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# SCANNED WAR 1 4 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

<u>A I</u>	For the	2014 calendar year, or tax year beginning NOV 1, 2014 and e	ending O	CT 31, 2015			
В	Check if applicable	C Name of organization	<del>-</del>	D Employer identific	ation number		
	Addres	Arkansas County Farm Bureau					
$\vdash$	Name change		71-0230987				
一	Instial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
F	Final return/	D O Dwarrow 232	•	946-3501			
_	termin ated		G Gross receipts \$	261,181.			
Г	Amend			H(a) Is this a group re			
$\vdash$	⊸return ∏Applic			for subordinates			
_	ltión pendir	same as_C above		[			
$\overline{}$	Tay.ove	empt status: $\bigcirc$ 501(c)(3) $\bigcirc$ 501(c) ( 5 ) $\triangleleft$ (insert no.) $\bigcirc$ 4947(a)(1) or	r 527	H(b) Are all subordinates in	ist (see instructions)		
		e: www.arfb.com/arkansas	<u> </u>	H(c) Group exemption	-		
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: AR		
_	art I	Summary	L Tear (	or tormation. 1930 M	State of legal doffliche. AR		
<u></u>		Briefly describe the organization's mission or most significant activities. Agric	111tur	al Promotion	<del></del>		
9	1	Briefly describe the organization's mission or most significant activities. Aglic	ultur	al Promotion	1		
nan				4b 050/ of to not on			
Activities & Governance	1	Check this box  I if the organization discontinued its operations or dispose	ea or more		46		
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3			
<b>∞</b> ŏ	L .	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>46</u> 5		
ties	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	41		
ξį	1	Total number of volunteers (estimate if necessary)		6			
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	198,086.			
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	25,149.		
		0	-	Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	42,807.	42,837.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,920.	3,820.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		211,689.	214,524.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		259,416.	261,181.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,320.	1,415.		
	ſ	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		142,306.	140,513.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	<u> </u>		
Ř	b		<u> </u>				
ш	1 1/	Other expenses (Part IX, column (A), lines 11a-110, 111248)		83,986.	77,956.		
	18	Total expenses. Add lines 13-17 (must equal Part IX columnic), line 25)		227,612.	219,884.		
- "	19	Revenue less expenses Subtract line 18 from line 12		31,804.	41,297.		
Net Assets or Fund Balances		Total assets (Part X line 16)	Be	ginning of Current Year	End of Year		
Sset	20	Total assets (Fart A, line 10)	<u> </u>	1,075,796.	1,116,500.		
A P	21	Total liabilities (Part X, line 26)		21,688.	21,095.		
캺	22	Net assets or fund balances Subtract line 2 from Up CaDEN. UT		1,054,108.	<u> 1,095,405.</u>		
$\overline{}$	art II	Signature Block			<del></del>		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.			
		Eggs to a father		Doto			
Sig	n	Signature of officer		Date			
He	re	Heath Long Pres		d-/6.	//		
		Type or print name and title	<del>- 16</del>	lata lata	T DTIN		
_		Print/Type preparer's name  Preparer's signature		Date Check	PTIN		
Pai		Sherry Chesser, CPA Shew Chio	<u>u</u>	2-10-16 self-employe			
	parer	Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741		
Use	Only	Firm's address > 201 E. Markham, Suite 500		_			
		Little Rock, AR 72201		Phone no. 5 0 1	L-375-2025		
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	1990 (2014) Arkansas County Farm Bureau	<u>71-0230987</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<del></del>	
1	Briefly describe the organization's mission:		
	Agricultural Promotion		
		_ <del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		<b>₩</b>
	the prior Form 990 or 990-EZ?	L  Yes	X No
_	If "Yes," describe these new services on Schedule O.	<b>┌</b> ─┐	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	L& No
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported		<del></del>
4a	(Code) (Expenses \$) (Revenu		/
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
4b	(Code) (Expenses \$) (Revenue	e \$	)
			_ <del></del>
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$	)
4d	Other program services (Describe in Schedule O )		
-	(Expenses \$including grants of \$) (Revenue \$	)	_
4e	Total program service expenses		
		Form 9	90 (2014)

