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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.irs.gov/form990.

Open to Public Inspection

A F	or th	e 2014 calendar year, or tax year beginning NOV 1, 2014 and	ending (<u>ост 31, 2015</u>					
Вс	heck if pplicab	C Name of organization		D Employer identific	cation number				
	Addre chang	Jackson County Farm Bureau							
	Name Chang		71-0	257803					
	Initial	The state of the s	Room/suite						
	Final	206 North Harwood Street		870-523-8946					
	termii			G Gross receipts \$	147,193.				
	Amer	ded Normant AD 72112		H(a) Is this a group re					
	Applition	F Name and address of principal officer. Dr. 1203-7-1		for subordinates					
	pendi	^{ng} same as C above		H(b) Are all subordinates in	ncluded? Yes No				
		empt status 501(c)(3)X 501(c)(5) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)				
<u>J</u> V	Vebsi	te: ▶ www.arfb.com/jackson		H(c) Group exemptio	n number 🕨				
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 1958 N	State of legal domicile: AR				
Pa	art I	Summary							
Activities & Governance	1′	Briefly describe the organization's mission or most significant activities. Agri	<u>cultur</u>	cal Promotio	<u>n</u>				
rna	2	Check this box If the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	sets				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	26				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26				
es &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	3				
vi t i	6	Total number of volunteers (estimate if necessary)		6	56				
∕cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	106,160.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<u> </u>				
			<u></u>	Prior Year	Current Year				
ō	8	Contributions and grants (Part VIII, line 1h)		0.	<u> </u>				
ent	9	Program service revenue (Part VIII, line 2g)	<u></u>	34,328.	34,448.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		912.	959.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		113,195.	<u>111,786.</u>				
	12_	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		148,435.	147,193.				
ග	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,092.				
CANNADS Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	<u> </u>				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	73,100.	64,965.				
ens		Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> -	0.	0.				
	1	Total fundraising expenses (Part IX, column (D), line 25)	0.	F0 010					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	50,218.	53,624.				
M		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	 	123,318.	120,681. 26,512.				
	19_	Revenue less expenses Subtract line 18 from line 12		25,117.					
		Tatal accute (Dad V. Luc 40)	Be	eginning of Current Year	End of Year				
See See Bala		Total assets (Part X, line 16)		488,523.	515,411. 14,462.				
	21	Total liabilities (Part X, line 26)		14,086. 474,437.	500,949.				
	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		4/4,43/•	300,343.				
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the hest of m	v knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			, miomoago ano bonoi, mio				
	00	L K	non propuro	- Has any kinomosger					
Sıgr	,	Signature of officer		Date					
Her		Prent Lassiter President		611	0116				
		Populi print name							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		Sherry Chesser, CPA Guy Criso	u_	COTILO II self-employe	P00174819				
Prep	arer	Firm's name Thomas & Thomas LLP	Oc	CON HITTES EIN	71-0271741				
Use	Only	Firm's address 201 E. Markham, Suite 500	1/5						
		Little Rock, AR 72201	<u>z </u>		<u>1-375-2025</u>				
<u>May</u>	the I	RS discuss this return with the preparer shown above? (see instructions)		N 1 7 2016 O	X Yes No				
43200	01 11-0	or-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ong		Form 990 (2014)				
			06	DEM. UT	722				

	1990 (2014) Jackson County Farm Bureau	71-025/803	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		
1	Briefly describe the organization's mission: Agricultural Promotion		
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	LYes l	X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported		
4a)
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvements, economic opportunity, advancement.	and social	
	ad varioum circ i		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
4¢	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
40	Total program conuce exponent		

Form **990** (2014)

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1,7
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			_
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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	Х	
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		Х
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		X
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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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?			7,7
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the Office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		^
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

Form 990 (2014)

