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**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

**Open to Public  
 Inspection**

Department of the Treasury  
 Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2008 calendar year, or tax year beginning <b>11/1/2008</b> , and ending <b>10/31/2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Farm Bureau Federation Mississippi Farm Bureau Tunica County</b>		<b>D</b> Employer identification number <b>64-6025287</b>	
	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	
	<b>P O Box 160</b>			
	City, town, or country <b>Tunica</b>	State <b>MS</b>	ZIP + 4 <b>38676-0160</b>	
				<b>F</b> Group Exemption Number . . . ► <b>1473</b>
				<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<b>I</b> Website: ► <b>N/A</b>				
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 5 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return				
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>35,283</b>				

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )**

<b>RECEIVED</b> <b>2010</b> <b>OGDEN, UT</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . . <b>1</b> 0
	<b>2</b> Program service revenue including government fees and contracts . . . . . <b>2</b> 0
<b>3</b> Membership dues and assessments . . . . . <b>3</b> 20,053	
<b>4</b> Investment income . . . . . <b>4</b> 445	
<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b> 0	
<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b> 0	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . . <b>5c</b> 0	
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ <b>15</b> ) of contributions reported on line 1 . . . . . <b>6a</b> 0	
<b>b</b> Less: direct expenses other than fundraising expenses . . . . . <b>6b</b> 0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . <b>6c</b> 0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b> 0	
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b> 0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b> 0	
<b>8</b> Other revenue (describe ► <b>Schedule 1</b> ) . . . . . <b>8</b> 14,785	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . <b>9</b> 35,283	
<b>10</b> Grants and similar amounts paid (attach schedule) . . . . . <b>10</b> 7,614	
<b>11</b> Benefits paid to or for members . . . . . <b>11</b> 0	
<b>12</b> Salaries, other compensation; and employee benefits . . . . . <b>12</b> 0	
<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> 0	
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 0	
<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> 0	
<b>16</b> Other expenses (describe ► <b>See attached statement</b> ) . . . . . <b>16</b> 30,058	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . <b>17</b> 37,672	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b> -2,389	
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b> 33,398	
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . <b>20</b> 0	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . <b>21</b> 31,009	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

<b>Expenses</b> <b>2010</b> <b>REVENUE</b>	<b>(See the instructions for Part II )</b>	<b>(A)</b> Beginning of year	<b>(B)</b> End of year
	<b>22</b> Cash, savings, and investments . . . . . <b>35,801</b> <b>22</b> 33,328	<b>23</b> Land and buildings . . . . . <b>23</b> 0	<b>24</b> Other assets (describe ► <b>See attached statement</b> ) . . . . . <b>0</b> <b>24</b> 0
<b>25</b> <b>Total assets.</b> . . . . . <b>35,801</b> <b>25</b> 33,328	<b>26</b> <b>Total liabilities</b> (describe ► <b>See attached statement</b> ) . . . . . <b>2,403</b> <b>26</b> 2,319	<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . <b>33,398</b> <b>27</b> 31,009	

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>To further the interests of farmers in Mississippi</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
<b>28</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>	0		
<b>29</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>	0		
<b>30</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>	0		
<b>31 Other program services (attach schedule)</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>31a</b>	0		
<b>32 Total program service expenses. (add lines 28a through 31a)</b>				
<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Richy Bibb City Tunica	Str 562 Harris St ST MS ZIP 39350	Title President Hr/WK 3 00	0	0
Name Justin Carker City Tunica	Str 562 Harris St ST MS ZIP 39350	Title 1st V-President Hr/WK 2 00	0	0
Name Buddy Allen City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Curtis Berry City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Paul Battle III City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Nolen Canon City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Bill Booth City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Keys Arnold City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Daniel Shannon City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Ransom Myers Jr City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Patrick Johnson City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Bubba Battle City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Michael Sides City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Tutt Sullivan City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Brad Cobb City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Abbott Myers City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Will Owen City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0
Name Tommy Harnson City Tunica	Str 562 Harris St ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	0	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9.	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 ► _____		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40c	
d Enter amount of tax on line 40c reimbursed by the organization.	40d	
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.	40e	X
41 List the states with which a copy of this return is filed ► _____		
42 a The books are in care of ► Name Melanie Mangrum Telephone no ► (662) 363-3082 Located at ► 562 Harris St. City Tunica ST. MS. ZIP + 4 ► 38676		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

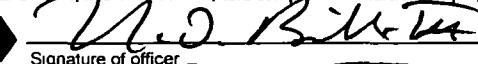
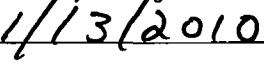
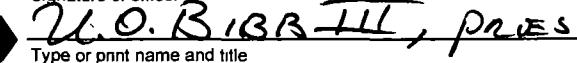
			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	
b	If "Yes," was the related organization(s) a section 527 organization?		49b	
50	Complete this table for the 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."			