			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		X
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
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> </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		X
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?			•
	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	10		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-10		
• •	as applicable		'	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ű	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
Ь	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	446	'	v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1 <u>5</u>		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del> -		<u></u> -
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<del></del>		
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	_ : _ : _ : _ : _ : _ : _ : _ : _ : _ :		000	

Form 990 (2014) Arkansas County Farm Bureau
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ļ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
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		X
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	1	·	
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
þ	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		<u> X</u>
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C				77
	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>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7,7
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
_	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			v
	Part V, line 1	34		_ <u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	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?	00		
	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2014)
		1.0011	000	(41 U )

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 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 services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7e\_ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. 11 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a \_12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) Arkansas County Farm Bureau 71-0230987 Page
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 or note to any line 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 1a 46			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 46			
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_		<u> </u>
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	Did the organization have members or stockholders?	6	X	
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	
b	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	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
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
	Did the organization have local chapters, branches, or affiliates?	10a		X
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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 <u>a</u>		<u>X</u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	37
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	in Schedule O how this was done	12c	Х	37
13	Did the organization have a written whistleblower policy?	13_	77	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?		}	37
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b	<del>                                     </del>	<u> </u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
	taxable entity during the year?	16a_		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40h	]	
500	exempt status with respect to such arrangements?	16b		
	Let the state with which a copy of the Form 900 is required to be filed NODA			
17 10	List the states with which a copy of this Form 990 is required to be filed None  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	vailab	ـــــــــــــــــــــــــــــــــــــ	
18		vallaD	id	
	for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. Upon request. Other (explain in Schedule O)			
40		finan	oral	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	unan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 870-946-3501 P.O. Drawer 232, Dewitt, AR 72042-0232			

Form	aan	12014	١

Form 990 (2014) Arkansas County Farm Bureau 71-0:

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

Check if Schedule O contains a response or note to any line 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 employee."
- 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
- 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

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

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

(A)			411126							/E\
(A)	(B)		Pos	C) lition	1		(D)	(E)	(F) Estimated	
Name and Title	Average hours per	(do not check more than one box, unless person is both ar						Reportable compensation	Reportable compensation	amount of
	week	offi	fficer and a director/trustee)				tee)	from	from related	other
	(list any	į						the	organizations	compensation
	hours for	ā				8	l	organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensal		(W-2/1099-MISC)		organization
	organizations	al tru:	nal tr		loyee	E 9				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organizations
	line)	<u> </u>	<u> </u>	통	3	₹5	요			
(1) Heath Long	0.50								•	•
President	L	X	<u> </u>	X	<u> </u>	1		0.	0.	0.
(2) Trent Dabbs	0.50		1		1				_	
Vice President		X	<u> </u>	X		<u> </u>		0.	0.	<u> </u>
(3) Brad Koen	0.50							]	_	
Secretary		X	-	X	ļ	<u> </u>		0.	0.	0.
(4) Ronny Allen	0.50		ļ				1	}	_	_
Member		X	<u> </u>			ļ	<u> </u>	0.	0.	0.
(5) Ronald Bauman	0.50			1					_	_
Member		X	<u> </u>		<u> </u>	<u> </u>	ļ	0.	0.	0.
(6) Justin Berg	0.50			]						_
Member		X	ļ_					0.	0.	<u> </u>
(7) Derek Bohanan	0.50		-				1			
Member		X	ļ		<u> </u>		ļ	0.	0.	0.
(8) Monty Bohanan	0.50									_
Member		X		L.	<u> </u>	ļ	<u> </u>	0.	0.	0.
(9) Hank Bueker	0.50			i	1					
Member		X			_			0.	0.	0.
(10) Jerry Burkett	0.50		}		·				:	
Member		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(11) Grant Carter	0.50			1	ĺ			ĺ		
Member		X					L	0.	0.	0.
(12) Floyd Dabbs	0.50	]								
Member		X						0.	0.	0.
(13) Terry Dabbs	0.50	]							'	
Member		X	_		_		<u> </u>	0.	0.	0.
(14) Trey Daniel	0.50		1	ĺ		ĺ	ĺ			
Member		X			L	<u> </u>	<u> </u>	0.	0.	0.
(15) Tony Davis	0.50	]								
Member		X	L	<u> </u>		<u> </u>	L.,	0.	0.	0.
(16) Jim Craig	0.50	]				1	1			
Member		X	L	L			<u>_</u>	0.	0.	0.
(17) Mike Dodson	0.50		_			1	·			,
Member		X	<u>L</u>			<u> </u>		0.	0.	0.
432007 11-07-14										Form <b>990</b> (2014)

