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Department of the Treasury Internal Revenue Service

ECANNED WAR 8 1 2019

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A F | or the | 2012 calendar year, or tax year beginning NOV 1, 2012 and | ending C | CT 31, 2013 | | | | | | |
|-----------------------------|----------------------|--|---|-----------------------------|---------------------------------------|--|--|--|--|--|
| B | heck if pplicable | C Name of organization | | D Employer identifi | cation number | | | | | |
| | Address change | Craighead County Farm Bureau | | | | | | | | |
| | Name change | Doing Business As | | 71-0 | 257512 | | | | | |
| | Initial | Number and street (or P O box if mail is not delivered to street address) | Room/suite | E Telephone numbe | | | | | | |
| | Termin- | 1.0. BOX 2357 | . <u>. </u> | 870- | 935-5533 | | | | | |
| | Amende | City, town, or post office, state, and ZIP code | | G Gross receipts \$ | ots \$ 331,041. | | | | | |
| | Application | | | H(a) Is this a group re | | | | | | |
| | pending | F Name and address of principal officer: SCOCC GIDSOII | | for affiliates? | Yes X No | | | | | |
| | | same as C above | | H(b) Are all affiliates inc | cluded? Yes No | | | | | |
| | | mpt status: 501(c)(3) X 501(c) (5) ((insert no) 4947(a)(1) (| or 527 | 1 | list. (see instructions) | | | | | |
| | | www.arfb.com/craighead | - ,- · | H(c) Group exemption | | | | | | |
| | | organization X Corporation Trust Association Other | L Year | of formation 1936 | M State of legal domicile AR | | | | | |
| P | | Summary | ~1 ⊥ | nal Dwamatia | | | | | | |
| Activities & Governance | 1 6 | Briefly describe the organization's mission or most significant activities: Agric | Cultur | al Promotio | · · · · · · · · · · · · · · · · · · · | | | | | |
| ern. | 2 (| Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | e than 25% of its net as | | | | | | |
| ŏ | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 34 | | | | | |
| ∞ | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 34 | | | | | |
| ies | 5 1 | otal number of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 7 | | | | | |
| Š | | otal number of volunteers (estimate if necessary) | | 6 | 58 | | | | | |
| Act | | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7 <u>a</u> | 247,546. | | | | | |
| | l d | Net unrelated business taxable income from Form 990: L. line 34 | 1 | 7b | 0. | | | | | |
| | | S | | Prior Year 0. | Current Year 0. | | | | | |
| ile | 8 (| Contributions and grants (Part VIII) line 1h) | 77,043. | 73,444. | | | | | | |
| Revenue | 9 F | | 22,925. | 17. | | | | | | |
| æ | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and Zd) | 251,159. | 257,580. | | | | | | |
| | 11 (| Other revenue (Part VIII, column (A), lines 5,56,86,9c,10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 351,127. | 331,041. | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 292. | | | | | |
| | i | Benefits paid to or for members (Part IX, column (A), line 4) | • | | | | | | | |
| S | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. 207,520. | 194,329. | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| ē | 1 | Fotal fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | | | |
| ũ | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 125,046. | 122,560. | | | | | |
| | 1 | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 332,566. | 317,181. | | | | | |
| | 19 8 | Revenue less expenses. Subtract line 18 from line 12 | | 18,561. | 13,860. | | | | | |
| ces | | | Ве | eginning of Current Year | End of Year | | | | | |
| sets | 20 | Total assets (Part X, line 16) | | 275 , 072. | 287,495. | | | | | |
| Net Assets or Fund Balances | 21 | Fotal liabilities (Part X, line 26) | | 33,509. | 32,072. | | | | | |
| 캺 | 22 1 | Net assets or fund balances Subtract line 21 from line 20 | | 241,563. | 255,423. | | | | | |
| - | art II | Signature Block | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedule | | | ny knowledge and belief, it is | | | | | |
| true | , correct | , and complete Declaration of preparer (other than officer) is based on all information of wi | hich prepare | r has any knowledge | | | | | | |
| | ĺ | Signature of officer | | Date | | | | | | |
| Sig | - 1 | Scott D. Gibson President | , | 3-14-14 | • | | | | | |
| He | e | Type or print name and title | _ | <u> </u> | | | | | | |
| | | | | Date , Check | PTIN | | | | | |
| Dai | . | Print/Type preparer's name Maria K. Bean Preparer's signature Mai Kean, C | | 9 Jul f | | | | | | |
| Paid Pre | parer | Firm's name Thomas & Thomas LLP | 411 | 7/10/14 self-emptor | 71-0271741 | | | | | |
| | Only | Firm's address 201 E. Markham, Suite 500 | | THITSEIN | | | | | | |
| -50 | ····, | Little Rock, AR 72201 | | Phone no (| 501) 375-2025 | | | | | |
| Ma | v the IR | S discuss this return with the preparer shown above? (see instructions) | | 1.110110 | X Yes No | | | | | |
| | 001 12-10 | | ons. | | Form 990 (2012) | | | | | |