Jackson 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	l I		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	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			
	Schedule K. If "No", go to line 25a	24a		X
b	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		
b	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,"	00		х
03	complete Schedule L, Part II	26		
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	1		
	Part V, line 1	34_		X
35a	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			
	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?			
۵-	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
20	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	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(2014)
		. 51111		(~~ · ~/

	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	1	1.00	1.00
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ヿ゙		ĺ
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	
	filed for the calendar year ending with or within the year covered by this return 2a	3		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
-	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?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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)?	4a	l	X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X_
С	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 organization solicit			İ
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	↓	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	r? 7a	┼	├─
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	├─-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		1
	to file Form 8282?	7c	+	₩
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥_		
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	+	\vdash
f	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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7 <u>g</u> 7h	+	\vdash
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	· / / / /	+	
	sponsoring organizations maintaining donor advised funds, bid a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.		+	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ļ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	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		<u> </u>
b	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.	L_	\downarrow	<u> </u>
а	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	1		
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	4		
	Enter the amount of reserves on hand		+	17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\overline{}$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	m 990	(2014)
		rur	カラ フラび	(4014)

Form 990 (2014)

Jackson County Farm Bureau

71-0257803

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

	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
<u>Sec</u>	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 26			
	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 26			ĺ
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	77	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	_	37	
	more members of the governing body?	7 <u>a</u>	_X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.5	
_	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:	0-	v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
<u> </u>	tion D. I Onoles (this Section B requests information about policies not required by the internal nevertier code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
•	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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	i
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	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		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	<u>15b</u>		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	-	X
b	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			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		-	
17 10	List the states with which a copy of this Form 990 is required to be filed None Section 5104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501(c)/3)s only if	wailah	<u> </u>	
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) and organization longitudes and these available. Check all that apply	vallab	10	
	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)			
10	Own website Another's website William Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rıal	
19			CIGI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 870-523-8946			
	206 North Harwood Street, Newport, AR 72112			

	(2014)	

2014) Jackson County Farm Bureau 71-0 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

· 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

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

(A)	(B)	ĺ		(0	C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	—	ceran	dad	recto	r/trus	196)	from	from related	other
•	(list any	recto						the	organizations	compensation
	hours for related	0 G	98			sated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	Fust		8	ngen	ĺ	(W-2/1099-MISC)		organization and related
	below	dualt	tona	_	율	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ě.	Highest compensated employee	E E			
(1) Derek Haigwood	0.50		_		_		_			
President		X		X				0.	0.	0.
(2) Brent Lassiter	0.50									
Vice President		X	'	X			}	0.	0.	0.
(3) Tommy Young	0.50									
Secretary		X		X				0.	0.	0.
(4) Levi Carlton	0.50						ļ			
Member		X					_	0.	0.	0.
(5) Kenneth Clark	0.50								1	
Member		X						0.	0.	0.
(6) Morris Crandall	0.50		}							
Member		X	_		<u> </u>		Ļ	0.	0.	0.
(7) Tony Davis	0.50	1						_	_	_
Member		X	_		_		<u> </u>	0.	0.	0.
(8) Dennis Haigwood	0.50	-						_	_	_
Member		X						0.	0.	0.
(9) Drew Haigwood	0.50						l			
Member		X	_			<u> </u>	├—	0.	0.	0.
(10) Glover Haigwood	0.50									
Member		X	\vdash			_	├—	0.	0.	0.
(11) Malcolm Haigwood	0.50									
Member		X	<u> </u>	_		_		0.	0.	0.
(12) Marvin Hare	0.50								_	
Member	0.50	X				_	<u> </u>	0.	0.	0.
(13) Sam Houston	0.50		!		ļ		ļ		0	
Member	0 50	X	_		<u> </u>	_	 	0.	0.	0.
(14) Jennifer James	0.50	.			ļ	İ	ļ		0	_
Member	0.50	X	\vdash		ļ <u> </u>		-	0.	0.	0.
(15) Keith Kinard	0.50	x						0.	0.	0.
Member	0.50	^			-	-	├─	<u> </u>	<u> </u>	<u> </u>
(16) Jim Young	0.50	x					ĺ	0.	0.	0.
Member (17) Wingil Languages	0.50		-			\vdash	-			
(17) Virgil Lancaster Member	0.50	X						0.	0.	0.
432007 11-07-14		1 47	L				Ь			Form 990 (2014)
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71-0257803

