federal Beginning of year 3,080,

End of year 5,200

Form 990-EZ, Part II, Line 26, Liabilities Payroll Tax Beginning of year 1,319, End of
year 1,404