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Short Form

Return of Organization Exempt From Income Tax

2015

Department 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.

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning		11/1/2015	, and ending	10/31/2016																																																										
B Check if applicable		C Name of organization																																																												
<input type="checkbox"/> Address change		Farm Bureau Tunica County																																																												
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)																																																												
<input type="checkbox"/> Initial return		Room/suite																																																												
<input type="checkbox"/> Final return/terminated		P O Box 160																																																												
<input type="checkbox"/> Amended return		City or town	State	ZIP code																																																										
<input type="checkbox"/> Application pending		Tunica	MS	38676-0160																																																										
		Foreign country name	Foreign province/state/county	Foreign postal code																																																										
		D Employer identification number																																																												
		64-6025287																																																												
		E Telephone number																																																												
		(662) 627-3477																																																												
		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		► \$ 35,781																																																												
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"/>																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 20%;">1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3 17,914</td> </tr> <tr> <td>4 Investment income</td> <td>4 58</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> </tr> <tr> <td>b Less cost or other basis and sales expenses</td> <td>5b</td> </tr> <tr> <td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c 0</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>6a</td> </tr> <tr> <td>b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b</td> </tr> <tr> <td>c Less direct expenses from gaming and fundraising events</td> <td>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>6d 0</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> </tr> <tr> <td>b Less cost of goods sold</td> <td>7b</td> </tr> <tr> <td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c 0</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8 17,809</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9 35,781</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10 4,621</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16 32,219</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17 36,840</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18 -1,059</td> </tr> <tr> <td>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)</td> <td>19 25,762</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21 24,703</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 17,914	4 Investment income	4 58	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 \$ 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 17,809	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 35,781	10 Grants and similar amounts paid (list in Schedule O)	10 4,621	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 32,219	17 Total expenses. Add lines 10 through 16	17 36,840	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,059	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 25,762	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 24,703
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For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2015)

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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	22,771	22,568
23 Land and buildings	1,132	939
24 Other assets (describe in Schedule O)	1,640	1,299
25 Total assets	25,543	24,806
26 Total liabilities (describe in Schedule O)	-219	103
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,762	24,703

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 \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a
30	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a

31 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
Jon Koehler Bibb			
President	Hr/WK 4 00		
Michael Sides			
Director	Hr/WK 2 00		
Paul Battle IV			
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		
Daniel Shannon			
Director	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)? 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
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	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? 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	X
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), 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 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 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	40b	X
41 List the states with which a copy of this return is filed ► _____	40e	X
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 ► 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
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)	44b	X
	44c	X
	44d	X
	45a	X
	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 Jon KOEHLER BIBB, PRESIDENT Type or print name and title	Date 12-28-16
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Paid Preparer Use Only	Preparer's name Joseph K Deese	Preparer's signature Joseph K Deese	Date 12/2/2016	Check <input type="checkbox"/> if self-employed	PTIN P01975770
	Firm's name ► Mississippi Farm Bureau Federation			Firm's EIN ► 64-0303134	
	Firm's address ► 6311 Ridgewood Rd, Jackson, MS 39211			Phone no	601-977-4305

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

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2015

Open to Public
Inspection

► 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

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 17,809

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 32,219

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 1,640, End of
year 1,299

Form 990-EZ, Part II, Line 26, Liabilities Pic Payable Beginning of year -63, End of year

8

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year -156,

End of year 95

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