Name and title	Part VII Section A. Officers, Directors, Tru	Stees, Key Em (B)	ploy	/ees			ighe	st					<u></u> _	
Compensation Comp	(A)	1 ' '							(D)	(E)				d
Section of the property of t	Name and title	1			check	more	than			· ·				
Case Part Case		week							.					
Case Part Case		1 '	ecto				ļ					compe	nsat	ion
(131) Mark McGaughey Member (139) Mark McGaughey Member (120) R.I., Montgomery Member (121) San Nicholson Member (121) Jaff Rutledge Member (122) Jaff Rutledge Member (123) Garey Robertson Member (123) Carey Robertson Member (124) Bobby Taylor Member (125) Wayne Vines Member (126) Wayne Vines Member (127) Mayne Vines Member (128) Wayne Vines Member (128) Wayne Vines Member (129) Wayne Vines Me		1	声	به			ated		organization	(W-2/1099-MISC)			
(18) Hervey Madden X 0.0.0.0.1 Member			ustee	truste		يوا	Suadi		(W-2/1099-MISC)			_		
(18) Hervey Madden X 0.0.0.0.1 Member		-	1 =	tonal		ayoldr	st con							
(18) Hervey Madden X 0.0.0.0.1 Member		line)	Individ	Institu	Officer	Key en	Highe	Forme			ĺ	o, ga		
(19) Mark McGaughey Member	(18) Hervey Madden	0.50						Γ			\neg			
Member	Member		X	<u> </u>		<u> </u>	<u> </u>	L.	0.	(<u>).</u>			0.
Rember State Sta	(19) Mark McGaughey	0.50]											
Member	Member		X	<u> </u>	_	<u> </u>		<u> </u>	0.		<u>).</u>			0.
(21) Sam Nicholson Member (22) Veff Rutledge (23) Carey Robertson Member (24) Bobby Taylor Member (25) Wayne Vines Member (25) Wayne Vines Member (25) Wayne Vines Member (26) Blake Young Member (27) Sam Nicholson Member (28) Wayne Vines Member (29) Use Compensation Seeds to Part VIII, Section A (20) O. O. O. O. O. O. O. O. O. O. O. O. O.	(20) H.L. Montgomery	0.50	-											
Member	Member	<u> </u>	X	<u></u>	$oxed{}$	<u> </u>	_	_	0.		<u>).</u>			0.
Carried State Carried Stat	(21) Sam Nicholson	0.50	1					Ì						_
Member			X	├-	┞	├-	-	-	0.) - 			0.
(23) Bobby Taylor Member	•	0.50	.				ł			,	$\cdot \mid$			Λ
Member		0.50	▞	-	\vdash	-	╁	┝			/ 			0.
A Sobby Taylor		0.50	v			İ			0	1	۱,			0.
Member X		0.50	^	一	 	f	-	┢╌	·		' †			<u> </u>
Mayber	_	0.50	x		ł			ļ	0.	}) . l			0.
Member		0.50		T				T			\top			
Member	-		\mathbf{x}		}				0.	(ا. ر			0.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N		0.50												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves N	Member		X		<u> </u>				0.	().			0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes N	1b Sub-total							>						0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Tyes N Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	c Total from continuation sheets to Part V	II, Section A												0.
Solid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	d Total (add lines 1b and 1c)							▶	0.		<u>) . </u>			0.
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı	n the organization's tax	year				
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		· · · · · · · · · · · · · · · · · · ·					_							
						_								
			ot li	mite	d to		_	ste	d above) who received n	nore than				

34,448.