(A) . Name and title	(B) Average hours per		not c	Pos heck		than	one	(D) Reportable compensation	(E) Reportable compensation	4	(F) stimated mount of
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated highest compensated carping and ca	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor or aı	other npensation from the ganization nd related ganizations
(18) Curtis Fox	0.50			-							
Member (19) Danny Hearn	0.50	X	_	-		<u> </u>		0.	0	•	0.
Member Member	0.30	x						0.	0		0.
(20) David Hillman	0.50										_
Member	0 50	X			_	ļ		0.	0	+	0.
(21) Jonathan Hillman Member	0.50	X						0.	0		0.
(22) Ryan Hillman	0.50	-	┢							+	
Member		x				_		0.	0_		0.
(23) Walter Hillman	0.50	v						0.	0	1	0
Member (24) Webster Hillman	0.50	X			-	$\vdash$		0.	<u> </u>	<del>'</del>	0.
Member		X						0.	0		0.
(25) Heath Holbert	0.50										_
Member	0 50	X	-	ļ	-	<del> </del>		0.	0	•	0.
(26) Jody Holzhauer Member	0.50	X				ł		0.	0	.]	0.
1b Sub-total	<u> </u>			<u> </u>	L	٠	<b></b>	0.	0		0.
c Total from continuation sheets to Part V	II, Section A							0.	0		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0	•	0.
<ul> <li>Total number of individuals (including but necessarian from the organization</li> </ul>	iot ilmited to tr	iose	liste	ed a	DOV	e) wr	10 r	eceived more than \$100	,000 of reportable		C
									·· · · · · · · · · · · · · · · · · · ·		Yes No
3 Did the organization list any former officer,	director, or tr	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s					<b></b>		الحماد	har aannanastaa fram i	the eventues	3_	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•		-					·	the organization	4	x
5 Did any person listed on line 1a receive or a									dual for services		1
rendered to the organization? If "Yes," com	plete Schedui	e J 1	or s	uch	pers	son		<del></del>		5	X
Section B. Independent Contractors  1 Complete this table for your five highest co		<b>.</b>						hat recoved more than	\$100,000 of compan		from
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										Salion	нош
(A)								(B)			C)
Name and business	address	N	INC	E				Description of s	ervices	Comp	ensation
· · · · · · · · · · · · · · · · · · ·	<del></del>					_					
					41-			1 ab anal mba a a a a a a			
2 Total number of independent contractors ( \$100,000 of compensation from the organi		ot li	mite	d to		se li: N	stec	above) who received m	ore tnan		
	See Part VII. Section A Continuation sheets Form 990 (201)							990 (2014)			