Form 990 (2012)

| | | | Yes | No |
|----------|---|-------------|--------------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| • | If "Yes," complete Schedule A | 1 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | 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 | 3 | | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5_ | _X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | l |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u>X</u> _ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | _ | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | Х |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | 1 | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 11a | Х | |
| | Part VI | 110 | - 21 | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 11b | | x |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| ч | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 1 <u>1f</u> | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | l |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | v |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | ١ | | v |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | - | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | X |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ^ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 19 | | X |
| ^^ | complete Schedule G, Part III | 20a | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 990 | (2012) |

Form 990 (2012) Craighead County Farm Bureau

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|------|--------------|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | 163 | 140 |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | _ |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | - | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | · | ĺ |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | , | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ļ | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ١., |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _ <u></u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 04 | | х |
| 20 | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | ! | х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | UZ | - | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| • | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | _37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | [|
| | Note. All Form 990 filers are required to complete Schedule O | _38 | <u> X</u> | |
| | | Form | 990 | (2012) |

O12) Craighead County Farm Bureau

Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | _ | |
|-----|--|-----------|----------------------|------------|-----|--------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 | | | ĺ |
| þ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and re- | eportab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | ĺ |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 7 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retuined for the control of the control | rns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | 1 |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | X | |
| þ | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b_ | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$ | authorit | y over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accoun | t)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | | | l |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Account | ts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | _5a_ | | X |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action? | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | he orgai | nization solicit | | | v |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a_ | | X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | tions or | gifts | | | |
| _ | were not tax deductible? | | | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | - - | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices pi | ovided to the payor? | 7a 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | oo roou | irad | _ / 0 | | \vdash |
| · | to file Form 8282? | as requ | lied | 7c | | |
| d | If "Yes," Indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | ? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | - 111 | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time | e during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | ļ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | ļ | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11 | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| Þ | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| 40. | amounts due or received from them.) | 11b | | 40- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 1 | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | · | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 13a | · | |
| d | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | .ua | | - |
| L | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| J | organization is licensed to issue qualified health plans | 13b | | | | |
| _ | Enter the amount of reserves on hand | 13c | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | <u></u> 1 | <u> </u> | 14a | T | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | | |
| —≃ | | | | | 200 | /0045 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X | | | | | | | |
|------------|---|---------------------------------------|--------------------|-------------|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 34 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 34 | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | X | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | |
| 6 | 6 Did the organization have members or stockholders? | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| | more members of the governing body? | 7a | X _ | | | | | | | | |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | |
| | persons other than the governing body? | 7b | X | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | | | |
| а | The governing body? | 8a | _X_ | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | | | | | | | |
| þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | |
| | ın Schedule O how this was done | 12c | _X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | v | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | | | | | | | | |
| 10- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 46- | | х | | | | | | | |
| | taxable entity during the year? | 16a | | | | | | | | | |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 466 | | | | | | | | | |
| 500 | exempt status with respect to such arrangements? | 16b_ | | L | | | | | | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None | | | | | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailah | le | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | icial | | | | | | | | |
| | statements available to the public during the tax year. | IQI | , , , , , , | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | • | | | | | | | | |
| | The Organization - 870-935-5533 | | - | | | | | | | | |
| | P.O. Box 2397, Jonesboro, AR 72402 | | | | | | | | | | |
| | _ | | | | | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average | | (C) Position (do not check more than one | | (D) Reportable | (E) Reportable | (F) Estimated | | | |
|----------------------|--|--------------------------------|--|----------|--------------------------|------------------------------|------------------|--|----------------------------------|--|
| | hours per week | | unle er an | | | | | compensation from | compensation from related | amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Scott Gibson | 0.50 | | | | | | | | | |
| President | | Х | _ | X | | | | 0. | 0. | 0. |
| (2) Josh Cureton | 0.50 | | | | | | | | | |
| 1st Vice President | | X | | X | | | | 0. | 0. | 0. |
| (3) Kenny Qualls | 0.50 | | | | | | | | | • |
| 2nd Vice President | | X | | X | | | | 0. | 0. | 0. |
| (4) Thomas Gairhan | 0.50 | | | | | | | | | |
| Secretary/Treasurer | | Х | | X | | | | 0. | 0. | 0. |
| (5) Mark Bowers | 0.50 | | | | | | | | | |
| Member | | X | | | | ļ | _ | 0. | 0. | 0. |
| (6) Jerome Boyd | 0.50 | | | | | | | | | |
| Member | | X | | _ | <u> </u> | ļ | - | 0. | 0. | 0. |
| (7) Tony Bradley | 0.50 | | | | | ! | | | | |
| Member | | X | <u> </u> | ļ | | | <u> </u> | 0. | 0. | 0. |
| (8) Eddie Burris | 0.50 | ١. | | | | | | | | _ |
| Member | ļ <u> </u> | X | | | | <u> </u> | ļ . | 0. | 0. | 0. |
| (9) Joe Christian | 0.50 | | l | | | | | | | |
| Member | | X | <u> </u> | | | | <u> </u> | 0. | 0. | 0. |
| (10) Richard Coy | 0.50 | | | | | | | | | |
| Member | | X | | | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (11) Michael Cureton | 0.50 | 1 | ì | | | | | | | |
| Member | | X | ┞ | | <u> </u> | 1 | | 0. | 0. | 0. |
| (12) Barry Fielder | 0.50 | | | | 1 | | | | | |
| Member | | X | _ | | _ | <u> </u> | ļ | 0. | 0. | 0. |
| (13) David Gairhan | 0.50 | | | | | | | | | _ |
| Member | | X | _ | | ļ | | | 0. | 0. | 0. |
| (14) Chris Damron | 0.50 | ١ | | | | | | | | |
| Member | | X | ļ | ļ | <u> </u> | ↓_ | - | 0. | 0. | 0. |
| (15) Joe Gammill | 0.50 | ┨ | | | | | | | | |
| Member | 1 0 50 | X | | <u> </u> | <u> </u> | ↓_ | ļ | 0. | 0. | 0. |
| (16) Bob Griffin | 0.50 | ↓ | | | | | | | | _ |
| Member | | X | \vdash | <u> </u> | <u></u> | - | ╄ | 0. | 0. | 0. |
| (17) Terry Hall | 0.50 | ١ | | | 1 | | 1 | | 0. | 0. |
| Member | <u> </u> | X | | | <u> </u> | <u> </u> | <u> </u> | 0. | | Form 990 (2012) |

