

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

Inte	rnal Reve	enue Service	► Information about	Form 990 at	nd its instruct	tion <u>s is</u> a	at <u>www.irs</u>	s.gov/form990.		Inspection
Α	For th	e 2014 calend		NOV 1,	2014				15	
	Check if applicab		of organization					D Employer ide		ion number
	Addre	ss Paul	knor County Form	Pura				1		
	chang Name chang	,	Lkner County Farm ousiness as	Bureau		÷		71	-026	55247
	Initial return	Number	r and street (or P.O. box if mail is not	delivered to sti	reet address)	Ro	oom/suite	E Telephone nu		
$\vdash$	Final	D O	Box 936		,			•		29-5681
	termir		town, state or province, country, ai	nd ZIP or fore	eion postal cod	de	· <del></del> -	G Gross receipts \$		372,468.
Г	Amen		vay, AR 72033		g p			H(a) Is this a grou	ID retur	
Ē	Applic		and address of principal officer.Da	vid He	ffingto	n		for subordin	•	Yes X No
	pendi	na I	as C above					H(b) Are all subordina		
$\overline{}$	Tayey	empt status [	501(c)(3) X 501(c) ( 5	)◀ (insert	no.) 4947	7(a)(1) or	527	1 ' '		(see instructions)
			arfb.com/faulkner		10.7	<u>, (u)( 1) (ii</u>		H(c) Group exem		
			X Corporation Trust	Association	Other		I Vear			tate of legal domicile: AR
	art I	Summary		1.0000.011			1 L Tour V	or tormation. 190	O <sub>1</sub> IVI O	ate of legal definione. 2 121
_	T •	<del></del>	be the organization's mission or mo	et capificani	t activities A	aria	11 tur	al Promot	ion	
Governance	1	Briefly deserte	To the organization's mission of the	ost significani	22	9	<u>ur cur</u>	di ilomot		
nar	2	Check this bo	ox If the organization disc	continued its	operations or	dispose	d of more	than 25% of its no	et asset	te
Ϋ́e	3		oting members of the governing boo		•	disposer	u oi more	111211 2070 01 113 11	3	18
္လင္ဟိ	4		dependent voting members of the			o 1h)			4	18
<b>ීටු</b> ජ ක්ර	ſ		of individuals employed in calenda						5	8
i die			of volunteers (estimate if necessar	•	rait v, iiile za	·)			6	<u></u> 27
77.₹			ed business revenue from Part VIII,		Ino 12				7a	245,297.
Activities &			business taxable income from For						7b	-65,470.
<u> </u>	B	Net differated	business (axable income from For	111 990 1, 11116	- 54		<u> </u>	Prior Year		Current Year
, 	8	Contributions	and grants (Port VIII June 1h)						0.	0.
Revenue	1		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)				-	108,15		106,704.
