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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Department of the Treasury
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionA For the 2014 calendar year, or tax year beginning **NOV 1, 2014** and ending **OCT 31, 2015**

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Greene County Farm Bureau

D Employer identification number

71-0245047

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. Box 896E Telephone number
870-236-7643

City or town, state or province, country, and ZIP or foreign postal code

Paragould, AR 72451F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.arfb.com/greeneJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) ◀(insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **160,965.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	42,365.
	4 Investment income	4	2,513.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
Expenses	c Less: direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	116,087.
	8 Other revenue (describe in Schedule O)	9	160,965.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	470.
	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	90,293.
	12 Salaries, other compensation, and employee benefits	13	600.
Net Assets	13 Professional fees and other payments to independent contractors	14	27,627.
	14 Occupancy, rent, utilities, and maintenance	15	2,334.
	15 Printing, publications, postage, and shipping	16	35,928.
	16 Other expenses (describe in Schedule O)	17	157,252.
	17 Total expenses Add lines 10 through 16	18	3,713.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	276,281.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	0.
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	279,994.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	25,544.	22 30,520.
23	Land and buildings	261,345.	23 259,776.
24	Other assets (describe in Schedule O)	3,662.	24 4,694.
25	Total assets	290,551.	25 294,990.
26	Total liabilities (describe in Schedule O)	14,270.	26 14,996.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	276,281.	27 279,994.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Agricultural Promotion**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28 **County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.**

(Grants \$

) If this amount includes foreign grants, check here

28a

29

(Grants \$

) If this amount includes foreign grants, check here

29a

30

(Grants \$

) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$

) If this amount includes foreign grants, check here

31a

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Terry Norwood</u> <u>President</u>	0.50	0.	0.	0.
<u>Brandon Martin</u> <u>Vice President</u>	0.50	0.	0.	0.
<u>Ronnie Roberts</u> <u>Secretary</u>	0.50	0.	0.	0.
<u>Bryce Anderson</u> <u>Member</u>	0.50	0.	0.	0.
<u>Jimmy Blackburn</u> <u>Member</u>	0.50	0.	0.	0.
<u>Justin Blackburn</u> <u>Member</u>	0.50	0.	0.	0.
<u>Derek Boling</u> <u>Member</u>	0.50	0.	0.	0.
<u>Johnny Distretti</u> <u>Member</u>	0.50	0.	0.	0.
<u>Shaun Finch</u> <u>Member</u>	0.50	0.	0.	0.
<u>Terry Gray</u> <u>Member</u>	0.50	0.	0.	0.
<u>Allen Griffin</u> <u>Member</u>	0.50	0.	0.	0.
<u>Evan Hyde</u> <u>Member</u>	0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
 35a X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes No
 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes No
 b Did the organization file Form 1120-POL for this year? Yes No
 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 38a X

39 Section 501(c)(7) organizations. Enter: Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
 38b N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
 39a N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A Yes No
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
 40b N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
 40e X

41 List the states with which a copy of this return is filed ► None Yes No

42a The organization's books are in care of ► The Organization Telephone no. ► 870-236-7643 Yes No
 Located at ► P.O. Box 896, Paragould, AR ZIP + 4 ► 72451 Yes No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No
 If "Yes," enter the name of the foreign country: ► _____ Yes No
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If "Yes," enter the name of the foreign country: ► _____ Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47	
48	

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

48	
49a	

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

49a	
49b	

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ► *Ronnie Roberts* Date *3-14-16*
Signature or mark
Type or print name and title *Ronnie Roberts, Secretary / Treasurer*

Paid Preparer Use Only	Print/Type preparer's name <i>Sherry Chesser, CPA</i>	Preparer's signature <i>Sherry Chesser</i>	Date <i>2-10-16</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00174819</i>
	Firm's name ► <i>Thomas & Thomas LLP</i>			Firm's EIN ► <i>71-0271741</i>	
	Firm's address ► <i>201 E. Markham, Suite 500 Little Rock, AR 72201</i>			Phone no. <i>501-375-2025</i>	

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

Greene County Farm Bureau

Employer identification number
71-0245047**Form 990-EZ, Part I, Line 4, Rental Income:**

<u>Kind and Location of Property:</u>	<u>Amount:</u>
Office Space - Paragould, AR	2,500.

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
Interest on Savings and Cash Investments	13.

Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
Insurance Service Fees	111,411.
Royalty Income	3,676.
Miscellaneous Income	1,000.
<u>Total to Form 990-EZ, line 8</u>	<u>116,087.</u>

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

<u>Description of Expenses:</u>	<u>Amount:</u>
Depreciation	7,468.
Other Expenses	20,159.
<u>Total to Form 990-EZ, line 14</u>	<u>27,627.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
Supplies	4,654.
Telephone	5,323.
Conf, conventions, etc.	13,976.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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<u>Insurance</u>	585.
<u>Advertising and Promotion</u>	4,458.
<u>Youth and Safety</u>	1,800.
<u>Miscellaneous</u>	4,625.
<u>Depreciation</u>	507.
<u>Total to Form 990-EZ, line 16</u>	35,928.

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Receivable</u>	198.	0.
<u>Other Depreciable Assets</u>	3,464.	4,694.
<u>Total to Form 990-EZ, line 24</u>	3,662.	4,694.

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Prepaid Membership</u>	12,551.	13,618.
<u>Payroll Liabilities</u>	1,719.	1,378.
<u>Total to Form 990-EZ, line 26</u>	14,270.	14,996.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Name of the organization

Greene County Farm Bureau

Employer identification number

71-0245047

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)