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	<u>nd F</u>	<u>ligh</u>	<u>est</u>	Compensated Employ	rees (continued)	
(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)			app	ly)	compensation	compensation	amount of
•	per							from	from related	other
	week	5				ploye	ŀ	the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em		(W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	related	Individual trustee or director	ste			Highest compensated employee		(44-27 1033-141100)		and related
	organizations	trust	al tru		yee	эшо				organizations
	below	ndual	Institutional trustee	<b>5</b>	Key employee	esto	듈			J
	line)	튑	la St	Officer	Key	를	Former			
(27) David Jessup	0.50									
Member		X						0.	0.	0.
(28) Kirk Keller	0.50									
Member		X						0.	0.	0.
(29) Billy Long	0.50									
Member		X						0.	0.	0.
(30) Wes Long	0.50									
Member		X						0.	0.	0.
(31) Steve Orlicek	0.50									
Member		X						0.	0.	0.
(32) Tyler Place	0.50									
Member		X						0.	0.	0.
(33) Gary Prislovsky	0.50							•		
Member		X						0.	0.	0.
(34) Brandon Rodgers	0.50									
Member		X						0.	0.	0.
(35) Jerry Rodgers	0.50									
Member		X						0.	0.	0.
(36) Shan Rodgers	0.50							1		
Member		X				L.		0.	0.	0.
(37) Jason Smith	0.50									
Member		X				<u> </u>	<u>L</u>	0.	0.	0.
(38) Clay Richter	0.50									1:
Member		X						0.	0.	0.
(39) Daniel Smith	0.50									
Member		X	L_					0.	0.	0.
(40) Donnie Stroh	0.50									
Member		X						0.	0.	0.
(41) John Tarkington	0.50		ļ							
Member		X						0.	0.	0.
(42) Kevin Wingfield	0.50					٠				1
Member		X	_	<u> </u>			<u> </u>	0.	0.	0.
(43) Sam Tarkington	0.50					ĺ				1
Member		X			<u> </u>		_	0.	0.	0.
(44) Clint Roth	0.50					]				
Member		X		ļ			ļ	0.	0.	0.
(45) Aaron Thompson	0.50	1							_	_
Member		X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	0.
(46) Slade Whiting	0.50	1						!		_
Member		X			<u> </u>	L		0.	0.	0.
								i	1	

Business Code

524298

900099

198,086.

202,771

261,181

4,685.

c Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a Insurance Service Fees

b Miscellaneous Income

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

4,685.

198,086.

42,837. 198,086.

Form 990 (2014) Arkansas County Farm Bureau
Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must o	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,415.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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)			<u> </u>	
7	Other salaries and wages	117,338.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,166.			
9	Other employee benefits	10,709.			
10	Payroll taxes	10,300.			
11	Fees for services (non-employees).		}		
а	Management				<del></del>
b	Legal		<u> </u>	<del> </del>	
С	Accounting	600.			
d	Lobbying				<del></del>
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 0.)	1 000			
12	Advertising and promotion	1,288.			
13	Office expenses	12,438.		<del> </del>	
14	Information technology	<u> </u>	<del> </del>	<del>                                     </del>	
15	Royalties	10 140			<del></del>
16	Occupancy	18,140.	ļ <del>-</del>	<del></del>	
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 061		<del> </del>	
19	Conferences, conventions, and meetings	14,061.	<del> </del>	<del> </del>	
20	Interest		<del> </del>		
21	Payments to affiliates	13,834.			
22	Depreciation, depletion, and amortization Insurance	778.			
23 24	Other expenses, Itemize expenses not covered	770.			
24	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 O.)				
а	Youth and Safety	10,081.			
b		6,083.			
С		653.			
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	219,884.			
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	I	1		