Ę,,_,		•	come (Part VIII, column (A), lines 3	4 and 7d)				1,67		687.
~8€	1		• • • • • • • • • • • • • • • • • • • •	•	and 11a)			264,43		265,077.
<u>_</u>	1		e (Part VIII, column (A), lines 5, 6d,		-	n 12\	-	374,26		372,468.
2			- add lines 8 through 11 (must equ			9 12/		1,86	_	559.
20			milar amounts paid (Part IX, column		3)		-		0.	0.
	1		to or for members (Part IX, column r compensation, employee benefit:		lumn (A) linas	5 10\	<del></del>	225,78		234,040.
Expenses	16-				umm (A), imes	3-10)			0.	0.
Sen	loa		fundraising fees (Part IX, column (A			(	o. 🗀		<del>-   -</del>	
Ä	170		sing expenses (Part IX, column; (D),				<del></del>	132,23	1	137,481.
	17	Tatal aug affi :	es (Part IX, column (A), lines 11a-1	10, 111-240)	(A) line (CE)			359,88		372,080.
	10	Courses (see	es. Add lines 13-17 (must equal Par	TIX, COIUMII	(A), line 25)		<del>                                     </del>	14,38		388.
Z SS	19	neveriue less	expenses Subtract line 18 from lin	16 12	<del></del>		Por	ginning of Current Y		End of Year
arc a	20	Total assets	Bat V IDA SI				Del	800,74		802,619.
Net Assets or Fund Balances	20		(Part X; line 26)					35,57		37,067.
Met	22		fund balances Subtract line 21 fro	m line 20				765,16	$\overline{}$	765,552.
	art II	Signature		nn nne 20				703,10	<u> = •1</u>	
		<del></del>	I declare that I have examined this retui	rn including a	CCOMPANYING SC	hedules a	nd stateme	ents and to the hest	of my kr	nowledge and helief it is
			Declare that mave examined this retails. Declaration of preparer (other than of						J1 1113 K11	Officage and belief, it is
1100	, 001100	, and complete	att. hl. M	1001) 13 04304	on an imormano	711 O1 WILLOI	прорагог	lias any knowledge.		
Sig	•	Signature	e of officer					Date		
Her		1 .		Peretaru	-Treasur	rev			6-	14-16
1101	C		print name and title	<u> </u>						<del></del>
		Print/Type pre	narer's name	Preparer's	signature		D	ate Chec	, [	PTIN
Paid	d		Chesser, CPA			~~~		<b></b>	لـــا	P00174819
	parer	Firm's name	Thomas & Thomas		<del>y</del>	<b>N</b>		Firm's EIN	_	1-0271741
	Only		201 E. Markham,	Suite	500			THINSEIN	<del>,</del>	
500	Jy	, min 3 addiess	Little Rock, AR					Phone no	501-	375-2025
Ma	v the IF	RS discuss the	is return with the preparer shown a		estructions)			11 110110 1101	<del></del> -	X Yes No

