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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

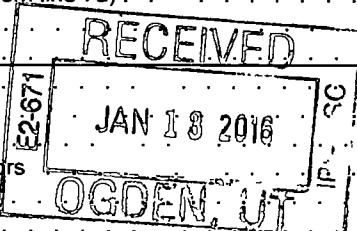
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- 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](http://www.irs.gov/form990).

<b>A</b> For the 2014 calendar year, or tax year beginning <b>11/1/2014</b> , and ending <b>10/31/2015</b>			
<b>B</b> Check if applicable <ul style="list-style-type: none"> <li><input type="checkbox"/> Address change</li> <li><input type="checkbox"/> Name change</li> <li><input type="checkbox"/> Initial return</li> <li><input type="checkbox"/> Final return/terminated</li> <li><input type="checkbox"/> Amended return</li> <li><input type="checkbox"/> Application pending</li> </ul>		<b>C</b> Name of organization <b>Farm Bureau Tunica County</b> Number and street (or P O box, if mail is not delivered to street address) <b>P. O. Box 160</b> Room/suite City or town <b>Tunica</b> State <b>MS</b> ZIP code <b>38676-0160</b> Foreign country name <b>Foreign province/state/county</b> Foreign postal code	
<b>D</b> Employer identification number <b>64-6025287</b>		<b>E</b> Telephone number <b>(662) 627-3477</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>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>J</b> 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			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> 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 ► \$ <b>36,299</b>			

**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 ►

<b>Revenue</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">           1 Contributions, gifts, grants, and similar amounts received         </td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: right;">3 <b>19,490</b></td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: right;">4 <b>56</b></td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> </tr> <tr> <td>  b Less cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> </tr> <tr> <td>  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c <b>0</b></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td>  a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> </tr> <tr> <td>  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)</td> <td style="text-align: right;">6b</td> </tr> <tr> <td>  c Less direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> </tr> <tr> <td>  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d <b>0</b></td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> </tr> <tr> <td>  b Less cost of goods sold</td> <td style="text-align: right;">7b</td> </tr> <tr> <td>  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c <b>0</b></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8 <b>16,753</b></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: right;">9 <b>36,299</b></td> </tr> </table>	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 <b>19,490</b>	4 Investment income	4 <b>56</b>	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 <b>0</b>	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 <b>0</b>	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 <b>0</b>	8 Other revenue (describe in Schedule O)	8 <b>16,753</b>	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <b>36,299</b>	
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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2014)

67

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**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	24,582	22,771
23 Land and buildings	1,327	1,132
24 Other assets (describe in Schedule O)	24	1,640
25 Total assets	25,909	25,543
26 Total liabilities (describe in Schedule O)	175	-219
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,734	25,762

**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 ►  30a31 Other program services (describe in Schedule O)  (Grants \$  ) If this amount includes foreign grants, check here ►  31a32 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
Ransom Myers President	Hr/WK 4.00			
Michael Sides Director	Hr/WK 2.00			
JohnKoehler Bibb Vice President	Hr/WK 3.00			
Owen Bibb Director	Hr/WK 2.00			
Cathy Booth Director	Hr/WK 2.00			
Patrick Johnson Director	Hr/WK 2.00			
McLean Sullivan Director	Hr/WK 2.00			
Bill Booth Director	Hr/WK 2.00			
Chris Perry Director	Hr/WK 2.00			
Curtis Perry Director	Hr/WK 2.00			
Paul Battle IV Second Vice President	Hr/WK 3.00			
Gary Bailey Director	Hr/WK 2.00			

**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. 

	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. ► <b>37a</b>	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.	40a		
b Gross receipts, included on line 9, for public use of club facilities.	40b		
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 ► _____	40c		
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.	40d		
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.	40e	X	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.			
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	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 ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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. ► <b>43</b>			
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	
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).	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 . . . . .

	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"		

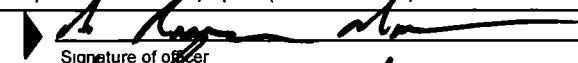
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
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 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 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 1/6/16

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature 	Date 12/5/2015	Check <input type="checkbox"/> if self-employed	PTIN P00631674
	Firm's name ► Mississippi Farm Bureau Federation			Firm's EIN ► 64-0303134	
	Firm's address ► 6311 Ridgewood RD, 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)**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**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 16,753

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

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 7,900, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2: 28,371

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 0, End of year

1,640

Form 990-EZ, Part II, Line 26, Liabilities: Pic Payable Beginning of year -57, End of year:

-63

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 232, End

of year -156

Name of the organization

Farm Bureau Tunica County

Employer identification number

64-6025287