| Part VII Section A. Officers, Directors, | Trustees, Key Em | pioy | ees, | | <u>d Hi</u> C) | gne | st C | | | T | Æ | |
|--|-----------------------|--------------------------------|-----------------------|-------------|--------------------------|------------------------------|------------|---------------------------------|-------------------------|--------------|---------------------|----------|
| (A) | Average | | | | رد ition | 1 | | (D) Reportable | (E) | Ec. | (F) timate | 4 |
| Name and title | hours per | | not cl | heck | more | than | | compensation | Reportable compensation | | ount c | |
| | week | offic | | | | or/trus | | from | from related | (| other | |
| | (list any | Individual trustee or director | | | | | | the | organizations | | pensat | |
| | hours for related | ō | 蠡 | | | Safed | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | om the anization | |
| | organizations | 122 B | institutional frustee | | 18 | mper l | | (44-27 1099-141130) | | - | i relate | |
| | below | land | utton | * | oldm | S 25 50 | a 5 | | | | nızatıc | |
| | line) | 호 | Instit | Officer | Кеу етріоу се | Highest compensated employee | Fg | | | | | |
| (18) David Hodges | 0.50 | | | | | | | | _ | | | _ |
| Member | | X | | | <u> </u> | ـــــ | <u> </u> | 0. | 0 | • | | 0. |
| (19) Lennie Hogan | 0.50 | | | | | | | | 0 | | | ^ |
| Member | 0.50 | X | | | <u> </u> | - | | 0. | 0 | • | | 0. |
| (20) Kevin Hoke | 0.50 | ,, | | | | | | | 0 | | | Λ |
| Member | 0.50 | X | | | - | - | - | 0. | 0 | • | | 0. |
| (21) Don Hosman | 0.50 | X | | | | | | 0. | 0 | | | 0. |
| Member | 0.50 | 1 | ļ. <u>-</u> | _ | - | | ┝ | | | • | | • |
| (22) Bill Humphrey | 0.30 | X | | | | | | 0. | 0 | | | 0. |
| Member | 0.50 | ^ | - | | \vdash | - | _ | | | • | | <u> </u> |
| (23) David Hydrick Member | 0.30 | X | | | İ | | | 0. | 0 | _ | | 0. |
| (24) James Peachey | 0.50 | 1 | | | 1 | \vdash | _ | - | | ` | | |
| Member | - 0.30 | X | } | | | | | 0. | 0 | | | 0. |
| (25) James Pierce | 0.50 | | | | | 1 | | | | | | |
| Member | | X | | | | | | 0. | 0 | • | | 0. |
| (26) Max Render | 0.50 | | | | T | | | | | | | |
| Member | | X | | | | | <u> </u> | 0. | 0 | | | 0. |
| 1b Sub-total | | | | | | | | 0. | 0 | _ | | 0. |
| c Total from continuation sheets to Pa | art VII, Section A | | | | | ▶ | | 0. | 0 | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | ▶ | | 0. | 0 | <u>•l</u> | | 0. |
| 2 Total number of individuals (including | but not limited to th | nose | liste | ed a | bov | e) w | ho r | eceived more than \$100 | 0,000 of reportable | | | _ |
| compensation from the organization | > | | | | | | | | | | | 0 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former of | | | e, ke | еу е | mplo | oyee | , or | highest compensated e | mployee on | | | Х |
| line 1a? If "Yes," complete Schedule J | | | | | _ | | | | | 3 | | Λ |
| 4 For any individual listed on line 1a, is t | | | | | | | | | the organization | 4 | 1 | Х |
| and related organizations greater than | | | | | | | | | idual for convices | - | \neg | |
| 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," | | | | | | | reia | ted organization or malv | idual for services | 5 | 1 | Х |
| Section B. Independent Contractors | complete scriedu | e J | 101 5 | <u>ucri</u> | per | 5011 | | | | | | |
| Complete this table for your five higher | est compensated in | dep | ende | ent o | cont | tracto | ors | that received more than | \$100,000 of compe | nsation f | rom | |
| the organization. Report compensation | | | | | | | | | | | | |
| (A | | | | | | | | (B) | | (0 | ;) | |
| Name and bus | iness address | N | ON | E | | | | Description of s | services | Compe | nsatio | <u> </u> |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| | | | | _ | | | | | | | | |
| 2 Total number of independent contract | _ | not I | ımıte | ed to | o the | ose I ი | ste | d above) who received r | nore than | | | |
| \$100,000 of compensation from the c | rganization 🚩 | | | | | <u> </u> | | | | | | |