Form **990** (2014)

Forn	1990 (2014) Faulkner County Farm Bureau	<u>71-0265247</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		
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		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	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	measured by expenses	<b>;</b>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$	Je \$	
	County Farm Bureau work is general in nature, helping fa	arm families	
	achieve educational improvements, economic opportunity,		
	advancement.		
4b	(Code) (Expenses \$	ie \$	)
4c	(Code) (Expenses \$) (Revenue	ie\$	)
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
<u>4e</u>	Total program service expenses		00 (00 : 1)
		Form 9	90 (2014)

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

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	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	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		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		_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		<u>X</u>
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_		<u>_X</u>
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		<u>X</u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.41		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>_X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
_	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		_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		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>X</b> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		Х
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		
~			990	(2014)

Form 990 (2014) Faulkner County Farm Bureau

Part IV | Checklist of Required Schedules (continued)

	Deliver A to the design of the second of the		Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		}	\ <b>\ \</b> 7.
	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			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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			37
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u></u>
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_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		,	
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ. ———	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u>X</u> _
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<b> </b>	X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	Ì	ļ	
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32	<u> </u>	X
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		<u>X</u> _
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	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	[	ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ <u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	}		
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2014)

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable    Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable   Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminding) with making with backup withholding rules for reportable payments to sendors and reportable gaming (gaminding) with making with orwitin the year covered by this return   Signature	• •	Check if Schedule O contains a response or note to any line in this Part V				
1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable be Enter the number of Forme W204 included in the 1a. Enter 0 - If not applicable in the provision of the provision		,			Yes	No
b Enter the number of Forms W.26 included in line 1a. Enter O-If not applicable Obd the organization comply with backloy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wanness?  Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this letum.  B If at least one is reported on line 2a, did the organization de all required federal employment tax returns?  Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions).  B If If vies, 1 has it fed a Form 990-T for the year If 1%0, to fair 6a, power dan explaination in Schedule O.  B If "Yes," and it fed a Form 990-T for the year If 1%0, to fair 6a, power dan explaination in Schedule O.  B If "Yes," and it is the dark of the organization than 3 as bank account; securities account, or other financial accounts?  4a A lamy 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 accounts (FBAR)  5b If vies," either the name of the foreign country Immediate Interest of the policy of the organization flat is was or as party to a prohibited tax sheller transaction?  6b If Vies, 1 to line 5a or 5b, did the organization that it was or as a party to a prohibited tax sheller transaction any contributions have arrived in tax deductible as charitable contributions?  6b If Vies, 1 to line 5a or 5b, did the organization into tax deductible as charitable contributions?  6c If If Vies, 1 to line 5a or 5b, did the organization mickles with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions or grits were not tax deductible as charitable contributions.  6c If Vies, 1 to the organization shall were not tax deductible as charitable contributions or grat	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4		-:00	1,0
Description of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) without without per surface of the calendar year ending without within the year covered by this expert of the calendar year ending with or within the year covered by this expert of the calendar year ending with or within the year covered by this expert of the calendar year ending with or within the year covered by this expert of the calendar year ending with or within the year of the calendar year ending with or within the year of the calendar year ending with or within the year of the calendar year ending the calendar of the year?  Note. If the sum of lines is and 2 as is greater than 250, you may be required to e-fee (see instructions)  3 bit "Yes," has it feed a Form 990. To first year? If "No," to fine 3b, provide an explanation in Schedule O  3 bit "Yes," the set of during the calendar year, did the organization has 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)?  4 bit "Yes," the financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR)  5 bit of the organization in foreign country.  5 bit of the organization and party to a prohibited tax shefler transaction at any time during the tax year?  5 bit of the organization and party to a prohibited tax shefler transaction and the financial account (FBAR)  5 cit "Yes," to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shefler transaction?  6 bit "Yes," the line Sa or Sb, did the organization that the year or the secondary contributions that are received accutable as charitable contributions and year the tax year or the tax securities and year or the year of the year or the year of the torganization shefly and year is the premium or the year or the value of the goods or services provided?  5 bit "Yes," and the or	_					
Gambing) winnings to prize winners?  Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.  If led for the calendar year ending with or within the year covered by this return  If led for the calendar year ending with or within the year covered by this return  If led for the calendar year ending with or within the year covered by this return  If led for the sum of lines 1 and 2 as ig greater than 250, you may be required to ether (see instructions)  If I' Yes, "not if the sum of lines 1 and 2 as ig greater than 250, you may be required to ether (see instructions)  If I' Yes, "not if the sum of lines 1 and 2 as ig greater than 250, you may be required to ether (see instructions)  If I' Yes, "not if the sum of the calendar year, dot the organization have an interest in, or a signature or other dishorts account?  If I' Yes, "not end uring the calendar year, dot the organization have an interest in, or a signature or other dishorts account?  