Pai		Check if School to Construe a response or no	to to only line in this Dort V			
		Check if Schedule O contains a response or no	te to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing		91,586.	1	124,755.
	2	Savings and temporary cash investments		765,310.	2	730,017
	3	Pledges and grants receivable, net	Ţ		3	
	4	Accounts receivable, net		4	1,083.	
	5	Loans and other receivables from current and for	ormer officers, directors.			
		trustees, key employees, and highest compensations				
i		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	· · ·			
		employers and sponsoring organizations of sec				
S.		employees' beneficiary organizations (see instr)	i i		6	
Assets	7	Notes and loans receivable, net	·		7	
Ÿ	8	Inventories for sale or use	ĺ		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1			
		basis Complete Part VI of Schedule D	10a 548,479.			
	b	Less: accumulated depreciation	10b 287,834.	218,900.	10c	260,645.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,075,796.	16	1,116,500.
	17	Accounts payable and accrued expenses		2,610.	17	2,719.
	18	Grants payable			18	
	19	Deferred revenue	<u> </u>	19,078.	19	18,376.
	20	Tax-exempt bond liabilities	<u> </u>		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
iab		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23_	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
	1	parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D		<del></del>	25	
	26	Total liabilities. Add lines 17 through 25		21,688.	26	21,095.
	!	Organizations that follow SFAS 117 (ASC 958	· i			
es		complete lines 27 through 29, and lines 33 ar	nd 34.		İ	
auc	27	Unrestricted net assets	-		27	
Bal	28	Temporarily restricted net assets	-		28	
5	29	Permanently restricted net assets	· }		29	
Ē	j	Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ LX.			
Š		and complete lines 30 through 34.			_	
set	30	Capital stock or trust principal, or current funds	0.	30	0.	
Aŝ	31	Paid-in or capital surplus, or land, building, or ed	·	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	1,054,108.	32	1,095,405.
_	33	Total net assets or fund balances	ŀ	1,054,108.	33	1,095,405.
	34	Total liabilities and net assets/fund balances		1,075,796.	34	1,116,500.

Form	990 (2014) Arkansas County Farm Bureau	71-02	30987	Page <b>12</b>
	t XI Reconciliation of Net Assets	<u> </u>	<del></del>	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	261	,181.
2	Total expenses (must equal Part IX, column (A), line 25)	2	219	,884.
3	Revenue less expenses Subtract line 2 from line 1	3		,297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,054	
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,			
	column (B))	10	<u>1,095</u>	<u>,405.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	es No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	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			1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		v
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (2014)
			Form 8	(2014)

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
	ne of organization			Em	ployer identification number
	Arkansa	s County Farm Bu	ıreau		71-0230987
Pa	ort I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	cation's direct and indirect politi	cal campaign activities	ın Part IV ▶	\$
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3)	<del> </del>
	Enter the amount of any excise tax				\$
2		• •			\$
	If the organization incurred a section			•	Yes No
	Was a correction made?	77 4555 tax, did it ille 1 5111 4726	ror triio your.		Yes No
	o If "Yes," describe in Part IV.				
	art I-C Complete if the org	anization is exempt une	der section 501(c)	, except section 50	1(c)(3).
1		<del></del>			\$
	Enter the amount of the filing organ	, ,	· .		
_	exempt function activities		and organizations		\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
3	line 17b	Add lines I and 2 Enter here	and on room rizor of	-, •	\$
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
	Enter the names, addresses and er	•	(INI) of all section 527 n	olitical organizations to wh	
3	made payments For each organiza				
	contributions received that were pr				
	political action committee (PAC) If				
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) Env	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate
					political organization If none, enter -0-
			<del> </del>		
		-			

Schedule C (Form 990 or 990-EZ) 2014 Depart II-A   Complete if the org	<u>Arkansas Co</u> anization is exe	ounty Farm E mpt under section	ureau n 501(c)(3) and file	71-0 ed Form 5768(	0230987 Page 2 election under
section 501(h)).					
A Check 🕨 🔲 if the filing organizat	ion belongs to an aff	ılıated group (and list ii	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check 🕨 💹 if the filing organizat	ion checked box A a	nd "limited control" pro	ovisions apply.	<del> </del>	
	s on Lobbying Expe litures" means amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			<del></del>
<b>b</b> Total lobbying expenditures to influ	•				
c Total lobbying expenditures (add lin	•	-, (,,,		<del></del> -	
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditures		d)			
f Lobbying nontaxable amount Ente	•	•	h columns.		
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000		l
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero	or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations th	nat made a section 5 See the separ	ate instructions for li	have to complete all ones 2a through 2f.)	f the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		<del>,</del>
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount			]		
(150% of line 2a, column(e))		ļ			ļ
c Total lobbying expenditures					ļ
d Grassroots nontaxable amount				<del></del>	<del> </del>
e Grassroots ceiling amount					
(150% of line 2d, column (e))		ļ		<del></del>	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014 Arkansas County Farm Bureau Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount 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. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 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)? b 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 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 X Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