| Form 990 Craignea | a county | <u>Y</u> | aı | . 111 | ום | 1 T 6 | zai | <u>u</u> | /1-025 | 7512 |
|---|--|--------------------------------|-----------------------|---------------|--------------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | mplo | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | | | Posi all t | ;) Ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustae or director | Institutional frustæe | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) Bill Shannon Member | 0.50 | X | | | | | | 0. | 0. | 0 |
| (28) John Sloan Member | 0.50 | X | | | | | | 0. | 0. | 0 |
| (29) Jeffrey Tubbs Member | 0.50 | х | | | | | | 0. | 0. | 0 |
| (30) Jim Tubbs Member | 0.50 | x | | | | | | 0. | 0. | 0 |
| (31) Drew Davis Member | 0.50 | х | | | | | | 0. | 0. | 0 |
| (32) Dan Hosman Member | 0.50 | x | | | | | | 0. | 0. | |
| (33) Joseph Smith Member | 0.50 | X | | | | | | 0. | 0. | C |
| (34) Nathan Wells Member | 0.50 | x | | | | | | 0. | 0. | 0 |
| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
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| | | 1_ | <u> </u> | | | | | | | |

Form 990 (2012) Craighead County Farm Bureau

Part VIII Statement of Revenue 71-0257512 Page **9**

| | | Check if Schedule O conta | uns a response | to any question i | n this Part VIII | | | |
|--|-----------------------|---|-----------------------|-------------------|----------------------|--|---|---|
| | , | | | , q | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | t c c e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f | s, and e 1f | | • | | | |
| <u> </u> | <u>'</u> | Total. Add lines 1a-11 | | Business Code | | | | |
| Program Service Revenue | 2 a | <u> </u> | | 110000 | 73,444. | 73,444. | | |
| Re | • | | | | | | | |
| Pro | f | All other program service rever | NIA | <u> </u> | | _ | | - |
| | | Total. Add lines 2a-2f | 106 | <u> </u> | 73,444. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | • | | | |
| ĺ | | other sımılar amounts) | | > | 17. | | | 17. |
| | 4 | Income from investment of tax | exempt bond p | proceeds > | | | | |
| | 5 | Royalties | | • | 7,634. | | | 7,634. |
| | | 0 | (i) Real 2,400. | (II) Personal | | | | |
| | 6 a | a Gross rents b Less: rental expenses | 2,400. | | | | | |
| | | c Rental income or (loss) | 2,400. | | | | | |
| | | d Net rental income or (loss) | | • | 2,400. | | | 2,400. |
| | | a Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | ŀ | b Less: cost or other basis | | İ | | | | |
| | | and sales expenses | | | | | | |
| | | c Gain or (loss) | <u> </u> | <u> </u> | | | | |
| | | d Net gain or (loss)a Gross income from fundraising | a overte (not | | | | | |
| Jue | 0 6 | including \$ | of | | | | | |
| Other Revenu | | contributions reported on line | | | | | | |
| Ę. | | Part IV, line 18 | а | | | | | |
| Ě | ı | b Less: direct expenses | b | | | | | |
| Ĭ | • | c Net income or (loss) from fund | raising events | | | | | |
| | 9 8 | a Gross income from gaming ac | tivities. See | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | | b Less: direct expensesc Net income or (loss) from gam | b b | | | | | |
| | | a Gross sales of inventory, less | _ | | | | | |
| | | and allowances | а | | | | | |
| | ı | b Less: cost of goods sold | b | | | | | |
| ļ | (| c Net income or (loss) from sales | s of inventory | > | | | | |
| ļ | | Miscellaneous Revenue | | Business Code | | | 247 546 | |
| | 11 (| | ce Fees | 524298 | 247,546. | | 247,546. | |
| | | b | | | | | | |
| | | d All other revenue | | | | | | |
| | | d All other revenue e Total. Add lines 11a-11d | | | 247,546. | | | |
| | 12 | Total revenue. See instructions | | • | 331,041. | | 247,546. | 10,051. |
| 23200 | | | | · | | | | Form 990 (2012) |

| Secu | On 50 (c)(3) and 50 (c)(4) organizations must com | | | ompiele column (A). | |
|----------|---|-----------------|---------------------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a respon | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines ob, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | × | |
| | organizations in the United States See Part IV, line 21 | 292. | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 176 006 | | | |
| 7 | Other salaries and wages | 176,006. | · · · · · · · · · · · · · · · · · · · | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 3,323. | | - | |
| 9 | Other employee benefits Payroll taxes | 15,000. | | | 1 |
| 10 11 | Fees for services (non-employees): | 13/000. | | | |
| '' | Management | | | | |
| ь | Legal | ··· | | | |
| С | Accounting | 600. | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O) | | | | _ |
| 12 | Advertising and promotion | 11,498. | | | |
| 13 | Office expenses | 34,744. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 24 724 | | | |
| 16 | Occupancy | 34,724. | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials Conferences, conventions, and meetings | 27,354. | | | |
| 19 20 | Interest | 2,,004. | - | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 10,596. | <u></u> | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0) | | | | |
| а | Youth and Safety | 2,944. | | | |
| b | Micellaneous | 100. | | | |
| С | | | | | |
| d | | | | | ļ |
| | All other expenses | 217 101 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 317,181. | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720) | | | | |
| | Uneck note ► L It tollowing SUP 98-2 (ASC 958-720) 1 | | | · | 1 |

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 267. 267. 1 Cash · non-interest-bearing 1 190,235 173,767. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 515,923. basis. Complete Part VI of Schedule D 10a 418,930. 96,993. 101,038. 10c 10b **b** Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 287,495. 275,072. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,814. 4,031. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 29,478. 28,258. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 33,509. 32,072. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 255,423. 241,563. 32 Retained earnings, endowment, accumulated income, or other funds 32 241,563. 255,423. 33 33 Total net assets or fund balances

275,072.