106,160.

6,585

Form 990 (2014)

Total revenue See instructions.

Form 990 (2014)

Jackson County Farm Bureau

Part IX | Statement of Functional Expenses

<u>Sect.</u>	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,092.			
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				
7	persons described in section 4958(c)(3)(B)	57,071.			
7 8	Other salaries and wages Pension plan accruals and contributions (include	J 1 , U 1 1 •			
J	section 401(k) and 403(b) employer contributions)	2,599.			
9	Other employee benefits				
10	Payroll taxes	5,295.			
11	Fees for services (non-employees)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Management				
b	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	1,146.			
13	Office expenses	6,585.			
14	Information technology				
15	Royalties	16,750.			
16	Occupancy Travel	16,730.			
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,008.	 		
20	Interest	1			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,901.		<u> </u>	
23	Insurance	729.			
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.)				
_	Youth & Safety	1,801.			
a b	Miscellaneous	104.			
C	111bocriumcoub				
d		-			
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	120,681.			
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)				

Form 990 (2014) Jackson County Farm Bureau 71-0257803 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 285,862 304,411. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 0. 0. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other <u>385,834</u>. basis Complete Part VI of Schedule D 10a 174,834. 202,661. 10b 211,000. b Less accumulated depreciation 10c Investments - publicly traded securities 11 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 15 488,523 515,411 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,255. 1,200. Accounts payable and accrued expenses 17 17 18 Grants payable 18 13,207. 12,886. 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 Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 14,086. 14,462. Total liabilities. Add lines 17 through 25 26 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 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶

> 515,411. Form **990** (2014)

500,949.

500,949.

0.

0. 31

474,437.

474,437.

488,523.

30

32

33

34

30

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

orn	1990 (2014) Jackson County Farm Bureau	/1-025	<u> / 0 U J</u>	Page 14
	rt XI Reconciliation of Net Assets			
	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		7,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	120	,681.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,512.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	474	<u>.,437.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	<u> </u>	
7	Investment expenses	7	<u>. </u>	
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	500),9 <u>49.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes 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	· O		-
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	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 basis,		
	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	e audit,	1 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	edule O		
За	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		
	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 requ	ired audit		ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (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			
Nar	ne of organization			Empl	oyer identification number
	Jackson	County Farm Bu	reau		71-0257803
Pa	art I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	cation's direct and indirect politi	cal campaign activities	ın Part IV ▶\$	
<u> </u>	and I D Communicate 164th a series			\ <u>(0)</u>	
$\overline{}$	Enter the amount of any excise tax	janization is exempt un		<u>((3).</u> ▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a section	, ,	•	5	Yes No
	Was a correction made?	11 4955 tax, did it lile FOITI 4720	Tiol tills year?		Yes No
	o If "Yes," describe in Part IV				
		janization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities >\$	
	Enter the amount of the filing organ	, ,	•		
	exempt function activities		-	▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	- ,	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	nployer identification number (E	IN) of all section 527 p	olitical organizations to whic	h the filing organization
	made payments For each organiza	·	• •		•
	contributions received that were pro-			• •	te segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	- ,		
	(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
		 			
			 		
					