# **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Arkansas County Farm Bureau	71-0230987
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	Yes No
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historical	ly important land area
	Protection of natural habitat  Preservation of a certified h	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution	conservation easement on the last
_	day of the tax year.	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
h	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
4	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the tax
	year >	ŭ
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	
	conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	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 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public si	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>▶</b> \$

		s County F				OH		71-02		
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	it are a si	gnıfıcant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	(		Loan or exc	hange progra	ams				
b	Scholarly research	•	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımılar	assets		٦.	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" to i	Form 990	), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
c	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 F	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	unt liabili	ty?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	0			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	d) Three y	<u>rears back</u>	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships				ļ					
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as <sup>.</sup>					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ession of the organiz	ation tha	at are held a	ınd admınıste	ered for th	ne organiz	zation	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Pa	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10			
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value
		basis (invest	ment)		(other)	dep	reciation			
1a	Land				8,046.					,046.
b	Buildings			35	4,542.	1	.96,9	79.	<u> 157</u>	,5 <u>63.</u>
С	Leasehold improvements									
d	Equipment				4,861.		86,6		8	,233.
е	Other			<u> </u>	1,030.		4,2	27.		<u>,803.</u>
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Pan	t X, colur	nn (B), line	10c)				<u> 260</u>	,645.

(1) Federal income taxes	 	 		
(2)	 	 		
(3)	 	 		
(4)	 	 		
(5)	 			
(6)	 	 		
(7)	 			
(8)	 ļ	 		
(9)	 	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	 <u> </u>	 	 	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	rt XI Reconciliation of Revenue per Audited Financial Sta		/1-023098/ Pa	<del>ye -</del>
<u>r ai</u>	Complete if the organization answered "Yes" to Form 990, Part IV, line		ie per neturii.	
1	Total revenue, gains, and other support per audited financial statements	5 12a	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		<del>'- </del>	
a		2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		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	ļ	
b	Other (Describe in Part XIII )	4b		
С	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 Sta	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a		
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	1 1	<b>!</b>	
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.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
			<u> </u>	
þ	Other (Describe in Part XIII )	_4b	<del></del>   ]	
	Add lines 4a and 4b		4c	
С 5_	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18		4c 5	
5 <b>Pa</b>	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.	3)	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	
5 <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3) 4, Part IV, lines 1b and 2b, P	5	

# **SCHEDULE 0** (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.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 71-0230987

Arkansas County Farm Bureau	71-0230987
Form 990, Part VI, Section A, line 2:	
Derek Bohanan and Monty Bohanan - family relationship and	business
relationship	<del></del>
Jody Holzhauer and Mike Dodson - family relationship and	business
relationship	
Webster Hillman, Walter Hillman, David Hillman, Jonathan	Hillman, and Ryan
Hillman - family relationship and business relationship	
John Tarkington and Sam Tarkington - family relationship	and business
relationship	<u> </u>
Jerry Rodgers and Brandon Rodgers - family relationship a	nd business
relationship	
Floyd Dabbs, Terry Dabbs, and Trent Dabbs - family relation	onship and
business relationship	
Billy Long, Heath Long and Wes Long - family relationship	and business
relationship	
<u> Hank Bueker and Heath Long - business relationship</u>	
Form 000 Don't W.T. Coation & line 6.	
Form 990, Part VI, Section A, line 6:  The Organization is a mutual benefit organization with men	mbers
Form 990, Part VI, Section A, line 7a:	
The board is elected annually by the general membership.	
elected by the board.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Section A, line 7b:	
Policy resolutions are subject to member approval.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization  Arkansas County Farm Bureau	Employer identification number 71-0230987
Form 990, Part VI, Section B, line 11:	
The 990 is submitted to the office manager and Board	President for review.
Upon approval, it is signed by the Board President.	-
Form 990, Part VI, Section B, Line 12c:	
As issues arise that may lead to conflicts of intere	st, they are informally
discussed by the board.	
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers	or management
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	