Total liabilities and net assets/fund balances

| | 990 (2012) Craighead County Farm Bureau | <u> 71-025</u> | <u>7512</u> | Pag | <u>je 12</u> |
|----|---|----------------|-------------|-----|--------------|
| Pa | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,0 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 7,1 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | _3 | 1; | 3,8 | <u>50.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24] | L,5 | <u>53.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 1 | | | |
| | column (B)) | 10 | <u>255</u> | , 4 | <u>23.</u> |
| Pa | <u>t XII</u> Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | r | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> _ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | 1 | |
| | separate basis, consolidated basis, or both: | | | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | |
| þ | Were the organization's financial statements audited by an independent accountant? | | 2b | ļ | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | - 1 | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit, | | 1 | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | iedule O. | | - 1 | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle Audıt | | 1 | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | 1 1 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | <u>3b</u> | | |

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| | section 5 ne of orga | u i (c)(4), (5), or (6) organiza nization | tions: Complete Part III | · | Emple | oyer identification number |
|----|-------------------------|--|---------------------------------------|-------------------------|---|---|
| | | Craighe | ad County Farm B | ureau | | 71-0257512 |
| Pa | rt I-A | Complete if the org | janization is exempt und | er section 501(c) | or is a section 527 or | rganization. |
| 2 | | expenditures | ration's direct and indirect politica | al campaign activities | | |
| Pa | rt I-B | Complete if the ord | anization is exempt und | er section 501(c) | (3). | |
| | | | incurred by the organization und | | ▶\$ | |
| 2 | Enter the | amount of any excise tax | incurred by organization manage | ers under section 495 | 5 ▶\$ | |
| 3 | If the org | janization incurred a sectio | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4a | Was a co | orrection made? | | | | Yes No |
| - | | describe in Part IV. | | | | 1/01 |
| | | | panization is exempt und | | | |
| | | | d by the filing organization for sec | | | |
| 2 | | | ization's funds contributed to oth | ner organizations for s | section 527 | |
| _ | • | function activities | | . = 4400.000 | ▶\$ | |
| 3 | | empt function expenditures | s. Add lines 1 and 2. Enter here a | nd on Form 1120-POL | -, > c | |
| | line 17b | | 1400 POI (4b | | ~ \$ | Yes No |
| | | iling organization file Form | nployer identification number (Eli | N of all postion 527 a | olitical organizations to which | |
| 3 | | | ition listed, enter the amount pak | | | |
| | | | omptly and directly delivered to | | | |
| | political | action committee (PAC). If | additional space is needed, prov | ide information in Par | t IV. | |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| _ | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

| Sched | ule C (Form 990 or 990-EZ) 2012 C | raig | nead C | ounty Farm | Bureau | |)257512 Page 2 |
|--|---|-------------|---|--------------------------|----------------------------|---|----------------------|
| | II-A Complete if the orga | anizatio | n is exer | npt under sectio | n 501(c)(3) and file | ed Form 5768 | |
| | (election under sect | | | | | | |
| A Che | eck 🕨 🔲 if the filing organizati | on belong | gs to an affil | ated group (and list in | Part IV each affiliated | group member's nar | ne, address, EIN, |
| | expenses, and share | | | | | | |
| B Che | . _ | | | d "limited control" pro | ovisions apply. | | |
| | | | | | | (a) Filing | (b) Affiliated group |
| | | | oying Exper eans amou | nts paid or incurred. |) | organızatıon's totals | totals |
