



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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)

► 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.

OMB No 1545-1150

**2008****Open to Public  
Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning 11/1/2008, and ending 10/31/2009					
<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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> <b>C</b> Name of organization            Farm Bureau Federation Mississippi Farm Bureau Tunica County            Number and street (or P.O. box, if mail is not delivered to street address)            P O Box 160            City, town, or country State ZIP + 4            Tunica MS 38676-0160         </td> <td style="width:20%; vertical-align: top;"> <b>D</b> Employer identification number            64-6025287         </td> <td style="width:20%; vertical-align: top;"> <b>E</b> Telephone number            (662) 363-3082         </td> <td style="width:40%; vertical-align: top;"> <b>F</b> Group Exemption Number . . . . . 1473         </td> </tr> </table>	<b>C</b> Name of organization Farm Bureau Federation Mississippi Farm Bureau Tunica County Number and street (or P.O. box, if mail is not delivered to street address) P O Box 160 City, town, or country State ZIP + 4 Tunica MS 38676-0160	<b>D</b> Employer identification number 64-6025287	<b>E</b> Telephone number (662) 363-3082	<b>F</b> Group Exemption Number . . . . . 1473
<b>C</b> Name of organization Farm Bureau Federation Mississippi Farm Bureau Tunica County Number and street (or P.O. box, if mail is not delivered to street address) P O Box 160 City, town, or country State ZIP + 4 Tunica MS 38676-0160	<b>D</b> Employer identification number 64-6025287	<b>E</b> Telephone number (662) 363-3082	<b>F</b> Group Exemption Number . . . . . 1473		

\* **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ► N/A

**J** Organization type (check only one)— ☒ 501(c) ( 5 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ 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.

**L** 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. ► \$ 35,283

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

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	35,801	<b>22</b>	33,328
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe ► ) . . . . .	0	<b>24</b>	0
<b>25</b> <b>Total assets</b> . . . . .	35,801	<b>25</b>	33,328
<b>26</b> <b>Total liabilities</b> (describe ► See attached statement) . . . . .	2,403	<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) . . . . .	33,398	<b>27</b>	31,009

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

19

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

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

28		
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	0
29		
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	0
30		
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) . . . . . <input type="checkbox"/>	31a	0
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		
32 Total program service expenses. (add lines 28a through 31a) . . . . . <input type="checkbox"/>	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV.)

(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	Str 562 Harris St	Title President			
City Tunica	ST MS ZIP 39350	Hr/WK 3 00	0	0	0
Name Justin Cariker	Str 562 Harris St	Title 1st V-President			
City Tunica	ST MS ZIP 39350	Hr/WK 2 00	0	0	0
Name Buddy Allen	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Curtis Berry	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Paul Battle III	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Nolen Canon	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Bill Booth	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Keys Arnold	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Daniel Shannon	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Ransom Myers Jr	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Patrick Johnson	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Bubba Battle	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Michael Sides	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Tutt Sullivan	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Brad Cobb	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Abbott Myers	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Will Owen	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Tommy Harnson	Str 562 Harris St	Title Director			
City Tunica	ST MS ZIP 39350	Hr/WK 1 00	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
<b>34</b> 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. . . . .		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	X	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38 a</b> 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? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</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. . . . . <b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
<b>e</b> 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. . . . . <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42 a</b> The books are in care of ▶ Name <u>Melanie Mangrum</u> Telephone no ▶ <u>(662) 363-3082</u> Located at ▶ <u>562 Harris St</u> City <u>Tunica</u> ST <u>MS</u> ZIP + 4 ▶ <u>38676</u>		
<b>b</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)? . . . . . <b>42b</b>		X
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . <b>42c</b>		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of <b>Form 990-EZ</b> . . . . . <b>44</b>		X
<b>45</b> 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 <b>Form 990-EZ</b> . . . . . <b>45</b>		X

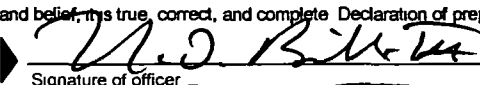
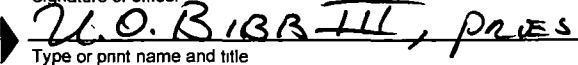
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

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	Yes	No
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 <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	00	0	0
Total number of other employees paid over \$100,000 ▶		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 <u>None</u> 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
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Sign Here	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 is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>1/13/2010</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date <u>12-30-09</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00635496</u>
	Firm's name (or yours if self-employed), address, and ZIP +4	<u>Mississippi Farm Bureau Federation</u> <u>6311 Ridgewood Road, Jackson, MS 39211</u>		EIN <u>64-0303134</u> Phone no <u>(601) 977-4206</u>

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

Tunica County Farm Bureau  
SCHEDULE I  
October 31, 2008

SERVICE FEES RECEIVED

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
INCOME					
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		
<b>TOTAL</b>	<b>4701</b>	<b>2148</b>	<b>2553</b>

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  
SCHEDULE 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		
TOTAL EXPENSES	30059	15244	14815	0	0



# 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	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Charles Berry				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Jon Bibb				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Buckley Graves				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Owen Bibb				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Sterling Withers				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name McLean Sullivan				
Str 562 Harris St	Title 2nd V-President			
City Tunica ST MS ZIP 39350	Hr/WK 2 00	0	0	0
Name Peter Dulaney				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Ben Melton				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Nick Graves				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Parker Graves				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Davis Owen				
Str 562 Harris St	Title Director			
City Tunica ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name Gary Bailey				
Str 562 Harris St	Title Director			
City Tunice ST MS ZIP 39350	Hr/WK 1 00	0	0	0
Name				
Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name				
Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name				
Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name				
Str	Title			
City ST ZIP	Hr/WK 00	0	0	0

Part II, Line 26 (990-EZ) - Liabilities		2,403	2,319
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			

9