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AMENDED

1310

OMB No. 1345-1150

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning		11/1/2012	, and ending	10/31/2013
B Check if applicable		C Name of organization		
<input type="checkbox"/>	Address change	Farm Bureau Tunica County		
<input type="checkbox"/>	Name change			
<input type="checkbox"/>	Initial return			
<input type="checkbox"/>	Terminated	PO Box 160		
<input type="checkbox"/>	Amended return	City or town	state or country	ZIP + 4
<input type="checkbox"/>	Application pending	Tunica	MS	38676-0160
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ►	
I Website: ► n/a				
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5)	► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).				

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 30,550

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

Check if the organization used Schedule O to respond to any question in this Part I ►

Revenue	STATUTE UNIT RECEIVED	TPR BRANCH OGDEN	JUL 30 2014	5a	1
1 Contributions, gifts, grants, and similar amounts received					2
2 Program service revenue including government fees and contracts					3 13,673
3 Membership dues and assessments					4 61
4 Investment income					
5a Gross amount from sale of assets other than inventory				5a	
b Less: cost or other basis and sales expenses				5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	0
6 Gaming and fundraising events					
a Gross income from gaming (attach Schedule G if greater than \$15,000)				6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b	
c Less: direct expenses from gaming and fundraising events				6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6d	0
7a Gross sales of inventory, less returns and allowances				7a	
b Less cost of goods sold				7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	0
8 Other revenue (describe in Schedule O)				8	16,816
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	30,550
IRS REC'D DT					
7/18/14					
Expenses					
10 Grants and similar amounts paid (list in Schedule O)				10	6,003
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 in Schedule O)				16	28,436
17 Total expenses. Add lines 10 through 16				17	34,439
►					
Net Assets					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-3,889
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	22,898
20 Other changes in net assets or fund balances (explain in Schedule O)				20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20				21	19,009

For Paperwork Reduction Act Notice, see the separate instructions.

ITA

Form 990-EZ (2012)

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	23	24	25
22	Cash, savings, and investments	26,258	22	24,476	
23	Land and buildings	1,717	23	1,524	
24	Other assets (describe in Schedule O)		24		
25	Total assets	27,975	25	26,000	
26	Total liabilities (describe in Schedule O)	5,077	26	6,586	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,898	27	19,414	

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 the farmer

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 and section 4947(a)(1) trusts, 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
Daniel Shannon				
President	Hr/WK 4 00	0		
Ricky Bibb				
Director	Hr/WK 2 00	0		
JohKoehler Bibb				
Director	Hr/WK 2.00	0		
Owen Bibb				
Director	Hr/WK 2.00	0		
Cathy Booth				
Director	Hr/WK 2 00	0		
Ransom Myers				
Vice President	Hr/WK 2 00	0		
McLean Sullivan				
Vice President	Hr/WK 2.00	0		
Bill Booth				
Director	Hr/WK 2 00	0		
Chris Perry				
Director	Hr/WK 2.00	0		
Curis Perry				
Director	Hr/WK 2 00	0		
Bubba Battle				
Director	Hr/WK 2 00	0		
Gary Bailey				
Director	Hr/WK 2.00	0		

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.

COPY

	Yes	No				
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X				
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X				
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X				
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b	X				
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	X				
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	X				
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b					
b Did the organization file Form 1120-POL for this year?	38a	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 outstanding at the end of the tax year covered by this return?	38b					
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a					
39 Section 501(c)(7) organizations Enter.	39b					
a Initiation fees and capital contributions included on line 9.						
b Gross receipts, included on line 9, for public use of club facilities.						
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) and 501(c)(4) 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.						
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► _____						
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► _____						
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 organization's books are in care of ► Molly Moss	Telephone no	► (662) 627-3477				
Located at ► 1324 Edwards Avenue	City	Tunica	ST	MS	ZIP + 4	► 38676-0160
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: ► _____	42b	X				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
c At any time during the calendar year, did the organization maintain an office outside 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. 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.	44a	X				
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.	44b	X				
c Did the organization receive any payments for indoor tanning services during the year?	44c	X				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d					
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X				
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X				

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 II. COPY 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

	Yes	No
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.	47	
48 Is the organization 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 a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	William Davis	William Davis	1/8/2014		P00631624
	Firm's name ► Mississippi Farm Bureau Federation	Firm's EIN ► 64-0303134			
Firm's address ► 6311 Ridgewood Road, Jackson, MS 39211	Phone no (601) 977-4205				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Farm Bureau Tunica County

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.

Employer identification number

64-6025287

Form 990-EZ, Part I, Line 8, Other Revenue: Schedule I, 16,816

Form 990-EZ, Part I, Line 10, Grants Paid Activity: Grantee: Mississippi Farm Bureau

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 6,003, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Unrelated business income taxes: 405

Form 990-EZ, Part I, Line 16, Other Expenses: Schedule 2: 28,031

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 3,077, End of
year: 4,586

Form 990-EZ, Part II, Line 26, Liabilities: Mortgage payable: Beginning of year: 2,000, End of
year: 2,000

Name of the organization

Farm Bureau Tunica County

Employer identification number

64-6025287

COPY

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

Page 1 of 1 of Part IV

Name of Organization

Farm Bureau Tunica County

GOODY

Employer identification number
64-6025287