



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



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 11/1/2013 , and ending 10/31/2014																													
B Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 85%;">C Name of organization Farm Bureau Tunica County</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 85%;">D Employer identification number 64-6025287</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Address change</td> <td><input type="checkbox"/></td> <td>Telephone number (662) 627-3477</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Terminated</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td><input type="checkbox"/></td> <td>F Group Exemption Number ► 1473</td> </tr> </table>		<input type="checkbox"/>	C Name of organization Farm Bureau Tunica County	<input type="checkbox"/>	D Employer identification number 64-6025287	<input type="checkbox"/>	Address change	<input type="checkbox"/>	Telephone number (662) 627-3477	<input type="checkbox"/>	Name change	<input type="checkbox"/>		<input type="checkbox"/>	Initial return	<input type="checkbox"/>		<input type="checkbox"/>	Terminated	<input type="checkbox"/>		<input type="checkbox"/>	Amended return	<input type="checkbox"/>		<input type="checkbox"/>	Application pending	<input type="checkbox"/>	F Group Exemption Number ► 1473
<input type="checkbox"/>	C Name of organization Farm Bureau Tunica County	<input type="checkbox"/>	D Employer identification number 64-6025287																										
<input type="checkbox"/>	Address change	<input type="checkbox"/>	Telephone number (662) 627-3477																										
<input type="checkbox"/>	Name change	<input type="checkbox"/>																											
<input type="checkbox"/>	Initial return	<input type="checkbox"/>																											
<input type="checkbox"/>	Terminated	<input type="checkbox"/>																											
<input type="checkbox"/>	Amended return	<input type="checkbox"/>																											
<input type="checkbox"/>	Application pending	<input type="checkbox"/>	F Group Exemption Number ► 1473																										
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																													
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																													
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 34,296																													
Part I 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 <input checked="" type="checkbox"/>																													
Revenue	1 Contributions, gifts, grants, and similar amounts received	1																											
	2 Program service revenue including government fees and contracts	2																											
	3 Membership dues and assessments	3 13,255																											
	4 Investment income	4 68																											
	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 20,973																												
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 34,296																												
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 6,615																											
	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 23,359																											
	17 Total expenses. Add lines 10 through 16	17 29,974																											
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,322																											
	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 21,412																											
	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 25,734																											

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

95
V1

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	24,476	22	24,582
23 Land and buildings	1,522	23	1,327
24 Other assets (describe in Schedule O)		24	
25 Total assets	25,998	25	25,909
26 Total liabilities (describe in Schedule O)	4,586	26	175
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,412	27	25,734

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 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 ►

29

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

30

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

31 Other program services (describe in Schedule O)

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

32 Total program service expenses. (add lines 28a through 31a)

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

28a

29a

30a

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	
John Koehler 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 3 00	0	
McLean Sullivan			
Director	Hr/WK 2 00	0	
Bill Booth			
Director	Hr/WK 2 00	0	
Chris Perry			
Director	Hr/WK 2 00	0	
Curtis 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.

	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)? 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 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	35a	X
35b	35b	X
35c	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 b Did the organization file Form 1120-POL for this year?	37b	
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? b If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	X
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	39a	
39b	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 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	40b	
40b	40b	
40c	40c	X
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► Patricia Langley Located at ► 1324 Edwards Avenue City Tunica ST MS ZIP + 4 ► 38676-0160 Telephone no ► (662) 627-3477		
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 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 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 c Did the organization receive any payments for indoor tanning services during the year? 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	44a	X
44b	44b	X
44c	44c	X
44d	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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)	45a	X
45b	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 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		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