| 10 | Total lobbying expenditures to influ | ence pub | lic opinion (| rass roots lobbying) | | | - |
| | Total lobbying expenditures to influ | | | | - | | |
| | Total lobbying expenditures (add lin | | - | ly (direct lobbying) | | | |
| | Other exempt purpose expenditure | | J 10) | | | | |
| | Total exempt purpose expenditures | | e 1c and 1d | n | | | |
| | Lobbying nontaxable amount. Ente | | | | th columns | | |
| | If the amount on line 1e, column (a) or | | | bying nontaxable am | - I E | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| | | (u) is. | | the amount on line 1e | | | |
| | Not over \$500,000 | 000 | | 0 plus 15% of the exc | | | |
| - | Over \$500,000 but not over \$1,000 | | | | | | |
| | Over \$1,000,000 but not over \$1,50 | | \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. | | | | |
| Over \$1,500,000 but not over \$17,000,000 | | | \$1,000,000. | | | | |
| L | Over \$17,000,000 | | \$1,000,0 | | | | |
| | Grassroots nontaxable amount (ent | er 25% c | f line 1f) | | | | |
| _ | Subtract line 1g from line 1a. If zero | | | | Ì | | |
| | Subtract line 1f from line 1c. If zero | | | • | Ì | | |
| | If there is an amount other than zer | · · | | line 1) did the organiz | ں vation file Form 4720 | • | |
| | reporting section 4911 tax for this | | or line the or | inte 11, dia the organiz | | | Yes No |
| | reporting section 4311 tax for this | , cui | 4-Year Ave | eraging Period Under | Section 501(h) | | |
| | (Some organiza | ations the | at made a s | ection 501(h) electio | n do not have to comp | lete all of the five | |
| | col | lumns be | low. See th | e instructions for lin | es 2a through 2f on pa | ge 4.) | |
| | | Lob | bying Exper | nditures During 4-Ye | ar Averaging Period | | |
| | | | - | = = | | | |
| | Calendar year | (a) | 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| | (or fiscal year beginning in) | | | | | | |
| | | | | | | - | |
| 2a | Lobbying nontaxable amount | | | | | | <u></u> |
| | Lobbying ceiling amount | | | | | | |
| | (150% of line 2a, column(e)) | | | | | | |
| | | | | | | | |
| С | Total lobbying expenditures | | | | | | |
| | | | | | | - | |
| d | Grassroots nontaxable amount | | | | | | |
| | Grassroots ceiling amount | | | | | | |
| | (150% of line 2d, column (e)) | | | | | | |
| | | | - | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990 EZ) 2012 Craighead County Farm Bureau 71-025751 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|----------|--|-----------------|------------|----------------|-------------|--|
| of the | e lobbying activity. | Yes | No | Amo | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | , , | | ·- | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | | |
| | or referendum, through the use of: | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| _ | Media advertisements? | | | | | |
| | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | ļ | | | | |
| þ | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| <u>d</u> | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | L | <u> </u> | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c) | (5), or se | ection | | |
| | | | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | Х | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | X | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | X | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | ne 3, is | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | cal | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| c | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- | cess | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | | | | |
| | expenditure next year? | | 4 | | | |
| _5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Pai | T IV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P | art II·A (affil | ated group | list); Part II | -A, line 2; | |
| and | Part II-B, line 1. Also, complete this part for any additional information. | | | | | |
| | | | | | | |
| | | | · | | | |
| | | | | | · | |
| | • | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number 71_0257512