If I' Yes, "not the sum of the foreign country [who is a bank account; sourcines account, or other financial accounts (FBAR)  If I' Yes, "not the sum of the foreign country [who is a bank account; sourcines account, or other financial accounts (FBAR)  If I' Yes, "not line Sa or St, did the organization fine Form 888617  If I' Yes, "other the name of the foreign country [who is a sum of the organization state of the organization state is a contribution of any to a prohibition or an express statement that such contributions or gifts were not its deductible as charitable contributions an express statement that such contributions or gifts were not its deductible as charitable contributions an express statement that such contributions or gifts were not its deductible as charitable contributions and party for goods and services provided 7  If I' Yes, "do the organization shart may receive deductible as charitable contributions are press at length of the party of the part	С	• •	<del></del>			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and ending with or within the year covered by this return.  b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3b Did the organization have unrelated buseness gross income of \$1,000 or more during the year?  5a At any time during the cellendary year, did the organization have an inferest it, no a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization have the foreign country.  5b If "Yes," the rife the name of the foreign country such as a bank account, securities account, or other financial accounts (rBAR)  5b Was the organization and the foreign country such as a bank account, securities account, or other financial accounts (rBAR)  5b Was the organization and the foreign country such as a bank account, securities account, or other financial accounts (rBAR)  5c Was the organization five to a prohibited tax shelfer transaction?  5c If "Yes," to line 5a or 56t, did the organization that it was or is a party to a prohibited that whether transaction?  5c If "Yes," to line 5a or 56t, did the organization that it was or is a party to a prohibited that whether transaction?  5c If "Yes," to line 5a or 56t, did the organization that it was or is a party to a prohibited the organization solicit any contributions and were not tax deductible?  5c If "Yes," to line 6a organization medical with every solicitation an express statement that such contributions or grits were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5c Unit the organization transverse of the value of the goods or services provided?  5c Organizations that may receive deductible contributions or or				1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  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 unrelited business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O  3a X  3b X  3b X  3b X  3c X  3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-tife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a8			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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)?  5a en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR)  5a Was the organization aparty to a prohibited as whether transaction at any time during the tax year?  5a Was the organization aparty to prohibited as whether transaction at any time during the tax year?  5b Uar any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization that file was or is a party to a prohibited tax shelter transaction?  6d If "Yes," to the 5a or 5b, did the organization that file Form 88861?  6d Organization that was renor tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organization that may receive deductible contributions under section 170(c).  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization of the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9d If "Yes," did the organization received a contribution of qualified intelectual property, did the organization file a Form 1084 C?  9d If "Yes," directly and the programization make any taxable distributions under section 4966?  9d Order organization necessed a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b	X	
b if "Yes," has it filled a Form 990-T for this year? if "No," to nie 35, provide an explanation in Schedule O  All 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 hannoial account?)  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)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions filing fili		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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the financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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?  5b IV 3x Stable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  5c IV "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes," do the organization include with every solicitation an express statement that such contributions or grits were not tax deductible.  6c Did the organization receive deductible contributions under section 170(c).  6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d If the organization received a contribution of cass, boats, anglanes, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions of confort where the distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization incentific	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b_	_X_	
b If "Yes," enter the name of the foreign country! See instructions for filing requirements for FinGEN 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b X  6b X  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization treceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c 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?  7d 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?  7d Did the organization receive any funds, cliractly or indirectly the presental property for which it was required to file Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization received a contribution of qualified mittelectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of qualified mittelectual property, did the organization file Form 8899 as required?  1 If the organization is received a contribution of qualified	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor?  9 If "Yes," did the organization neity the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  13 Sponsoring organization make any paymenting directly or indirectly, on a personal benefit contract?  14 If the organization received a contribution of cars, boats, anplanes, or other vehicles, dult the organization file a Form 1098-C?  15 Sponsoring organizations make any taxable distributions under section 4966?  16 Sponsoring organization make any taxable distributions under section 4966?  17 Did the sponsoring organization make any taxable distribution to a donor advised fund maintained by the sponsoring organization make any taxable distribution sunder section 4966?  17 Did the sponsoring organization make any taxable distribution or divised funds.  18 Section 501(c)(7) organizations. Enter.  29 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  19 Gross		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
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6a X  Bit PYes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or grifts were not tax deductible.  6b Bit PYes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  8 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization excellence, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization file Form 899 as required?  10 If the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization file Form 899 as required?  10 If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distribution sunder section 4966?  10 Did the sponsoring organization make any taxable distribution sunder section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  11 Did the organization secretal distribution to a donor, donor advisor, or related person?  12 Did the organization make any taxable distributions under section 4966?  13 Did the organization for sources (Do not net armounts due or received from them)  12 Did the organization for sources (Do no			ction?			<u> </u>
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7b   7c   7d   7d   7d   7d   7d   7d   7d			·	7c		
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p ii res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 [146]  Form QQD (2014)			• 0			
	<u>D</u>	if tes, has it filed a Form /2υ to report these payments? If "No," provide an explanation in Schedul	<del>.</del>		990	(2014)