		<u> </u>	 		
				ļ	

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) B Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures (and single graph and the provisions apply). Limits on Lobbying Expenditures (all lines to Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence a legislative body (direct lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1b) f Lobbying pontaxable amount. Enter the amount from the following table in both columns If the amount on line 1s, elonging (a) (b) is: Net over \$500,000 Civer \$1,000,000 but not over \$1,000,000 S225,000 plus 15% of the excess over \$5,000,000 Civer \$1,000,000 but not over \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0 i Subtract line 1g from line 1a. If zero or less, enter -0 if there is an amount other than zero on either line 1h or line 1t, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t). Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) Total d Grassroots nontaxable amount b Lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column (e))	Schedule C (Form 990 or 990-EZ) 2014	Jackson (ounty Farm B	ureau	/ <u>1</u> -	025/803 Page 2
A Check* If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) B Check If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence public opinion (grass roots lobbying) c Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$5,000,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$175,000,000 20 Subtract line 1 from line 1a. If zero or less, enter -0 I Subtract line 1 from line 1a. If zero or less, enter -0 Subtract line 1 from line 1a. If zero or less, enter -0 Over \$1,000,000 but not over \$1,000,000 Calendar year (or fiscal year beginning in) A Year Averaging Period Under section \$01(h) (Some organizations that made a section \$01(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 21.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) C Total lobbying expenditures d Grassroots nontaxable amount b Lobbying celling amount c Grassroots celling amount d Grassroots nontaxable amount		ganization is o	exempt under section	on 501(c)(3) and file	ea Form 5/06 (election under
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If the amount on line 1e, column (a) or (b) is:	 Total exempt purpose expenditure 	es (add lines 1c ar	nd 1d)	<u> </u>		
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Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Quer \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 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 zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) Calendar year (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) Total Grassroots nontaxable amount b Lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount e Grassroots ceiling amount	Over \$500,000 but not over \$1,00	0,000 \$10	00,000 plus 15% of the ex	cess over \$500,000		
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If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	h Subtract line 1g from line 1a. If zer	ro or less, enter -0	-	<u>j.</u>		
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See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount		4-Yea	r Averaging Period Unde	r section 501(h)		
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b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount				 		<u> </u>
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount						
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d Grassroots nontaxable amount e Grassroots celling amount						
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e Grassroots ceiling amount	_	ĺ		1		
				-		
(150% of line 2d, column (e))	_]]		
	(150% of line 2d, column (e))	<u> </u>				
f. Grassroots Johnhying expenditures	4. One consists to the second second					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Jackson County Farm Bureau 71-0257803 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description (a) (b) 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? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 501(c)(6). No Yes Х 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? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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 excess		
	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	

Provide the descriptions renstructions), and Part II-B		(affiliated group list), P	art II-A, lines 1 and 2 (see
	 	 	
	 	 	
	 	 	
<u> </u>	 	 	

Part IV

Supplemental 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.

Open to Public

Department of the Treasury Internal Revertue Service

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

Inspection

Employer identification number Name of the organization <u>Jackson County Farm Bureau</u> 71-0257803 Part 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 Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 service, provide the following amounts relating to these items: (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)		Schedule D (Form 990) 2014 Jackson County Farm Bureau 71-0257803 Page 2								
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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

Jackson County Farm Bureau

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Jackson County Farm	Bureau	71-0257803 Page 4
Part XI Reconciliation of Revenue per Audited Financia	Statements With Reven	ue per Return.
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a	
1 Total revenue, gains, and other support per audited financial statement	ts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e 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		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	101	4c
	20.12)	5
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financia	al Statements With Exper	
		idoo poi riotariii
Complete if the organization answered "Yes" to Form 990, Part	IV, IIII G 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.		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)		
e 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	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov		-ait v, iiile 4, Fait A, iiile 2, Fait Ai,
		<u> </u>
		

Schedule D (Form 990) 2014

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Jackson County Farm Bureau

Employer identification number 71-0257803

Form 990, Part VI, Section A, line 2:
Dennis Haigwood, Derek Haigwood and Drew Haigwood - family relationship
Malcolm Haigwood and Dennis Haigwood - family relationship
Shirley Haigwood, Dennis Haigwood and Malcolm Haigwood - family
relationship
Shirley Haigwood and Glover Haigwood - family relationship
Marvin Hare and Jennifer James - family 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 submitted to the Board President for review. Upon approval, it
is signed by the Board President and mailed.
Form 990, Part VI, Section B, Line 12c:
Officers are required to disclose annually any potential conflicts of
interest.

Name of the organization	Employer identification number
	71-0257803
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
	
	
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)