| Pa | Clarginead Country F | | /1-025/512 |
|--------|---|--|---|
| rai | | | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | (a) Donor advised funds | (b) Funds and other accounts |
| _ | - | (a) Dollor advised fullds | (b) Fullus and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | - |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | - | |
| _ | are the organization's property, subject to the organization's | <u> </u> | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | · |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other purpose conf | |
| Do | impermissible private benefit? | L DV-II- C 000 D-th | Yes No |
| Pa | | | v, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | allian and and land and |
| | Preservation of land for public use (e.g., recreation or e | · | |
| | Protection of natural habitat | Preservation of a certified | nistoric structure |
| • | Preservation of open space | 6 . I | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | led conservation contribution in the form of a c | conservation easement on the last |
| | day of the tax year. | | Hold at the End of the Tay Year |
| _ | Total number of concentation concents | | Held at the End of the Tax Year |
| a | Total corona restricted by conservation examinate | | 2b |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified historic stri | 2c | |
| ۲ C | | | 20 |
| d | Number of conservation easements included in (c) acquired a | 2d | |
| 3 | listed in the National Register Number of conservation easements modified, transferred, rel | lanced extinguished or terminated by the era | |
| Ū | year | leased, extiliguished, or terminated by the orga | anization during the tax |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| • | violations, and enforcement of the conservation easements it | - ' | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | , | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense stat | ement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organizat | tion's financial statements that describes the o | organization's accounting for |
| • | conservation easements. | | |
| Pa | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statement | and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | hibition, education, or research in furtherance | of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | bes these items. | |
| þ | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement and | I balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of public s | service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial gail | n, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| a | Revenues included in Form 990, Part VIII, line 1 | | \$ |
| þ | Assets included in Form 990, Part X | | ▶ \$ |