Form 990 (2014) Faulkner County Farm Bureau 71-0265247 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 mile da, do, or rob below, describe the circumstances, processes, or changes in deficultie of dee 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 18			•		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent  1b 18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	х			
	officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		7,		
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6	_X_	<del> </del> -		
7a			v			
	more members of the governing body?	7a	X	<del> </del>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>→1</b>	v			
_	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-	X	}		
a	The governing body?	8a 8b	X	<del> </del>		
ь	Each committee with authority to act on behalf of the governing body?	<u> 80</u>	Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х		
Sac	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.)					
<u> </u>	tion D. 1 Onoico (mis dection is requests information about policies not required by the internal revenue code.)		Yes	No		
100	Did the organization have local chapters, branches, or affiliates?	10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			_==		
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		]		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х		
b						
12a	The same of the sa					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
Ī	in Schedule O how this was done	12c	X	,		
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ		
а	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b		X		
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ı		ļ		
	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			İ		
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None		<del></del>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal			
	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 - 501-329-5681					
	P.O. Box 936, Conway, AR 72033					

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## Faulkner County Farm Bureau

71-0265247

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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) Name and Title  Average hours per week (list any hours for related organizations below line)  (1) Chris Schaefers  President  (A)  (B) Average hours per week (list any hours for related organizations below line)  (I)  (B) Average hours per week (list any hours for related organizations below line)  (I)  (B) Average hours per week (list any hours for related organizations below line)  (I)  (B) Average hours per week (list any hours for related organizations below line)  (I)  (I)  (D)  Reportable compensation from related organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (I)  (I)  (I)  (I)  (I)  (I)  (I)  (	
hours per week (list any hours for related organizations below line)  (1) Chris Schaefers  President    hours per week (list any hours for related organizations below line)   X	d
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(1) Chris Schaefers  President  X X 0. 0.	
(1) Chris Schaefers  President  X X 0. 0.	
(1) Chris Schaefers  President  X X 0. 0.	7110
11 CB 14 CB	
	0.
Secretary/Treasurer X X X 0.	<u>0.</u>
(3) Chris Acre 0.50	
Member X 0. 0.	0.
(4) Jim Baker 0.50	
Member X 0. 0.	0.
(5) Travis Burchfield 0.50	_
Member X 0. 0.	0.
(6) Jerrell Coker 0.50	^
Member X 0. 0.	0.
(7) Bill Dodgen 0.50	_
Member X 0. 0.	0.
(8) Rocky Harrell 0.50	•
Member X 0. 0.	0.
(9) David Heffington 0.50	•
Member X 0.	0.
(10) Bob Schaefers 0.50	_
Member X 0. 0.	0.
(11) Matt Simon 0.50	_
Member X 0. 0.	0.
(12) Bill Humphrey 0.50	•
Member X 0. 0.	0.
(13) Joe Thrash 0.50	_
Member X 0. 0.	0.
(14) Bob Williams 0.50	•
Member X 0. 0.	0.
(15) Bill Wallace 0.50	•
Member X 0. 0.	0.
(16) Lloyd Westbrook	^
Member X 0. 0.	0.
(17) Mark Wilcox  Member  0.50  X	0
Member X 0. 0.	0.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns Membership dues 1b Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ h Total. Add lines 1a-1f Business Code 106,704. 106,704. 2 a Membership Dues 110000 Program Service f All other program service revenue 106,704. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 687. 687. other similar amounts) Income from investment of tax-exempt bond proceeds 4 6,222. 6,222. 5 Royalties (i) Real (II) Personal 13,320. 6 a Gross rents 0. b Less rental expenses 13,320. c Rental income or (loss) 13,320. 13,320. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 245,297 11 a Insurance Service Fees 245,297 524298 238. 900099 238. ь Miscellaneous d All other revenue <u>245,535.</u> e Total, Add lines 11a-11d 106,704. 245,297. 20,467. 372,468. Total revenue. See instructions. Form 990 (2014)

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

36011	Check if Schedule O contains a respons			ompiete column (A).	<del></del>
Do I	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	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	559.			
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	1			
	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)	206 264	<del> </del>	<u> </u>	<del></del>
7	Other salaries and wages	206,264.	<del> </del>		
8	Pension plan accruals and contributions (include	4,151.			
_	section 401(k) and 403(b) employer contributions)	6,027.	<del></del>	<del>   </del>	
9 10	Other employee benefits Payroll taxes	17,598.			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)	17,330.			
'' a	Management			}	
	· · · · · · · · · · · · · · · · ·				
c	Accounting	3,241.			
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	19,541.			
13	Office expenses	19,953.			
14	Information technology				
15	Royalties	42 760	<del></del>	<del></del>	
16	Occupancy	43,768.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,999.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,663.			
23	Insurance	1,049.			
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.)				<del></del>
а	Youth & Safety	6,985.			
b	Miscellaneous	1,282.			
C		<del></del>			<del></del>
d	All other eveness				
	All other expenses  Total functional expenses. Add lines 1 through 24e	372,080.			<del></del>
<u>25</u> 26	Joint costs Complete this line only if the organization	312,000.			
20	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) Faulkner County Farm Bureau 71-0265247 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 1,350. 1,349. Cash - non-interest-bearing 1 443,585. 464,554. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a 720,194. basis. Complete Part VI of Schedule D 386,766. 353,091. 333,428. b Less, accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 3,288. 2,715. 15 15 Other assets. See Part IV, line 11 800,741. 802,619. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 243. 17 1,001. 17 Accounts payable and accrued expenses 18 18 Grants payable 36,066. 35,334. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 35,577. 37,067. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 0. 30 Capital stock or trust principal, or current funds

> 802,619. Form 990 (2014)

765,552.