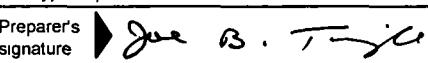
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <b>None</b> Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
<b>Total number of other employees paid over \$100,000 ►</b>		0	0	0

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <b>None</b> Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
<b>Total number of other independent contractors each receiving over \$100,000 . . . ►</b>		0

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, this true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  **Date**   
 Signature of officer   
 Type or print name and title 

Paid Preparer's Use Only	Preparer's signature 	Date <b>12-30-09</b>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>P00635496</b>
	Firm's name (or yours if self-employed), address, and ZIP +4 	► <b>Mississippi Farm Bureau Federation</b> <b>6311 Ridgewood Road, Jackson, MS 39211</b>	EIN <b>► 64-0303134</b>	Phone no <b>(601) 977-4206</b>

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

Tunica County Farm Bureau  
S C H E D U L E   I  
October 31, 2008

S E R V I C E   F E E S   R E C E I V E D

INSURANCE

Blue Cross Blue Shield	273
Southern Farm Bureau Life Insurance Company	1282
Southern Farm Bureau Casualty Insurance Company	9417
Mississippi Farm Bureau Mutual Insurance Company	<u>3813</u>
Total Insurance Fees	<u>14785</u>

**Tunica County Farm Bureau  
SCHEDULE II  
October 31, 2008**

	TOTAL	DUES	UBI	RENTAL	MISC
<b>INCOME</b>					
Farm Bureau Dues-Net	12439	12439			
Insurance Company Svc Fees	14785		14785		
Interest	445				445
<b>TOTAL INCOME</b>	<b>27669</b>	<b>12439</b>	<b>14785</b>	<b>0</b>	<b>445</b>

**Relationship of Dues to Service Fees** 45.7% 54.3%

Floor Space Ratio 50.0% 50.0%

## Allocation of General Overhead Based on the Relationship of Dues to Service Fees

Promotions	1856
Insurance	27
Telephone	1255
Postage	290
Office Expense	1273
 TOTAL	4701
	214

## Allocation of Occupancy Expense Base on Area Occupied

Utilities	2669
Taxes	11
Insurance	1254
Rent	3360
<b>TOTAL</b>	<b>7294</b>
	<b>3647</b>
	<b>3647</b>

Tunica County Farm Bureau  
S C H E D U L E    II  
October 31, 2008

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		32.0%	68.0%		
Salary - Secretary	10720				
Payroll Taxes	1949				
	TOTAL	12669	4054	8615	
Expense Directly Attributed to Production of Farm Bureau Dues					
AFBF Convention	931				
Board Expense	1908				
Commodity Meetings	220				
MFBF Convention	853				
Secretary Meeting	30				
Washington Tour	463				
Womens Committee	230				
Young Farmer Program	200				
Other Exempt	560				
	TOTAL	5395	5395		
Expense Directly Related to Production of Service Fees					
State Income Tax	0				
Computer Rent	0				
	TOTAL	0		0	
<b>TOTAL EXPENSES</b>	<b>30059</b>	<b>15244</b>	<b>14815</b>	<b>0</b>	<b>0</b>

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Van Watson Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Charles Berry Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Jon Bibb Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Buckley Graves Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Owen Bibb Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Sterling Withers Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name McLean Sullivan Str 562 Harris St City Tunica ST MS ZIP 39350	Title 2nd V-President Hr/WK 2 00	0	0	0
Name Peter Dulaney Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Ben Melton Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Nick Graves Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Parker Graves Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Davis Owen Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Gary Bailey Str 562 Harris St City Tunica ST MS ZIP 39350	Title Director Hr/WK 1 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

**Part II, Line 26 (990-EZ) - Liabilities**

	Description	Beginning	End
1	Note Payable	2,000	2,000
2	Payroll Taxes	386	298
3	Pic Payable	17	21
4			
5			
6			
7			
8			
9			
10			