| | | au county | | | | - 041 | | | 2 Page Z |
|----------|--|--------------------------------------|-----------------|-------------------|---------------------|--------------|----------------------|------------------|----------------|
| | t III Organizations Maintaining C | | | | | | | | |
| 3 | 5 · 5 - · · · · · · · · · · · · · · | | | | | | | | |
| | (check all that apply): | | <u> </u> | | | | | | |
| a | Public exhibition | ď | | | hange progra | ıms | | | |
| Ь | Scholarly research | е | : Oth | er | - | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | Part XIII. | |
| 5 | During the year, did the organization solicit o | | | | | er sımılar a | ssets | | |
| <u> </u> | to be sold to raise funds rather than to be ma | | | | | | | Yes | No_ |
| Par | Escrow and Custodial Arran reported an amount on Form 990, Par | | ete if the org | janizatio | n answered " | Yes" to Fo | orm 990, Part | IV, line 9, o | r |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | lary for con | tribution | s or other as | sets not in | cluded | | |
| | on Form 990, Part X? | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table | e: | | | | | |
| | | | | | | | | Amour | nt |
| С | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e_ | | |
| f | Ending balance | | | | | | 1f | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | Check here if the ex | kplanation h | as been | provided in F | art XIII | | | |
| Par | TV Endowment Funds. Complete | f the organization an | swered "Ye | s" to Fo | rm 990, Part | IV, line 10. | | | |
| | | (a) Current year | (b) Prior | year | (c) Two year | s back (d | Three years b | ack_(e) Fol | ır years back_ |
| 1a | Beginning of year balance | | | | | | | | <u> </u> |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | · |
| d | Grants or scholarships | | | | | | · | | |
| е | Other expenditures for facilities | | | | l | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line 1g, c | olumn (a | i)) held as: | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| c | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that ar | e held a | nd administe | red for the | organization | | |
| | by: | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | <u> </u> |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Schedule | R? | | | | 3b | <u> </u> |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | nent. See Form 990 |), Part X, line | ∋ 10. | - | | | | |
| | Description of property | (a) Cost or of basis (investigation) | | (b) Cost basis | or other (other) | | umulated eciation | (d) Boo | ok value |
| 1a | 1a Land 8,200. 8,200. | | | | | | | | |
| | | | | | | | 8,542. | | |
| | Leasehold improvements | | | | - | | • | | <u>-</u> |
| | Equipment | | | 21 | 0,591. | 20 | 0,658. | <u> </u> | 9,933. |
| | Other | | | | 5,474. | ··· | 5,156. | | 318. |
| | I. Add lines 1a through 1e. (Column (d) must e | equal Form 990 Part | X. column (| | | | | 9 | 6,993. |

Craighead County Farm Bureau

71-0257512 Page 3

Schedule D (Form 990) 2012

| Sche | edule D (Form 990) 2012 Craighead County Farm Bure | eau | 71-0257512 P | age 4 |
|------|---|----------------|------------------|-------|
| Pai | TXI Reconciliation of Revenue per Audited Financial Statem | ents With Reve | enue per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recovenes of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| ь | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With Exp | enses per Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| Pa | rt XIII Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | oart |
| | | | | |
| | | | | |
| | | | ····· | |
| | | . | | |
| | | | <u></u> | |
| | | | | |

SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Craighead County Farm Bureau

Employer identification number 71-0257512

| Form 990, Part VI, Section A, line 2: Mark Bowers & Joe Christian - |
|---|
| family relationship |
| Michael Cureton & Josh Cureton - family & business relationship |
| David Gairhan & Thomas Gairhan - family & business relationship |
| Scott Gibson & David Hodges - family & business relationship |
| Don Hosman & Dan Hosman - family & business relationship |
| |
| Form 990, Part VI, Section A, line 6: The Organization is a mutual |
| benefit organization with members. |
| |
| Form 990, Part VI, Section A, line 7a: The board is elected annually by |
| the general membership. Officers are elected by the board. |
| |
| Form 990, Part VI, Section A, line 7b: Policy resolutions are subject to |
| member approval. |
| |
| Form 990, Part VI, Section B, line 11: The 990 is presented in a board |
| meeting to all board members in attendance. |
| |
| Form 990, Part VI, Section B, Line 12c: The conflict of interest policy in |
| place requires officers to disclose annually situations which may give rise |
| to conflicts of interest. Any board member refusing to sign will be |
| removed from the board. |
| |
| Form 990, Part VI, Section B, Line 15: The Organization does not have |
| compensated officers or management officials. |

| Name of the organization | an-ex) (S01S) | | | · · · | | Employe | Page 2 er identification number |
|--------------------------|---------------|---------------------------------------|-------------|-------------|-------------|----------------|------------------------------------|
| | Craighead (| County Farm | Bure | au | | 71 | -0257512 |
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| Form 990, Part | t VI, Section | on C, Line | 19: Tl | nese doc | cuments a | re not | available |
| to the public. | • | | _ | | | | |
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