765,552.

0.

0. 31

32

33

34

765,164.

765,164.

800,741.

31

32

33

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2014) Faulkner County Farm Bureau Faulkner County	71-	0265247	Page <b>12</b>	
	t 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	372	,468.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	372	,080.	
3	3 Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	765	,164.	
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>765</u>	<u>,552.</u>	
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	Yes No	
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	<u>X</u> _	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			\ <b></b>	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1		
	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				
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 Aud		v	
	Act and OMB Circular A-133?		3a	X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	l l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (2014)	
			rorm :	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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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

-	See the second (s)(4) (5) = (6) = =====	Attacks Committee Book III			
	Section 501(c)(4), (5), or (6) organization	ations. Complete Part III		Emal	over identification number
IVali	<u> </u>			Empi	•
ח	Faulkne	er County Farm Bu	reau	aria a santian FOZ a	71-0265247
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politic	al campaign activities		
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	o If "Yes," describe in Part_IV				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt fund	ction activities >\$	
	Enter the amount of the filing organ				
_	exempt function activities		-		
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	<b>-</b> 1	
Ū	line 17b			▶\$	
4		1120-POL for this year?			Yes No
	Enter the names, addresses and e		N) of all section 527 pe	olitical organizations to whic	h the filing organization
9	made payments For each organiza	ation listed, enter the amount paid	from the filing organi	zation's funds. Also enter th	e amount of political
	contributions received that were pr	romptly and directly delivered to	separate political ord	anization, such as a separa	te segregated fund or a
	political action committee (PAC) If				
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) (114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
		1	]		delivered to a separate
					political organization If none, enter -0
			<del> </del>	<del></del>	There, enter e :
		j			ļ
			<del> </del>	<del></del>	<del>  </del>
					<b>}</b>
				<del>-  </del>	<del> </del>
		(			
		I .	1	1	I

Schedule C (Form 990 or 990 EZ) 2014					J26524 / Page 2
Part II-A Complete if the org	janization is exe	mpt under section	n 501(c)(3) and file	ed Form 5768(	election under
section 501(h)).					
			n Part IV each affiliated	group member's nar	ne, address, EIN,
	re of excess lobbying	• •			
B Check L if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		<del></del>
Limi	ts on Lobbying Expe	enditures		(a) Filing	(b) Affiliated group
		unts paid or incurred	)	organization's totals	totals
	<del></del>				
1a Total lobbying expenditures to infli			}		<del></del>
b Total lobbying expenditures to infli		dy (direct lobbying)	}		
c Total lobbying expenditures (add li			1		<del></del>
d Other exempt purpose expenditure		١٠.	ļ-		<del> </del>
e Total exempt purpose expenditure	•	•	th columns		<del> </del>
f Lobbying nontaxable amount. Enter					<del> </del>
If the amount on line 1e, column (a) of Not over \$500,000		bying nontaxable am			
Over \$500,000 but not over \$1,000		the amount on line 1e 00 plus 15% of the exc			•
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			Į.
Over \$1,500,000 but not over \$1,5		00 plus 10% of the exce			
Over \$17,000,000	\$1,000		333 OVEI W1,300,000		1
3401 \$17,000,000					}
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer			Ī		
i Subtract line 1f from line 1c If zero	·		Ī		
j If there is an amount other than ze	· ·	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
	4-Year Av	eraging Period Under			
(Some organizations t				f the five columns	below.
		ate instructions for li			
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year					( ) 7
(or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
		ļ. <u> </u>			
2a Lobbying nontaxable amount		<del> </del>	<del> </del>		
b Lobbying ceiling amount					
(150% of line 2a, column(e))	<del></del>	<del>                                     </del>	<del> </del>		<del> </del>
Tabal latebase as a second decrease					1
c Total lobbying expenditures		<del>                                     </del>	<del> </del>		<del> </del>
d Grassroots nontaxable amount					
e Grassroots ceiling amount	<u> </u>				<del> </del>
(150% of line 2d, column (e))			}		1
((9))		<u> </u>	<del>                                     </del>		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014 Faulkner County Farm Bureau 71-0265247 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(t	))
of the lobbying activity.		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or		<del></del>		
	local legislation, including any attempt to influence public opinion on a legislative matter	İ			
	or referendum, through the use of	ļ			
а	Volunteers?	<u> </u>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
е	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?	<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>			
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)?	<u> </u>			
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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No_
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	l-A, lines 1 a	ind 2 (see	
ınstrı	uctions); and Part II-B, line 1 Also, complete this part for any additional information.				
				<del></del>	<u>.                                    </u>
	<u> </u>				<del> </del>
	<del>-</del>				