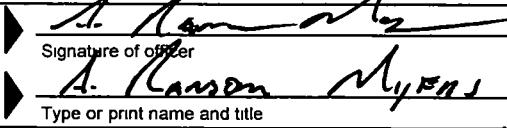
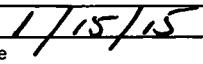
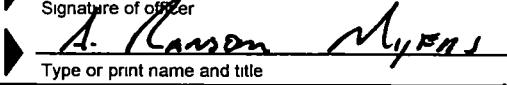
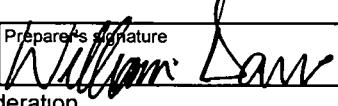
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(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			 Date 1/15/15
	Signature of officer 	Type or print name and title William Davis	
Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 12/22/2014
	Firm's name ► Mississippi Farm Bureau Federation	Check <input type="checkbox"/> if self-employed PTIN P00631674	
	Firm's address ► 6311 Ridgewood RD, Jackson, MS 39211	Firm's EIN ► 64-0303134	
		Phone no (601) 977-4205	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Tunica County Farm Bureau
 SCHEDULE II
 October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		55.0%	45.0%		
Salary - Secretary	5365				
Payroll Taxes	470				
	TOTAL	5835	3209	2626	
Expense Directly Attributed to Production of Farm Bureau Dues					
		405			
Board Expense	97				
Contributions	100				
MFBF Convention	315				
Secretary Meeting	222				
Washington Tour	1084				
Other Exempt	91				
	TOTAL	2314	2314		
Expense Directly Related to Production of Service Fees					
State Income Tax	111				
Computer Rent	0				
	TOTAL	111		111	
TOTAL EXPENSES	23359	11726	11633	0	0

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Farm Bureau Tunica County

Employer Identification number

64-6025287

Form 990-EZ, Part I, Line 8, Other Revenue Insurance Service Fees 20,973

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 6,615, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 23,359

Form 990-EZ, Part II, Line 26, Liabilities Pic Payable Beginning of year 519, End of year

-57

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 4,067,

End of year 232

Name of the organization

Farm Bureau Tunica County

Employer identification number

64-6025287

Depreciation and Amortization
(Including Information on Listed Property)Name(s) shown on return
Farm Bureau Tunica CountyBusiness or activity to which this form relates
990EZIdentifying number
64-6025287

► See separate instructions. ► Attach to your tax return.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	195

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	195
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form 4562 (2013)

Tunica County Farm Bureau
S C H E D U L E I
October 31, 2014

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

INSURANCE

Blue Cross Blue Shield	0
Southern Farm Bureau Life Insurance Company	7900
Southern Farm Bureau Casualty Insurance Company	13073
Mississippi Farm Bureau Mutual Insurance Company	<u>0</u>
Total Insurance Fees	<u>20973</u>
	<u>0</u>
	<u>0</u>
TOTAL SERVICE FEES	<u><u>20973</u></u>

Tunica County Farm Bureau
S C H E D U L E I I
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	6640	6640			
Insurance Company Svc Fees	20973		20973		
Farm Bureau Bank	0		0		
Rent Received	0			0	
Interest	68				68
Net Sales	0				0
 TOTAL INCOME	 27681	 6640	 20973	 0	 68

Relationship of Dues to Service Fees 24.0% 76.0%

Floor Space Ratio 50.0% 50.0%

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

Telephone	2044
Postage	49
Office Expense	2930
Depreciation	165
 TOTAL	 5188
	1248
	3940

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3146
Taxes	16
Insurance	1192
Building Maintenance	28
Interest	0
Depreciation	29
Rent	5500
 TOTAL	 9911
	4955
	4956

**Tunica County Farm Bureau
Depreciation Schedule
October 31, 2014
Building/Improvements**

Prepared by: Bert Tingle

Page 1 of 2

**Tunica County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment**

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			
							Beg Balance	Additions (Deduct)	End Balance	Net
Furniture	Jan-10	1156.55		1156.55	7.0	SL	660.88	165.22	826.10	330.45
		1156.55	0.00	1156.55			660.88	165.22	826.10	330.45

Prepared by. Bert Tingle

Page 2 of 2

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

Page 1 of 1 of Part IV

Name of Organization

Employer Identification number

Farm Bureau Tunica County

64-6025287