### 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 Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. Inspection Name of the organization Employer identification number Faulkner County Farm Bureau 71-0265247 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 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 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 a historically important land area Preservation of land for public use (e.g., recreation or education) 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 c 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 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) R and section 170(h)(4)(B)(ii)? 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 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 Assets included in Form 990, Part X

		r County F				- Oth			65247		ge 2	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)												
3	the state of the s											
	(check all that apply)											
а	Public exhibition	C			hange prograr	ns						
b	Scholarly research	•	• 🗀 (	Other				<del></del> -				
С	Preservation for future generations											
4	Provide a description of the organization's co	•			-			e ın Par	t XIII			
5	During the year, did the organization solicit of					r sımılar a	ssets	_	7		ı	
<u> </u>	to be sold to raise funds rather than to be m								Yes		No_	
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "\ 	es" to Fo	orm 990, F 	Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for (	contribution	s or other ass	ets not in	cluded		_			
	on Form 990, Part X?								Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:								
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						11					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	nt liability	/?		Yes		No	
b	If "Yes," explain the arrangement in Part XIII											
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part I\	/, line 10						
		(a) Current year	(b) P	rior year	(c) Two years	back (d	) Three yea	rs back	(e) Four	ears t	ack	
1a	Beginning of year balance											
b	Contributions								' - <del>-</del>			
С	Net investment earnings, gains, and losses						<u> </u>					
d	Grants or scholarships											
е	Other expenditures for facilities		ļ									
	and programs											
f	Administrative expenses				<u> </u>							
g	End of year balance		L		<u> </u>							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:							
а												
b												
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administer	ed for the	organizat	tion				
	by Yes No											
	(i) unrelated organizations								3a(ı)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b			
_4_												
Pai	t VI Land, Buildings, and Equipm	nent.										
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, lin	ie 10					
	Description of property	(a) Cost or o	other	<b>\-</b> /	or other	(c) Acc	umulated	1	(d) Book	value		
		basis (investi	ment)	basis	(other)	depr	eciation	$\bot$				
1a	Land				4,238.					,23		
b	Buildings			42	3,648.	2	88,67	4.	134	, 97	<u> 14.</u>	
С	Leasehold improvements											
d	Equipment				5,060.		89,41			, 64		
e	Other			7	7,248.		8,67	3.		,57		
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B), line 1	(Oc.)		1	▶	333	, 42	28.	

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.

Schedule D (Form 990) 2014

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	raulkner County Farm Bure		71-0265247 Page	<u>e 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12		enue per Return.	
1	Total revenue, gains, and other support per audited financial statements	2a		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
a		2a		
b	Donated services and use of facilities	2b	<del></del>	
c	Recoveries of prior year grants	2c		
d		2d		
	Add lines 2a through 2d	<u> </u>		
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		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a	<del></del>	
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	[	
а	Donated services and use of facilities	2a		
b	•	2b		
С	Other losses	2c		
d	,	2d	<del></del>	
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 . i	{	
a	•	4a	<del></del> -	
b	,	4b	<del></del>	
	Add lines 4a and 4b		4c   5	
5 Pa	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; P	art IV lines 1h and 2	h Part V line 4 Part X line 2 Part XI	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			
_				
		<del></del>		
		<del></del>		

## **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.

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

Faulkner County Farm Bureau	71-0265247				
Form 990, Part VI, Section A, line 2:					
Bob Schaefers and Chris Schaefers - business and family relationship					
Steve Simon and Matt Simon - 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:	3				
The 990 is reviewed by the board at the next monthly boar					
receiving the completed return. The Board President revi	ews and signs the				
990.					
Form 990, Part VI, Section B, Line 12c:					
If anything looks like a conflict, it is reviewed by the Board President.					
Form 990, Part VI, Section B, Line 15:					
The organization does not have compensated officers or management					
officials.					

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Faulkner County Farm Bureau	Employer identification number 71-0265247
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	